Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care to the LGBT Community: Joint Commission Standards and Resources

South Carolina Hospital Association
Society of Healthcare Diversity Professionals
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The Joint Commission
Learning Objectives

- Understand how to use information and strategies from the LGBT Field Guide to better meet the needs of your LGBT patients.

- Understand the Joint Commission requirements regarding visitation and non-discrimination.
The Joint Commission

- Oldest and largest health care evaluation and accrediting body
- Accredit almost 20,000 health care organizations across seven programs.
- To earn and maintain The Joint Commission’s Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.
The Joint Commission – beyond accreditation

The Center for Transforming Healthcare
- Formed in 2009 to solve the nation’s most critical safety and quality problems.

The Division of Healthcare Quality Evaluation; Department of Health Services Research
- Over 38 externally-funded projects, resulting in research, publications, monographs, toolkits, etc.
Health Equity and The Joint Commission

Mission Statement
To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement
All people always experience the safest, highest quality, best-value health care across all settings.
Joint Commission Efforts – Past and Present


- Patient-Centered Communication Standards and the *Roadmap for Hospitals* (2008): Funded by the Commonwealth Fund

- Promoting Health Equity and Meeting the Needs of the Lesbian, Gay, Bisexual, and Transgender Community (2010): Funded by the California Endowment
Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

- Approximately 9 million people identify as LGBT (approx 3-5% of total population)
- Same concerns as rest of population, but also face additional health risks
- Like other vulnerable and minority populations LGBT patients have experienced health care disparities and barriers to care
- Until recently, have not been included in larger efforts to address health disparities
Barriers to Equitable Care

- Refusals of care
- Substandard care / mistreatment
- Inequitable policies and practices, particularly with regard to visitation
- Little or no inclusion in health education and outreach
- LGBT elders face additional barriers due to isolation, lack of social services, and lack of culturally competent physicians
- Experiences of discrimination, stigma and mistreatment have contributed to a longstanding distrust of health care system – often resulting in delays and avoidance
LGBT Health Care Disparities

- Less access to insurance and health care services, including preventive care and screenings
- LGBT populations have the highest rates of tobacco, alcohol, and substance abuse
- Lower overall health status
- Higher risk for mental health illnesses, such as anxiety and depression – LGBT Youth 2 to 3 times more likely to attempt suicide; 41% of transgender respondents in a recent trans discrimination survey reported attempted suicide at least once
- Higher rates of stds, HIV infection (esp. MSM aged 13-29 and transgender women) and some cancers
Lambda Legal 2009 study: 56% of LGB people reported experiencing discrimination in at least one of these areas (n=4,916):

Health care professionals refused to touch me or used excessive precautions

Health care professionals blamed me for my health status

Source: When Healthcare Isn’t Caring
Lambda Legal Survey of Discrimination against LGBT People and People living with HIV: 2009
Lambda Legal Study continued..

Health care professionals used harsh or abusive language

Health care professionals were physically rough or abusive

Source: When Healthcare Isn’t Caring
Lambda Legal Survey of Discrimination against LGBT People and People living with HIV: 2009
Transgender discrimination survey: Transgender and gender non-conforming people frequently experience discrimination when accessing health care. (n=6,450)

- 28% postponed or avoided medical care when sick or injured due to discrimination or disrespect
- 33% delayed or did not try to get preventative health care
- 19% of respondents reported being refused care
- 28% of respondents were subjected to harassment in medical settings
- 50% of sample reported having to teach their medical providers about transgender care
- If medical providers were aware of the patient’s transgender status, the likelihood of that person experiencing discrimination increased
- Transgender people of color and low-income respondents faced substantially elevated risk of abuse, refusals of care, and poorer health outcomes

The LGBT Patient Experience

Many LGBT individuals do not feel comfortable disclosing who they are to providers fearing discrimination or based on negative past experiences and many providers do not inquire – thus LGBT individuals “invisible” to providers.

Fortunately, there are practices and strategies that health care providers can implement to:

- Make the health care environment more welcoming, inclusive, and safe for LGBT patients and their families
- Build trust and improve the LGBT patient experience
Existing resources to support needs of LGBT community

- Joint Commission Accreditation Standards
  - Standards and elements of performance

- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals
Access to a Support Individual

Standard RI.01.01.01 The hospital respects, protects, and promotes patient rights.

Element of Performance 28
The hospital allows a family member, friend, or other individual to be present with the patient for emotional support during the course of stay.

**Note 1:** The hospital allows for the presence of a support individual of the patient’s choice, unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient’s surrogate decision maker or legally authorized representative.

*RI.01.01.01, EP 28 effective since July 1, 2011*
Non-Discrimination in Care

Standard RI.01.01.01 The hospital respects, protects, and promotes patient rights.

Element of Performance 29
The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

*RI.01.01.01 EP 29 effective since July 1, 2011
New Notes to RI.01.01.01

New Notes added to EP 1 (written policies on patient rights) and EP 2 (informing patients of rights)

For hospitals that use Joint Commission accreditation for deemed status purposes:
- written polices address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.
- informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

These notes were implemented July 1, 2011
LGBT Stakeholder Meeting
September 13, 2010

- GLMA
- National Coalition for LGBT Health
- Lambda Legal
- The Fenway Institute
- Mautner Project: The National Lesbian Health Organization
- Greenville Hospital System
- San Francisco Human Rights Commission
- PULSE of NY
- Institute of Medicine
- The National Gay and Lesbian Task Force
- PFLAG
- DHHS Office for Civil Rights
- Robert Wood Johnson Medical School
- Equality California
- Callen-Lorde Community Health Center
- LGBT Resource Center – UCSF
- Human Rights Campaign
- SAGE
- AMA’s Institute for Ethics
- Howard Brown Health Center
Notable Events... momentum continues

- Institute of Medicine Report
- Department of Health and Human Services Initiatives
  - Many initiatives designed to improve the health of LGBT individuals
- NY Health and Hospital Corporation – mandatory LGBT training for 38,000+ employees
- HRSA grant to develop training – Fenway Institute
Institute of Medicine Report

Released in March 2011

- Acknowledged role of stigma and discrimination on the health of LGBT people

- Recommendations included
  - Implementation of a research agenda designed to advance knowledge and understanding of LGBT health
  - Collection of data on sexual orientation and gender identity in federally funded surveys and in electronic health records
Department of Health & Human Services

- CMS implements new CoPs for equal visitation
- LGBT health included in National Stakeholder Strategy
- Affordable Care Act
- Inclusion of LGBT in Healthy People 2020
- HHS announces inclusion of sexual orientation question in NHIS
- Grant from HRSA to develop LGBT training center
- More information: [http://www.hhs.gov/secretary/about/lgbthealth.html](http://www.hhs.gov/secretary/about/lgbthealth.html)
Meeting the Needs of LGBT Patients

- Based on recommendations from a panel of experts
- Augmented by additional research and initiatives in the field.
- Includes implementation examples, practices, resources, and other “how to” information
- Includes appendices with applicable Joint Commission standards, law and regulation, and a resource guide
Leadership Chapter

- Integrate unique LGBT patient needs into new policies or modify existing policies
  - Nondiscrimination, visitation, access, definition of family

- Demonstrate ongoing leadership commitment to inclusivity for LGBT patients and families
  - Monitoring, reporting/grievance, accountability, champions
Leadership – Practice Examples

- Post, disseminate, publicize LGBT inclusive policies on hospital website, in written material, and on packets

- Monitor organizational efforts
  - Organizational assessments
  - Solicit feedback from staff, patients and the community
  - Monitor grievance/complaint information

- Establish clear mechanisms for reporting discrimination and for handling discriminatory behavior
  - Post grievance processes in high-traffic areas

- Appoint individual/advisory group to oversee efforts and make recommendations for improvements
Provision of Care, Treatment, and Services Chapter

- Create a welcoming environment
- Avoid assumptions about sexual orientation and gender identity
- Facilitate disclosure of sexual orientation and gender identity but recognize this is personal decision
- Provide information and guidance for the specific health concerns of L,G,B,T patients
Provision of Care, Treatment, and Services – Practice Examples

- Inclusive waiting rooms and common areas
  - Include images of LGBT couples and families in materials and resources
  - Display LGBT–friendly symbols in waiting areas, on placards and forms
  - Create or designate unisex restroom(s)

- Use inclusive gender-neutral language on forms and when talking to patients
  - Partnered, Parent/guardian

- Implement visitation policies in a fair manner
Workforce – Practice Examples

- Protect staff from discrimination
- Equalize health care coverage and all other benefits
- Add LGBT-inclusive language to job notices, and attend LGBT job fairs, advertise and outreach to
- Provide LGBT Training using a variety of methods
  - Include LGBT education in grand rounds
  - Conduct in service trainings
  - Show short videos and/or distribute LGBT health brochures
  - Add LGBT content and links to websites
- Support staff development initiatives
  - Establish an LGBT employee resource group (ERG), support discussion forums, commemorate LGBT events
Data Collection and Use Chapter

- Identify opportunities to collect LGBT-relevant data and information during the health care encounter
  - Admitting/Registration, medical record information, patient surveys
  - Data should be voluntary, staff training needed, privacy protections

- Use available population-level data to help determine the needs of the surrounding community
  - National and state level data, focus groups or interviews, community needs assessments.
Data Collection and Use – Practice Examples

- Gather information at admitting/registration
  - Relationship status and gender identity at admitting/registration (preferred name, gender pronoun)
  - Patient support person, visitors, emergency contacts, representatives, existence of relevant legal arrangements

- Establish a process to gather self-reported sexual orientation and gender identity data
  - Provide opportunities, voluntary only

- Conduct staff training on data collection
  - Procedures, data importance and use, HIPPA protections

- Patient survey - sexual orientation and gender identity data collection and use

- Use available data – national and state-level data, focus groups, community needs assessments
Collect feedback from LGBT patients, families, and the surrounding community.  
- Surveys, focus groups, advisory councils, community input and collaboration

Ensure communications and community outreach activities reflect a commitment to the LGBT community.  
- Marketing, partnerships with local CHCs, state hospital associations and DOH

Offer educational opportunities  
- LGBT inclusive and LGBT specific
Additional Resource Information

- Appendices with additional information:
  - One page checklists for easy reference
  - Section identifying current Joint Commission standards that support concepts identified in the Field Guide
  - Laws, regulations and executive materials (HHS Office for Civil Rights)
  - Glossary
  - Comprehensive resource guide
LGBT Field Guide and other helpful resources

- [http://www.jointcommission.org/advancing_effective_communication/](http://www.jointcommission.org/advancing_effective_communication/)
- Information about the standards
- R3 report – provides background information
- The Roadmap and other published white papers
- A new video “Promoting Health Equity and Patient Centered Care: Joint Commission standards and resources (10 minutes)
Update: Speak Up Initiative

Joint Commission’s award-winning patient safety program

- Know Your Rights Brochure
- Recently updated!

You have the right to care that is free from discrimination. This means you should not be treated differently because of:

- age
- race
- ethnicity
- religion
- culture
- language
- physical or mental disability
- socioeconomic status
- sex
- sexual orientation
- gender identity or expression

Download for free at: http://www.jointcommission.org/speakup.aspx
Other Resources:

HEI is a free survey that can be used by healthcare organizations to determine how inclusive their policies and procedures really are. Top hospitals are given the designation of “Leaders” in LGBT healthcare equality.
QUESTIONS ???

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