

Improving Patient Experience for the LGBTQ+ Community

The following summaries of recent resources and peer-reviewed articles describe practices that improve experience for patients who identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, etc.). Citations are linked to full-text articles **[*]** when available. **[PG]** denotes Press Ganey research.

Study	Objective	Conclusion
<p>[*] Human Rights Campaign Foundation. (2022). Healthcare equality index: Rising to the new standard of promoting equitable and inclusive care for lesbian, gay, bisexual, transgender & queer patients and their families.</p>	<p>To evaluate healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees.</p>	<ul style="list-style-type: none"> ■ Diverse healthcare facilities across the U.S. are making tremendous strides toward LGBTQ patient-centered care by changing key policies, implementing best practices, and training their staff, including: <ul style="list-style-type: none"> – Having an official plan for reducing health disparities that specifically includes LGBTQ+ patients in addition to race, ethnicity, and linguistic concerns – Having policies that specifically outline procedures and practices aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients – Explicitly capturing a patient's sexual orientation and gender identity in their electronic health records – Providing staff training specifically about how to collect and record gender identity data and reminding them that LGBTQ+ status as confidential patient information
<p>[PG] Doyle, A. (2020). URMIC taps advisory councils to close the equity gap for deaf and transgender patients. <i>Industry Edge.</i></p>	<p>To describe a training program designed to educate leaders and staff on the impact of unconscious bias and the role that diversity, equity, and inclusion awareness plays in patient-centered care.</p>	<ul style="list-style-type: none"> ■ University of Rochester Medical Center (URMC) formed patient and family advisory councils dedicated to the needs of deaf and transgender individuals to understand the healthcare disparities these groups face and develop tactics to improve their access to and experience of care. ■ By educating clinical and nonclinical staff on misconceptions about deafness and unconscious biases they may have toward transgender individuals, leaders are eliminating avoidable suffering and building patient-provider trust. ■ Toolkits and easier access to ASL interpreters are facilitating communication with the deaf and hard of hearing, while removing gender markers from patient identification wristbands and patient-facing documentation is ensuring a more inclusive environment for transgender/gender-diverse patients.

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<p>Libman, H., Safer, J. D., Siegel, J. R., & Reynolds, E. E. (2020). Caring for the transgender patient: Grand rounds discussion from Beth Israel Deaconess Medical Center. <i>Annals of Internal Medicine</i>, 172(3), 202-209.</p>	<p>To discuss the appropriate care for transgender patients, including the role of the primary care practitioner.</p>	<ul style="list-style-type: none"> ■ It is essential that all medical providers obtain basic training in the use of welcoming language and appropriate terminology around gender identity. ■ Systems improvements are needed to ensure that transgender patients' healthcare needs are fully addressed. ■ Electronic medical records must be robust enough to allow for recording of sex identified at birth, gender identity, used names and pronouns, and organ inventories. ■ Electronic medical records and pharmacy databases must allow for gender markers beyond "M" and "F" to meet the needs of nonbinary patients. ■ Healthcare systems that provide transgender care may wish to consider partnerships with legal and social services organizations to facilitate processes of changing names and gender markers on official identification documents.
<p>[PG] Doyle, A. (2019). The Mount Sinai Health System targets bias through diversity, equity, and inclusion training. <i>Industry Edge</i>.</p>	<p>To describe a training program designed to educate leaders and staff on the impact of unconscious bias and the role that diversity, equity, and inclusion awareness plays in patient-centered care.</p>	<ul style="list-style-type: none"> ■ Diversity, equity, and inclusion in healthcare can positively influence the patient experience while unconscious bias can have the opposite effect. ■ Unconscious biases can lead to unintentional discrimination that can cause caregivers and clinicians to make poor decisions regarding the care of their patients. These decisions not only can negatively impact the patient experience, but also can compromise patient safety and result in poor outcomes. ■ Inclusion is also about including other people's ideas and perspectives. ■ Reinforcing the principles of diversity, equity, and inclusion—and training on how to practice self-awareness and recognize and mitigate unconscious bias—improves the patient experience and advances patient safety.
<p>[*] Margolies, L., & Brown, C. G. (2019). Increasing cultural competence with LGBTQ patients. <i>Nursing Critical Care</i>, 49(6), 34-40.</p>	<p>To provide insight on LGBTQ people, their health risks and disparities, and how nurses can work with LGBTQ patients to improve outcomes.</p>	<ul style="list-style-type: none"> ■ The two groups under the LGBTQ umbrella (sexual orientation and gender identity) are distinct; knowing a person's sexual orientation does not imply any specific gender identity. ■ Gathering sexual orientation and gender identity (SOGI) data can increase the ability to screen, detect, and prevent conditions more common in LGBTQ patients (including health and risk behaviors); assist in a better understanding of patients' support systems; and provide needed data for outcome research. ■ LGBTQ people may use different language for their bodies, rely exclusively on their "family of choice" (people with whom they may or may not

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[*] Lim, F., Paguirigan, M., & Cernivani, D. (2018). [Delivering LGBTQ-sensitive care](#). *Nursing Critical Care*, 13(4), 14-19.

To examine a framework and best practices for LGBTQ-sensitive care.

- have any legal ties) for support, have distinct fertility needs, or may be estranged from their families of origin.
- LGBTQ people want to disclose their sexual or gender identity, but some might prefer not to do it verbally. Open-ended questions on inclusive forms allow patients to describe themselves using the words that are most relevant to their own identities. It is important to also ask if the patient is okay with the information being documented in the medical record.
- Nonjudgmental verbal and nonverbal communication remain the most explicit and enduring test of how staff value the inherent dignity of LGBTQ patients.
- Open visitation and participation of a support person for the LGBTQ patient not only enhances family satisfaction and improves communication but also is an opportunity to gain valuable patient information from those who may know the patient best.
- Bedside handoff is an opportunity for staff nurses to:
 - Communicate information related to the patient's gender identity, sexual orientation, and other clinically relevant information, such as sex hormones the patient might be taking.
 - Highlight the patient's preferred name and gender pronoun, history of gender reassignment surgery and relevant complications (if applicable), and whether the patient is in a significant relationship.
 - Demonstrate inclusive caring competencies that exemplify cultural sensitivity and validate the patient's gender identity.

[*] Headley, M. (2017, July 31). [Improving transgender patient care](#). *Patient Safety & Quality Healthcare*.

To discuss the unique challenges facing transgender patients and how physicians can address those challenges.

- The most important thing a physician can do in caring for transgender patients is to advise them on gender dysphoria counseling. The transgender population is at nine times greater risk for attempted suicide than the general population.
- Transgender patients who are not comfortable sharing their biological gender with their treatment provider may not receive the appropriate patient care. For example, pathologists need to know the gender biology of their patients because lab results will be different if a patient is undergoing hormone replacement therapy.
- Healthcare providers should speak out about the public health threat that comes with

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[*] Butler, M., McCreedy, E., Schwer, N., Burgess, D., Call, K., Przedworski, J., Rosser, S., Larson, S., Allen, M., Fu, S. & Kane, R. L. (2016). [Improving cultural competence to reduce health disparities](#). Rockville (MD): Agency for Healthcare Research and Quality.

To examine existing system-, clinic-, provider- and individual-level interventions to improve culturally appropriate healthcare for people with disabilities; lesbian, gay, bisexual, and transgender (LGBT) populations; and racial/ethnic minority populations.

- Published recommendations for improving care for LGBT populations include:
 - Use gender-neutral language and allow patients to input their preferred name, gender, and pronouns. Registration form language sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.
 - Ask permission to include information about sexual orientation and gender identity in the medical record. Remind the patient of the record's importance to quality healthcare and assure confidentiality.
 - When talking about sexual or relationship partners, use gender-neutral language such as "partner(s)" or "significant other(s)." Ask open-ended questions and avoid making assumptions about the gender of a patient's partner(s) or about sexual behavior(s).
 - Add information about sexual orientation and gender identity to patient surveys.

Hughes, A. K., Luz, C., Hall, D., Gardner, P., Hennessey, C. W., & Lammers, L. (2016). [Transformative theatre: A promising educational tool for improving health encounters with LGBT older adults](#). *Gerontology and Geriatrics Education*, 37(3), 292-306.

To describe an interactive theater experience designed to raise awareness among healthcare professionals of the challenges faced by LGBT older adults.

- Providing an engaging educational experience through the use of interactive theater enables healthcare professionals to recognize biased behavior and empowers them to take corrective action.
- Interactive theater helps healthcare professionals:
 - Examine biases and move toward more inclusive, culturally competent care of LGBT older adults
 - Explore attitude and practice changes that can enhance the care provided to LGBT older adults
 - Improve the provision of healthcare and aging services to LGBT older adults

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<p>McClain, Z., Hawkins, L. A., & Yehia, B. R. (2016). Creating welcoming spaces for lesbian, gay, bisexual, and transgender (LGBT) patients: An evaluation of the healthcare environment. <i>Journal of Homosexuality</i>, 63(3), 387-393.</p>	<p>To evaluate current models of LGBT healthcare delivery, identify strengths and weaknesses of the models, and make recommendations for creating welcoming spaces for LGBT patients.</p>	<ul style="list-style-type: none"> ■ To create a welcoming space for LGBT patients, both LGBT-specific and LGBT-embedded care models should provide caring, clean, and confidential environments. ■ Providing visible evidence of a welcoming space—such as displaying health information inclusive of LGBT diversity and providing access to gender-neutral restrooms—lowers anxiety for LGBT patients. ■ All clinic staff should be knowledgeable about how to interact and communicate with LGBT patients. For example: <ul style="list-style-type: none"> – Strive to be open, comforting, and nonjudgmental – Avoid assuming that the patient is heterosexual – Use gender-neutral pronouns – Ask all patients how they identify in terms of gender and sexual orientation – Understand LGBT patients’ unique health needs – Recognize the stigma, isolation, discrimination, and violence many LGBT individuals confront
<p>[*] National LGBT Health Education Center. (2016). Collecting sexual orientation and gender identity data in electronic health records.</p>	<p>To provide recommendations for collecting sexual orientation/gender identity (SO/GI) data from patients in clinical settings.</p>	<ul style="list-style-type: none"> ■ Collecting SO/GI data in electronic health records is essential to providing high-quality, patient-centered care to LGBT individuals. ■ Gathering SO/GI data will increase the quality of care given to LGBT patients by allowing health centers to measure and track outcomes in these populations. ■ Asking SO/GI questions improves patient-centered care. Providers who are informed of their patients’ sexual orientation and gender identity—and are trained to care for LGBT patients—are better able to provide care that is relevant, specific, and compassionate.
<p>[*] Shetty, G., Sanchez, J. A., Lancaster, J. M., Wilson, L. E., Quinn, G. P., & Schabath, M. B. (2016). Oncology healthcare providers’ knowledge, attitudes, and practice behaviors regarding LGBT health. <i>Patient Education and Counseling</i>, 99(10), 1676-1684.</p>	<p>To assess knowledge, attitudes, and practice behaviors of oncology providers regarding LGBT health.</p>	<ul style="list-style-type: none"> ■ A majority of oncology providers lack knowledge of LGBT patients’ health needs and do not inquire about their patients’ sexual orientation or gender identity. ■ Although providers may feel comfortable treating LGBT patients, they may be unable to provide optimal care without accurate knowledge of this community. ■ Many providers feel they need to treat all patients the same and that it is not important to obtain information about patients’ sexual orientation or gender identity. ■ Provider training focusing on eliciting sexual orientation or gender identity information may improve care.

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<p>[*] Whitehead, J., Shaver J., & Stephenson, R. (2016). Outness, stigma, and primary healthcare utilization among rural LGBT populations. <i>PLoS One</i>, 11(1), e0146139.</p>	<p>To describe the impact of stigma on rural LGBT populations, who may have less access to quality, LGBT-sensitive care than LGBT patients in urban centers.</p>	<ul style="list-style-type: none"> ▪ Stigma may directly decrease care-seeking behavior among LGBT individuals due to fear of discrimination. ▪ Strategies that have been shown to overcome stigma and improve healthcare access include: <ul style="list-style-type: none"> – Specialist consultations via telemedicine – Specialist mobile outreach clinics – Increased primary care provider training on the specificities of healthcare for LGBT individuals ▪ Training providers on LGBT health concerns, and on how to make their practices communicate LGBT-friendliness, may allow for increased patient comfort in disclosure and greater patient-provider rapport. ▪ Best practices that have been associated with positive LGBT patient-provider relations include: <ul style="list-style-type: none"> – Intake forms and interviews that do not assume cisgender or heterosexuality – Basic provider knowledge of legal and cultural issues facing LGBT people – Staff awareness of LGBT-specific health concerns – Posted non-discrimination policy with protections for sexual orientation and gender identity
<p>[*] Health Research & Educational Trust (2015). Diversity in healthcare: Examples from the field.</p>	<p>To highlight diversity initiatives at hospitals across the United States.</p>	<ul style="list-style-type: none"> ▪ Robert Wood Johnson University Hospital created the employee-led business research group, “Promoting Respect, Outreach, and Dignity (PROUD),” for LGBT employees. They found that employee business resource groups can support business objectives, including education and outreach and patient and employee engagement. ▪ Rush University Medical Center’s Diversity Leadership Council created an LGBT advisory panel that includes allies and members of the LGBT community. The council and advisory panel identified goals in five areas: access, resources and visibility, health records, education and training, and transgender-specific goals.
<p>[*] Henry, J. (2015, May 21). 5 ways providers can deliver better care to LGBT consumers. <i>HealthcareDIVE</i>.</p>	<p>To highlight actions that hospitals and physician practices can take to ensure they are LGBT-friendly.</p>	<ul style="list-style-type: none"> ▪ Post hospital's nondiscrimination policy in a prominent area, provide LGBT-relevant brochures, post LGBT-friendly symbols (e.g., rainbow flag, pink triangle), and provide unisex restrooms. ▪ Ensure that the hospital’s visitation policy is inclusive of same-sex partners and LGBT parents.

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Rosa, W., Fullerton, C., & Keller, R. (2015). [Equality in healthcare: The formation and ongoing legacy of an LGBT advisory council](#). *LGBT Health*, 2(4), 292-296.

To provide an overview of the literature on LGBT health disparities and workplace discrimination, as well as the context that led to the formation of an institutional LGBT Advisory Council.

- Provide education about LGBT patients and health disparities in cultural competency training.
- Ensure all forms contain inclusive, gender-neutral language and allow for gender self-identification.
- Use neutral and inclusive language in patient interviews and listen for verbal cues (e.g., references to "partner").

- Many LGBT patients experience discriminatory behavior from providers, including refusing to touch patients, blaming patients for health status, using harsh language, and being physically rough and abusive.
- Health disparities linked to sexual orientation, gender identity, and gender expression demand a continued commitment to improvement.
- Developing an LGBT Advisory Council provides a structured and intentional space to discuss and advocate for LGBT patients and staff members.
- LGBT Advisory Councils can foster inclusion and promote understanding for LGBT patients, families, and staff with initiatives such as:
 - Applying for the Human Rights Campaign's Healthcare Equality Index designation which requires employees of an organization to undergo cultural competency training on LGBT issues
 - Using the organization's EHR system to collect patient data on sexual orientation and gender identity
 - Educating staff to engage with patients in a dignified way and providing them with the tools necessary to ensure the comfort of patients and their families

Yehia, B. R., Calder, D., Flesch, J. D., Hirsh, R. L., Higginbotham, E., Tkacs, N., Crawford, B., & Fishman, N. (2015). [Advancing LGBT health at an academic medical center: A case study](#). *LGBT Health*, 2(4), 362-366.

To describe the early experiences of the Penn Medicine Program for LGBT Health.

- Academic health centers are strategically positioned to improve the health of LGBT populations by:
 - Advancing the science of LGBT health
 - Educating future generations of providers to be LGBT-sensitive and -knowledgeable
 - Delivering integrated primary and subspecialty care that addresses unique LGBT health needs
- Several factors contributed to the early success of Penn Medicine's Program for LGBT Health, including:
 - Purposeful integration of the program mission with existing university and hospital-wide diversity efforts

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Sánchez, N. F., Sánchez, J. P., Lunn, M. R., Yehia, B. R., & Callahan, E. J. (2014). [First annual LGBT health workforce conference: Empowering our health workforce to better serve LGBT communities](#). *LGBT Health*, 1(1), 62-65.

To describe the content of the inaugural LGBT Workforce Conference, including successful strategies for transforming hospitals to serve LGBT patients better.

- A multidimensional approach to LGBT health
- Strategic planning, consensus building, and interprofessional collaboration
- Dedicated community outreach and collaboration
- An organized central leadership team committed to improving LGBT health

- Representatives from three Continuum Health Partners hospitals (Beth Israel Medical Center, St. Luke’s Hospital, Roosevelt Hospital) have been recognized by the Human Rights Campaign Healthcare Equality Index as providing equitable and inclusive care to LGBT patients. Best practices from these hospitals include:
 - Developing a coordinated approach to training, outreach, and care delivery models specifically targeted to the LGBT community
 - Forming LGBT committees to inform, educate, and encourage awareness of LGBT needs among staff
 - Offering sensitivity training, providing resources and literature, and amending hospital inclusivity policies
 - Engaging support of senior hospital leadership

Sharpe, V. A., & Uchendu, U. S. (2014). [Ensuring appropriate care for LGBT veterans in the Veterans Health Administration](#). *Hastings Center Report*, 44 (Suppl 4), S53-55.

To describe the VHA’s initiatives to create an environment and culture that is informed, welcoming, positive, and empowering for LGBT veterans and families.

- VHA’s LGBT initiatives include:
 - Establishing the Office of Health Equity to ensure that all LGBT veterans receive appropriate, individualized, and patient-centered care
 - Broadening nondiscrimination standards to mandate respectful delivery of care to LGBT veterans
 - Revising official language to be more inclusive of nontraditional families (e.g., visitation policies that allow patients to determine their visitors)
 - Partnering with advocacy organizations to improve the cultural competency of LGBT health outcomes
 - Creating a welcoming environment for LGBT veterans (e.g., facility booths at Gay Pride events, local events to recognize National Coming Out Day, hospital-wide conferences on LGBT veteran care)
 - Enabling veterans to self-identify their sexual orientation, gender identity, and relationship status so that these

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demographic data can be used to assess health and health equity