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Attitudes, Behavior & Knowledge of Emergency Medicine Healthcare Providers Regarding LGBT+ Patient Care

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Authors

Driver, Lera
Adams, William
Dziedzic, Jacqueline

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Fall 2018 The American College of Osteopathic Emergency Medicine (ACOEP) FOEM Competition Abstracts (October 22, 2018)

Objective: To assess the incidence of patients who had a sepsis order set, but an infection was not discovered during their hospital course.

Methods: This study is a single-center retrospective chart review of all “SIRS positive” patients >21 years old who presented to a busy community ED who had the sepsis order set initiated from the emergency department in 2017. A total of 1577 encounters met inclusion criteria. The discharge diagnoses were reviewed to identify unique diagnoses. Similar diagnoses (e.g. RLQ abdominal pain and abdominal pain) were grouped together into the more generalized diagnosis. Several of the unique discharge diagnoses (161) were vague and required individual chart review by two people.

Results: Two hundred fifty-one unique discharge diagnoses were identified and then categorized as infectious or not. Conditions which may be inflammatory versus infectious (e.g. diverticulitis), but are classically treated with antibiotics were counted as infectious. One hundred sixty-one charts were reviewed by two physicians, of which, 130 (81%) were identified as having an infectious condition (K = 0.87). The most common sepsis mimic was abdominal pain, followed by COPD, and cough. A third (33.6%) did not have an infection identified.

Conclusion: SEP-1 criteria for diagnosis and treating sepsis are not specific, with one-third false positives. Identification criteria with higher specificity is needed, and may reduce healthcare expense.

*SIRS (Systemic Inflammatory Response Syndrome) is defined as temperature > 38C° or < 36C°, heart rate > 90 beats per minute, respiratory rate > 20 or PaCO₂ < 32 mmHg, and WBC > 12k or < 4k/mm³.

5 Attitudes, Behavior, and Knowledge of Emergency Medicine Healthcare Providers Regarding LGBT+ Patient Care

L Driver, W Adams, JM Dziedzic / Loyola University Chicago, Stritch School of Medicine, Chicago, Illinois

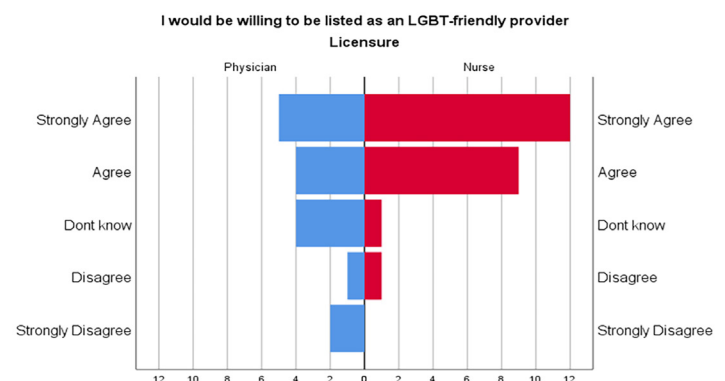
Introduction: There is evidence that healthcare providers are lacking in knowledge and confidence when it comes to treating LGBT+ patients.

Objective: To assess providers’ LGBT+ health-care knowledge, willingness to treat LGBT+ patients, communication behaviors, and whether there is a need for additional training. This involved an assessment that measured respondents’ knowledge of LGBT+ patients’ reluctance to communicate with providers, risk for certain cancers, and risk for suicide. Secondary outcomes assessed providers’ attitudes and practices toward LGBT+ patients.

Methods: 16 physicians and 24 nurses in the emergency department of an urban Level 1 trauma center were asked to participate in a survey regarding LGBT+ health. The survey was modified from published work and included questions about transgender patients. The effects of age, gender, and type of provider were contrasted with their willingness to treat and knowledge of LGBT+ healthcare. Descriptive statistics, Fisher’s exact test, and the Wilcoxon rank-sum and Kruskal-Wallis tests were used. This study was approved by the IRB and all data was de-identified.

Results: Compared to nurses, physicians were 9.0 (95% CI: 2.09–38.79) times more likely to agree with the statement “LGBT+ patients avoid accessing healthcare due to difficulty communicating with providers” (p=.003). Further, providers under the age 45 had a higher level of agreement with the statement “There should be more education in health professional schools on LGBT+ health needs” (p=.03) and with “being listed as an LGBT-friendly provider” (p=.001), as did nurses (p = .04) and those who identify as LGBT+ or know someone who identifies as LGBT+ (p=.005). Finally, respondents reported higher agreement to the statement “There should be educational events at my hospital about LGBT+ health needs” (Mdn=4, IQR=3–5) than to “I am well informed on the health needs of the LGBT patients” (Mdn=2, IQR=2–3).

Conclusions: There is a need and desire for educational events at the professional school and provider level, in addition it is recommended to conduct an educational intervention.



		There should be educational events at my hospital about LGBT health needs.									
		Strongly Disagree		Disagree		Don't know		Agree		Strongly Agree	
		n	Row%	n	Row%	n	Row%	n	Row%	n	Row%
I am well informed on the health needs of the LGBT patients.	Strongly Disagree	0	0.0%	1	25.0%	0	0.0%	1	25.0%	2	50.0%
	Disagree	0	0.0%	1	5.0%	4	20.0%	11	55.0%	4	20.0%
	Don't know	0	0.0%	0	0.0%	3	42.9%	2	28.6%	2	28.6%
	Agree	0	0.0%	0	0.0%	0	0.0%	2	28.6%	5	71.4%
	Strongly Agree	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	2	5.0%	2	5.0%	7	17.5%	16	40.0%	13	32.5%

Note: Wilcoxon signed rank z = 4.03, p < .001