

*True North Goal: Sexual Orientation and Gender Identification (SO/GI)*

*Implementation at Laguna Honda*

*August 3, 2018*

**Background:** The Department of Public Health (DPH) under the leadership of Dr. Ayanna Bennett, Director of Interdivisional Activities, had a goal of implementing the state regulatory requirements and local ordinance in capturing Sexual Orientation and Gender Identification (SO/GI) information from clients served. In addition, the San Francisco Health Network (SFHN) adopted SO/GI as part of its FY16-17 Equity True North Goal/Metric.

**Problem:** Laguna Honda was in total support of the Department’s and SFHN’s initiative to collect SO/GI information from clients as part of the care team’s assessment, care planning and goals of care evaluation for each resident. Upon the start of the initiative, there currently was not a standard workflow or system that facilitated or supported the resident’s SO/GI data for newly admitted Laguna Honda residents.

**Intervention(s):**

<i>Measure/Indicator</i>	<i>Completed By</i>	<i>Outcome(s)</i>	<i>Comments</i>
<i>1. Designate who will collect the SO/GI data when a new resident is admitted to Laguna Honda.</i>	<i>Donna Valencia, CNO</i>	<i>Licensed Nurses were designated to ask new residents of SO/GI information. A pilot was completed testing a small group of licensed nurses to ask residents on admission in February 2017.</i>	<i>The standard work was initiated in June 2017 after a comprehensive training was provided to licensed nurses.</i>
<i>2. Identify workflow process and determine the documentation location the SO/GI data will be charted.</i>	<i>Team Clinical Assessments Kaizen Team</i>	<i>A pilot by Pavilion Mezzanine licensed nurses which tested the workflow of collecting SO/GI was completed in June 2017.  The DPH SO/GI Workgroup and IT developed the documentation fields in Invision to capture the SO/GI data.</i>	<i>Licensed nurses will be interviewing newly admitted residents for their SO/GI information and the Admissions &amp; Eligibility Team will be entering the data in Invision.</i>

<i>Measure/Indicator</i>	<i>Completed By</i>	<i>Outcome(s)</i>	<i>Comments</i>
<i>3. The training curriculum and schedule will be developed and identified staff will complete the trainings.</i>	<i>Department of Education and Training</i>	<i>The following types of training workshops were developed and provided as follows: 1) eLM Course – assigned to all LHH learners April 2018 2) eLM Supplement added in July 2018 (includes the new Title 22 regulations published in June 2018) 3) Live in-person classes for RNs and LVNs who will be interviewing residents for the SO/GI data 4) Live in-person classes for CNAs, PCAs, HHAs and Admissions &amp; Eligibility Team Members 5) Live in-person classes for Activity Therapy, Social Services, Volunteers and Rehab Services and Makeup Classes in August 2018 6) Live in-person classes for Environmental and Facility Services (schedule tbd)</i>	<i>As of July 23, 2018, aggregate compliance for entire Hospital is at 52%.</i>

**Measures/Indicators:**

# of Training Curricula Developed: 4 (2 eLM Modules, 2 Live Classes – one for Licenses Nurses, the other for all others)

# of Workflows Created: 2 (one by Nursing and one for Admissions & Eligibility)

**Results:**

% LHH Staff Who Completed Online Training: 52% as of 7/23/18 (this is < 2 months since the online training was assigned to Staff)

# of Residents interviewed since going live: tbd (working with DPH IT to provide aggregate data)

# of Residents with SO/GI data: tbd (working with DPH IT to provide aggregate data)

**Lessons Learned:**

Piloting the workflow process provided information, lessons learned and assisted in the development of an improved workflow when we went live in June 2018.

Incorporating the data collection with Nursing's sacred moment time during the admission process supported an integrated approach to a new practice.

We reached 52% training compliance at close to two months after the training was assigned to Staff. We learned that we will need to dedicate a resource to track per Department employees who have not yet completed the online training.

We needed to request DPH Information Technology (IT) for a SO/GI data report. The workplan didn't include an availability of an ongoing report to be produced. We will need to establish a workflow process to create reports from data provided by IT. And at this time, IT resources are prioritized for the Epic Project.

We are grateful for the licensed nurses who incorporated asking newly admitted residents about SO/GI status and for the Admissions & Eligibility Team who enter the information online. Both disciplines embraced change in their practices to assist the Hospital to meet local and state mandated standards.

**Next Steps:**

- 1) Follow up with Managers and Directors with Staff who need to complete online SO/GI training.
- 2) Follow up with Licensed Nurses who need to complete live training, in addition to completing the Addendum training made available in late July 2018.
- 3) Track progress reports with training completion compliance and follow up accordingly.
- 4) Obtain data report when data is made available by IT, monitor SO/GI data and review for patterns and trends.
- 5) Plan to include aggregate data at the FY18-19 annual report.

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