Do Ask Do Tell: Improving Sexual Orientation and Gender Identity Documentation Completion Within Electronic Medical Record

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Background
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other (LGBTQIA+) patients represent a minority group in and out of healthcare settings. A federal policy that EMR systems must have the capacity to collect sexual orientation and gender identity (SOGI) data was enacted in 2018. Despite this policy SOGI data is underreported. This lack of reporting leads to a lack of resource allocation and a poor understanding of LGBTQIA+ health. Increasing SOGI data collection can enhance the patient experience and improve nursing practice. Increasing reporting of this information for patients allows for further research in to LGBTQIA+ health by examining acute and chronic illnesses, trending hospital admissions, and better understanding prevention strategies and trends.

Approach (continued)
The following interventions were implemented on a quarterly basis:
- Computer monitor reminders
- Badge stickers from peers if real time documentation could be shown
- Monthly and quarterly unit level data reports from the EMR to track improvement rates sent to unit leadership
- Educational simulation activity that was developed to enhance skills when asking for and correcting misgendering, and
- Peer to peer education and coaching provided by members of NPDC.

Approach
The plan-do-study-act method for QI was used by a nursing professional development council (NPDC) to implement quarterly strategies to improve SOGI assessment and documentation at the unit level.

Completion of SOGI data was defined as any section of the SOGI documentation being answered in the EMR throughout the hospital stay.

Results
After 12 months, all categories had some overall increase in documentation ranging from 1% to 7%. The category of gender identity had the most improvement at the individual unit level with 11/15 units meeting a target of 25% completion. The category of pronouns saw the least improvement at the unit level with only 2/15 units meeting a target of 25% completion.

- Initial data showed all 15 units at less than 5% compliance across all data points.
- Post project survey taken by nurses noted that a lack of comfort with SOGI assessment was identified as a barrier by the clinical team across all settings. Additional barriers included staffing turnover, lack of knowledge around project, and lack of importance to the nurse.

Purpose
- When transitioning electronic medical record (EMR) programs, a frontline nurse council wanted to improve overall documentation within the new EMR.
- The purpose of this project was to increase sexual orientation and gender identity assessment and documentation in the electronic medical record. This includes sex assigned at birth, and the patient's pronouns in order to individualize care in an urban hospital setting.

Specific Aims
- Increase completion of sexual orientation, gender identity, sex assigned at birth, and pronouns to 25% by the end of four quarters across all 15 inpatient units.

Conclusions
- This project was a success because it increased overall documentation within SOGI charting and increased overall awareness of this issue with nursing staff house wide.
- This project brought importance of sexual orientation and gender identity to bedside nurses, and partnering with the SIM team, we were able to help disseminate an educational simulation.
- The original goal of having all 15 units reach a minimum of 25% completion on all four categories was not met even though hospital completion may have reached 25% overall.
- Limitations with this study included only using inpatient units, focusing only on nursing staff for documentation, and high levels of turnover during the duration of this study.

Implications for Practice
- A positive association exists between nurses' knowledge of LGBTQIA+ patients' sexual orientation and gender identity and their engagement in care. Achieving health equity for this population begins with a complete assessment. SOGI data collection can improve care by identifying barriers and running EMR reports for feedback and care utilization.
- This project can impact more than inpatient settings and will have great impact in outpatient settings as well.
- A follow up project to this is in place to expand to outpatient and ambulatory settings, as well as conducting a learning needs assessment for patient-facing members.

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References

Figure 1. Sexual Orientation quarterly percentage charting results
Figure 2. Gender Identity quarterly percentage charting results
Figure 3. Sex Assigned at Birth quarterly percentage charting results
Figure 4. Pronoun quarterly percentage charting results