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
• 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.
• 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%)
**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
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Intervention

• Quality improvement (QI) project
  o Emergency department (ED) in SHMC

• Participants
  o Registered nurses (RN's) working in ED
  o Convenience sample
  o Access to EPIC

• Education intervention
  o Evidence-based solutions
  o Mixed-methods approach
  o Paper format via binders in break rooms
  o 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
  o Assessed baseline awareness & competency

• Post-intervention Questionnaires
  o Assessed awareness & competency after education

• EPIC GI/SO audit reports
  o Pre- & post-intervention
  o 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
  o n=19 (16%) response rate

• Post-intervention questionnaires
  o n=13 (11% response rate)

• Pre-intervention vs 3-month post-intervention
  o Self-reported GI/SO charting **INCREASED** by **16%**
  o Awareness & knowledge of GI/SO charting **INCREASED** by **30%**
  o Confidence obtaining GI/SO data **DECREASED** by **6%**
  o 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


References


