REACH Grant Knowledge Translation Topic:

Acute and Tertiary Care Considerations for Modernizing GSSO Terminology

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- We acknowledge with respect the Lekwungen-speaking peoples on whose traditional territories the University of Victoria stands; the Songhees, Esquimalt and the W_SÁNEC ("w'Saanich") peoples, whose historical relationship with the land continues to this day

- I hope each of you will join me and acknowledge the privilege we have of coming together in the spirit of respectful dialogue from the traditional territories where you a located.

Agenda

- Meeting Schedule
- GSSO Action Plan
- Acute and Tertiary Care
- Potential Issues in Acute and Tertiary Care
- Today's Questions

MSFHR REACH Grant Special Topics Meetings

- Today – Acute and Tertiary Care Settings
- Tuesday, December 14 (0900 Pacific/1200 Eastern) – REACH project update

GSSO Action Plan

1. Envisage an equity- and SGM-oriented health system vision and goal
2. Engage and partner with organizations and communities to modernize GSSO information practices to meet SGM needs
3. Establish GSSO terminology for patient care, health system use and research
4. Enable EHRs *+digital health* to collect, use, exchange and reuse standardized GSSO data
5. Integrate and tailor GSSO data collection with organizational structures, policies, use cases and workflow processes
6. Educate & train staff to provide culturally competent and safe care, and educate patients to understand need
7. Establish a central hub to coordinate this action plan over time and continue national conversation as next step

Acute Care

Hospital-based acute inpatient care is a key component of the continuum of health services in Canada. It provides necessary treatment for a disease or severe episode of illness for a short period of time. The goal is to discharge patients as soon as they are healthy and stable.[1]

1. Canadian Institute for Health Information (CIHI). Acute Care. Available at: https://www.cihi.ca/en/acute-care

Acute Care

Scope:
- triage, initial and detailed assessment, admission, care planning, stabilization, treatment of acute illness, step up or down in terms of care intensity, discharge or palliation, referral
- nursing care, allied health care
- pharmacy, lab, diagnostics and imaging
- medical care including assessment, diagnosis and treatment of illness and injury
- inpatient specialist care and consultations
- inpatient procedures
- outpatient ambulatory care services

Acute Care

- Functions:
  - emergency room is often first contact, some planned admissions
  - admitted to inpatient units for appropriate care
  - receive wrap-around care on nursing units via consults
  - liaise and coordinate with primary care and community supports on discharge to ensure continuity
  - measure outcomes, abstract and report data

Acute Care Services

Types
- Emergency
- Medical
- Surgical
- Obstetric/ Maternity
- Psychiatric and mental health
- Pediatrics
- Pharmacy
- Lab + Imaging
- Kitchen, Housekeeping & Maintenance

Healthcare Providers
- Clerks
- ER Physicians
- Specialist physicians
- Surgeons
- Hospitalists
- NPs
- Pediatricians
- OB/GYN
- Nursing and Allied

GSSO Data Collection – Acute Care Setting

- **What is the purpose of the pre-practitioner exchange?**
  - Identity confirmation
  - Triage/screening
  - Letting the practitioner know the patient has arrived

- **Who should be collecting the information?**
  - Administrative staff
  - RN or other clinical provider

- **How should the information be collected?**
  - Verbal
  - EHR
  - Standardized forms
  - Online form/app

- **What information is appropriate for display?**
  - Administrative staff

- **What should be collected?**
  - Gender identity
  - Administrative Gender/Sex
  - Administrative/Legal Name
  - Name Used
  - Pronouns Used
  - Sex Assigned at Birth
  - Anatomical Inventory
  - Hormone Medication Inventory
  - Hormone Reference Ranges

- **Are there setting specific considerations?**
  - Bed management / placement
  - Lab results / reference ranges
  - Imaging results
  - Clinical safety
  - Decision support
  - Referral documents and other artefacts
  - Others?

Potential Differences in Acute Care

- Care intensity can be stepped up / down based on acuity in some facilities
- Registration, Triage, ER Nurse and ER Doc first contacts unless
- Planned admission (surgery or other procedure)
- Many transfers / services involved in care
- Multiple initial assessments
- Patient chart accessed across settings / units / services
- Multidisciplinary
- Episodic in nature

Acute Care Workflow

Questions

- How does Acute Care workflow and environment affect what GSSO data is collected?

- What would a minimum data set look like for different Acute Care processes?

- What concerns need to be addressed about sharing patient information? (Services, Tertiary)

Culturally Safe Policies for GSSO Data Collection

- Universal
  - Asked of all patients
- Informed consent
  - Letting all patients know why these questions are being asked
  - Patients may decline to answer, may be selective in whom they disclose, may be selective in what they disclose
- Updated
  - Asked at registration, or when there are discrepancies within the record
- Confidential process
  - Using standardized forms ideally through self-administered through a portal
  - Paper-based introduces considerations for who will enter this data
  - Or in a private setting when asked verbally
- Trained staff who understand how to ask information in a culturally safe way
- Relevant
  - Requested GSSO information should be relevant to the clinical encounter

Tertiary Care

Hospital-based acute inpatient care is a key component of the continuum of health services in Canada. It provides necessary treatment for a disease or severe episode of illness for a short period of time. The goal is to discharge patients as soon as they are healthy and stable.[1]

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Potential Differences in Tertiary Care

- Higher level of specialization
- Often require specific units / facilities (i.e. Tertiary Mental Health & Addictions)
- In hospitals, accessed via admission order to specialized units under a specialist
- Tertiary care facilities (i.e. Residential Care, Addictions Treatment) accessed via referral

GSSO Data Collection – Tertiary Care Setting

- **What is the purpose of the pre-practitioner exchange?**
  - Referral triage/screening
  - Identity confirmation
  - Populating patient history
  - Initial / intake assessment

- **Who should be collecting the information?**
  - Administrative staff
  - Intake staff
  - Direct care RN or other clinical provider

- **How should the information be collected?**
  - Referral
  - Verbal
  - EHR / transfer
  - Standardized forms
  - Online form/app

- **What information is appropriate for display?**
  - Administrative staff

- **What should be collected?**
  - Gender identity
  - Administrative Gender/Sex
  - Administrative/Legal Name
  - Name Used
  - Pronouns Used
  - Sex Assigned at Birth
  - Anatomical Inventory
  - Hormone Medication Inventory
  - Hormone Reference Ranges

- **Are there setting specific considerations?**
  - Bed management / placement
  - Lab results / reference ranges
  - Imaging results
  - Clinical safety
  - Decision support
  - Referral documents and other artefacts
  - Others?

Tertiary Care Workflow

Questions

- How does the Tertiary Care workflow and environment affect what GSSO data is collected?

- What would a minimum data set look like for different Tertiary Care processes?

- What concerns need to be addressed about sharing patient information?

Are there concerns we haven't addressed yet?

Next steps?