Documenting Disability and SOGI

INTENDED AUDIENCE
- Changes to state rules and laws are impacting the way Providence is required to report certain patient demographic data.
- HB 1272 primarily impacts Washington State RNs caring for patients discharged following an in-patient or observation stay. This includes Emergency Department RNs who care for ED Boarders.
- Oregon and California have also passed similar laws though enforcement has not yet begun.
- All other RN Epic users will want to read through this Practice Alert, as you will experience changes to your Epic experience and should take advantage of the development opportunities.

WHAT IS THE CHANGE?
The State of Washington passed House Bill 1272 which requires health systems to report demographic data to specific standards for:
1) Race
2) Ethnicity
3) Language
4) Disability
5) Sexual Orientation and Gender Identity (SOGI)

WHY IS THIS CHANGE HAPPENING?
The collection and reporting of patient self-reported demographic data are managed by Epic. Providence has one instance of Epic which means all nurses will see the new requirements and new data categories.

These categories are more inclusive than previous race and SOGI categories. For example, there will now be:
- 82 different race choices.
- 7 ethnicity choices.
- 9 disability choices.
- 11 sexual orientation choices.
- 14 gender choices.

Each category allows the patient to decline to answer. Whatever the patient chooses to report, or not report, is acceptable. Caregivers are being asked to record patient self-reported data, not a medical or nursing assessment nor a validation of the self-reported data.
- Only those caring for patients in Washington are *required* to collect the data.
- California and Oregon have not yet begun enforcing their new laws. Nonetheless, we encourage you to familiarize yourself with the new options and begin collecting data to the extent possible.
- Race and Language demographics will be collected by Patient Registration in most instances.
- Disability and SOGI demographics will be collected by Nursing.

All nurses will see the new categories – even those outside of Washington state. All nurses are highly encouraged to increase their understanding of the care needs of patients across the spectrum of sexual orientations and gender identities. Sometimes asking about disability or SOGI is challenging, and we have many resources to help make this a more supportive and affirming process.

WHEN WILL THIS CHANGE OCCUR?
The expanded options for demographic data collection will be live on **June 6, 2023**.

RECOMMENDED ACTIONS
Asking about Disability and SOGI should be done professionally and sensitively. As a caregiver, you may have questions about what the information means and how you can best support your patients through the process. We have assembled a great set of resources that we encourage you to review!

- **Epic Alert** - What is changing in Epic and what data am I being asked to collect?

- **SOGI Resource Guide** – This guide is linked within Epic as a decision support tool.

- **Epic Learning Resources** – This is the place where you can find Epic training resources on this topic and many others!

- **Special Populations – DISABILITY** – Single page resource for better understanding the disability collection criteria. This is the only change that will be visible only to Washington caregivers.

- **Special populations – ADOLESCENTS** – Washington state requires that we include adolescents, 13 years and older, when inquiring about demographics, including SOGI. This short alert contains more detailed information for nurses who work with pediatric and adolescent patients. An important note is that the SOGI information collected will be accessible to the parents of adolescents.

- **Special Populations – RACE, ETHNICITY, LANGUAGE** – While these demographic data will be collected by Registration, there may be times when this workflow could shift to an RN. Given the significant changes to these categories, nurses are encouraged to look at this information as well.

DISTRIBUTION/ COMMUNICATION PATHWAY
This message is being sent via the Providence Nursing Institute – Practice Publication and directly to the Clinical Academy and Clinical Education Leadership Council. Additional messaging will be in core leader news and other venues.

WA-HB 1272: Documenting Disability and SOGI

INTENDED AUDIENCE
- HB 1272 primarily impacts Washington State RNs caring for patients discharged following an in-patient or observation stay. This includes Emergency Department RNs who care for ED Boarders.
- All other RN Epic users will want to read this Epic Alert, as you will experience changes to your Epic experience and should take advantage of the development opportunities.

WHAT IS THE CHANGE?
The State of Washington passed House Bill 1272 which requires health systems to collect and report patient self-report demographic data to specific standards inclusive of disability, sexual orientation, and gender identity (SOGI).

WHY IS THIS CHANGE HAPPENING?
The collection and reporting of patient self-reported demographic data are managed by Epic. Providence has one instance of Epic which means all nurses will see the new requirements and new data categories.

These categories* are more inclusive than previous disability and SOGI categories. There will now be:
- 9 disability choices.
- 11 sexual orientation choices.
- 14 gender choices.

Each category allows the patient to decline to answer.

All nurses will see the new categories – even those outside of Washington state (exception – changes to the *disability* screen will only be seen by Washington caregivers). All nurses are highly encouraged to increase their understanding of the care needs of patients across the spectrum of sexual orientations and gender identities. Asking about Disability and SOGI should be done professionally and sensitively.
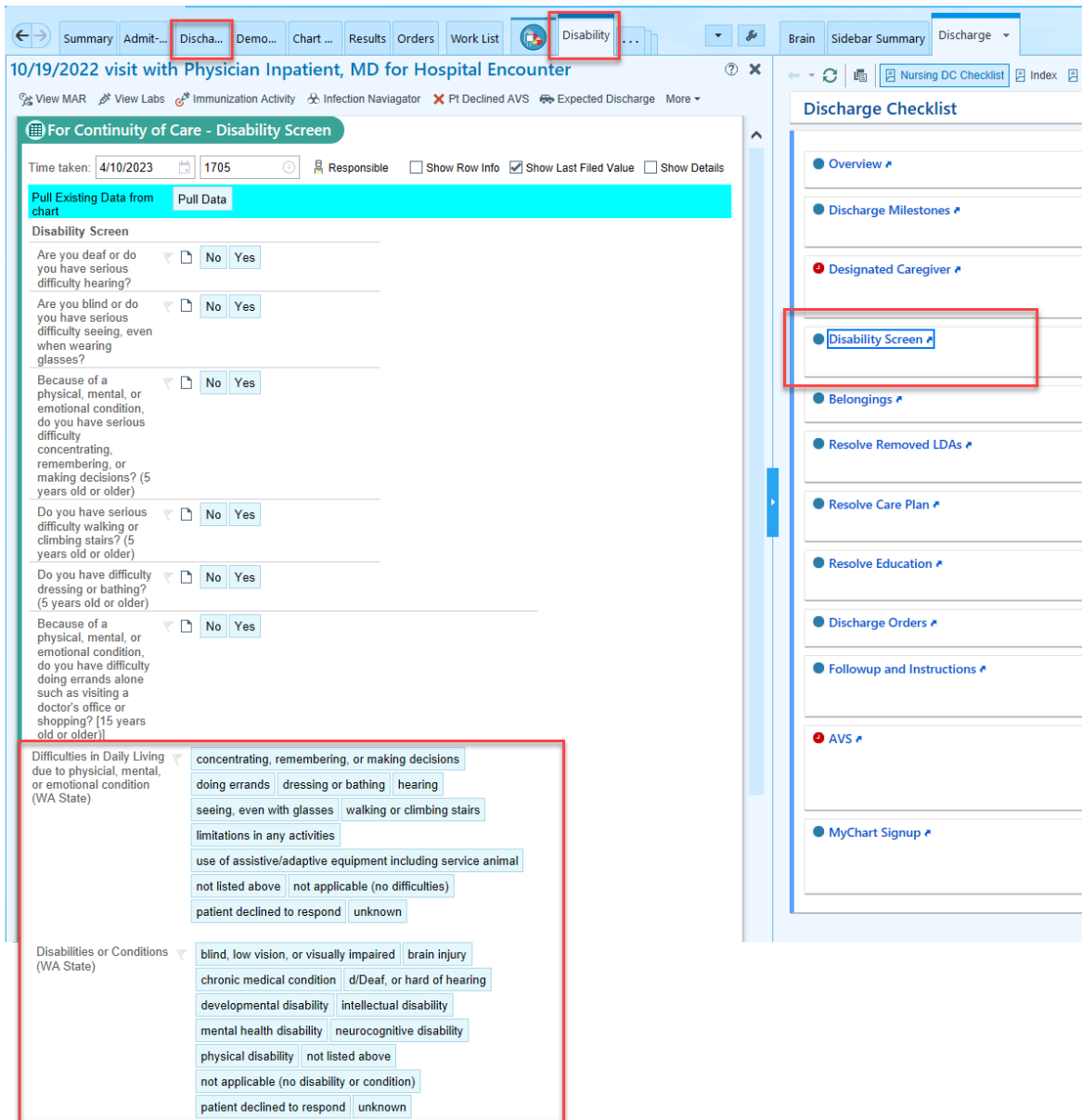
WHEN WILL THIS CHANGE OCCUR?
The requirement to collect the new data occurs for **nurses in Washington on June 6, 2023**.

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Epic Alert

EPIC DOCUMENTATION CHANGES:
Disability Screen Data Collection *(Washington Only)*
Washington nurses will now ask two additional disability screening questions related to physical and mental disabilities. *New questions only display to WA users.*

Documented in Nursing Discharge Checklist > Disability Screen section.

**Nurse Sexual Orientation and Gender Identity Data Collection**

Washington nurses caring for patients are *required* to ask the patient their sexual orientation and gender identity upon admission.

- The report section was updated to display gender identity and sexual orientation even when field is empty. It now displays "no data found" when the field is empty.
- The values cross encounters and do not need to be asked again if the field is completed.

Documented in the Admit-Arrival navigator Sexuality and Gender Identity history section. The Smartform categories was updated to support new requirements.
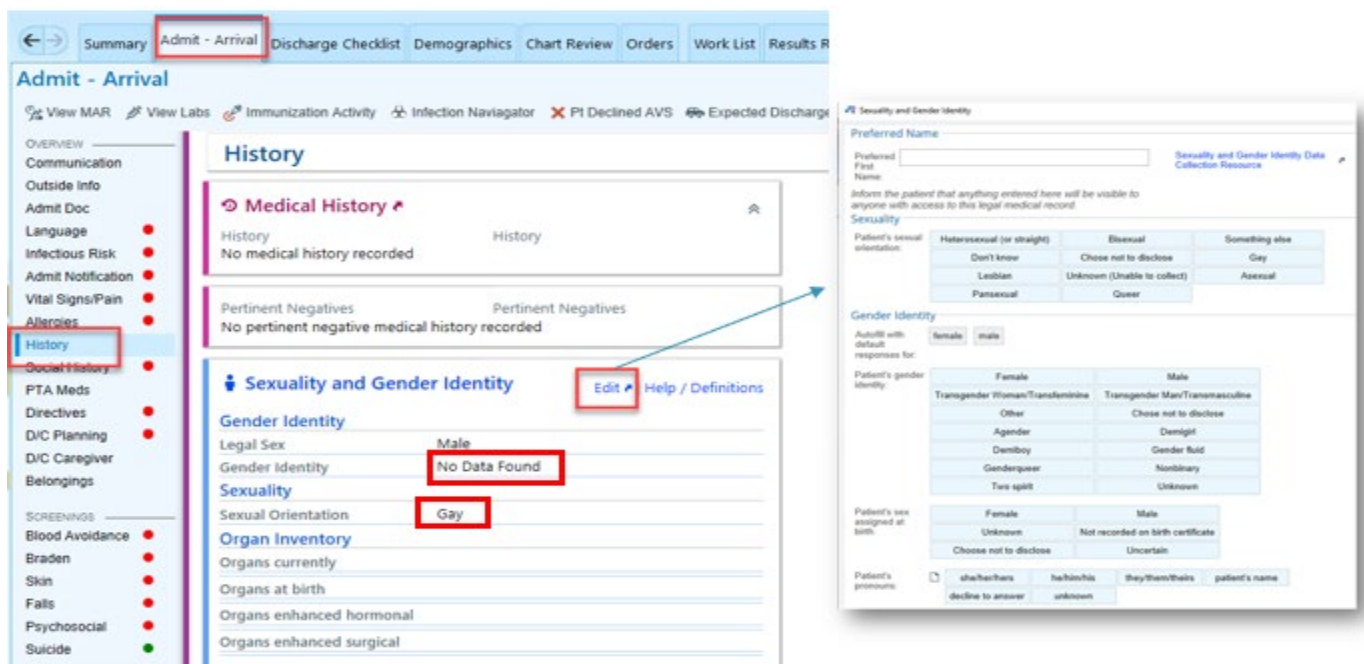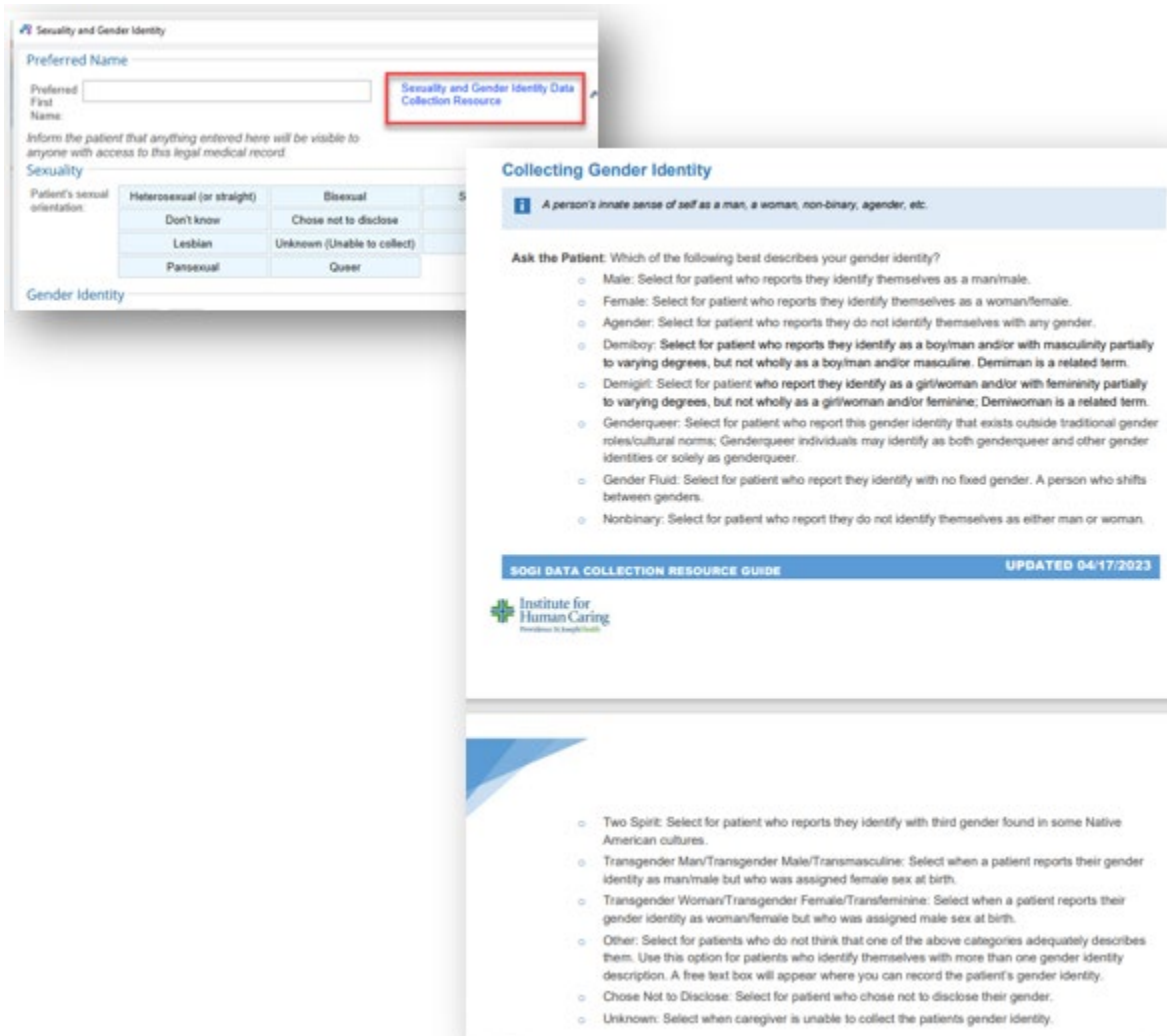

Clinicians can also access documentation from Storyboard, Summary Report or Clinical Tools.
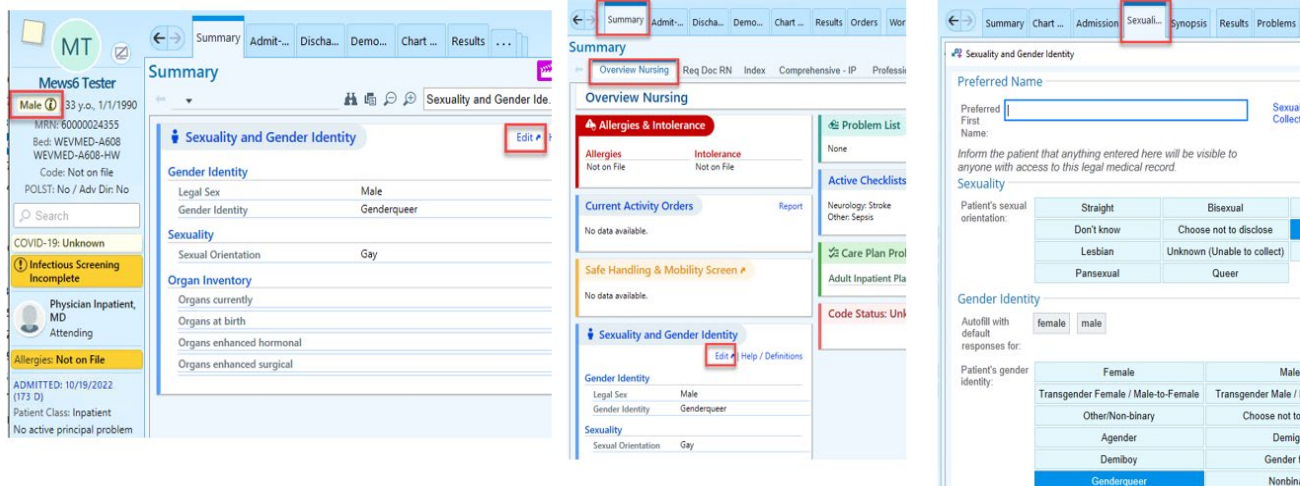
Sometimes asking about SOGI is challenging. The Smartform and Report include a [Sexuality and Gender Identity Data Collection Resource](#) that was updated to reflect the new terminology (with definitions) and guides caregivers on how to ask the questions.

- Resource tool was reviewed and is sponsored by Institute for Human Caring.

ADDITIONAL REFERENCES

- **Practice Alert** – What is change in nursing practice and why? [Practice Alert - WA-HB 1272 - SOGI.pdf](#)
- **Epic Learning Resources –** This is the place where you can find Epic training resources on this topic and many others! [Epic Learning Resources (providence.org)](#)

DIRECT QUESTIONS TO

Operational/workflow questions should be directed towards your local operations and education teams.

Epic related questions should be directed to the Epic Service Team, who can be reach through the HELP button within Epic.
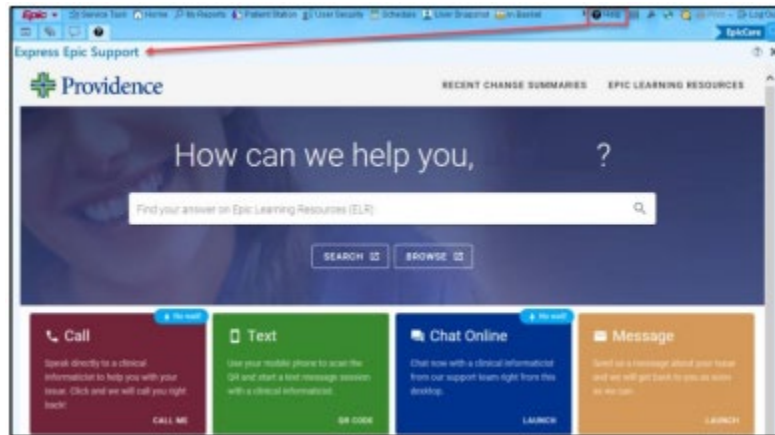
Other questions can be directed to the following:

System Quality and Regulatory Informatics: Melissa Arnold (melissa.arnold@stjoe.org)

System SOGI Informatics: Marlo Beebe (marlo.beebe@providence.org)

System Nursing Informatics: Michelle Webb (michelle.webb@providence.org)

DISTRIBUTION/ COMMUNICATION PATHWAY

Describe the communication pathway.

SOGI Data Collection Resource Guide

ℹ️ *This guide provides guidance and decision support to caregivers when collecting SOGI patient information*

Collecting Patient Pronouns

ℹ️ *Pronouns are words used to refer to a person without using their name. Common pronouns include he/him/his, she/her/hers, and they/them/theirs.*

Tell the patient: My pronouns are [insert your pronouns here]. What are your pronouns?

- o Use the pronoun comment field to enter pronouns not listed in the form.

Collecting Patient Preferred Name

ℹ️ *A preferred name is a patient name commonly used that is different from their legal name. If a patient goes by a name other than their legal one, record the name so that staff members interacting with the patient see what the patient wants to be called. The patient's preferred name will appear on all patient documentation. The patient's legal name still appears on guarantor accounts and coverages, and both names appear in patient identification clinical workflows.*

Ask the patient: Do you use a different name than your legal name that I should refer to you by?

Collecting Gender Identity

ℹ️ *A person's innate sense of self as a man, a woman, non-binary, agender, etc.*

Ask the Patient: Which of the following best describes your gender identity?

- o Male: Select for patient who reports they identify themselves as a man/male.
- o Female: Select for patient who reports they identify themselves as a woman/female.
- o Agender: Select for patient who reports they do not identify themselves with any gender.
- o Demiboy: **Select for patient who reports they identify as a boy/man and/or with masculinity partially to varying degrees, but not wholly as a boy/man and/or masculine. Demiman is a related term.**
- o Demigirl: Select for patient who report they identify as a girl/woman and/or with femininity partially to varying degrees, but not wholly as a girl/woman and/or feminine; Demiwoman is a related term.
- o Genderqueer: Select for patient who report this gender identity that exists outside traditional gender roles/cultural norms; Genderqueer individuals may identify as both genderqueer and other gender identities or solely as genderqueer.
- o Gender Fluid: Select for patient who report they identify with no fixed gender. A person who shifts between genders.
- o Nonbinary: Select for patient who report they do not identify themselves as either man or woman.

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- Two Spirit: Select for patient who reports they identify with third gender found in some Native American cultures.
- Transgender Man/Transgender Male/Transmasculine: Select when a patient reports their gender identity as man/male but who was assigned female sex at birth.
- Transgender Woman/Transgender Female/Transfeminine: Select when a patient reports their gender identity as woman/female but who was assigned male sex at birth.
- Other: Select for patients who do not think that one of the above categories adequately describes them. Use this option for patients who identify themselves with more than one gender identity description. A free text box will appear where you can record the patient's gender identity.
- Chose Not to Disclose: Select for patient who chose not to disclose their gender.
- Unknown: Select when caregiver is unable to collect the patients gender identity.

Collecting Sexual Orientation

> *Sexual orientation is how an individual describes their emotional and sexual attraction to others.*

Tell the patient: To make sure all patients get the best possible care; we would like you to tell us about your sexuality. Your answers are confidential, and only visible to those with access to your medical record.

Ask the patient: Which of the following best describes your sexuality? You can choose more than one answer.
- Heterosexual (or straight): Select for patient who reports they identify themselves as emotionally and sexually attracted to people of a different gender.
- Bisexual: Select for patient who reports they identify themselves as emotionally and sexually attracted to people of their own gender and people of other genders or more than two genders.
- Asexual: Select for patient who reports they experience little to no sexual attraction to others: Not to be equated with celibacy.
- Pansexual: Select for patient who reports they identify themselves as emotionally and physically attracted to people regardless of gender.
- Queer: Select for patient who reports they identify themselves as queer, which is defined as a sexual orientation outside social norms that is more fluid and inclusive. An umbrella term used to describe LGBTQIA+ sexual orientation, gender identity and/or gender expressions. The word queer has been and still is used as a derogatory term or slur, and while it has been proudly reclaimed by many in the LGBTQIA+ community, others see the term as offensive.
- Lesbian: Select for patient who reports they identify as a woman/femme person who is sexually attracted to other women/feminine people.
- Gay: Select for patient who reports they identify as a man/masculine person who is sexually attracted to other men/masculine people.
- Chose Not to Disclose: Select when patient chooses not to disclose their sexual orientation.
- Other: Select for patients who do not think that one of the above categories adequately describes their sexual orientation. Use this option for patients who identify themselves with more than one sexual orientation description. A free text box will appear where you can record the patient's sexual orientation.
- Don't know: Select when patient reports that they do not know their sexual orientation.

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o   Unknown: Select when caregiver is unable to collect the patient's sexual orientation.

Collecting Sex Assigned at Birth

> ℹ️ *Sex assigned at birth or sex reported on birth certificate refers to a person's "physical attributes (genitalia, chromosomes, secondary sex characteristics) used to categorize them as male, female, or intersex. It is understood as a biological construct, referring to the genetic, hormonal, anatomical, and psychological characteristics of males, females, or intersex individuals. Intersex is used to describe individuals born with natural variations in their sex characteristics that do not fall into strictly binary measures of male or female.*

Ask the patient: Which of the following best describes the sex that you were assigned at birth? This is the sex that someone observed when you were born, and likely was on your original birth certificate.

- o   Male: Select when sex assigned at birth or sex reported on their birth certificate was male.
- o   Female: Select when sex assigned at birth or sex reported on their birth certificate was female.
- o   Unknown: Select when an adult patient does not know what sex they were assigned at birth or are not able to communicate a response to the caregiver asking the questions. This option would <u>not</u> be used for a newborn encounter because the sex assigned at birth happens during that encounter.
- o   Uncertain: Select when a patient with intersex features whose sex was documented as uncertain on birth certificate.
- o   Not Recorded on Birth Certificate: Select when the patient reports that no sex assigned at birth was documented on birth certificate.
- o   Chose Not to Disclose**:** Select for patients who choose not to disclose their sex assigned at birth.

Collecting Affirmation Steps

Ask appropriate patients: Would you like to share whether you have taken any of the listed steps to affirm your gender identity?

> ℹ️ *A term meaning the period when a transgender person or gender diverse person is taking steps, medically and/or socially, to live as a member of a gender different from the individual's birth-assigned gender. Some people use this term to describe the medical process they are undergoing until they have completed the medical procedures that are relevant for them to present as their gender. Also referred to as transition or transitioning*

Organ Inventory

> ℹ️ *Complete and accurate organ inventory history assists caregivers in making accurate clinical decisions.*

Sex

> ℹ️ *Legal sex is a reference of sex as a matter of law. Examples of a legal documents that include an assigned sex are birth certificates, driver's license, or passport. This information is collected in Demographics and not in SOGI Smartform. The value is displayed as either [sex] or [legal/administrative sex] in Epic.*

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Special Populations - Disability

You will see this screening when discharging a patient…
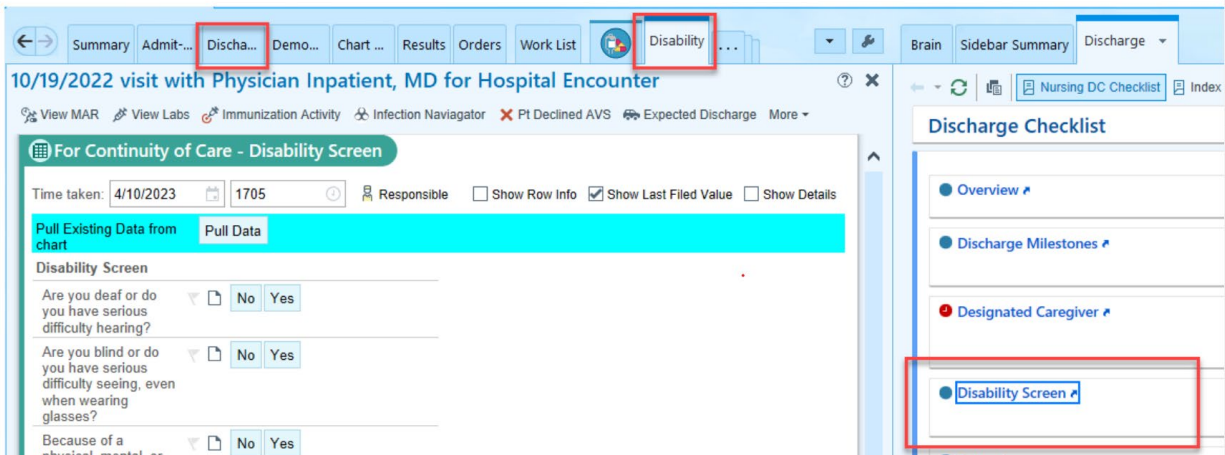
The new options for disabilities or conditions are presented below. They are only intended to be completed by Washington State caregivers.

Remember…
–This is intended to be <u>SELF-REPORTED</u> data. You are not being asked to assess or validate these abilities.
–Patients may identify their disabilities or conditions however they experience them.
–You may document as many disabilities as the patient discloses.
–<u>Developmental disabilities</u> generally refer to conditions that result in impairment in *physical, learning, language, or behavior* areas – examples include autism spectrum disorder, Down's syndrome, and cerebral palsy.
–<u>Neurocognitive disabilities</u> generally refer to *cognitive* symptoms caused by something other than a psychiatric illness – examples include Alzheimer disease, Multiple sclerosis, and Parkinson disease.

– The patient may decline to respond – document *patient declined to respond.*
– If there are no disabilities – document *not applicable (no disability or condition).*

See also the <u>WA-HB 1272 Epic Alert</u> which provides documentation guidance.

Special Populations - Adolescent

What is SOGI?
SOGI stands for Sexual Orientation and Gender Identity. We all have a sexual orientation and gender identity, SOGI demographics include all of us.

Why is collecting SOGI important to patients?
Asking patients their SOGI information ensures that the care they receive is supportive of and responsive to them and their care needs. Patient response to this data collection is voluntary.

Why is collecting SOGI important to caregivers?
Asking patients about their SOGI empowers caregivers to get to know their patients better, and to provide them with the culturally responsive, patient-centered, and trauma-informed services they need.

Our goal is to reach out to all patients and collect important demographic and medical history information so caregivers can make informed healthcare decisions and prevent errors. This allows us to truly know our patients, care for them, and ease their way.

From whom do we collect SOGI?
We collect names and pronouns from every patient. Everyone has a name; most people have pronouns. We also collect legal sex from every patient as part of registration.

Regulations and laws may require us to inquire about SOGI data. In Washington State, for example, hospitals are required to report SOGI data for patients 13 years and older.

HIPAA
A patient's Sexuality and Gender Identity (SOGI) information is considered protected health information (PHI) and as such is covered by the Health Insurance Portability and Accountability Act (HIPAA)*. This includes sexual orientation, gender identity, sex assigned at birth, current/former anatomy, medical history and former names (former names can still be found in Epic).

Disclosure without relevant medical reason or patient permission is not only a HIPAA violation, but could cause physical, psychological, and/or emotional harm to patients. Patient safety and privacy are our top concerns, and all efforts should be made to prevent inappropriate and unnecessary sharing of PHI.

An important note about collecting SOGI data on adolescents – parents/guardians will be able to access this information and the patient should be made aware of this fact. Document that the patient declines to answer if there are any concerns about the data being revealed to the parents/guardians.

TIPS for SOGI conversations
The guidelines for asking about SOGI with adolescent patients are very similar to adult patients. It all starts with respect. First, know that adolescent (age 13 and older) data collection is only required in Washington State. Also, remember that patients may choose to decline to answer.

Many SOGI questions are private. In accordance with applicable federal and state laws and standards of care, if the patient has another individual in the room when you plan to ask the patient SOGI information, it is prudent to let them know … "*at this time, I ask that you please step out of the room so I can ask [the patient] some private questions.*" This would be a similar process as when asking an adolescent about other private issues such as sexual activity or use of alcohol, tobacco or other controlled substances.

Explain to the patient that SOGI information is demographic information that is collected from all patients and while this information is private, the data is not protected from the parents/guardians. You can explain … *"we collect this information so we can better know our patients and tailor care to their needs. We collect his information from all patients. Your parents will be able to see this information – if that is a concern, you may decline to answer."*

- If the patient is concerned about being asked their pronouns, simply respond: "*Providence is committed to creating and maintaining a safe and inclusive environment for our patients. Asking these questions is part of that commitment – we ask all patients these questions.*"

- If the patient does not feel that their identity is reflected in the SOGI fields available, use options for free type as available and include language the patient uses to define themselves.

- If a patient responds negatively to being asked SOGI questions, or if they do not wish to complete this information, simply end the line of questioning, mark that the patient declines to answer, and move on.

- If the patient is concerned about their parents/guardians finding out this information, mark that the patient declines to answer.

What if I make a mistake?

We are all human and make mistakes, even when doing our best. If you make a mistake when referring to a patient's name, pronouns, gender, or other aspect of their identity simply apologize, correct yourself, and move on. Do not overemphasize the mistake – a simple apology and correction is appropriate.

At Providence, we want to ensure that everyone receives the best care possible. Asking patients their race and ethnicity will help us become more aware of differences in access to health care and services among different populations.

Providence is also required to obtain this information as part of the "American Recovery and Reinvestment Act of 2009." The government has written specific standards for hospitals to demonstrate "Meaningful Use" of Electronic Health Record (EHR) technology such as Epic. As part of these standards, Providence is required to obtain statistics on language, sex, race, ethnicity, and date of birth on more than 80% of all patients admitted to an inpatient bed or emergency department.

1. **Understanding Race and Ethnicity:**
   ✓ Race and ethnic background are determined by the patient and **should not be based on observation.**
   - a) Ethnic background is commonly determined by common cultural values.
   - b) Race is commonly based on hereditary, often physical traits.
   - c) Both fields, Ethnicity and Race, must be populated and are independent of each other.
     - For example: A patient may identify with an ethnic category of Another Hispanic/Latino/Spanish and of a racial category of Black/African American, or with the ethnic category Cuban and identify with the racial category of White.

   ✓ Registration staff must document race and ethnicity for all patients including pre-admitted patient types. This information will only need to be collected once.

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Scripting to Use:

1. Inform the patient why we are asking about Race and Ethnicity and say: *"At Providence we want to ensure that everyone receives the highest quality of care, so we are collecting information about the race and ethnic background of our patients."*

   To ask about Ethnicity, say:

   "Do you consider yourself Hispanic, non-Hispanic, Cuban, or Other?"

   a. Yes, to Hispanic or Cuban follow up with- *"Do you consider yourself Hispanic, Latino, Cuban, Mexican, Puerto Rican, or Another Hispanic/Latino/Spanish Origin?"*
   b. No - Select 'Not of Hispanic/Latino or Spanish Origin'
2. To ask about Race, say:

   "What race do you identify with?"

   a. Select from the list of races. Multiple races may be selected.
3. If the patient responds with irritation or anger:
   - Remain calm and respond: "*To avoid asking this question in the future, may I have your permission to document as you didn't wish to answer?"*

Race and Ethnicity Information FAQs

1. Why am I being asked these questions?

At Providence Health & Services, we want to make sure everyone receives the best care possible. We are asking all our patients for their race and ethnicity information to help us know them better. Having this information will help us meet all the health care needs of our patients.

2. What is the difference between race and ethnicity?

• Race is the group or groups that you identify with as having similar physical features, or similar social and/or geographic origins.

• Ethnicity is your cultural background, heritage and/or ancestry.

3. Will my information be shared?

Providence is required to provide the federal government with general information about the race and ethnicity of our patients. We do not share any individual patient's personal race and ethnicity information in this reporting process. Collecting this information is necessary to show the government how Providence is working to meet the health care needs of all our patients.

4. Are you trying to determine citizenship?

No. Providence Health & Services does not ask for the citizenship status of our patients.

5. What if I don't want to share my information?

You do not have to share your race and ethnicity with us. Saying no will not affect the quality of care that you will receive from your Providence health care team.

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