



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION

HEALTHCARE
EQUALITY
INDEX

PATIENT-CENTERED
CARE FOR
LGBT AMERICANS

1234 Corporation

Date: 06/10/17

Status: Draft as of 06/10/17

Contributor Information

Status: Final



Please make sure that the contact information below is accurate and complete. Your organization can have only one official submitter, i.e., the contributor designated to submit the HEI from the main page after every section is final. But you can enter information for additional contributors, i.e., people who can log in to the HEI, read it, and/or enter information, but who can't officially submit the HEI for your organization.

1234 Corporation

Official Submitter

Jane Doe
Queen Bee, Being Nice to Others
555-555-5555
JaneDoe@1234.org
123 Lane Mod 150502
Street Address 2 Mod
Anycity Mod, MD 01234-1111

Sample Only

General Organization Information

Status: Not Yet Started



Please complete and/or verify the organization information below.

Facility name: The name as it appears on this survey (see the top of this page) will also be used for reporting purposes. Please note that we use *legal names* of facilities for most reporting purposes, but we occasionally miss name changes from year to year. If you wish to update our records of your facility's name, please contact hei@hrc.org with your request.

* Required

1. Organization Address/Phone

* Street Address Line 1	Answer: No Answer On File: 123 Lane Mod 150502
Street Address Line 2	Answer: No Answer On File: Street Address 2 Mod
* City	Answer: No Answer On File: Anycity Mod
* State	Answer: No Answer On File: MD
* Zip Code	Answer: No Answer On File: 01234-1111
Main Phone Number, including extension Enter as XXX-XXX-XXXX ext. XXX	Answer: No Answer On File: 333-333-3333
Main Fax Number Enter as XXX-XXX-XXXX	Answer: No Answer On File: 555-555-5556
2a.*Main Public Web Address Enter as http://... , e.g.: http://www.hospital.com	Answer: No Answer On File: http://www.hrc.org
2b. Facility Facebook page:	Answer: No Answer On File: No info available
2c. Facility Twitter handle:	Answer: No Answer On File: No info available
2d. Facility Instagram handle:	Answer: No Answer On File: No info available
3.* Type of facility:	Answer: No Answer
Note: If your organization provides both inpatient and outpatient services, please select Inpatient Facility.	
Inpatient Facility	
Outpatient Facility - Single Location	
Outpatient Facility - Multiple Locations	
Number of Beds	Answer: No Answer
Outpatient only	On File: 100-199 beds
1-25 beds	
26-99 beds	
100-199 beds	

- 200-299 beds
- 300-399 beds
- 400-499 beds
- 500-599 beds
- 600-699 beds
- 700-799 beds
- 800-899 beds
- 900-999 beds
- 1000 or more beds

3a. If Outpatient Facility - Multiple Locations chosen in Q3, please indicate the city, state, zip and number of employees for location 1

You may enter information for up to five additional locations.

Please do not enter information pertaining to your headquarters.

Address Line 1	Answer: No Answer
Address Line 2	Answer: No Answer
City	Answer: No Answer
State	Answer: No Answer
Zip	Answer: No Answer
Number of Employees	Answer: No Answer
Would you like to include another clinic location?	Answer: No Answer
Yes	
No	

3b. If Outpatient Facility - Multiple Locations chosen in Q3, please indicate the city, state, zip and number of employees for location 2

Address Line 1	Answer: No Answer
Address Line 2	Answer: No Answer
City	Answer: No Answer
State	Answer: No Answer
Zip	Answer: No Answer
Number of Employees	Answer: No Answer

City	Answer: No Answer
State	Answer: No Answer
Zip	Answer: No Answer
Number of Employees	Answer: No Answer
4.* Number of Fulltime Employees (minimum required for HEI participation is 100)	Answer: No Answer On File: 111
5.* Ownership Type	Answer: No Answer On File: Other not-for-profit
Religiously affiliated	
Other not-for-profit	
Investor, corporation	
Investor, partnership	
Investor, individual	
City	
City-county	
County	
State	
Hospital district or authority	
Federal, Veterans Health Administration	
Federal, Department of Justice	
Federal, other	
Other, not listed above	
If ownership type not listed, please specify:	Answer: No Answer
6.* Primary Service	Answer: No Answer On File: Acute long-term care
Acute long-term care	
Alcoholism and/or other chemical dependency	
Cancer	
Children's acute long-term	
Children's chronic disease	
Children's general	
Children's orthopedic	
Children's other specialty	
Children's psychiatric	
Children's rehabilitation	
Chronic disease	
Eye, ear, nose and throat	
General medical and surgical	
Heart	
Hospital unit of an institution (prison hospital, college infirmary, etc.)	
Hospital unit within a facility for persons with intellectual disabilities	
Institution serving those with intellectual disability	
Obstetrics and gynecology	

Orthopedic
Other specialty
Psychiatric
Rehabilitation
Surgical

7.* Please to indicate what healthcare system, if any, your organization is part of.

Answer: **No Answer**

Accord Health Care Corporation
Adelante Healthcare
Adventist Health
Adventist HealthCare, Inc
Adventist Hlth System Sunbelt
Advocate Health Care
AHMC, Inc
Akron General Health System
Albert Einstein Healthcare
Alegent Health
Alexian Brothers Health System
Allegheny Health Network
Alliant Management Services
Allina Hospitals & Clinics
Alta Healthcare System
Amer Province of Little Comp
American Addiction Centers
Ameris Health Systems
AMT Group, Inc
Appalachian Reg Healthcare
Archbold Medical Center
Ardent Health Services
Asante Health System
Ascension Health
Associated Healthcare Systems
Atlanticare
Atlantic Health System
Aurora Health Care
Avera Health
Banner Health
Baptist Health
Baptist Health Care Corp
Baptist Health South Florida
Baptist Health System
Baptist Healthcare System
Baptist Hlth System of East TN
Baptist Mem Health Care Corp
Bassett Healthcare Network
Bayhealth
Baylor Health Care System
Baystate Health



LGBTQ people experience many forms of discrimination in healthcare because of their sexual orientation (lesbian, gay, and bisexual people) and/or their gender identity (transgender people). The questions below ask whether the terms "sexual orientation" and "gender identity or expression" (or "gender identity") are included in your organization's patient non-discrimination policy (or patients' bill of rights) and how this policy is communicated to your patients and employees.

Please [click here to see the Patient Non-Discrimination Section of the HEI 2018 Resource Guide](#) for more information about this requirement and for sample policies.

Your responses to these questions will be listed in the HEI report. **To meet this section of this criteria, your organization must document:**

1. that both terms are included in the policy;
2. that the policy is communicated to patients in at least two ways; and
3. and that the policy is communicated to staff.

Note: As you go through this section, scored questions have the label **2018: Non-Discrimination and Staff Training** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

1.* Does your patient non-discrimination policy (or patients' bill of rights) include the term "sexual orientation" AND the term "gender identity or expression" (or "gender identity")? To receive credit, your policy must include both terms and must be submitted via Q2 below.

Answer: No Answer

On File: Yes

2018: Scored Question

To receive credit, your policy must use the term "sexual orientation" (not "sexual preference") AND the term "gender identity." Credit is not given for the terms "sex" or "gender."

Yes

No

If NO to Q1, does your patient non-discrimination policy (or patients' bill of rights) include the term "sexual orientation"?

Answer: No Answer

Please note that your policy should use the term "sexual orientation," not "sexual preference."

Yes

No

If NO to Q1, does your patient non-discrimination policy (or patients' bill of rights) include the term "gender identity or expression" (or "gender identity")?

Answer: No Answer

Please note that your policy should use the term "gender identity," not solely "gender" or sex."

Yes

No

1a.* To receive credit, please attach a copy of your patient non-discrimination policy (or patients' bill of rights).

Answer: No Attachment

Note: If you previously submitted a copy and have made no changes to it, you do not need to resubmit.

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2. To receive credit, please check off ALL OF the ways your organization informs patients of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights).

Answer: No Answer

To receive credit, your policy must be communicated to patients in at least two ways, as documented in Q2a and Q2b below.

2018: Scored Question

Posted on facility website at web address indicated in Q3b below

Posted or displayed in waiting rooms and other public areas of the facility

- In materials routinely given to patients at admitting/registration
- In materials routinely given to patients at other time(s)
- In materials routinely available for take-away in patient waiting areas
- Posted in patient waiting area(s)
- Policy is NOT communicated to patients

2a. To receive credit, please attach a sample of how you inform patients of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights). This can either be a brochure or flyer that is given to patients or a poster or sign that is displayed in patient waiting areas.

Answer: No Attachment

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2b. To receive credit, please provide the public web address for the specific page where you inform patients of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights), as indicated in Q3.

Answer: No Answer

On File:
<http://www.hrc.org/aca>

2018: Scored Question

Enter as http://... , e.g., <http://www.hospital.com/patientsrights.html>

3. To receive credit, please check off ALL OF the ways your organization informs employees of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights).

Answer: No Answer

2018: Scored Question

- Posted on facility intranet site
- Posted in employee work area(s)
- In materials routinely given to employees at orientation
- Reviewed in in-person employee training
- Reviewed in online employee training
- Policy is NOT communicated to employees

To receive credit, please attach a sample of how you inform employees of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights). For example, this can be a screenshot of your facility's intranet website or slide from an employee orientation training.

Answer: No Attachment

Note: Please do not re-submit an example of how this policy is communicated to patients. We ask that you submit a new example of how your staff are notified of this policy.

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

4.* Does your organization have a clear process through which patients may report discrimination or other complaints or grievances?

Answer: No Answer

- Yes
- No
- No, but interested

4a. If YES to Q4, how is your complaint/grievance process communicated to patients? (please check all that apply):

Answer: No Answer

- Included in Patient's Bill of Rights
- Included in admission package (separate from bill of rights)
- Posted in patient areas (separate from bill of rights)
- Posted on facility website (separate from bill of rights)
- Other

If other, please describe:

Answer: No Answer

4b. If YES to Q4, which of the following are included in your complaint/grievance process ? (please check all that apply):
If your facility posts this information online, please use the spaces at the end of this section to add the web URL.

Answer: No Answer

Phone number for filing a complaint directly with the healthcare facility

Email or electronic method for filing a complaint directly with the healthcare facility

Contact information for filing a complaint with a state authority

Contact information for filing a complaint with the facility's accrediting agency

Contact information for filing a complaint with federal agencies (CMS, HHS-Civil Rights, etc.)

Please upload an example of how you communicate your complaint/grievance process:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please provide additional web links related to this section:

Answer: No Answer

Enter as <http://...> , e.g., <http://www.hospital.com/policy.html>

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>

Sample Only



A patient's access to visitors is a crucial part of the healing process, as much research and experience have shown. Yet LGBTQ people have been denied the same access to their loved ones as other patients and visitors. The questions below ask whether your organization has a visitation policy explicitly ensuring equal visitation for LGBTQ people and how this policy is communicated to patients and employees.

Please [click here to see the Equal Visitation Section of the HEI 2018 Resource Guide](#) for more information about this requirement and for sample policies.

Your responses to these questions will be listed in the HEI report. **To meet this section of the criteria, your organization must document:**

1. that equal visitation is guaranteed in the policy;
2. that the policy is communicated to patients in at least two ways; and
3. that the policy is communicated to staff.

Note: As you go through this section, scored questions have the label **2018: Non-Discrimination and Staff Training** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

1.* Does your visitation policy grant equal visitation to LGBTQ patients and their visitors? Please see ways to grant equal visitation on the right. To receive credit, your policy must explicitly grant equal visitation and must be submitted via Q2 below. **Answer: No Answer**

On File: Yes

2018: Scored Question

Examples of sufficient visitation policy language include:

- Prohibiting discrimination in visitation based on sexual orientation and gender identity, explicitly within the visitation policy
- Including (or linking or making direct reference to) an explicitly LGBTQ-inclusive definition of "family"
- Making an explicit reference to equal visitation for same-sex couples and same-sex parents
- Noting explicitly that patients may designate the visitor(s) of their choice

Yes

No

Outpatient facility only--question not applicable

1a. To receive credit, please attach a copy of your visitation policy. **Answer: No Attachment**

Note: If you previously submitted a copy and have made no changes in it, you do not need to resubmit.

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2. To receive credit, please check off ALL OF the ways your organization informs patients of your equal visitation policy. To receive credit, your policy must be communicated to patients in at least two ways, as documented in Q2a and Q2b below. **Answer: No Answer**

2018: Scored Question

- Posted on organization website at web address indicated in Q3b below**
- Posted or displayed in waiting rooms and other public areas of the facility**
- In materials routinely given to patients at admitting/registration**
- In materials routinely given to patients at other time(s)**
- In materials routinely available for take-away in waiting areas**
- Policy is NOT communicated to patients**

2a. To receive credit, please attach a sample of how you inform patients of your equal visitation policy. This can either be a brochure or flyer that is given to patients or a poster or sign that is displayed in patient waiting areas.

Answer: No Attachment

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2b. To receive credit, please provide the public web address for the specific page where you inform patients of your equal visitation policy.

Answer: No Answer

On File: *No info available*

2018: Scored Question

Enter as http://... , e.g., http://www.hospital.com/visitation.html

3. To receive credit, please check off at right all the ways your organization informs employees of your equal visitation policy.

Answer: No Answer

2018: Scored Question

Posted on facility intranet site

Posted in employee work area(s)

In materials routinely given to employees at orientation

Reviewed in in-person employee training

Reviewed in online employee training

Policy is NOT communicated to employees

To receive credit, please attach a sample of how you inform employees of your equal visitation policy. For example, this can be a screenshot of your facility's intranet website or slide from an employee orientation training.

Answer: No Attachment

Note: Please do not re-submit an example of how this policy is communicated to patients. We ask that you submit a new example of how your staff are notified of this policy.

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>



A healthcare organization's LGBTQ employees play a vital role in ensuring LGBTQ patient-centered care by informally educating their co-workers about patient concerns, offering feedback about your organizational policies and practices, and conveying to the local community your organization's commitment to LGBTQ equity and inclusion. By having a policy explicitly protecting them from discrimination, your organization sends a powerful and very welcome message of equity and inclusion. The questions below ask whether the terms "sexual orientation" and "gender identity or expression" (or "gender identity") are included in your organization's employment non-discrimination policy (or equal employment opportunity policy) and how this policy is communicated to employees and job applicants.

Please [click here to see the Employment Non-Discrimination Section of the HEI 2018 Resource Guide](#) for more information about this requirement and for sample policies.

Your responses to these questions will be listed in the HEI report. **To meet this section, your organization must document:**

1. that both terms are included in the policy; and
2. that the policy is communicated publicly in at least one way.

Note: As you go through this section, scored questions have the label **2018: Non-Discrimination and Staff Training** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

1. * Does your employment non-discrimination policy (or equal employment opportunity policy) include the term "sexual orientation" AND the term "gender identity or expression" (or "gender identity")? To receive credit, your policy must include both terms and must be documented via Q2 below. **Answer: No Answer**

On File: Yes

2018: Scored Question

To receive credit, your policy must use the term "sexual orientation" (not "sexual preference") AND the term "gender identity." Credit is not given for the terms "sex" or "gender."

- Yes
- No

If NO to Q1, does your employment non-discrimination policy (or equal employment opportunity policy) include the term "sexual orientation"? **Answer: No Answer**

On File: No

Please note that your policy should use the term "sexual orientation," not "sexual preference."

- Yes
- No

If NO to Q1, does your employment non-discrimination policy (or equal employment opportunity policy) include the term "gender identity"? **Answer: No Answer**

On File: No

Please note that your policy should use the term "gender identity," not solely "gender" or "sex."

- Yes
- No

1a. To receive credit, please attach a copy of your employment non-discrimination policy (or equal employment opportunity policy). **Answer: No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2. To receive credit, please check off ALL OF the ways your organization informs the public of the employment non-discrimination policy (or equal employment opportunity policy). **Answer: No Answer**

To receive credit a facility must clearly post a non-discrimination statement that includes protections for both sexual orientation and gender identity. Statements such as "XYZ Hospital is an Equal Opportunity Employer" do not count for credit because federal equal opportunity employment laws do not include sexual orientation, gender identity and gender expression.

2018: Scored Question

- On employment page of website**
- On job announcements**
- On Job Applications/Job Application System**

In Employment Brochure

Other location on website (Diversity webpage, etc.)

Policy is NOT communicated to the public

2a. To receive credit, please provide the public web address for the specific page where your employment non-discrimination policy (or equal employment opportunity policy) is posted.

Answer: No Answer

On File:

<http://www.hrc.org>

2018: Scored Question

Enter as <http://...> , e.g.: <http://www.hospital.com/employmentpolicy.html>

If you do not have a link, please attach a sample of how you inform the public of your employment non-discrimination policy (or equal opportunity employment policy).

Answer: No Attachment

This can either be a brochure, flyer, poster or sign that is prominently displayed to the public.

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>

Sample Only



As all healthcare organizations know, employee training is critical for policies to be lived out fully and consistently. Organizations have found training particularly important for ensuring LGBTQ patient-centered care.

The questions below asks whether your organization provides employees with expert training to enhance care for LGBTQ patients. It also gives your organization, as an HEI participant, an opportunity to access free, expert online training from the Human Rights Campaign Foundation (HRC).

Please [click here to see the Training in LGBTQ Patient-Centered Care Section of the HEI 2018 Resource Guide](#) for more information about this requirement.

Your responses to these questions will be listed in the HEI report. **To meet this section of this criteria, your organization must both:**

1. provide employees with expert LGBTQ training (specific training requirements depend on whether your organization has previously received HEI training credit, as noted below); and
2. make your staff aware of the free, expert training opportunities available through the HEI.

Note: As you go through this section, scored questions have the label **2018: Non-Discrimination and Staff Training** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

1.* Have you provided, or are you planning to provide, your organization’s employees with training in LGBTQ patient centered care in order to meet the HEI training requirement? Information about your organization’s specific requirement and how to access the free trainings offered through the HEI is below.

Answer: No Answer

On File: Yes. will provide or have provided the training required for credit (registration info below)

2018: Scored Question

Use this link to check your organization's [current training hours](#).

Yes, will provide or have provided the training required for credit (registration info below)

No

Your organization's HEI training requirements:

Answer: No Answer

Displayed for reference only.

On File: Executive Briefing Required

Executive Briefing Required

On-going LGBTQ Education Required

Executive Briefing Required: For a healthcare organization to meet the [HEI Executive Briefing Training Requirement](#) for the HEI 2018 survey, at least one senior manager in 5 different work areas must complete the online, three-part training series entitled: LGBTQ Patient-Centered Care: An Executive Briefing.

1. Complete [this form](#) to pre-approve your senior managers completing the Executive Briefing Training Series.

2. Get your senior managers to register for the Executive Briefing Series offered through [The CAL](#)

2a. Have them register for The CAL: <http://bit.ly/CALRegister>.

2b. Give them **HRC** to use as their Security Keyword

2c. Share your facility ID with them: **{orgid}** or use [this link](#) to find your facility ID.

2d. Share the **"How to Register"** information with your managers and be sure to share your HEI Facility ID and Security Keyword with them. Then check-in with them periodically to ensure they are working towards completing all three parts of the series.

3. Use this link to check your organization's [current training hours](#).

More information about The CAL is available at [The CAL](#). [Click here to download](#) an information sheet with helpful tips on the registration process to ensure that your participants will receive HEI credit.

No other training can be substituted to meet the Executive Briefing Training Requirement.

[Click here](#) to learn more about the training requirement or [click here](#) to review our frequently asked questions about HEI training.

The Training Requirement Varies by Facility. Your specific training requirement will be outlined here.

On-going LGBTQ Education Required: To receive training credit your organization must have a minimum of 25 hours of approved LGBTQ patient-centered care education completed by your staff.

Your staff can help your facility to **meet the on-going training requirement by taking either of the two LGBTQ training options available** from the HRC Foundation or our partner:

Option A.

[HRC Foundation HEI Trainings on The CAL](#) offers several interactive eLearning series to meet the HEI training requirements.

To register for courses on The CAL, your staff will need to register for an account with The CAL first.

1. Here is the link where your staff can register for an account:

<http://bit.ly/CALRegister>

2. Give them HRC to use as their Security Keyword

2a. Share your facility ID with them: {orgid} or use [this link](#) to find your facility ID.

Share the "[How to register](#)" information sheet with your staff which contains helpful tips on the registration process to ensure that your participants will receive HEI credit.

Option B.

[The National LGBT Health Education Center](#) offers live and on-demand webinars on a wide variety of topics. To receive CME/CEU and HEI credit for these webinars your participants will need to register with the National LGBT Health Education Center.

1. Here is the link where your staff can register for an account:

<http://bit.ly/NLGBTHECLogin>

2. Make sure your staff use your facility ID: {orgid}

2a. Share the "[How to Register for the National LGBT Health Education Center](#)" information sheet with your staff which contains helpful tips on the registration process to ensure that your participants will receive HEI credit.

If your facility is interested in completing any of the above trainings as a group, please use this [sign-in sheet](#) to track staff attendance and then submit the [group training submission form](#).

-
- 2.* Have you made your patient serving staff aware of the free HEI training options available through the National LGBT Health Education Center AND The CAL? [Click here for sample text and resources](#) to help you meet this requirement to promote the free HEI trainings to all of your patient care services staff. Or [download a document](#) with these resources.

Answer: No Answer

On File: No info available

2018: Scored Question

Use this link to check your organization's [current training hours](#).

Yes

No

-
- 2a. To receive credit, please select ALL OF the ways you have made your organization's patient care services staff aware of the free LGBTQ training opportunities available through The CAL and the National LGBT Health Education Center:

Answer: No Answer

On File: No info available

2018: Scored Question

Email blast

Information placed on employee training portal/learning center

Information placed on facility intranet

Included in training updates/newsletter

Flyers or electronic displays in places where employees will see them

Other (please provide details below)

If other, to Q2, please provide details of how you've let your patient care services staff know about the free LGBTQ training opportunities available.

Answer: No Answer

2b. To receive credit, please attach a sample of how you informed employees of the free LGBTQ training options offered by HRC Foundation and our partners. This can be a copy of an email blast, a screenshot of the information on the employee training portal or intranet site, a flyer or any other way you make this information known to your employees.

Answer: No Attachment

2018: Scored Question

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>

Sample Only



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, to enhance care for LGBTQ patients as a group. Reviewing the services and support offered by other organizations and recommended by experts, your organization can identify and address gaps in your policies and practices. Help text is provided to supplement the questions and offer related resources.

Please [click here to see the LGBTQ Patient Services section of the HEI 2018 Resource Guide](#) for more information about these best practices.

Note: As you go through this section, scored questions have the label **2018: Patient Services & Support** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

* Required

1. * Does your organization have an official plan, strategy or goals for reducing health disparities among your patients and/or providing culturally and linguistically appropriate services to your patient population?

Answer: No Answer

- Yes
- No, but interested
- No

1a. If YES to Q1, does this plan or strategy specifically include LGBTQ patients in addition to race, ethnicity and linguistic concerns?
To receive credit, a healthcare facility must provide a copy of a plan or other document that, at a minimum, lists the strategies that will be employed to improve LGBTQ health and/or that recognizes sexual and gender minorities as a population that experiences health disparities with a commitment to address those disparities.

Answer: No Answer

On File: No info available

2018: Scored Question

- Yes
- No, but interested
- No

To receive credit, please attach a copy of your plan or strategy that specifically includes LGBTQ patients:

Answer: No Attachment

2. * Does your organization have an advisory or planning committee that is focused on LGBTQ patient care issues?

Answer: No Answer

On File: No info available

2018: Scored Question

- Yes
- No, but interested
- No

2a. If YES to Q2, please describe the role of this committee and/or provide a web address that provides this description.

Answer: No Answer

3. * Does your organization have a public way to make LGBTQ-knowledgeable and -friendly providers or facilities known as such to interested patients or to make LGBTQ specific referrals?

Answer: No Answer

On File: No, but interested

This may be a facility, health system or community specific directory or listing, a public listing of clinics or medical practices that have an LGBTQ focus, or a publicly promoted confidential LGBTQ referral source that links LGBTQ patients to programs and providers that can meet their needs.

2018: Scored Question

- Yes
- No, but interested

No

3a. If YES to Q3, to receive credit, please indicate how LGBTQ-knowledgeable and -friendly providers are made known to interested patients (please check all that apply):

Answer: No Answer

"Tagged" in organization's online referral system

Shown in a list posted externally

Shown in a community listing

Publicly promoted confidential LGBTQ referral line

Public listing of clinics or medical practices that have an explicit LGBTQ focus

Other (please describe below)

If other, please describe:

Answer: No Answer

If YES to Q3 and if providers are promoted via a brochure or other document please upload an example here. If your provider directory is on a patient only portal, please upload a screenshot that demonstrates how LGBTQ-friendly providers are indicated.

Answer: No Attachment

If YES to Q3, to receive credit please provide a link to the website where LGBTQ patients will find your provider directory, listing of LGBTQ friendly providers or LGBTQ specific referral line information:

Answer: No Answer
On File: No info available

4.* Does your organization offer any of the following specific services to meet the needs of LGBTQ patients? Check all that apply for this specific facility:
Note: Please only select services provided at this specific facility. If these LGBTQ services are centralized at another facility in your health system, you may select these services if the other facility is within a reasonable driving distance to your facility and accessible to your patients.

Answer: No Answer

2018: Scored Question

HIV/STD/STI testing and counseling

Provision of PEP (post-exposure prophylaxis) for patients at risk for HIV

Provision of PrEP (pre-exposure prophylaxis) for patients at risk for HIV

HIV care and services

LGBTQ-focused mental health services

LGBTQ-focused alcohol and substance use treatment

LGBTQ family building assisted reproductive treatment

Other prevention, screening, wellness or testing services explicitly focused on LGBTQ patients

No, we do NOT provide any of these services

* To receive credit, if these services are promoted via a webpage or flyer/brochure, please provide links to those sites and or upload materials below (please use the spaces at the end of this section if you need to upload additional materials):

LGBTQ Clinical Services attachment #1:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

LGBTQ Clinical Services attachment #2:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

LGBTQ Clinical Services link #1:

Answer: No Answer

LGBTQ Clinical Services link #2:

Answer: No Answer

If no websites or materials are available, please provide a brief description of the services that are offered and/or if these services are located at another facility in your health system, please describe where that facility is relative to this facility.:

Answer: No Answer

5.* Since January 1, 2015, Has your organization reviewed any of its clinical services to identify possible LGBTQ-related gaps?
To receive credit, a facility must describe the assessment process and the outcomes of the assessment.

Answer: No Answer

On File: No, but interested

2018: Scored Question

- Yes
- No, but interested
- No

5a. If YES to Q5, please describe the assessment process and the outcomes of the assessment:

Answer: No Answer

6.* Does your organization have an externally promoted LGBTQ-focused office, point-person, patient advocate or ombudsman?

Answer: No Answer

To receive credit, this must be an externally-facing and publically promoted LGBTQ specific office, point-person, patient advocate or ombudsman.

On File: Yes

2018: Scored Question

- Yes
- No, but interested
- No

To receive credit, please provide a link to website where this office/person is promoted or upload materials that promote this office/person.

2018: Scored Question

Externally promoted LGBTQ Office/Point-Person attachment #1:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Externally promoted LGBTQ Office/Point-Person link:

Answer: No Answer

7.* Does your organization provide information about LGBTQ services and/or health concerns on its public website?

Answer: No Answer

To receive credit, there must be a specific landing page focused on LGBTQ health issues.

On File: Yes. we have webpage(s) dedicated to and/or explicitly inclusive of LGBT services/concerns

2018: Scored Question

- Yes, we have webpage(s) dedicated to and/or explicitly inclusive of LGBT services/concerns
- No, but interested
- No

7a. If YES to Q7, please provide relevant web address(es):

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

8.* Does your organization publish a brochure or other print material(s) designed to educate or support LGBTQ patients?

Answer: No Answer

To receive credit, these materials must be specifically developed by the healthcare facility (or system) to reach out to LGBTQ patients.

On File: No

2018: Scored Question

- Yes
- No, but interested

No

8a. If YES to Q8, to receive credit please attach copy of brochure or other print material(s).

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

9.* Does your organization regularly make LGBTQ health material(s) published by other organizations available to patients?

Answer: No Answer

2018: Scored Question

On File: Yes

Yes

No, but interested

No

9a. If YES to Q9, please describe material made available:

Answer: No Answer

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please provide additional web links related to this section:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

Weblink #2:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, to enhance care for transgender patients, who can face an exceptional degree of discomfort and bias in healthcare settings. Reviewing the services and support offered by other organizations and recommended by experts, your organization can identify and address gaps in your policies and practices. Help text is provided to supplement the questions and offer related resources.

Please [click here to see the Transgender Patient Services Section of the HEI 2018 Resource Guide](#) for more information about these best practices.

Note: As you go through this section, scored questions have the label **2018: Patient Services & Support** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

* Required

1.* Does your organization have a policy or policies that specifically outline procedures and practices aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients? To receive credit, there must be an official written official policy (or policies) that cover at least three of the topics below. This is a different policy than your patient non-discrimination policy.

Answer: No Answer

On File: No info available

2018: Scored Question

- Yes
No, but interested
No

1a. If YES to Q1, what procedures and practices are covered under this policy(ies)? Check all that apply:

Answer: No Answer

- Recording of preferred name and pronouns in paper and/or electronic admitting/registration records
Use of preferred name and pronouns when interacting with and referring to transgender patients
Protocols for interacting with transgender patients
Guidelines for room assignments for transgender patients
Access to restrooms
Compliance with privacy laws
Access to items that assist gender presentation
Addressing potential problems with insurance/billing claims
Access to hormone therapy
Other

If other, please describe:

Answer: No Answer

1b. If YES to Q1, please attach a copy of policies or procedures for related to transgender patients.

Answer: No Attachment

Transgender patient policy attachment #1:

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Transgender patient policy attachment #2:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Transgender patient policy attachment #3:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

1c. Has your organization provided training to employees on these policies, practices and procedures?

Answer: No Answer

Yes

No, but interested

No

If yes to Q1c, please describe how training to employees is provided:

Answer: No Answer

2.* Does your organization offer any of the following specific services to meet the needs of transgender patients? Check all that apply for this specific facility:
Note: Please only select services provided at this specific facility. If these transgender-specific services are centralized at another facility in your health system, you may select these services if the other facility is within a reasonable driving distance to your facility and accessible to your patients.

Answer: No Answer

2018: Scored Question

Trans-affirming gynecological care, including cervical cancer screening and pelvic exams

Hormone therapy and monitoring

Psychological, physical, and psychiatric evaluations

Gender affirming surgeries

Referrals for gender affirming surgeries

Preoperative and postoperative care for gender affirming surgeries

Transgender fertility preservation services and/or family building assisted reproductive treatment

Comprehensive, multidisciplinary clinical care program for transgender adults

Comprehensive, multidisciplinary clinical care program for transgender and gender expansive youth

No, we do NOT provide any of these services

* To receive credit: If these services are promoted via a webpage or flyer/brochure, please provide links to those sites and or upload materials below (please use the spaces at the end of this section if you need to upload additional materials):

Transgender Clinical Services attachment #1:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Transgender Clinical Services attachment #2:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Transgender Clinical Services link #1:

Answer: No Answer

Transgender Clinical Services link #2:

Answer: No Answer

If no websites or materials are available, please provide a brief description of the services that are offered and/or if these services are located at another facility in your health system, please describe where that facility is relative to this facility.

Answer: No Answer

3.* Does your organization have a externally-promoted specific program or position to provide patient navigation/advocacy services to transgender patients?

Answer: No Answer

2018: Scored Question

On File: No, but interested

Yes

No, but interested

No

* To receive credit, this must be an externally-facing and publicly-promoted specific program or position to provide patient navigation/advocacy services to transgender patients.

Please either provide a link to a webpage that describes the transgender patient navigator program or services or upload a document such as a brochure describing the services or the job description of the navigator.

Note: General LGBTQ patient advocates or programs do not count for this question (credit for these positions are given in the previous section, question 6).

Transgender Patient Navigator attachment #1:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Transgender Patient Navigator link #1:

Answer: No Answer

4.* Does your facility offer any gender neutral/unisex single stall bathrooms in the public access areas of your facility to assist transgender patients, patients accompanied by a different-sex child or attendant, and others?

Answer: No Answer

On File: Yes

2018: Scored Question

Yes

No, but interested

No

If YES to Q4, how many gender neutral/unisex single stall bathrooms do you have in the public access areas of your facility? Note: We are not asking about single user restrooms in patient exam rooms, labs, overnight rooms, etc. We are only asking about publicly accessible bathrooms.

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

If YES to Q4, to receive credit, upload a photo of the signage for one of the bathrooms.

Answer: No Attachment

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please provide additional web links related to this section:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

Weblink #2:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, for providing patients the opportunity to be identified as LGBTQ in health records, if they wish. The questions ask whether your organization provides four types of explicit LGBTQ self-identification options, along with related employee training.

Please [click here to see the Patient Self-Identification Section of the HEI 2018 Resource Guide](#) for more information about these best practices.

Note: As you go through this section, scored questions have the label **2018: Patient Services & Support** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

* Required

1. * Has your organization adopted and implemented an Electronic Health Record (EHR) system?

Answer: No Answer

Yes

No

1a. If YES to Q1, what company is the vendor for the primary electronic health record system used by your organization?

Answer: No Answer

- Allscripts
- Cerner Corporation
- CPSI (Computer Programs and Systems) Inc
- eClinicalWorks
- Epic Systems Corporation
- GE Healthcare
- Healthcare Management Systems
- Healthland
- McKesson
- Meditech
- NextGen Healthcare
- Siemens Medical Solutions USA Inc
- Other

2. * Do your organization's (electronic) health records offer a way for patients to indicate that their current gender identity differs from the sex they were assigned at birth and/or the gender shown on any identification, insurance, or other documents used in admitting/registration? To receive credit, your facility must offer an explicit way for capturing this information (i.e. fields in which this data is collected, not just free form notes).

Answer: No Answer

On File: No. this information is not currently captured in any way on a patient's health records

2018: Scored Question

- Yes, this information may be recorded via explicit options, not just free-form notes
- This information may only be recorded in free-form notes
- No, this information is not currently captured in any way on a patient's health records

2a. If YES to Q2, do your (electronic) health records use a two-question process to collect data on gender identity (ie. first asking current gender identity and then asking sex assigned at birth)?

Answer: No Answer

On File: No info available

2018: Scored Question

Yes

No, but interested

No

To receive credit, please attach either a screenshot or sample form from your health records showing how gender identity information is collected:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2b. If YES to Q2, does your organization provide employees with training on how to collect and record gender identity data?

Answer: No Answer

To receive credit, the training must specifically address how to ask these questions in a respectful manner and how to record them within the hospital's EHR. General LGBTQ trainings do not count.

2018: Scored Question

Yes

No, but interested

No

To receive credit, please describe how training is provided and upload supporting documentation (slides from training, employee handout, etc.)

If YES to Q2b, please describe how training is provided:

Answer: No Answer

To receive credit, please upload supporting documentation (slides from training, employee handout, etc.):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

3.* Do your organization's (electronic) health records offer a way for indicating a patient's sexual orientation, if they volunteer this information for inclusion in their records?

Answer: No Answer

To receive credit, your facility must offer an explicit way for capturing this information (i.e. fields in which this data is collected, not just free form notes) AND this information must be specific to sexual orientation, not sexual behavior.

On File: No, this information is not currently captured in any way on a patient's health records

2018: Scored Question

Yes, this information may be recorded via explicit options, not just free-form notes

This information may only be recorded in free-form notes

No, this information is not currently captured in any way on a patient's health records

To receive credit, please attach either a screenshot or sample form from your health records showing how sexual orientation information is collected:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

4.* Does your organization provide employees with training explicitly reminding them that LGBTQ status is confidential patient information?

Answer: No Answer

To receive credit, this training should be in addition to standard HIPAA training, or be in the form of a special section within HIPAA training that addresses the specific privacy needs of LGBTQ patients.

On File: No, but interested

2018: Scored Question

Many organizations remind employees about LGBTQ confidentiality within training on HIPAA, health records, and/or LGBTQ needs in general.

Yes

No, but interested

No

4a. If YES to Q4, to receive credit, please describe how training is provided and then upload supporting documentation (slide, employee handout, etc.):

Answer: No Answer

To receive credit, please upload supporting documentation (slide, employee handout, etc.):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

5.* Do your organization's (electronic) health records offer explicit options for pediatric patients' parents beyond "mother" and "father" (e.g., "parent/guardian 1, parent/guardian 2, parent/guardian 3"), to be inclusive of same-sex parents and other diverse families? To receive credit, your facility must offer an explicit way for recording diverse family structures.

Answer: No Answer

On File: Yes, this information may be recorded via explicit options, not just free-form notes

2018: Scored Question

Yes, this information may be recorded via explicit options, not just free-form notes

This information may only be recorded in free-form notes

No

Not applicable, no pediatric patients seen

5a. If YES to Q5, to receive credit, please attach either a screenshot or sample form from your health records to show how this information is captured.

Answer: No Attachment

Note: If your records capture the terms "mother" and "father," please note whether these terms can be applied multiple times as:

- "Mother 1" and "Mother 2"; or
- "Father 1" and "Father 2"

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

6.* Does your organization record patients' marital or relationship status, offering options such as "single" and "married"?

Answer: No Answer

Yes

No

6a. If YES to Q6, what option(s), other than single, married or related options (such as divorced, widowed, etc.) are explicitly offered to patients who wish to indicate their relationship status with an unmarried partner? Please check all that apply.

Answer: No Answer

To receive credit, your facility must offer an explicit way for recording a patient's status with an unmarried partner.

2018: Scored Question

Partner

Domestic Partner

Life Partner

Significant other

None, we do not collect relationship status information on unmarried partners

To receive credit, please attach either a screenshot or sample form from your health records to show the relationship status options.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, related to medical decision-making for LGBTQ patients. Reviewing the practices implemented by other organizations and recommended by experts, your organization can identify and address gaps in your policies and practices. Help text is provided to supplement the questions and offer related resources.

Please [click here to see the Medical Decision-Making Section of the HEI 2018 Resource Guide](#) for more information about these best practices.

Note: As you go through this section, scored questions have the label **2018: Patient Services & Support** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

* Required

1. * Does your organization explicitly inform patients of their right to designate a person of their choice, including an unmarried same-sex partner, as medical decision-maker?

Answer: No Answer

On File: Yes

2018: Scored Question

- Yes
- No, but interested
- No
- Not applicable to our type of healthcare organization

1a. If not applicable, please explain:

Answer: No Answer

To receive credit, please upload any supporting documentation (such as a handout) that exhibits how your organization explicitly inform patients of their right to designate a person of their choice, including an unmarried same-sex partner, as medical decision-maker:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

To receive credit, please describe how your organization explicitly inform patients of their right to designate a person of their choice, including an unmarried same-sex partner, as medical decision-maker:

Answer: No Answer

2. * Does your organization provide employees with training related to medical decision-making?

Answer: No Answer

On File: Yes

- Yes
- No
- Not applicable to our type of healthcare organization

2a. If YES to Q2, does the training include LGBTQ-specific information?

Answer: No Answer

2018: Scored Question

On File: Yes

LGBTQ-related topics could include:

- CMS Conditions of Participation protecting the right of patients to designate representatives to act on their behalf, including unmarried same-sex partners
- Scenarios explicitly involving unmarried same-sex partners
- Medical decision-making rights of unmarried same-sex parents for their minor children
- If applicable, state laws conferring medical decision-making rights on state-registered same-sex partners

- Yes
- No, but interested
- No

2b. If YES to Q2a, to receive credit, please describe how training is provided and how it is LGBTQ-inclusive and upload supporting documentation (slides from training, employee handout, etc.)

To receive credit, please upload supporting documentation (slides from training, employee handout, etc.):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

To receive credit, describe how this training is provided and how it is LGBTQ-inclusive:

Answer: No Answer

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>

Sample Only



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, to promote equity and inclusion for LGBTQ employees. Reviewing the practices implemented by other organizations and recommended by experts, your organization can identify and address gaps in current policies and practices. Help text is provided to supplement the questions and offer related resources.

Please [click here to see the Employee Benefits Section of the HEI 2018 Resource Guide](#) for more information about these best practices.

If benefits will be in place beginning in January of 2018, please indicate "Yes" in your survey response, rather than "No, but plan to in the next one year".

NOTE: In 2015, the United States Supreme Court determined in *Obergefell v. Hodges* that same-sex couples have a Constitutional right to marry nationwide. Any business that provides benefits based on marriage to an employee's different-sex spouse must now provide marital benefits to an employee's same-sex spouse. Therefore, throughout this section:

- The term "spouse" refers to both different-sex and same-sex spouses.
- The terms "domestic partner" and "partner" refer to unmarried same-sex and different-sex domestic partners.

Note: As you go through this section, scored questions have the label **2018: Employee Benefits & Policies** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

1.* Does your organization offer healthcare benefits to spouses of benefits-eligible employees?

Answer: No Answer

Yes

On File: Yes

No

1a. If YES to Q1, does your health insurance coverage define "spouse" in a way that includes both same-sex and different-sex spouses? This may simply include using the term "spouse" or "legally married spouse" or similar terms.

Answer: No Answer

On File: No

2018: Scored Question

Yes

No, but plan to in the next year

No

If YES to Q1a, to receive credit, please attach your 2017 health insurance coverage summary plan documentation with the eligibility and definitions section(s) that define who is eligible for benefits.

Answer: No Attachment

Which plan to use: If you have more than one health plan, please provide the definition for the plan with the largest number of employees.

Finding the right answer: Check with an insurance administrator familiar with your benefit contract language and eligibility limitations. You may need to first speak to someone in your benefits department to find this individual.

1b. If YES to Q1, for benefits enrollment and/or audit purposes, does your organization require the same dependent eligibility or proof of relationship documentation for same-sex spouses as for opposite sex spouses? To receive credit, your organization must have the same requirements for same and different sex spouses.

Answer: No Answer

On File: No

2018: Scored Question

Example 1: If both same-sex spouses and different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "Yes".

Example 2: If neither same-sex spouses nor different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "Yes".

Example 3: If same-sex spouses but not different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "No".

Yes

No, but plan to in the next year

No

2.* Does your organization offer healthcare benefits to domestic partners of benefits-eligible employees?
To receive credit, your 2017 benefits documentation must clearly indicate that unmarried domestic partners are eligible for healthcare benefits.

Answer: **No Answer**

On File: **No**

2018: Scored Question

Yes

No, but interested

No

If YES to Q2, please attach current documentation of domestic partner coverage (if different from the summary plan document submitted in Q1).

Answer: **No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2a. If YES to Q2, does your organization extend COBRA-equivalent benefits to domestic partners of benefits-eligible employees?

Answer: **No Answer**

2018: Scored Question

COBRA benefits are federally mandated for employees' spouses, and employers may choose to extend them to employees' domestic partners.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

If YES to Q2a, please attach current documentation of COBRA-equivalent benefits.

Answer: **No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file

3.* Does your organization offer FMLA-equivalent benefits that allow employees to take family and medical leave to care for same-sex partners as well as the children of a same-sex partner, regardless of biological or adoptive status?

Answer: **No Answer**

2018: Scored Question

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

To receive credit, please upload a copy of your family and medical leave policy.

Answer: **No Attachment**

4.* Does your organization offer bereavement leave that allows employees to take time off following the death of a same-sex partner or their immediate family?

Answer: **No Answer**

2018: Scored Question

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered

To receive credit, please upload a copy of your bereavement leave policy (if different from the leave policy submitted in Q3).

Answer: **No Attachment**

5.* Does your organization have at least one health plan available to all employees that explicitly covers medically necessary health services for transgender people, including gender transition-related treatment (e.g., hormone therapy, chest/breast and genital surgeries, and mental health services)?

Answer: **No Answer**

On File: **No**

2018: Scored Question

Yes

No, but interested

No

To receive credit, equal health coverage for transgender individuals must be available in at least one firm-wide available plan without exclusion for medically necessary care that meets the following baseline criteria:

- Insurance contract explicitly affirms coverage
- Plan documentation is readily available to employees and clearly communicates inclusive insurance options to employees and their eligible dependents
- Benefits available to other employees must extend to transgender individuals. Where available for employees, the following benefits should all extend to transgender individuals, including for services related to transgender transition (e.g., medically necessary services related to sex affirmation/reassignment):
 - short term medical leave
 - mental health benefits
 - pharmaceutical coverage (e.g., for hormone replacement therapies)
 - coverage for medical visits or laboratory services
 - coverage for reconstructive surgical procedures related to sex reassignment
 - coverage of routine, chronic or urgent non-transition services

Note: Beginning with the HEI 2019 (survey year 2018), participants will be required to have at least one firm-wide health insurance plan that affirmatively provides transgender-inclusive coverage in order to receive a perfect score in the HEI and obtain the "Leader in LGBTQ Healthcare Equality" designation.

[See more about this change here.](#)

5a. If YES to Q5, does the plan cover the full range of medically necessary services and treatments as outlined in Version 7 of the Standards of Care of the World Professional Association for Transgender Health (WPATH)?

Answer: **No Answer**

Yes

No

On File: Yes

5b. If YES to Q5, what insurer(s) provide the plan(s)?

Answer: **No Answer**

5c. If YES to Q5, to receive credit, please attach summary plan documentation (or summary material modification documentation) that are easily made available to all employees. These documents must:

- Be available prior to selecting a plan
- Be available after enrolling in the plan
- Explicitly indicate that this coverage is available
- Explicitly indicates what is affirmatively covered by the plan

Summary language: Does not need to discuss the benefit in exhaustive detail, but should signal to an employee that coverage is available and how to find out more information without disclosing confidential medical information directly to the employer. See [Communicating Availability of the Benefit](#) for sample Summary Plan Description language.

A common mistake is to assume that clinical guidelines specific to sex reassignment posted on the insurance company/third party administrator's website automatically apply to a particular health insurance plan administered by the same insurance company. If you have already determined that your health insurance plan covers medically necessary transgender-related treatment such as breast/chest, genital and other reconstructive surgeries (Q1), and you understand that the clinical guidelines apply to the administration of the same health insurance plan, please submit them here.

Documentation must include some indication that the insurance carrier or administrator has agreed to implement this policy. Thus, copies of the WPATH SOC or WPATH Clarification letter alone will not be considered sufficient documentation, unless accompanied by an affirmative statement from the carrier or administrator that this policy will be implemented.

Also known as: "Clinical guidelines" are also sometimes called a combination or derivative of "medical policy," "utilization management guidelines," etc.

Summary Plan Documentation (SPD) or Summary Material Modification (SMM):

Answer: **No Attachment**

Medical Plan Bulletin (Insurance Bulletin) or any applicable medical policy or clinical guidelines relevant to this coverage:

Answer: **No Attachment**

6.* Does your facility have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition?

Answer: **No Answer**

On File: No

2018: Scored Question

Yes

No, but interested

No

If YES to Q6, to receive credit, please attach a copy of the gender transition guidelines.

Answer: **No Attachment**

7.* Does your organization have an officially recognized LGBTQ employee resource or affinity group?

Answer: **No Answer**

Note: this is different from an LGBTQ task force or committee that is focused on patient care issues.

On File: Yes

2018: Scored Question

Yes

No, but interested

No

7a. If YES to Q7, to receive credit, please provide the following information about your LGBTQ employee resource group:

Name of Group

Answer: **No Answer**

On File: 2017 CEI Test Name

Contact First Name

Answer: **No Answer**

On File: Liz

Contact Last Name

Answer: **No Answer**

On File: Cooper

Contact's Group Role or Title

Answer: **No Answer**

On File: No info available

Contact's Email Address

Answer: **No Answer**

On File: 2017CEI@123corp.com

Phone, including extension

Answer: **No Answer**

On File: 333-444-5555

Enter as XXX-XXX-XXXX ext. XXX

7b. To receive credit, you must submit either include a public webpage with information about this group OR upload a screenshot from your intranet with information about the group or a brochure or information sheet that employees would have access to to know about the group and how to get involved.

Please provide a public website for this group OR mention of the group on a diversity page, employee resource page, etc.:

Answer: **No Answer**

On File: http://www.erggroup.com

Enter as http://... , e.g.: http://www.hospital.com/ group

Please upload either a screenshot from your intranet describing this group OR an employee brochure or information sheet describing this group:

Answer: **No Attachment**

7c. If YES to Q7, does the group have a senior executive champion or sponsor (e.g., Vice President or higher)?

Answer: **No Answer**

Yes

No

7d. If YES to Q7c, is the executive champion openly LGBTQ or an ally?

Answer: No Answer

Openly LGBTQ

Ally

Do Not Know

If YES to Q7c, please provide the champion's name and job title.

Answer: No Answer

Confidentiality: This information will *not* be made public.

8.* Does your organization have an organization-wide diversity and inclusion office, diversity council or working group focused on employee diversity that specifically includes LGBTQ diversity as part of its mission?

Answer: No Answer

Yes

No

LGBTQ/Diversity link:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

To receive credit, please either provide a link to a website describing the work of this office or council or upload a document demonstrating that LGBTQ diversity is part of it's mission.

Answer: No Attachment

9.* Since January 1, 2015, has your organization conducted an anonymous survey of employees with respect to climate, diversity, or a similar topic?

Answer: No Answer

Yes

No

9a. If YES to Q9, did employees have an opportunity to voluntarily disclose their sexual orientation and/or gender identity along with other demographic questions such as race and gender?

Answer: No Answer

On File: P

2018: Scored Question

Yes

No, but interested

No

9b. If YES to Q9, did the survey include one or more questions related to LGBTQ concerns?

Answer: No Answer

On File: No, but interested

2018: Scored Question

Yes

No, but interested

No

9c. If YES to Q9a and/or Q9b, to receive credit, please attach a copy of your survey tool or results:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

10.* Since July 1, 2016, has your organization commemorated an "LGBTQ holiday"?

Answer: No Answer

Note: This must be an internal event/activity. External community LGBTQ events/celebrations can be listed in the next section, "LGBTQ Patient & Community Engagement.

On File: No

2018: Scored Question

Yes

No, but interested

--

No

10a. If YES to Q10, what form(s) did the commemoration take? Please check all that apply.

Answer: No Answer

- Leadership statement
- Exhibit
- Lecture or other educational session
- Social or networking event
- Film showing
- Banner
- Posters
- Other

To receive credit, describe this commemoration here and/or attach any relevant items in the attachment spaces below:

Please describe the "LGBTQ Holiday":

Answer: No Answer

Please attach any relevant "LGBTQ Holiday" documents:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

11.*Are your organization's hiring/recruitment efforts explicitly LGBTQ-inclusive?

Answer: No Answer

To receive credit, organization must demonstrate how hiring efforts are proactively LGBTQ inclusive. Simply having an employment non-discrimination statement that includes Sexual Orientation and Gender Identity posted on job descriptions or career website does not count for this criterion (however, it does count for publicly communicating your employment non-discrimination policy).

On File: No

2018: Scored Question

LGBTQ-inclusive hiring efforts must include some type of targeted outreach to the LGBTQ community.

Simply having your employment non-discrimination policy posted is not considered an LGBTQ-inclusive hiring effort.

- Yes
- No, but interested
- No

11a. If YES to Q11, to receive credit, please indicate how hiring/recruitment is explicitly LGBTQ-inclusive. Please check all that apply.

Answer: No Answer

- Organization has a hiring/recruitment brochure explicitly targeting LGBTQ people
- Openings are posted on LGBTQ specific job search sites or in LGBTQ publications
- Organization participates in LGBTQ job fairs
- Organization advertises employment opportunities in local LGBTQ publications
- Other, please describe below

To receive credit, please describe how your organization's hiring/recruitment efforts are explicitly LGBTQ-inclusive by providing details such as the name of the LGBTQ sites where you advertise or list opportunities, LGBTQ job fairs you have participated in, etc.

Answer: No Answer

Use this space to upload an LGBTQ recruitment brochure, ad or other relevant materials:

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

12.*Does your organization have one or more openly LGBTQ people serving in a high-level leadership position that is visible organization-wide?

Answer: No Answer

Note: We are looking for a senior/executive-level administrator at your organization.

Yes

No

Do not know

If YES to Q12, to receive credit, please provide the name of the person and their position:

Answer: No Answer

Confidentiality: This information will *not* be made public.

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please provide additional web links related to this section:

Answer: No Answer

Enter as <http://...> , e.g., <http://www.hospital.com/policy.html>

Weblink #2:

Answer: No Answer

Enter as <http://...> , e.g., <http://www.hospital.com/policy.html>

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>



The questions below are designed to familiarize your organization with best practices, from The Joint Commission and other sources, regarding LGBTQ-related community engagement. By reviewing the practices implemented by other organizations and recommended by experts, your organization can identify and address gaps in current policies and practices. Help text is provided to supplement the questions and offer related resources.

Please [click here to see the LGBTQ Patient & Community Engagement Section of the HEI 2018 Resource Guide](#) for more information about these best practices.

Note: As you go through this section, scored questions have the label **2018: Patient & Community Engagement** to the right of the survey question. These questions **will be used in scoring** the HEI survey.

* Required

1.* Since July 1, 2016, has your organization participated in or supported one or more of the following external LGBTQ-related events or initiatives in your service area? Please check all that apply: **Answer: No Answer**

- Financially sponsored a local community pride celebration
- Had an employee contingent participate in a local community pride march
- Had a booth at a local community pride celebration
- Sponsored a local LGBTQ organization’s event, fundraiser or conference
- Sponsored or hosted one or more LGBTQ-health related educational event(s)
- Held a public event supporting an LGBTQ-recognition day such as Transgender Day of Remembrance
- Other
- No, we have NOT done any of the above

Please note that, to receive credit, the focus of these events must be external community events. This is not meant to capture events that primarily target your staff and providers (those events are captured in the employee benefits and policies section and/or in the training section).

Please describe these efforts and upload any relevant documentation: **Answer: No Answer**

LGBTQ-related events or initiatives - Attachment #1: **Answer: No Attachment**
 Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

LGBTQ-related events or initiatives - Attachment #2: **Answer: No Attachment**
 Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

LGBTQ-related events or initiatives - Attachment #3: **Answer: No Attachment**
 Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

2.* Since January 1, 2015, has your organization engaged in marketing or advertising to the LGBTQ community (other than sponsorship or promotional materials for LGBTQ-related events)? **Answer: No Answer**

To receive credit, this must be an ad or marketing campaign. Sponsorships, promotional materials for LGBTQ events do not count.

On File: No info available

2018: Scored Question

- Yes
- No, but interested
- No

2a. If YES to Q2, please describe these efforts:

Answer: No Answer

2b. If YES to 2, to receive credit, please attach a sample of the creative content used to market or advertise to the LGBTQ community (other than sponsorship of events)?

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

3. * Has your organization designed an LGBTQ specific logo for use in marketing materials, promotion of LGBTQ internal or external community events or for providers and staff to wear to indicate that they are LGBTQ inclusive?

Answer: No Answer

On File: No info available

2018: Scored Question

Yes

No

To receive credit, please describe all of the ways that this logo is used:

Answer: No Answer

To receive credit, please upload a sample of the logo in use (this should be an example of how the logo is used, not just a copy of the logo):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

4. * Since January 1, 2015, has your organization (or parent health system) publicly supported LGBTQ equality under the law through local, state or federal legislation or initiatives (e.g. made a statement or communicated in favor of LGBTQ legislation or regulations or opposed legislation or regulations that would limit the rights of LGBTQ people)?

Answer: No Answer

On File: No info available

2018: Scored Question

Although organization-wide efforts are preferred, efforts from a particular segment of the firm are accepted.

Yes

No

No, but interested

4a. If YES to Q4, to receive credit, please describe the legislation or initiative and how your organization publicly engaged in support of LGBTQ equality.

Answer: No Answer

Please upload any documents related to your organization's engagement on this legislation or initiative (for example a public statement, copy of testimony or comments submitted, etc.):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

5. * Would your organization be interested in hearing from HRC when there is local, state or federal legislation or initiatives that impact LGBTQ equality and/or health issues that your organization could take a position on?

Answer: No Answer

Yes

No

Please provide contact information for anyone in your organization who should receive updates about these issues:

First Name

Answer: No Answer

Last Name

Answer: No Answer

Title

Answer: No Answer

Email

Answer: No Answer

Phone, including extension

Answer: No Answer

Enter as XXX-XXX-XXXX ext. XXX

6. * Does your organization regularly survey patients about the care they have received (e.g., via a patient satisfaction survey)?

Answer: No Answer

Organizations can learn much about LGBTQ patients' needs via patient surveys by allowing patients to self-identify as LGBT and/or asking whether patients' needs related to LGBTQ status have been met.

Yes

No

6a. If YES to Q6, does the survey explicitly allow patients to identify as LGBTQ, if they wish?

Answer: No Answer

2018: Scored Question

On File: Yes

Yes

No, but interested

No

6b. If YES to Q6, does the survey explicitly collect LGBTQ-related information (e.g., whether needs were met related to LGBTQ status)?

Answer: No Answer

2018: Scored Question

On File: No

Yes

No, but interested

No

If YES to Q6a or Q6b, to receive credit, upload the survey tool or results of survey showing LGBTQ information.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

7. * Since January 1, 2016, has your organization worked with LGBTQ organizations or community members in any of the following ways to assess LGBTQ needs or address LGBTQ-related concerns? (check all that apply)

Answer: No Answer

On File: No info available

2018: Scored Question

Held focus groups

Conducted surveys

Held meetings, town halls or listening sessions

Included the LGBTQ community in your community needs assessment

No, we have NOT done any of the above

If YES to Q7, to receive credit, please describe these efforts and the results of your engagement with the community.

Answer: No Answer

To receive credit, please upload any documents related to your organization's engagement with the community (for example, results from your focus group, meeting minutes, examples from your community needs assessment, etc.):

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

8.* Does your organization have an external (i.e. not an employee) representative of an LGBTQ organization or an openly LGBTQ person serving on one of your organization's governing or community advisory boards?

Answer: No Answer

On File: No, but interested

2018: Scored Question

Yes

No, but interested

No

If YES to Q8, to receive credit please describe. At a minimum, please provide the name of the representative and the governing or advisory board on which they serve:

Answer: No Answer

9.* Does your organization conduct or substantially support LGBTQ health-related research?

Answer: No Answer

On File: No, but interested

2018: Scored Question

Yes

No, but interested

No

9a. If YES to Q9, to receive credit, please describe LGBTQ health research conducted or supported, listing any related publications, websites, etc.

Answer: No Answer

Please attach any additional information you'd like us to have related to this section.

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: No Attachment

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Please provide additional web links related to this section:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

Weblink #2:

Answer: No Answer

Enter as http://... , e.g., http://www.hospital.com/ policy.html

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>



Please use this section to provide any additional information you'd like us to have about your organization's LGBTQ-related policies and practices. We always welcome information about your efforts to enhance LGBT equity and inclusion!

Please also use this section to provide contact information for anyone in your organization whom we should contact in connection with the release of the Healthcare Equality Index 2018 report in March 2018.

1. Please let us know about any additional LGBTQ-related policies or practices at your organization.

Answer: **No Answer**

Please attach any additional information you'd like us to have related to this survey.

Answer: **No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 2

Answer: **No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

Attachment 3

Answer: **No Attachment**

Must be attached as a Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) file.

3. Please provide contact information for anyone in your organization (e.g., communications, public relations, or community relations staff) who should receive updates about the release of the HEI report in March 2016.

Note: Survey submitters will automatically receive updates about the release and their contact information does not need to be re-entered here. Please use this space to add additional contacts only.

All survey contributors will receive updates, so only list anyone additional that is not already a survey contributor.

First Name

Answer: **No Answer**
On File: *No info available*

Last Name

Answer: **No Answer**
On File: *No info available*

Title

Answer: **No Answer**
On File: *No info available*

Email

Answer: **No Answer**
On File: *No info available*

Phone, including extension

Enter as XXX-XXX-XXXX ext. XXX

Answer: **No Answer**
On File: *No info available*

<1234 Corporation> feedback, notes or additional information for HRC

HRC notes to <1234 Corporation>