

Quality and Safety Matters

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Addressing Disparities: Quality Care for LGBTQ Patients

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Class of 2016

What if our greatest markers of high quality patient care were intangible? Not the typical indicators of how well a hospital operates – mortality measures, infection rates, and readmission data. Rather, what if our feedback came directly from the patient, and could only be qualified, not quantified? What would our patients say, and how well would we listen?

Really listening to our patients is the first step in eliminating disparities. When assessing the quality of care provided to lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients, it is important to consider reports of injustices and systemic barriers to equality that our patients experience. Such barriers, often caused by words and actions, result in a critical lack of comprehensive and quality care offered to this population. As per the 2011 *National Healthcare Disparities Report*, 30% of transgender people postponed care when sick or injured and postponed preventive health care due to discrimination and disrespect by providers¹. Additionally, one in five transgender people has been denied services by a doctor or other provider due to their gender¹.

There are many other examples of discrimination – heterocentric or homophobic comments and behaviors – that go unreported or unaccounted for: using the phrases “gay lifestyle” and “people do not choose to be born that way”; patient forms that only offer “male” and “female” as options instead of exploring gender as a continuum; failing to offer routine Pap smears to lesbian women (not recognizing that these persons may have had prior heterosexual relationships or partners who have had heterosexual relationships). It is my belief that not all of these acts are a product of intentional discrimination, but rather that nurses and health care providers may have a lack of exposure or experience in standing up for equality for this marginalized population.

LGBTQ equality issues are gaining more attention within the social and political sectors, and it is time that our health care delivery system caught up. In practice, nurses must be accountable for assuring LGBTQ patients receive high quality care and feel safe and supported when seeking care. Small things we can do may include hanging signage that demonstrates support and safety (e.g. the Human Rights Campaign logo) on an office or break room door, advocating for gender-neutral or gender-inclusive bathrooms, or helping to establish a support group for trans and gender-nonconforming patients. On a large-scale policy level, nurses can advocate for the removal of discriminatory

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Quality and Safety Education for Nurses(QSEN) What's It All About?

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In 2000, the Institute of Medicine published *To Err is Human*, a landmark article claiming that over 98,000 people die annually in U.S. hospitals due to healthcare error. Since then, great strides have been made toward improving the quality and safety of the care delivered to patients due to the concerted efforts of those in healthcare professions. One of nursing's contributions to this movement has been the development of Quality and Safety Education for Nurses (QSEN).

QSEN began in 2005, consisting of a small group of educators whose goal was to change pre-licensure nursing education to reflect a new professional identity that demonstrates knowledge, skills, and attitudes that emphasize quality and safety in patient care. In the ten years that followed, QSEN has grown to include faculty from many schools of nursing across the country and around the world and has become an integral part of the nursing landscape.

Focused on life-long learning that supports quality improvement of the healthcare system and promoting safety, QSEN developed six competencies (see page 2) for nurses that align with the Institute of Medicine's competencies for all healthcare professionals. Those six competencies have been adopted by many nurse educators as a way to prepare students for the work environment they will enter once they graduate.

This month, a crosswalk that aligns the QSEN competencies, the requirements for magnet designation, and The Joint Commission standards was published in *Nurse Leader*¹, demonstrating that nursing education aligned with the QSEN competencies prepares students to meet the demands of working in today's healthcare systems. Nursing Students would do well to become familiar with the competencies and the ideas they represent as they progress through their programs of study. As healthcare systems continue to work toward safer high quality care, they will look to employ nurses that are patient-centered, understand how to be a good team member, are focused on quality improvement and patient safety, can participate in evidence-based practice, and use informatics and data for patient care.

1. Lyle-Edrosolo, G. & Waxman, K. T. (2016). Aligning Healthcare Safety and Quality Competencies: Quality and Safety Education for Nurses (QSEN), The Joint Commission, and American Nurses Credentialing Center (ANCC) Magnet® Standards Crosswalk. *Nurse Leader* 14(1), 70-5.

Exercise Improves the Quality of Our Health

Allyson Guieb
Class of 2017

Researchers are always looking for ways to improve health- the latest and greatest drug, the cure-all concoction, the perfect pill. What if the answer to good health doesn't lie in an expensive prescription or miracle drug, but instead in an inexpensive, easy to access solution? Exercise might be that solution. As nursing students, it is vital that we teach our patients that although exercising doesn't heal every disease, it is a preventative measure that people can benefit from. According to the Centers of Disease Control and Prevention (CDC), being physically active can help reduce the risk of illnesses while simultaneously improving overall health¹. We should teach our patients that working out 30 minutes a day, 5 days a week, can have a positive impact on their health.

Making exercise a habit has many benefits ranging from decreasing the risk of specific diseases to improving the quality of life. If your patients haven't been exercising, it is important for them to start slow and monitor how their body is responding to the change in order to remain safe and prevent injury. They should speak to their health care provider about any new workout regimens that they plan to try, especially if they have a chronic disease, such as diabetes, which could be effected by a change in physical activity. Though exercise is often recommended to combat chronic illnesses, it is vital to be aware of limits and precautions that must be followed to ensure patient safety. There is a risk of doing more harm than good if patients do more than they can tolerate.

As nurses, we must work upstream to continually educate our patients about health promotion and illness prevention. We should teach them that engaging in physical activity regularly can reduce blood pressure and blood glucose while improving cholesterol levels. By affecting these components of the body, exercising ultimately lowers the risk for heart disease, type 2 diabetes, and metabolic syndrome. Research has also shown that people who are physically active are less likely to develop colon and breast cancer¹. It is important to stress that not only does exercising help decrease the risk of patients getting these chronic diseases but it can lead to increased bone and muscle strength, less falls, and decrease the risk of depression. By encouraging physical, mental, and emotional wellbeing in our patients' lives through

exercising, we may be decreasing their hospital visits and improving their quality of life.

It is important to emphasize to our patients that they should aim to exercise 5 times a week for 30 minutes. Anything less is considered a sedentary lifestyle. Exercise does not have to be strenuous-the best way to start is by walking at a brisk pace. The hardest part is getting started. Encouraging our patients to incorporate exercise into their daily routine is beneficial to their physical and mental wellbeing so encourage them to start working out after consulting their healthcare provider. Get moving and spread the word to your patients that regular exercise can enhance their wellness and improve their quality of life!

1. Centers for Disease Control and Prevention (2015). Benefits of Physical Activity. Division of Nutrition, Physical Activity, and Obesity. Retrieved from <http://www.cdc.gov/physicalactivity/basics/pa-health/>

The QSEN Competencies

1. Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs.
2. Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Integrate the best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
5. Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
6. Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Learn more at www.QSEN.org

Quality Care for LGBTQ Patients

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exclusions for transgender health care in insurance plans, or support actions that ensure LGBTQ voices have representation on community and hospital advisory committees. As we move forward into our professional nursing careers, it is important to advocate for underserved populations and realize that not all quality measures can be categorized or quantified. Addressing disparities to improve health care for the LGBTQ population by making small but pivotal changes in how we think, speak, and care for diverse groups of patients has great potential to break down barriers and improve the quality of the care we provide.

1. Agency for Healthcare Research and Quality. (2011). Lesbian, gay, bisexual, and transgender populations in the 2011 national healthcare disparities report [Data file]. Retrieved from <http://archive.ahrq.gov/research/findings/nhqdr/nhqdr11/lgbt.pdf>

Write for the Quality and Safety Newsletter!

Inviting student writers for October 2016

Ideas, resources and support provided

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