

Practical tips to make your Electronic Health Records inclusive

[Rainbow Health Ontario](#), a program of Sherbourne Health, wrote this brief guide in response to the many requests we receive for guidance on incorporating sexual orientation and gender identity into intake forms and EHRs. We understand that making changes to software can be difficult and the ability to make changes depends both on the flexibility of the software program and access to funds.

We also recognize that words representing different gender identities and sexual orientations keep evolving. Changes made to an EHR today may not be current in a few years. For instance, the Trevor Project (2019) released a report with over 34,000 LGBT2SQ youth. The participants identified over 100 gender identities, and more than 100 sexual orientations. Additionally, it's important to keep in mind that service users' gender identities and sexual orientations may change over their lifetime.

There are resources available specifically about creating inclusive EHRs for transgender and non-binary patients. There are two fact sheets from Burgess et al. (2019), and Practical Recommendations for the Collection of Gender Identity Data (Deutsch & Buchholz, 2015) and additional recommendations from the World Professional Transgender Health EMR Working Group (Deutsch et al., 2013) are useful references for patient-centred care.

PRACTICAL TIPS FOR INTAKE FORMS

We recommend that the following suggested fields be included in intake forms, in this order:

- 1) Legal full name:
- 2) Name you go by:
- 3) Pronoun (how you want others to refer to you, such as she, he, they, etc.):
- 4) Please tell us your gender identity, if you are comfortable disclosing (e.g. female, non-binary, male, trans, genderqueer, etc.):

[There would be a box here to write whatever people wanted with as many words as they wanted to use]

- 5) Sex assigned at birth (circle one):

Female/ Male/ Intersex/Do not wish to disclose

- 6) Please tell us your sexual orientation, if you are comfortable disclosing (e.g. lesbian, bisexual, heterosexual, gay, etc.)



[There would be a box here to write whatever people wanted with as many words as they wanted to use]

It is important that the information collected is kept confidential and used appropriately. This means that *every* staff member would refer to the patient by the name and pronoun they go by.

It is not enough just to change the EHR's intake form. Staff must be trained on how to confidently and respectfully ask the questions—if they are typing into the EHR—or how to accurately input the data if the patient is filling out a paper form. If a mistake is made, apologize sincerely once, commit to doing better next time and move on.

You should only collect data that it is essential to providing services. If there is no medical need to collect the data, then do not collect it. If you are planning to purchase new EMR software, you can request all of your required fields and tailor the software to be inclusive of the diverse patient populations the health care organization serves.

RESOURCES

Burgess et al. (2019). Evolving Sex and Gender in Electronic Health Records. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/31258320/>

Deutsch, M., Buchholz, D. (2015). Electronic Health Records and Transgender Patients-Practical Recommendations for the Collection of Gender Identity Data. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441683/>

Deutsch et al. (2013). Electronic records and the transgender patient: recommendations from the World Professional Transgender Health EMR Working Group. Retrieved from <https://academic.oup.com/jamia/article/20/4/700/2909343>

The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York. New York: The Trevor Project. Retrieved from <https://www.thetrevorproject.org/survey-2019/?section=Methodology>