Commitment to Community Involvement SE11

Provide one example, with supporting evidence, of nurse or group of nurses delivering culturally and socially sensitive care.

Culturally and Socially Sensitive Care
WakeMed Nursing’s Professional Practice Model, CARES, characterizes nursing practice as involving compassion and advocacy. One aim of Health People 2020 is to eliminate disparities and enhance efforts to improve lesbian, gay, bisexual and transgender (LGBT) health. While WakeMed’s Epic electronic health record (EHR) provides many safety checks, it prevented gender-specific orders and procedures from being ordered and billed for transgender patients. On multiple occasions, patient care was delayed due to the inability to order procedures, which did not represent culturally or socially sensitive care.

For instance, if a transgender patient who identifies as female needed a testicular ultrasound, that radiology exam would not be able to be ordered for the patient because of restrictions on order entry. (Evidence SE11-1, Transgender Patient Presented to ED) This could cause a significant delay in care and undue stress during an already tense time for the patient. In response to this issue, WakeMed executives sponsored a committee in spring 2017 to evaluate the needs of LGBT patients at WakeMed.

The Sexual Orientation and Gender Identity workgroup convened in May 2017 to ensure that the patient’s story is obtained and documented in a culturally sensitive manner and integrated with the EHR. (Evidence SE11-2, Gender Identity Capture in Epic Meeting Minutes) The improved EHR functionality, rolled out in November 2017, now allows the clinical staff to efficiently and accurately obtain and report a patient’s gender identity and document additional assessments as needed.

When any patient enters the hospital system at WakeMed, the patient access registrar asks their legal sex and preferred name. Legal sex may come from a driver’s license or other legal document, but if those are unavailable it may be self-reported. The patient’s preferred name will show on the EHR header. This has been beneficial for patient interactions, regardless of gender identity, as many people do not go by their legal name. (Evidence SE11-3, Epic Screenshot)

During the initial nursing assessment in the ED triage, inpatient admission, pre-admission testing or home health intake, the nurse asks every patient how they identify their gender. Gender identity is a person’s own internal, deeply held sense of gender. When gender identity is different from legal sex, an FYI alert is set. Providers have access to a more detailed assessment that allows the patient to thoroughly describe their physical attributes and transition. (Evidence SE11-4, Sexuality and Gender Identity Screenshot) Because these topics can be sensitive and a patient may not want to answer the same questions multiple times, the information is clearly displayed on the patient summary for the clinical staff to view.
Nurses Delivering Culturally and Socially Sensitive Care

Socially and culturally sensitive care was of utmost importance when a teenage patient was admitted to 4E Pediatrics from the Children’s Emergency Department after an attempted suicide in April 2018. In speaking with the patient after admission, Patient X noted that one of the greatest stressors was the tension of telling Patient X’s mother that the sexual orientation and gender that Patient X identified with was transgender. Being able to identify Patient X’s preferences on arrival to the Emergency Department ensured the clinical staff was consistent in calling Patient X by their preferred name and pronouns. The ability to maintain this consistency was a direct result of being able to document this in the EHR. WakeMed Health & Hospitals was the first health care organization in the region to implement this capability in the EHR.

The patient and parents were able to receive culturally and socially sensitive care that allowed them to pursue inpatient psychiatric treatment. The clinical team’s partnership with the patient and family prevented the additional stress of having to be involuntarily committed to an inpatient psychiatric facility (the typical plan of care after a suicide attempt). (Evidence SE11-3, Epic Screenshot) (Evidence SE11-4, Sexuality and Gender Identity Screenshot) (Evidence SE11-5, Plan of Care)