

# **A Quality Improvement Project: Increasing Cultural Competency to Improve Medication Administration Documentation**

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## **Abstract**

**Problem/Background:** Patient safety is a priority for all healthcare institutions, but cultural and linguistic differences make it challenging to meet that goal. Limited English proficiency (LEP) patients suffer worse outcomes during medical encounters than their English proficient (EP) counterparts. Culturally and linguistically appropriate services have been mandated by policymakers to aid in eliminating health disparities, yet research shows that those services are underutilized.

**Objective:** The aim of this project was to increase cultural competency for nurses on a urology/gynecology unit, thereby increasing LEP education documentation during the medication administration process.

**Methods:** Qualitative and quantitative methods were implemented via pre and post-cultural competency knowledge. The PDSA model and Campinha-Bacote's model of cultural competence in health care delivery framed the process of this study

**Intervention:** Cultural competency education was implemented as the intervention, along with a review of new electronic health record (EHR) charting instructions. Education sessions were done in five to ten-minute intervals several times during the day to capture as many participants as possible. The intervention was done one day per week for three weeks

**Results:** Unfortunately, data from three months prior and three months post-intervention was not able to be collected due to a change in the computer operating system and a change in the priority of the clinical agency which was unable to support this project. Incidental knowledge

(verbal info from staff and the nurse manager) gained from the project has added insight into future projects intended to improve staff cultural competence, patient experiences and their health, and reduce cost.