

Appendix 5. Patient Outcome Survey

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[Display]

### Consent Form for EQUALITY STUDY

We are conducting a research study to learn more about patient preferred ways of collecting sexual orientation and gender identity in the emergency department. We are asking all patients who come to the emergency department to consider participation in this study. This is a research study being conducted by researchers at Partners Healthcare (Brigham and Women's Hospital and Brigham and Women's Faulkner Hospital) and Johns Hopkins Hospital.

There are no right or wrong answers to the questions and you may stop participation at any time. Your response to this survey, or any individual question on the survey, is completely voluntary. Deciding not to participate won't affect medical care you receive at Partners now or in the future, or any benefits you receive now or have a right to receive.

Your responses will only be seen by our research team and will be kept completely private and secure.

*We are required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of health information obtained for research. This is an abbreviated notice, and does not describe all details of this requirement (see [Partners Privacy Notice](#)). During this study, identifiable information about you or your health will be collected and shared with the researchers conducting the research. In general, under federal law, identifiable health information is private. However, there are exceptions to this rule. In some cases, others may see your identifiable health information for purposes of research oversight, quality control, public health and safety, or law enforcement. We share your health information only when we must, and we ask anyone who receives it from us to protect your privacy.*

There are no physical risks to you by participating in this interview and no direct benefits. However, the information you give us may help us with data gathering and ultimately patient

care in the future. There is no cost to you but you will receive a \$10 gift card for your time.

If you have questions about this survey, you may contact the Principal Investigator, Dr. Adil Haider, at 617-525-7300. If you'd like to speak to someone not involved in this research about your rights as a research subject, or any concerns or complaints you may have about the research, contact the Partners Human Research Committee at 617-424-4100.

Your completion of this survey will serve as your consent to be in this research study.

**[I AGREE TO PARTICIPATE IN THIS RESEARCH]**

**(THIS IS A BUTTON THAT TAKES RESPONDENT TO SURVEY)**

In this survey, we will ask you about sexual orientation and gender identity in healthcare. This survey is anonymous and will be used for research purposes only. It will take approximately 10 minutes to complete. Thank you for your time and participation.

## EQUALITY Phase III Patient–Reported Outcomes – Patient Form

### FOR PATIENTS DECLINING ALL PARTICIPATION ONLY

Can you please share your main reason for not speaking with us today?

This is not a private space

I am concerned my information won't be confidential

I do not have time to sit here today to answer questions

There is not enough payment for my time

These questions are none of your business

### SECTION A – LEADERSHIP COMMITMENT SUBSCALE (C-CAT)

**Dear patient:** Please help us find out how well we communicate with patients at **[ORG NAME]**.






















This survey will take less than 10 minutes. Please do not write your name on the survey. **Your answers to these questions will be matched with your medical record at this visit, for research purposes only. This will not become part of your record in any way.** Your answers to these questions will not change how you are treated.

#### **Instructions:**

1. Please, fill out this survey.
2. Please answer all questions about only your healthcare visit today.

**Your answers to these questions are very important. But, you do not have to fill out this survey if you do not want to.**

Thank you for your help.

- |   |   |   |   |   |
|---|---|---|---|---|
| 1.) Was it easy to ask questions at the hospital?                       |    |    |    | ? |
| 2.) Was information in the waiting areas helpful?                       |    |    |    | ? |
| 3.) Was it easy to reach someone on the phone<br>if you had a question? |    |    |    | ? |
| 4.) Do you feel welcome at the hospital?                                |    |    |    | ? |
| 5.) Are you happy with the care you get at the hospital?                |    |    |    | ? |
| 6.) Does the hospital communicate well with patients?                   |    |    |    | ? |
| 7.) Would you bring a family member to this hospital?                   |  |  |  | ? |

**SECTION B – PROCESS SATISFACTION AND SUGGESTIONS**

**READ:** Thank you for agreeing to answer these questions. We are interested in your experience in reporting information during your visit today. Each question has a set of answer choices for you to select from. There are no right or wrong answers, and all of your information will be kept confidential.

**Section B.1 Overall comfort with providing information**

- 1.) How comfortable did the ED staff (doctors, nurses, front desk) seem to be when interacting with you today?

- 1 – Very uncomfortable
- 2 – Uncomfortable
- 3 – Neither comfortable nor uncomfortable
- 4 – Comfortable
- 5 – Very comfortable
- 99 – Refuse to answer

**2.)** How respectfully have you been treated by the ED staff today?

- 1 – Very disrespectfully
- 2 – Disrespectfully
- 3 – Neutrally
- 4 – Respectfully
- 5 – Very respectfully
- 99 – Refuse to answer

**2a.)** What made you feel this way about how you were treated today?

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**3.)** How often were you ignored by the ED staff during your visit?

- 1 – Never
- 2 – Rarely
- 3 – Sometimes
- 4 – Often
- 5 – Constantly
- 99 – Refuse to answer

**3a.)** What made you feel this way during your visit today?

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4.) Was there anything you were not able to share during your visit today?

1 – No

2 – Yes

99 – Refuse to answer

4a.) What did you wish to share today?

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5.) How concerned were you about your privacy while answering questions today?

1 – Not at all concerned

2 – A little concerned

3 – Somewhat concerned

4 – Concerned

5 – Very concerned

99 – Refuse to answer

6.) Which of the following personal information were you least comfortable with providing today? Please choose only one.

My race/ethnicity \_\_\_\_\_

My income \_\_\_\_\_

My sexual orientation \_\_\_\_\_

My gender identity \_\_\_\_\_

My religion \_\_\_\_\_

Not applicable/I was not asked \_\_\_\_\_

Other \_\_\_\_\_

7.) How easy was it to understand the questions you were asked today?

- 1 – Very difficult
- 2 – A little difficult
- 3 – Acceptable
- 4 – Easy
- 5 – Very easy
- 99 – Refuse to answer

**Section B.2 Comfort level with providing SO/GI information**

8.) How comfortable were you reporting your sexual orientation at your healthcare visit today?

- 1 – Not at all comfortable
- 2 – A little comfortable
- 3 – Somewhat comfortable
- 4 – Comfortable
- 5 – Very comfortable
- 99 – Refuse to answer
- 00 – I was not asked about sexual orientation today

9.) How comfortable were you reporting your gender identity at your healthcare visit today?

- 1 – Not at all comfortable
- 2 – A little comfortable
- 3 – Somewhat comfortable
- 4 – Comfortable
- 5 – Very comfortable
- 99 – Refuse to answer
- 00 – I was not asked about gender identity today



**10.)** Do you consider sharing your sexual orientation related to your visit today?

1 – Not at all related

2 – A little related

3 – Somewhat related

4 – Related

5 – Very related

99 – Refuse to answer

**10a.)** Why or why wasn't this information related to your visit?

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**11.)** Do you consider sharing your gender identity related to your visit today?

1 – Not at all related

2 – A little related

3 – Somewhat related

4 – Related

5 – Very related

99 – Refuse to answer

**11a.)** Why or why wasn't this information related to your visit?

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**12.)** How important is it for all patients to provide their sexual orientation in healthcare visits?

1 – Not at all important

2 – A little important

3 – Somewhat important

4 – Important

5 – Very important

99 – Refuse to answer

**12a.)** Why or why isn't this information important for healthcare visits?

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**13.)** How important is it for all patients to provide their gender identity in healthcare visits?

1 – Not at all important

2 – A little important

3 – Somewhat important

4 – Important

5 – Very important

99 – Refuse to answer

**13a.)** Why or why isn't this information important for healthcare visits?

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**14.)** How can we make improve our registration process? Please check all that apply.

Ask the questions in a more private space \_\_\_\_\_

Make the wording simpler \_\_\_\_\_

Shorten the number of questions \_\_\_\_\_

Have someone read me the questions \_\_\_\_\_

Make the text larger \_\_\_\_\_

Other \_\_\_\_\_