

Criteria 1. Non-Discrimination and Staff Training

Patient Non-Discrimination

For more detailed information about this section and specific examples that meet the criteria please see the [Patient Non-Discrimination section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| <p>LGBTQ-inclusive Patient Non-Discrimination Policy</p> <ul style="list-style-type: none"> Policy must include the terms “sexual orientation” and “gender identity or expression” (or “gender identity”) | <p>Q1. Does your patient non-discrimination policy (or the non-discrimination statement in your patients' bill of rights) include the term "sexual orientation" AND the term "gender identity or expression" (or "gender identity")?</p> | <p>Must upload a copy of patient non-discrimination policy or patient bill of rights.</p> | <p>Yes – policy should indicate that the policy applies to all facilities in the system</p> |
| <p>Patient non-discrimination is communicated to patients and staff</p> <ul style="list-style-type: none"> Policy is shared in two ways with the public, typically online and in-print. Policy is shared with staff in at least one way. | <p>Q2. To receive credit for communicating this policy, please check off ALL OF the ways your organization informs patients of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights)</p> <p>Q3. To receive credit for communicating this policy, please check off ALL OF the ways your organization informs employees of your LGBTQ-inclusive patient non-discrimination policy (or patients' bill of rights).</p> | <p>Must provide at least two examples of how policy is communicated to patients – typically one is a website example and the other will be a document like a brochure. It could also be a poster or photo of sign/poster in waiting area.</p> <p>Must upload at least one example of how policy is communicated to staff. Must be an internal example, not a public document. May not be the same as the example of how the policy is communicated to patients.</p> | <p>Yes – if example is truly system-wide (i.e. a page on the system website, or a patient guide that is given to all patients in the system regardless of the healthcare facility)</p> |

Equal Visitation

For more detailed information about this section and specific examples that meet the criteria please see the [Equal Visitation Section of the HEI Resource Guide](#)

| Criteria | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| <p>Equal Visitation Policy</p> <ul style="list-style-type: none"> Policy must allow the patient’s visitor of their choice. | <p>Q1. Does your visitation policy grant equal visitation to LGBTQ patients and their visitors in at least one of the ways above?</p> | <p>Must upload a copy of equal visitation policy.</p> | <p>Yes – policy should indicate that the policy applies to all facilities in the system</p> |
| <p>Equal Visitation Policy is communicated to patients and staff</p> <ul style="list-style-type: none"> Policy is shared in two ways with the public, typically online and in-print. Policy is shared with staff in at least one way. | <p>Q2. To receive credit for communicating this policy, please check off ALL OF the ways your organization informs patients of your equal visitation policy</p> <p>Q3. To receive credit for communicating this policy, please check off ALL OF the ways your organization informs employees of your equal visitation policy.</p> | <p>Must include at least two examples – typically one is a website example and the other will be a document like a brochure. It could also be a poster or photo of sign/poster in waiting area. If included in the Patient Bill of Rights, the same example(s) from PND may be used.</p> <p>Must include at least one example of how policy is communicated to staff. Must be an internal example, not a public document. May not be the same as the example of how the policy is communicated to patients.</p> | <p>Yes – if example is truly system-wide (i.e. a page on the system website, or a patient guide that is given to all patients in the system regardless of the healthcare facility)</p> |

Employment Non-Discrimination

For more detailed information about this section and specific examples that meet the criteria please see the [Employment Non-Discrimination section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| LGBTQ-inclusive Employment Non-Discrimination Policy <ul style="list-style-type: none"> Policy must include the terms “sexual orientation” and “gender identity or expression” (or gender identity) | Q1. Does your employment non-discrimination policy include the term "sexual orientation" AND the term "gender identity or expression" (or "gender identity")? | Must upload a copy of employment non-discrimination policy or equal employment opportunity policy. | Yes – policy should indicate that the policy applies to all facilities in the system |
| Employment Non-Discrimination Policy is shared with the public <ul style="list-style-type: none"> Policy is shared with the public in at least one way. | Q2. To receive credit for communicating this policy, please check off ALL OF the ways your organization informs the public of the employment non-discrimination policy (or equal employment opportunity policy). | Must include at least one example of how the policy is publicly communicated. Preference is for website, however, you can also upload job descriptions, etc. | Yes – if example is truly system-wide (i.e. on health system career website which has job listings for all facilities) |

Staff Training in LGBTQ Patient-Centered Care

For more detailed information about this section and specific examples that meet the criteria please see the [Training in LGBTQ Patient-Centered Care section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| <p>Training in LGBTQ Patient-Centered Care</p> <ul style="list-style-type: none"> For first year facilities, key senior executives must complete the <i>LGBTQ Patient-Centered Care: An Executive Briefing</i> training provided by the HEI. OR Returning facilities must complete at least 25 hours of staff training in LGBTQ-related topics, either clinical or broader training. | <p>Q1. Have you provided, or are you planning to provide, your organization’s employees with training in LGBTQ patient-centered care in order to meet your facility’s specific training requirement as described above?</p> | <p>Employees must complete the required amount of trainings through HEI approved sources. Trainings completed via The CAL or the National LGBT Health Education Center will be added directly to your organization’s training totals. You must request HEI credit hours for all other trainings using our online form.</p> <p>You can check your organization’s current training hours directly in the HEI survey.</p> | <p>No – Training hours are facility-specific</p> |
| <p>HEI training options promoted to staff</p> <ul style="list-style-type: none"> Facilities must make training options available through the HEI known to staff throughout their facility. | <p>Q2. 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?</p> | <p>Must upload a sample of how you informed employees of the free LGBTQ training options offered by HRC Foundation and our partners (i.e. a copy of an email blast, screenshot of the information on the employee intranet, etc.)</p> | <p>Yes – if this is done on a system wide level (through newsletters, intranet, etc.)</p> <p>If done systemwide the notices must provide the specific information (facility id) necessary for each facility to get HEI credit</p> |

Criteria 2. Patient Services and Support

LGBTQ Patient Services

For more detailed information about this section and specific examples that meet the criteria please see the [LGBTQ Patient Services section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Reminder | System Information Accepted |
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| Have a written strategy or plan for reducing health disparities among LGBTQ patients and/or incorporate LGBTQ patients into your plan for reducing all patient disparities. | <p>Q1. 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?</p> <p>Q1a. Does this plan or strategy specifically include LGBTQ patients in addition to race, ethnicity and linguistic concerns OR do you have a specific plan for reducing LGBTQ health disparities?</p> | <p>Must upload a copy of the diversity plan or strategy that includes LGBTQ patients.</p> <p>Note – this can be a standalone plan for LGBTQ health or it can be part of a larger disparities plan.</p> <p>At a minimum, the plan must list the strategies that will be employed to improve LGBTQ health and/or must recognize sexual and gender minorities as a population that experiences health disparities with a commitment to address those disparities.</p> | Yes, provided that the plan clearly indicates that it applies to all facilities in the health system. |
| Have an internal planning or advisory committee focused on LGBTQ patient care issues | Q2. Does your organization have an internal advisory or planning committee that is focused on LGBTQ patient care issues? | Must describe the role of this committee and/or provide a web address that provides this description. | Yes, provided that it is clear that the committee’s work applies to the entire health system. |
| Publicly make LGBTQ-knowledgeable and -friendly providers or facilities known as such to interested patients or provide a confidential mechanism to make LGBTQ-specific referrals | Q3. 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 confidential LGBTQ specific referrals? | Must provide either a weblink or upload a document showing where LGBTQ patients will find your provider directory, listing of LGBTQ friendly providers or LGBTQ specific referral line information. | Yes – as long as it is clearly systemwide and the LGBTQ friendly providers (or facilities) are geographically accessible to patients of the facility. |

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Provide some LGBTQ-specific clinical services. | Q4. 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: | Must provide a description of the services provided, a link to webpage(s), an upload of brochure(s)/flyers promoting these services or a combination of these options. | Possibly - 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. |
| Have an externally promoted LGBTQ-specific clinic | Q5. Does your organization offer a publically promoted LGBTQ-specific clinic? | Must provide a link to webpage(s) and/or upload of brochure/flyer promoting the LGBTQ specific clinic. | Possibly - 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. |
| Have an externally promoted LGBTQ-focused office, advocate or LGBTQ-specific patient navigator | Q6. Does your organization have an externally promoted LGBTQ-focused program office, advocate, or LGBTQ-specific patient navigator? | Must provide a link to website where this externally-facing office/person is promoted or upload materials that demonstrate how this office/person is promoted. | Possibly, provided that it is clear that this office/person serves the entire health system and is geographically accessible to all patients in the health system. |
| Provide educational LGBTQ-related health information and/or links to LGBTQ health education or service resources from outside organizations on the facility's website | Q7. Does your organization provide educational LGBTQ-health related information and/or links to LGBTQ health information or resources from outside organizations on the facilities website? | Must provide a website link for a specific landing page focused on LGBTQ health issues. | Yes, if it is a on the health system website and the facility does not have a separate website. |
| Create and distribute a LGBTQ health education brochure or other print materials about specific health topics and how they impact LGBTQ people (not an LGBTQ services brochure for marketing purposes) | Q8. Does your organization publish and distribute a health education brochure or other print material(s) designed to educate or support LGBTQ patients about specific health topics and how they impact LGBTQ people? | Must provide a copy of the brochure or other print materials. Materials must be specifically developed by the facility or system to reach out to LGBTQ patients | Yes – if system-wide materials |

Transgender Patient Services and Support

For more detailed information about this section and specific examples that meet the criteria please see the [Transgender Patient Services and Support section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Have a written policy (or policies) that specifically outline a minimum of three procedures aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients. | Q1. 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 related to any of the following areas? Check all that apply. | Must provide an official written policy (or policies) or procedure(s) which cover at least 3 of the areas listed in the survey. Note: This is a different policy than your patient non-discrimination policy. | Yes – policy should indicate that the policy applies to all facilities in the system. |
| Offer some transgender specific clinical services. | Q2. 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: | Must provide a description of the services provided, a link to webpage(s), an upload of brochure(s)/flyers promoting these services or a combination of these options. | Possibly - 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. |
| Have an externally promoted multidisciplinary gender clinic for either adults and/or youth | Q4. Does your organization offer a publically promoted comprehensive, multidisciplinary clinical care program for transgender and gender-expansive youth and/or adults? | Must provide a link to webpage(s) and/or upload of brochure/flyer promoting the LGBTQ specific clinic. | Possibly - If this transgender clinic(s) are located 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. |
| Have a specific program or position to provide patient navigation/advocacy services to transgender patients. | Q5. Does your organization have an externally-promoted specific program or position to provide patient navigation/advocacy services to transgender patients? | Must provide a link to a webpage that describes the transgender patient navigator program or services and/or upload a document such as a brochure describing the services or the job description of the navigator. | Possibly - provided that it is clear that this program or position serves the entire health system and is geographically accessible to all patients in the health system. |

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| <p>Offer all gender restrooms in public areas for patients and visitors and/or have clear posted signage indicating a policy that allows individuals to use the restroom that aligns with their gender identity</p> | <p>Q6. Does your facility offer all gender restrooms in the public access areas of your facility and/or have clear posted signage indicating a policy that allows individuals to use the restroom that aligns with their gender identity?</p> | <p>Must provide number of gender neutral bathrooms in public areas.</p> <p>Must upload a sample of the signage for one of the bathrooms.</p> | <p>No – bathrooms must be at that specific location.</p> |
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Patient Self-Identification

For more detailed information about this section and specific examples that meet the criteria please see the [Patient Self-Identification section of the HEI Resource Guide](#)

| Criteria/Best Practices | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Electronic health records (EHR) offer explicit options to capture patient's current gender identity if it differs from the sex they were assigned at birth. | <p>Q2. Gender Identity Does your EHR offer a way to record that the patient's 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?</p> <p>Q2a. Do your electronic health records use a two-question process to collect data on gender identity (i.e. first asking current gender identity and then asking sex assigned at birth)?</p> | Must upload screenshot or sample form showing how this information is captured | Yes-if entire system uses same electronic health records system and process |
| A two-question process is used to collect gender identity information (i.e. first asking current gender identity and subsequently asking sex assigned at birth) | Q2a. Do your electronic health records use a two-question process to collect data on gender identity (i.e. first asking current gender identity and then asking sex assigned at birth)? | Must upload screenshot or sample form showing how this information is captured | Yes-if entire system uses same electronic health records system and process |
| EHR offer an explicit way to capture a patient's organ inventory. | Q2. Organ Inventory Does your EHR offer a way to capture a patient's organ inventory? | Must upload screenshot or sample form showing how this information is captured | Yes-if entire system uses same electronic health records system and process |
| EHR offer explicit options for capturing patient's sexual orientation if they choose to provide that information. | Q2. Sexual Orientation Does your EHR offer a way to capture a patient's sexual orientation? | Must upload screenshot or sample form with an explicit way to capture this information (not just free form notes) AND this information must be specific to sexual orientation, not sexual behavior. | Yes-if entire system uses same electronic health records system and process |

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| EHR capture the patient's name in use if it differs from their legal name AND prominently displays this name in the banner or a pop-up so that front line staff and providers will see this information. | Q2. Name in Use Does your EHR offer a way to capture the patient's name if it differs from their legal name AND prominently displays this name in a banner or pop-up? | Must upload screenshot of a sample patient record showing how the name in use is displayed. | Yes-if entire system uses same electronic health records system and process |
| EHR capture the patient's pronouns in use AND prominently displays these pronouns in the banner or a pop-up so that front line staff and providers will see this information. | Q2. Pronouns Does your EHR offer a way to capture the pronouns that should be used when referring to a patient and prominently display these pronouns in banner or pop-up? | Must upload screenshot of a sample patient record showing how the pronouns are displayed. | Yes-if entire system uses same electronic health records system and process |
| Training is provided to staff on how to collect and record gender identity data in facility's EHR system. | Q3. Does your organization provide employees with training on how to collect and record gender identity data? | Must describe how training is provided and upload supporting documentation (slides from training, employee handout, etc.). | Yes-if entire system received the same training |
| Employees are provided training explicitly reminding them that LGBTQ status is confidential patient information. | Q4. Does your organization provide employees with training explicitly reminding them that LGBTQ status is confidential patient information? | Must describe how training is provided and upload supporting documentation (slides from training, employee handout, etc.). | Yes-if entire system received the same training |
| EHR offer explicit options for recording parents that are inclusive of same-sex parents and other diverse families. | Q5. Does your EHR offer an explicit way to capture diverse family structures such as same-sex parents of pediatric patients (i.e. mother 1, mother 2 or parent 1, parent 2, etc)? | Must upload either a screenshot or sample form from your health records to show how this information is captured. | Yes-if entire system uses same electronic health records system and process |
| Electronic health records offer explicit options for recording relationship status with an unmarried partner. | Q6a. 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. | Must upload either a screenshot or sample form from your health records to show the relationship status options. | Yes-if entire system uses same electronic health records system and process |

Medical Decision Making

For more detailed information about this section and specific examples that meet the criteria please see the [Medical Decision Making section of the HEI Resource Guide](#)

| Criteria/Best Practices | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Organization explicitly informs patients of their right to designate any person of their choice, including an un-married partner, as medical decision-maker | Q1. 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? | Must describe how organization informs patients of these rights and upload supporting documentation. | Yes, if it clear that the practice is system-wide. |
| Organization offers employee training related to medical decision making that includes LGBTQ-specific information | Q2. Does your organization provide employees with training related to medical decision-making? Q2a. Is your medical decision-making training explicitly LGBTQ inclusive? | Must provide written description of how the training is LGBTQ-inclusive and upload supporting documentation (slides from training, etc.). | Yes-if entire system received the same training |
| Facility has a policy or official practices related to the treatment of intersex children that delays medically unnecessary procedures until the patient is old enough to make an informed decision (new) | Q3. Does your organization have a policy or official practices related to the treatment of intersex children that delays medically unnecessary procedures until the patient is old enough to make an informed decision? | Must provide a copy of a policy or public statement related to the policy/practices. | Yes- if policy is system-wide. |

Criteria 3. Employee Benefits and Policies

For more detailed information about this section and specific examples that meet the criteria please see the [Employee Benefits and Policies section of the HEI Resource Guide](#)

Equal Benefits

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| <p>Health insurance policy's definition of spouse includes same sex spouses and the same documentation is required for enrollment of same and different sex spouses</p> | <p>Q1a. Which of the following are eligible for coverage under your health insurance policy? Please select all that are eligible.</p> <p>Q1b. For your health insurance's coverage of spousal benefits, please check all that apply: [policy's definition of spouse includes same-sex spouses; the same documentation is require of same and different sex spouses]</p> <p>Q1c. Does your insurance plan require proof of relationship documentation to enroll an eligible dependent?</p> | <p>Must upload health insurance coverage summary plan documentation with the eligibility and definitions section(s) that define who is eligible for benefits.</p> | <p>Yes – policy should indicate that the benefits information applies to employees throughout the health system</p> |

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| <p>Healthcare benefits are provided to domestic partners.</p> | <p>Q1a. Which of the following are eligible for coverage under your health insurance policy? Please select all that are eligible.</p> <p>Q1c. Does your insurance plan require proof of relationship documentation to enroll an eligible dependent?</p> <p>Q1d. IF Q1c = YES; Please indicate which documentation is required for domestic partners to enroll (select all that apply):</p> | <p>Must upload current documentation of domestic partner coverage (if different from eligibility information uploaded in Q1a).</p> | <p>Yes – policy should indicate that the benefits information applies to employees throughout the health system</p> |
| <p>FMLA-equivalent benefits allow employees to take family and medical leave to care for domestic partners as well as the children of a domestic partner, regardless of biological or adoptive status</p> | <p>Q3. Does your organization offer FMLA-equivalent benefits that allow employees to take family and medical leave to care for unmarried same-sex partners as well as the children of an unmarried same-sex domestic partner, regardless of biological or adoptive status?</p> | <p>Must upload a copy of your family and medical leave policy.</p> | <p>Yes – policy should indicate that the benefits information applies to employees throughout the health system</p> |
| <p>Bereavement leave allowed in the event of the death of a domestic partner or their partner’s immediate family.</p> | <p>Q4. Does your organization offer bereavement leave that allows employees to take time off following the death of an unmarried same-sex domestic partner or their immediate family?</p> | <p>Must upload a copy of your bereavement leave policy.</p> | <p>Yes – policy should indicate that the benefits information applies to employees throughout the health system</p> |

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| <p>Provide at least one health plan to all employees that affirmatively and explicitly covers medically necessary health services for transgender people, including gender transition-related treatment.</p> <p>NOTE: This criteria is scored separately and is worth five points out of the 20 available for this section.</p> | <p>Q5. 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)?</p> | <p>Must name insurer, how the benefit is communicated to employees, and upload summary plan documentation (or summary material modification documentation) readily available to all employees both prior to selecting and after enrolled in the plan that explicitly indicates that coverage is available.</p> | <p>Yes – policy should indicate that the benefits information applies to employees throughout the health system</p> |
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Additional Support for LGBTQ Employees

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Organization has written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition. | Q1. Does your facility have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition? | Must upload a copy of the gender transition guidelines. | Yes – policy should indicate that the benefits information applies to employees throughout the health system |
| Organization has an officially recognized LGBTQ employee resource group. | Q2. Does your organization have an officially recognized LGBTQ employee (or business) resource or affinity group? | Must provide contact information for the group and either provide a public webpage for the group or upload other documentation demonstrating how employees are made aware of this group. | Yes – provided that the group is clearly system-wide and provides a way for employees at all facilities to participate. |
| Organization has a diversity & inclusion office, diversity council or working group focused on employee diversity that specifically includes LGBTQ diversity as part of its mission. | Q3. 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? | Must 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 its mission. | Yes – provided that it is clear that the work of the office or council is system-wide. |
| Anonymous employee engagement or climate surveys allow employees the option to identify as LGBTQ. | Q4. Since January 1, 2019, has your organization conducted an anonymous survey of employees with respect to climate, diversity, or a similar topic? Q4a. Did your climate survey include either of the following? SOGI Data | Must upload a copy of the survey and/or the results demonstrating the inclusion of LGBTQ demographic measures. | Yes – provided that it is clear that the survey was system-wide. |

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Anonymous employee engagement or climate surveys include question(s) related to LGBTQ concerns. | <p>Q4. Since January 1, 2019, has your organization conducted an anonymous survey of employees with respect to climate, diversity, or a similar topic?</p> <p>Q4a. Did your climate survey include either of the following? LGBTQ Concerns</p> | Must upload a copy of the survey and/or the results demonstrating the inclusion of LGBTQ specific questions. | Yes – provided that it is clear that the survey was system-wide. |
| Confidential human resources information system (HRIS) captures sexual orientation and/or gender identity (if voluntarily disclosed) along with other demographic information such as race and gender | Q5. Separate from, or in addition to, the anonymous employee survey, do you have confidential human resources information systems (or HRIS) where employees and/or job applicants can voluntarily disclose their gender identity and sexual orientation along with other demographic questions such as race and gender? | Must provide screenshot of demographic section of HRIS showing sexual orientation and gender identity options. | Yes – provided that it is clear that the survey was system-wide. |
| Commemorate an LGBTQ Awareness Day for employees at the facility | Q6. Since July 1, 2019, has your organization commemorated any LGBTQ Awareness Days for employees? Note that this may include virtual celebrations and recognition events. | Must provide validation of employee LGBTQ awareness day response such as newsletter article, photos, flyer – if multiple events, only need to supply validation for one | No, needs to be facility specific. Could be part of system-wide events, but must be available on-site for employees. |
| Have explicitly LGBTQ-Inclusive hiring efforts. | Q7. Have your organization's hiring/recruitment efforts been explicitly LGBTQ-inclusive in any of the following ways? | Must describe how hiring efforts are proactively LGBTQ-inclusive and upload any related materials. | Yes, provided that it is system-wide recruitment. |

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| <p>Organization has openly LGBTQ people serving in high level visible leadership position(s).</p> | <p>Q8. Does your organization have one or more openly LGBTQ people serving in a high-level leadership position that is visible organization-wide?</p> | <p>Must provide the name of the person and their position. This must be a senior/executive-level administrator at your organization.</p> | <p>Possibly – a high level person in a system-wide role would count in a regional health system.</p> |
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Criteria 4. LGBTQ Patient and Community Engagement

For more detailed information about this section and specific examples that meet the criteria please see the [LGBTQ Patient and Community Engagement section of the HEI Resource Guide](#)

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Support one or more LGBTQ related events or initiatives in the facility's service area. | Q1. Since July 1, 2019, has your organization participated in or supported one or more of the following external LGBTQ-related events or initiatives in your service area? | Must describe the external community event(s) and upload any relevant documentation. | Possibly - particularly for health systems with facilities in a limited geographic area. |
| Engage in LGBTQ-inclusive marketing or advertising to the LGBTQ community. | Q2. Since January 1, 2019, has your organization engaged in marketing or advertising to the LGBTQ community (other than sponsorship or promotional materials for LGBTQ-related events)? | Must describe efforts of marketing efforts and upload a sample of the creative content used to market or advertise to the LGBTQ community. | Possibly – if marketing efforts target the LGBTQ community in the area served by the facility. |
| Have an LGBTQ-specific logo. | Q3. Has your organization designed an LGBTQ specific logo for use in marketing materials or for other purposes? | Must describe the ways this logo is used and upload a sample of the logo in use. | Yes, if system-wide |
| Organization has publicly supported LGBTQ equality under the law through local, state, or federal legislation or initiatives. | Q4. Since January 1, 2019, has your organization (or parent health system) publicly supported LGBTQ equality under the law through local, state or federal legislation or regulations (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)? | Must describe the legislation or initiative and how your organization publicly engaged in support of LGBTQ equality and upload any documents related to your organization's engagement on this legislation or initiative. | Yes |

| Criteria/Best Practice | Question(s) No. & Specific Wording | Validating Information Required | System Information Accepted |
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| Patient satisfaction surveys allow patients the option to identify as LGBTQ. | <p>Q6. Does your organization regularly survey patients about the care they have received (e.g., via a patient satisfaction survey)?</p> <p>Q6a. Does your patient satisfaction survey include either of the following? SOGI DATA</p> | Must upload a copy of the survey and/or the results demonstrating the inclusion of LGBTQ demographic measures. | Yes, if system-wide |
| Patient satisfaction surveys include LGBTQ related questions. | <p>Q6. Does your organization regularly survey patients about the care they have received (e.g., via a patient satisfaction survey)?</p> <p>Q6a. Does your patient satisfaction survey include either of the following? LGBTQ Concerns</p> | Must upload a copy of the survey and/or the results demonstrating the inclusion of LGBTQ specific questions. | Yes, if system-wide |
| Organization works with LGBTQ organizations or community members to assess LGBTQ needs or address LGBTQ-related concerns. | Q7. Since January 1, 2019, 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) | Must describe these efforts and the results of your engagement with the community and upload any documents related to your organization's engagement with the community (i.e. results from your focus group, meeting minutes, examples from your community needs assessment, etc.) | Possibly, if system has a very limited geographic reach. |
| Include external LGBTQ representation on a governing or community advisory board. | Q8. 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? | Must describe (should include who and/or name of board). | Possibly, if system has a very limited geographic reach. |
| Support LGBTQ health-related research. | Q9. Since January 1, 2019 has your organization conducted or substantially supported LGBTQ health-related research? | Must describe the LGBTQ health research conducted or supported, listing any related publications, websites, etc. | Only if your specific facility is actively participating in some way (recruiting patients, etc.) |