

Appendix 4. Delphi Round Questionnaires

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The EQUALITY Study

Modified Delphi Round 1

Part I. GENERAL QUESTIONS

1. Should **SO and GI** demographic data be collected by the same **method** (e.g. non-verbal self-report, verbal collection, etc.) in the ED?
 - Yes
 - Something else (free response)
 - No

2. Should **SO and GI** demographic data be collected at the **same time** (i.e. during the same time point during the visit) in the ED?
 - Yes
 - Something else (free response)
 - No

3. Should **SO and GI** demographic data be collected with the **same frequency** (e.g. asked once every visit, asked once ever at first visit, updated at patient's discretion through online portal, etc.) in the ED?
 - Yes
 - Something else (free response)
 - No

Part II. SEXUAL ORIENTATION

4. Please select the preferred **method of collection** for SO demographic data in the ED:

- Non-verbal self-report and/or verbal disclosure (multimodal collection)
- Something else (free response)
- Non-verbal self-report (form collection)
- Verbal collection by ED team member (verbal collection)

IIA. SEXUAL ORIENTATION – FORM COLLECTION

5. If **form collection** is determined by consensus of the board to be the **preferred method** of collection for SO, in what specific way should this be done?

- Something else (free response)
- Patients fill out an electronic form at a computer kiosk in the ED
- Patients use a mobile medical app on their cell phone
- Patients enter the information into a form online from home
- Patients fill out a paper/non-electronic form in the ED

6. Rank the **benefits** of a **form** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

___ Patient privacy

___ Accuracy of the data

___ Patients feel recognized

___ Inclusivity for SO minorities

___ Improved individual medical care

___ Improved rapport between patient and healthcare team

___ Population level research advances for SO minorities

___ Something else (free response)

7. Rank the **risks** of a **form** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

___ Data may be inadvertently disclosed to others

___ Data may be intentionally disclosed to others

___ Patients may be offended

___ Data are not accurate

___ Data are not relevant to medical concern

___ Discrimination

___ Something else (free response)

8. Rank the **barriers** to implementation of a **form** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Lack of other existing form collection methods in ED (most data collected from patients is collected verbally)

___ Some patients will be physically unable to utilize form collection method (e.g. too ill or otherwise incapacitated to complete forms)

___ Time constraints on ED team

___ Something else (free response)

9. Rank the **facilitators** to implementation of a **form** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, etc.)
- ___ Private area to complete form in ED
- ___ Staff to assist patients with form completion in ED
- ___ Something else (free response)

10. Rank the **operational factors** that must be implemented along with a **form** collection method of SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Education/training of the ED team in SGM cultural competency
- ___ Statement of purpose for collection of SO
- ___ Storage and use policies for SO data
- ___ Something else (free response)

IIB. SEXUAL ORIENTATION – VERBAL COLLECTION

11. If **verbal collection** is determined by consensus of the board to be the **preferred method** of collection for SO, in what specific way should this be done?

- Verbal question by nurse
- Something else (free response)
- Verbal question by physician
- Verbal question by registrar

12. Rank the **benefits** of a **verbal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

- Improved rapport between patient and healthcare team
- Patients feel recognized
- Improved individual medical care
- Accuracy of the data
- Patient privacy
- Inclusivity for SO minorities
- Population level research advances for SO minorities
- Something else (free response)

13. Rank the **risks** of a **verbal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

- Data may be inadvertently disclosed to others
- Patients may be offended
- Data may be intentionally disclosed to others
- Discrimination
- Data are not accurate
- Data are not relevant to medical concern
- Something else (free response)

14. Rank the **barriers** to implementation of a **verbal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-5.)

- Patients are not assured that all patients are being asked about SO and may feel “singled out.”
- ED team is not adequately trained to collect data verbally
- Time constraints on ED team

___ Some patients will be physically unable to respond to verbal questions. (e.g. too ill or otherwise incapacitated to answer questions)

___ Something else (free response)

- 15.** Rank the **facilitators** to implementation of a **verbal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Standard verbal dialogue informing patients why data are collected and assuring that all patients are asked same questions – 1.86

___ Private location – 2.23

___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, etc.) – 2.27

___ Something else (free response) – 3.64

- 16.** Rank the **operational factors** that must be implemented along with a **verbal** collection method of SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Education/training of the ED team in SGM cultural competency

___ Statement of purpose for collection of SO

___ Storage and use policies for SO data

___ Something else (free response)

IIC. SEXUAL ORIENTATION – MULTIMODAL COLLECTION

- 17.** If **multimodal collection** is determined by consensus of the board to be the **preferred**

[Type response here]

18. Rank the **benefits** of **multimodal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

- ___ Accuracy of the data
- ___ Improved rapport between patient and healthcare team
- ___ Patients feel recognized
- ___ Patient privacy
- ___ Inclusivity for SO minorities
- ___ Improved individual medical care
- ___ Population level research advances for SO minorities
- ___ Something else (free response)

19. Rank the **risks** of **multimodal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

- ___ Data may be inadvertently disclosed to others
- ___ Patients may be offended
- ___ Data may be intentionally disclosed to others
- ___ Discrimination
- ___ Data are not accurate
- ___ Data are not relevant to medical concern
- ___ Something else (free response)

20. Rank the **barriers** to implementation of a **multimodal** collection method for SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-3.)

- ___ ED team is not adequately trained to collect data
- ___ Time constraints on ED team
- ___ Something else (free response)

21. Rank the **facilitators** to implementation of a **multimodal** collection method for SO.

(Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Standard dialogue informing patients why data are collected and assuring that all patients are asked same questions
- ___ Private location
- ___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, etc.)
- ___ Something else (free response)

22. Rank the **operational factors** that must be implemented along with a **multimodal**

collection method of SO. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Education/training of the ED team in SGM cultural competency
- ___ Statement of purpose for collection of SO
- ___ Storage and use policies for SO data
- ___ Something else (free response)

23. If a multimodal collection method is used, how should discordant responses be managed? (For example, a patient may complete a form and indicate one SO, but upon verbal disclosure, a different SO is disclosed.)

[Type response here]

24. Is there anything else you would like to add regarding collection of SO demographic data in the ED?

[Type response here]

Part III. GENDER IDENTITY

25. Please select the preferred **method of collection** for GI demographic data in the ED:

- Non-verbal self-report and/or verbal disclosure (multimodal collection)
- Something else (free response)
- Non-verbal self-report (form collection)
- Verbal collection by ED team member (verbal collection)

Part IIIA. GENDER IDENTITY – FORM COLLECTION

26. If **form collection** is determined by consensus of the board to be the **preferred method** of collection for GI, in what specific way should this be done?

- Something else (free response)
- Patients fill out an electronic form at a computer kiosk in the ED
- Patients fill out a paper/non-electronic form in the ED
- Patients enter the information into a form online from home
- Patients use a mobile medical app on their cell phone

27. Rank the **benefits** of a **form** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

- ___ Patient privacy
- ___ Accuracy of the data
- ___ Patients feel recognized
- ___ Improved rapport between patient and healthcare team
- ___ Inclusivity for GI minorities
- ___ Improved individual medical care
- ___ Population level research advances for GI minorities
- ___ Something else (free response)

28. Rank the **risks** of a **form** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

- ___ Data may be inadvertently disclosed to others
- ___ Discrimination
- ___ Data may be intentionally disclosed to others
- ___ Patients may be offended
- ___ Data are not accurate

___ Data are not relevant to medical concern

___ Something else (free response)

- 29.** Rank the **barriers** to implementation of a **form** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Lack of other existing form collection methods in ED (most data collected from patients is collected verbally)

___ Patients will be physically unable to utilize form collection method (e.g. too ill or otherwise incapacitated to complete forms)

___ Time constraints on ED team

___ Something else (free response)

- 30.** Rank the **facilitators** to implementation of a **form** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, gender neutral bathrooms, etc.)

___ Private area to complete form in ED

___ Staff to assist patients with form completion in the ED

___ Something else (free response)

- 31.** Rank the **operational factors** that must be implemented along with a **form** collection method of GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Education/training of the ED team in SGM cultural competency
- ___ Statement of purpose for collection of GI
- ___ Storage and use policies for GI data
- ___ Something else (free response)

Part IIIB GENDER IDENTITY – VERBAL COLLECTION

32. If **verbal collection** is determined by consensus of the board to be the **preferred method** of collection for GI, in what specific way should this be done?

- Verbal question by nurse
- Something else (free response)
- Verbal question by physician
- Verbal question by registrar

33. Rank the **benefits** of a **verbal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

- ___ Improved rapport between patient and healthcare team
- ___ Patients feel recognized
- ___ Accuracy of the data
- ___ Patient privacy
- ___ Improved individual medical care
- ___ Inclusivity for GI minorities
- ___ Population level research advances for GI minorities
- ___ Something else (free response)

34. Rank the **risks** of a **verbal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

___ Data may be inadvertently disclosed to others

___ Patients may be offended

___ Discrimination

___ Data may be intentionally disclosed to others

___ Data are not accurate

___ Data are not relevant to medical concern

___ Something else (free response)

35. Rank the **barriers** to implementation of a **verbal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-5.)

___ ED team is not adequately trained to collect data

___ Patients are not assured that all patients are being asked about GI and may feel “singled out.”

___ Time constraints on ED team

___ Some patients will be physically unable to respond to verbal questions. (e.g. too ill or otherwise incapacitated to answer questions)

___ Something else (free response)

36. Rank the **facilitators** to implementation of a **verbal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Private location

___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, gender neutral bathrooms, etc.)

___ Standard verbal dialogue informing patients why data are collected and assuring that all patients are asked same questions

___ Something else (free response)

37. Rank the **operational factors** that must be implemented along with a **verbal** collection method of GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

___ Education/training of the ED team in SGM cultural competency

___ Statement of purpose for collection of GI

___ Storage and use policies for GI data

___ Something else (free response)

IIC. GENDER IDENTITY – MULTIMODAL COLLECTION

38. If **multimodal collection** is determined by consensus of the board to be the **preferred method** of collection for GI, in what specific way should this be done?

[Type response here]

39. Rank the **benefits** of **multimodal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-8.)

- ___ Accuracy of the data
- ___ Patients feel recognized
- ___ Improved rapport between patient and healthcare team
- ___ Patient privacy
- ___ Inclusivity for GI minorities
- ___ Improved individual medical care
- ___ Population level research advances for GI minorities
- ___ Something else (free response)

40. Rank the **risks** of **multimodal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-7.)

- ___ Discrimination
- ___ Data may be inadvertently disclosed to others
- ___ Patients may be offended
- ___ Data may be intentionally disclosed to others
- ___ Data are not accurate
- ___ Data are not relevant to medical concern
- ___ Something else (free response)

41. Rank the **barriers** to implementation of a **multimodal** collection method for GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-3.)

- ___ ED team is not adequately trained to collect data
- ___ Time constraints on ED team
- ___ Something else (free response)

42. Rank the **facilitators** to implementation of a **multimodal** collection method for GI.
(Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Standard dialogue informing patients why data are collected and assuring that all patients are asked same questions – 2.00
- ___ Private location – 2.05
- ___ Cues to safety in the physical space (Patient Bill of Rights, Non-Discrimination Posters, Safe Zone stickers, SGM patients welcome poster, gender neutral bathrooms, etc.) – 2.19
- ___ Something else (free response) – 3.76

43. Rank the **operational factors** that must be implemented along with a **multimodal** collection method of GI. (Means presented in order of greatest importance to least importance – lower number indicates greater importance – scale 1-4.)

- ___ Education/training of the ED team in SGM cultural competency
- ___ Statement of purpose for collection of GI
- ___ Storage and use policies for GI data
- ___ Something else (free response)

- 44.** If a multimodal collection method is used, how should discordant responses be managed? (For example, a patient may complete a form and indicate one GI, but upon verbal disclosure, a different GI is disclosed.)

[Type response here]

- 45.** Is there anything else you would like to add regarding collection of GI demographic data in the ED?

[Type response here]

The EQUALITY Study

Modified Delphi Round 2

Frequency of Collection.

1. What frequency is most appropriate for collection of SO and GI in the ED?
 - Collect once only but allow patient to update this information at own discretion
 - Something else (free response)
 - Every visit
 - Allow patient access to an electronic platform that interfaces with EHR and can be updated at patient's own discretion
 - Every 6 months
 - Every 12 months
 - Collect once only

Multimodal Approach:

The preferred method for collection of both SO and GI was identified by SAB members as a multimodal approach.

2. Which specific multimodal approach is best? (Means presented in order of greatest preference to least preference—lower number indicates greater preference—scale 1-7.)
 - Verbal explanation by nurse followed by electronic form collection administered by nurse
 - Electronic form collection administered by registrar followed by verbal confirmation by nurse
 - Electronic form collection administered by nurse followed by verbal confirmation by physician

- Verbal explanation by registrar followed by electronic form collection administered by registrar
 - Electronic form collection administered by registrar followed by verbal confirmation by physician
 - Verbal explanation by physician followed by electronic form collection administered by physician
 - Something else (free response)
3. If the preferred approach utilizes form collection, who should administer the form (e.g. hand the patient an iPad tablet to complete questions)? (Means presented in order of greatest preference to least preference—lower number indicates greater preference—scale 1-4.)

___ Nurse

___ Registrar

___ Physician

___ Something else (free response)

4. If the preferred approach utilizes form collection followed by verbal confirmation, should there be an option on the form that indicates patient is not willing to disclose on the form and NOT willing to participate in a verbal discussion with ED staff?

- Yes
- No
- Something else (free response)

5. If the preferred approach utilizes form collection followed by verbal confirmation, should there be an option on the form that indicates patient is not willing to disclose on the form but IS willing to participate in a verbal discussion with ED staff?

- Yes
- No
- Something else (free response)

6. If the preferred multimodal approach utilizes form collection, how best should we ensure that the appropriate providers gain access to these data in a timely manner?

[Type response here.]

Patient-Specific Collection of SO/GI:

Numerous SAB members indicated in Round 1 that the preferred method for collection of both SO and GI was patient-specific and each patient should be able to select the method by which they wish to disclose these data.

7. What is the most appropriate way to assess how an individual patient wishes to disclose SO and GI?

[Type response here.]

8. When should patient preferences with respect to collection of SO and GI be assessed?

[Type response here.]

9. Who is responsible for assessing the patient's preferences with respect to collection of SO and GI?

[Type response here.]

Implementation Trial:

The preferred method for collection of both SO and GI was identified by SAB members as a multimodal approach. The goal of this study is to do a trial to compare methods for collecting SO and GI to determine the best method.

10. If a multimodal approach is the preferred method to test in the trial, what serves as a comparison group? (For example, do we compare multimodal approach to form collection only or do we compare one type of multimodal approach to a different type of multimodal approach?)

[Type response here.]

11. What education format is acceptable? (Means presented in order of greatest preference to least preference—lower number indicates greater preference—scale 1-5.)

___ In-service training for all ED staff

- ___ In-service training for nurses and physicians
- ___ Online module
- ___ Grand Rounds presentation
- ___ Something else (free response)

12. Should education of all ED nurses, physicians and staff be mandatory?

- Yes
- Something else (free response)
- No

13. How frequently should education of ED nurses, physicians and staff take place?

- Once a year
- Twice a year
- Something else (free response)
- Once ever

14. Should education be separate from roll-out of the EQUALITY cluster randomized trial?

- Yes
- Something else (free response)
- No

15. What curriculum should be used to train the ED nurses, physicians and staff in SGM health and cultural competency?

- Something else (free response)
- Do Ask, Do Tell (The Fenway Institute, Boston, MA)

- SGMQIA Resource Center (UC Davis, Davis, CA)
- Program for SGMI Health (Vanderbilt, Nashville, TN)

16. Who should be responsible for training the ED staff?

[Type response here.]