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**Improving Healthcare Provider
Documentation of Patient Gender Identity
& Sexual Orientation:
A Quality Improvement Project**

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Sacred Heart Medical Center (SHMC)- Spokane, WA

Emergency Department (ED)

- 120 staff RN's
- 50 beds (can expand to 75 if needed)
- Level II trauma center, level I cardiac center & regional stroke center

- **Significant gap in practice**
 - Underutilization of gender identity and sexual orientation (GI/SO) charting within EPIC, the electronic medical record (EMR) system used by nursing staff
- **Professional health care groups & governing bodies have published standards for caring for LGBTQ+ patients**
 - Increasing data collection & disclosure of patient's GI/SO (IOM, 2011; DHHS, 2016; Joint Commission, 2016).

Project Setting & Background



Project Setting & Background

- **Studies show that a lack of LGBTQ+ education, including GI/SO disclosure, is affecting patients**
 - Requires immediate change. Contributes to increased barriers, resulting in negative health outcomes (Sekoni et al., 2017).
- **Negative health outcomes are known to be associated with poor patient satisfaction (Chen et al., 2019) & increased health care expenditures.**
 - Centers for Medicare and Medicaid (CMS) value-based care
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)- Patient Satisfaction
- **Improving health outcomes by improving quality of healthcare & patient satisfaction for the LGBTQ+ population can directly affect reimbursement rates given to the hospital from CMS.**



Project Context

- **Washington State- 4% of population LGBTQ+**
- **Providence Health 2020 & 2021**
 - **\$1.7 billion- Community Support**
 - **\$50 million Population health & equity initiatives**

*** Despite recommendations & SHMC's health equity initiative, there continues to be a lack in LGBTQ+ provider education, including obtaining GI/SO patient data.**

- **Stakeholder Engagement**
 - ED RN's
 - DEI Committee
 - LGBTQ+ Caregiver Resource Group (CRG)
- **ED EPIC GI/SO Audit**
 - 2020 average, 303 patients (6%)



Purpose: Goals & Aims



Clinical Question

Does education on charting GI/SO within EPIC, among emergency department (ED) nursing staff, increase GI/SO data collection within 3 months of education?



SMART Goals

1. Increase GI/SO data collection by 10% within EPIC within 3 months of intervention
2. Increase percentage of ED nursing staff awareness of the GI/ SO data collection charting within EPIC by 15% within 3 months of the intervention
3. Increase ED nursing staff competency with GI/SO data collection charting within EPIC by 10% within 3 months of the intervention

Intervention

- **Quality improvement (QI) project**
 - Emergency department (ED) in SHMC
- **Participants**
 - Registered nurses (RN's) working in ED
 - Convenience sample
 - Access to EPIC
- **Education intervention**
 - Evidence-based solutions
 - Mixed-methods approach
 - Paper format via binders in break rooms
 - How & where to chart GI/SO; education on GI/SO



- **Phase One (Sept 2021-Oct 2021)**
 - Pre-intervention questionnaires
- **Phase Two (Nov 2021-Dec 2021)**
 - Education intervention
 - Post-intervention questionnaires
- **Data Analysis (Jan 2022-Mar 2022)**

Data Collection Methods



- **Pre-intervention Questionnaires**

- Assessed baseline awareness & competency

- **Post-intervention Questionnaires**

- Assessed awareness & competency after education

- **EPIC GI/SO audit reports**

- Pre- & post-intervention
- Assessed GI/SO data collection rates

***Minimal risk to participants**

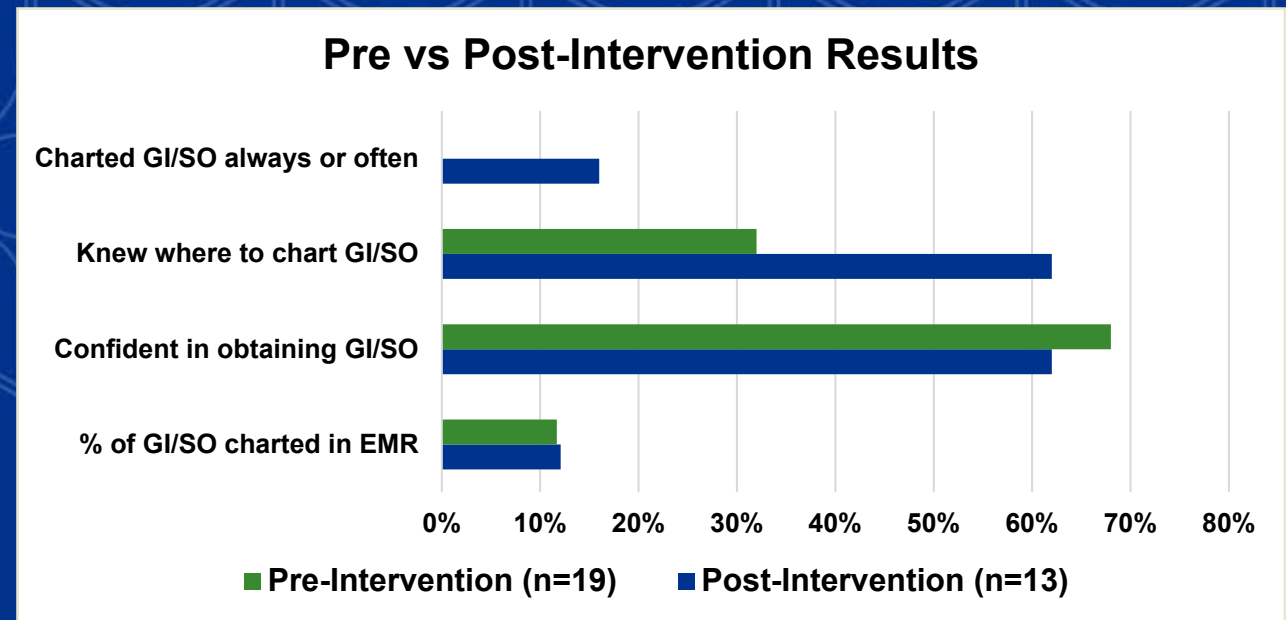
***Implied consent**

***No PHI collected**

***EPIC GI/SO report de-identified**

Results

- **Pre-intervention questionnaires**
 - n=19 (16%) response rate
- **Post-intervention questionnaires**
 - n=13 (11% response rate)
- **Pre-intervention vs 3-month post-intervention**
 - Self-reported GI/SO charting **INCREASED** by **16%**
 - Awareness & knowledge of GI/SO charting **INCREASED** by **30%**
 - Confidence obtaining GI/SO data **DECREASED** by **6%**
 - EPIC GI/SO charting **INCREASED** from **11.70%** pre-education to **12.09%** at three-months post-education. **Overall, there was a 3.3% improvement above baseline for GI/SO data collection.**



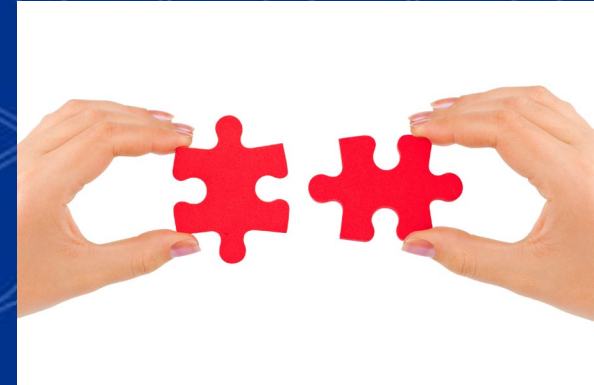
Reported barriers to charting GI/SO:

1. Lack of awareness in the EMR
2. Too many responsibilities/no time
3. Role confusion about data collection responsibility
4. Lack of confidence collecting the information.

Conclusion

SMART Goals

1. Increase GI/SO data collection by 10% within EPIC within 3 months of intervention **(NOT MET)**
2. Increase percentage of ED nursing staff awareness of the GI/ SO data collection charting within EPIC by 15% within 3 months of the intervention **(MET)**
3. Increase competency with GI/SO data collection charting within EPIC by 10% within 3 months of the intervention **(NOT MET)**



- **Education intervention increased awareness/knowledge of GI/SO charting & data collection rates**
- **Education intervention did not increase competency/confidence in charting**

Sustainability & Limitations

Sustainability

- **Ongoing assessment**
 - Staff participation/buy-in
 - Project champion
 - Management support



Limitations

- Covid-19 Pandemic
- Non-mandatory participation
- Role confusion/responsibility
- Staff bias
- Staffing/Travel RN's



Cost

- Projected \$1,249.50
- Actual \$49.50
- Projected savings difficult to measure



Recommendations to the Clinical Agency

1. In-person & online education

2. Permanent GI/SO champion

- Mandatory
- Include registration
- Increased confidence

3. Improve accessibility to GI/SO metrics in EPIC

- Make GI/SO a hard stop in admission navigator

4. Include registration department



4. Future Studies

- Impact of nurse champion
- In-person training
- Sustainability of charting compliance
- How obtaining GI/SO improves health outcomes & patient satisfaction

References

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