

An Urban Emergency Department Quality Improvement Project: Improving Cultural Competency for Lesbian, Gay, Bisexual, Transgender and Queer Patients

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BACKGROUND: Insufficient knowledge of lesbian, gay, bisexual, transgender, and queer (LGBTQ) health care needs lead to health disparities and poor health outcomes compared to non-LGBTQ individuals. Healthcare staff in a 26-bed urban emergency department were unable to deliver culturally congruent care to individuals that identify as LGBTQ due to unfamiliarity with terminology, missing sexual orientation and gender identity information and insufficient of knowledge of health inequities experienced by this population.

METHODS: The Plan Do Study Act (PDSA) model and the Healthy People 2020 national framework was used. The Ally Identity Measure (AIM) survey was utilized and scores were compared to evaluate efficacy of cultural competence training. Descriptive statistics were utilized.

INTERVENTION: Education consisted of two LGBTQ webinars and two handouts from the Fenway institute. Terminology, collection and use of sexual orientation and gender identity (SOGI) information, sexual health, promotion of behavioral health, health equity promotion, health disparities, addressing implicit bias, and addressing social determinants of health was covered.

RESULTS: There were six participants that completed the intervention. All participants demonstrated an increase in posttest score totals, however only one participant achieved the goal of increasing by at least 30%.

CONCLUSION: The results indicate improvement in the areas of knowledge and skills, openness and support, and oppression awareness. There was a perceived increase in knowledge,

which may have translated to improved LGBTQ cultural competence by staff. Lack of culturally competent care is directly correlated with health disparities and barriers to care; it was recommended that the organization research and provide annual LGBTQ cultural competency training.