



Canada Health Infoway

Sex and Gender Working Group

Monthly (4th Tuesday) Zoom Meeting
February 28, 2023 at 9am PT / 12pm ET

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Agenda

1. Welcome and Land Acknowledgement
2. Ground rules for respectful dialogue
3. Purpose of Infoway Sex and Gender Working Group
4. Co-Development and Analysis of Use Cases / Scenarios
5. Schedule Review
6. Adjournment

Welcome and Acknowledgement

We respectfully acknowledge that the land on which we are hosting this meeting – the land that sustains us – includes the ancestral territories of many First Peoples. Canada Health Infoway recognizes the colonial injustices experienced by Indigenous Peoples, many of which continue today and continue to affect their health and well-being. I invite all attendees to reflect on the privilege they have of living, working and playing in the territory from which you are joining this call, and invite you to commit yourself with me to having an open heart and an open mind; to forging culturally safe spaces for and relationships with Indigenous Peoples including Two-Spirit people in Canadian health care; and in making a meaningful contribution to reconciliation through our shared work.

Ground Rules for Respectful Dialogue

- Express disagreement with ideas not personalities
- Share airtime
- Stay on topic - connect to what others have said
- Understand & learn from each other
- We are all equal. Leave rank at the door
- Listen respectfully especially when you disagree. Acknowledge you have heard the others
- Look for common ground
- Identify & test assumptions

Purpose

The Sex and Gender Working Group meets on the fourth Tuesday of each month at 9am PT/12pm ET. Our next meeting is March 28, 2023.

The purpose of this working group is to take action on modernizing GSSO information practices by:

- Examining the expanded definition, collection, use and sharing of sex-gender info in EHRs
- Discussing current research, practices, gaps and challenges
- Operationalizing the [Action Plan](#)

Action Plan

1. ***Vision and Goal*** – “Envisage an equity- and SGM-oriented health system that embraces diversity and aligns with other SGM-related initiatives.”
2. ***Engagement and Partnerships*** – “Engage organizations and communities across Canada to modernize GSSO information practices in EHRs that support equity-oriented health care and meet SGM needs.”
3. ***GSSO Terminology Workstream*** – “Establish a precise, inclusive, appropriate, evolving and multi-level GSSO terminology...”
4. ***Enabling EHR Systems*** – “Adopt a common set of EHR functions...”
5. ***GSSO Policy/Practice Guidance*** – “Integrate and tailor GSSO data collection...”
6. ***Education and Training*** – “Educate and train health care staff to enhance their capacity to provide culturally competent and safe care...”
7. ***Central Hub for Coordination*** – “Establish a central hub to liaise, guide, assist and monitor the progress of this action plan over time.”

Proposed Structure

1. Introduction – ~5 minutes

2. Guest Presentation w/ 10 Q+A – ~25 minutes

3. SPCU Discussion – ~30 minutes

- With the support of helpers

Other options include:

- Setting up task groups

Case Exemplar 1 – Used with permission

Use case 1: Gender – F, asked if menopausal, last menses, no surgical history, mammogram and bone density ordered, lab req – PSA screening (male), Hormone levels (estrogen – expecting female range, testosterone suppressed), CBC, TSH

Case Exemplar(s) – EMR without Gender Harmony

A 53 year old transgender woman presents to her family doctor with for their regular physical for insurance purposes (no acute concerns, hasn't been in three years b/c of pandemic). The MOA views their ID which lists Gender-F. Before seeing the patient, the physician reviews the patient chart. There is no surgical history. There is a medication history. Spironolactone is listed. Lab history includes hormone levels (estrogen) and PSA levels. During the assessment, the patient is asked if they are menopausal and when their last period was. Baseline CBC and TSH levels are ordered using reference ranges for 53 year old female. A mammogram and bone density scan are also ordered.

Case Exemplar(s) – Discussion

- What would this scenario look like if the Gender Harmony Model was applied?
 - Gender Identity
 - Pronouns
 - Name to Use
 - Recorded Sex or Gender
- How could SPFU be used in this scenario?
- What is the sequence of events (patient, MOA, provider perspectives)?
- What are some implications for practice / design / workflows?

Schedule and Topics

Session	Infoway SGWG Meetings - 4 th Tuesday Each Month
Jan 24	<i>Karen Luyendyk</i> – Use Case Development
Feb 28	<i>Planning Session</i>
Mar 28	<i>Beverly Knight</i> – International Standards Organization TBD
Apr 25	
May 23	
Jun 27	
Jul 25	
Aug 22	
Sep 26	
Oct 24	
Nov 28	
Dec 26	<i>No meeting</i>



Canada Health Infoway

Thank you!

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