

Agenda and Notes



Sex and Gender Working Group

January 26, 2021

Via Teleconference

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	Item	Purpose	Allocated Time	Presenter
1	Welcome	<ul style="list-style-type: none">• Welcome	3 minutes	Kelly Davison
2	Purpose of the Infoway Sex and Gender Working Group	<ul style="list-style-type: none">• Recap	5 minutes	Kelly Davison
	Presentation 1 – Francis Lau. CIHR Planning Project Recap and Next Steps	<ul style="list-style-type: none">• Presentation	20 minutes	Kevin Guyan (Scotland)
3	Group Discussion and/or Questions		15 minutes	All
4	Meeting schedule for 2021	<ul style="list-style-type: none">• Overview	10 minutes	Kelly Davison
5	Adjournment		2 minutes	Kelly Davison



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1. **Welcome**
 - Introduction of Dr. Karen Courtney
2. **Purpose of the Infoway Sex and Gender Working Group**
 - see slide deck.
3. **Presentation – Francis Lau. CIHR Planning Project Recap and Next Steps**
 - Planning project has concluded. See outputs in Action Plan folder.
 - Replacing term “EHR” with “digital health system” moving forward
 - In 2020, completed env scan, 2 rapid reviews, mind mapping, GSSO action plan
 - Overview of sessions
 - Over view of outputs
 - Please share action plan widely
 - 7 transformative actions
 - Knowledge translation
 - o Action plan is published
 - o Summary
 - o Infographic
 - o Promotion in social media
 - o Health journals
 - o Exploring short seminars
 - Follow-up
 - o Central hub: liaise, guide and assist
 - o Have spoken with CIHI/Infoway. Resources limited; looking for grassroots; partnership funding
 - o No PC organization, so no consensus; logistics complicated
 - o Will continue to flesh out requirements
4. **Group Discussion and/or Questions**
 - *On action plan: KL – what are our thoughts? Grassroots rather than PC organization. I wonder how quickly this will happen without resources/PC. FL – in reality, should be a combination of people. Top-down and bottom-up can allow for more buy-in. Does need some coordination. WG to provide some coordination? Not ideal, but an option. AC – Thanks for hard work. Thinking about CFI grants? Actual centre or not at that stage? Need to ramp up and need overarching organization. KC – Appreciate, and pursuing different grants, waiting to hear back. Built applications from action plan. FL – slowly emerging from the COVID-19 initiatives – so other initiatives slowly being funded. AD – Few thoughts: I would hope, at minimum, that structure that was created continues. Need to find funding for core group. Grassroots: v. policy: offer a bit of hope. There are initiatives, globally, that will support this work. Will offer support in finding funding. FF – CIHI having internal conversations. Important work from equity perspective. CIHI has many priorities and are dependent on funding. Looking for funding. DR – More research and work to do. And we have also talked about implementability. Pan-Canadian mandate for what? Evaluation or*



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- operationalization? Different foci. Federated model presents a challenge for this. CIHI has more success than Infoway. PC mandate to make it go is different than PC mandate to keep exploring it. DS – Have been working closely. Developing standard in BC. Engaged at multiple levels in BC. Analytics. EMPI. Focused on releasing updated standard for consensus and review. Seeking HIS standing committee assent, then will be operationalized. DM - GK – In initial steps in our implementation. There is a lot to come. Participation is helpful. MP – AHS are leaders – problems are well documented. Our experience – we are one provincial system, so big impact – as we move forward, take advantage of different sites and opportunities as they arise. One opportunity in a generation for big transformative change. Have applied the standard widely. Advice is to take advantage of the opportunities. Cannot let them go. GK – seeing two roots in the action plan. Rare opportunity and what are the minimum things – need really specific activities that act as levers. Can target LOINC, for instance. Small changes with no funding – look at low hanging fruit. FL – have been looking at that in our action plan. SNOMED International, for instance, has started work on this. MP – many folks do not have the same opportunity: but while we're waiting, look for opportunity to make incremental changes. Have added a third gender option to ambulances, for instance. Updating 911 scripts, for instance. Moments where you can have impact even though the system is not perfect.*
- *FL: French-speaking engagement: need suggestions on how we might expand. KL – participates in group for Ottawa area. Members of that group are advocates from francophone community. Can connect you. Takeaway item.*
 - *Action items 3 and 4: definitions, fields, code systems and value sets, etc. Implement them in a way that supports primary and secondary definitions. Digital functions like interfaces, DSS, rules ID, etc. Action 5: practice guidance. Inclusive, respectful and safe environment. Data collection. Governance. Action item 6: education and training. Culturally competent care. IT staff understand the need and related functions. Patients, families and public.*
 - *MP and DS – talking about sex and birth, administrative gender, and gender identity implementation. Base CIS. Has spread into other tools. Immunizations, portals, affirmed name, etc. So, is spreading and is becoming more interoperable in Alberta. DS – EPIC? MP – Yes, and rep on Brain Trust. DS - BC has two vendors. Issue is fragmentation of system. MP – Yes, AHS is one system. Is a benefit. FF – paper cards? MP – still needs to be updated, can't comment.*

5. Meeting schedule for 2021

- Provided an overview

6. Adjournment

