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UNIVERSITY OF
Nebraska
Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 26



Project Funded by Nebraska DHHS through a CDC grant



Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat



Reminders

- Each healthcare organization is eligible to apply for **up to \$2000 expense reimbursement**
- All the session presentation are available on our [website](#)
- Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.



Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
 - Erica Stohs, MD, MPH
 - Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
 - Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
 - Shirley Delair, MD
- Jasmine Marcelin, MD
 - Andrea Jones, MD
- Precious Davis, EdD
- Samantha Jones, Program Manager
 - Dan Cramer, NP



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:

CS: Sexual Orientation

QI: How Can you Facilitate Discussion about Change?

Free Live ECHO Project

November 16, 2022

CID 57617



TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.

The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.



EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Recognize that sexuality is a spectrum.
- Demonstrate ways to affirm a patient's sexuality in a health care context.
- Identify barriers to healthcare that not straight oriented individuals face.
- Express ways to make your space a welcoming environment for not straight. oriented individuals.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
 - a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
 - b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu



ACCREDITED CONTINUING EDUCATION



In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.



ACCREDITED CONTINUING EDUCATION



As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general continuing education credits. Social work level of content: **Advanced**



This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).

Activity code: I00052803 Approval Number: 220003650

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.



DISCLOSURE DECLARATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.



Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The below faculty have nothing to disclose:

- Daniel Cobos, MPH, BSN, RN
- Daniel Cramer, APRN, FNP-C
- Gale Etherton, MD, FACP
- Mahliqha Qasimyar, MD
- Jeff Wetherhold, M. Ed*

*Faculty and Planning Committee member



Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS

Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH

ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
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- Nuha Mirghani, MD, MBA, HCM
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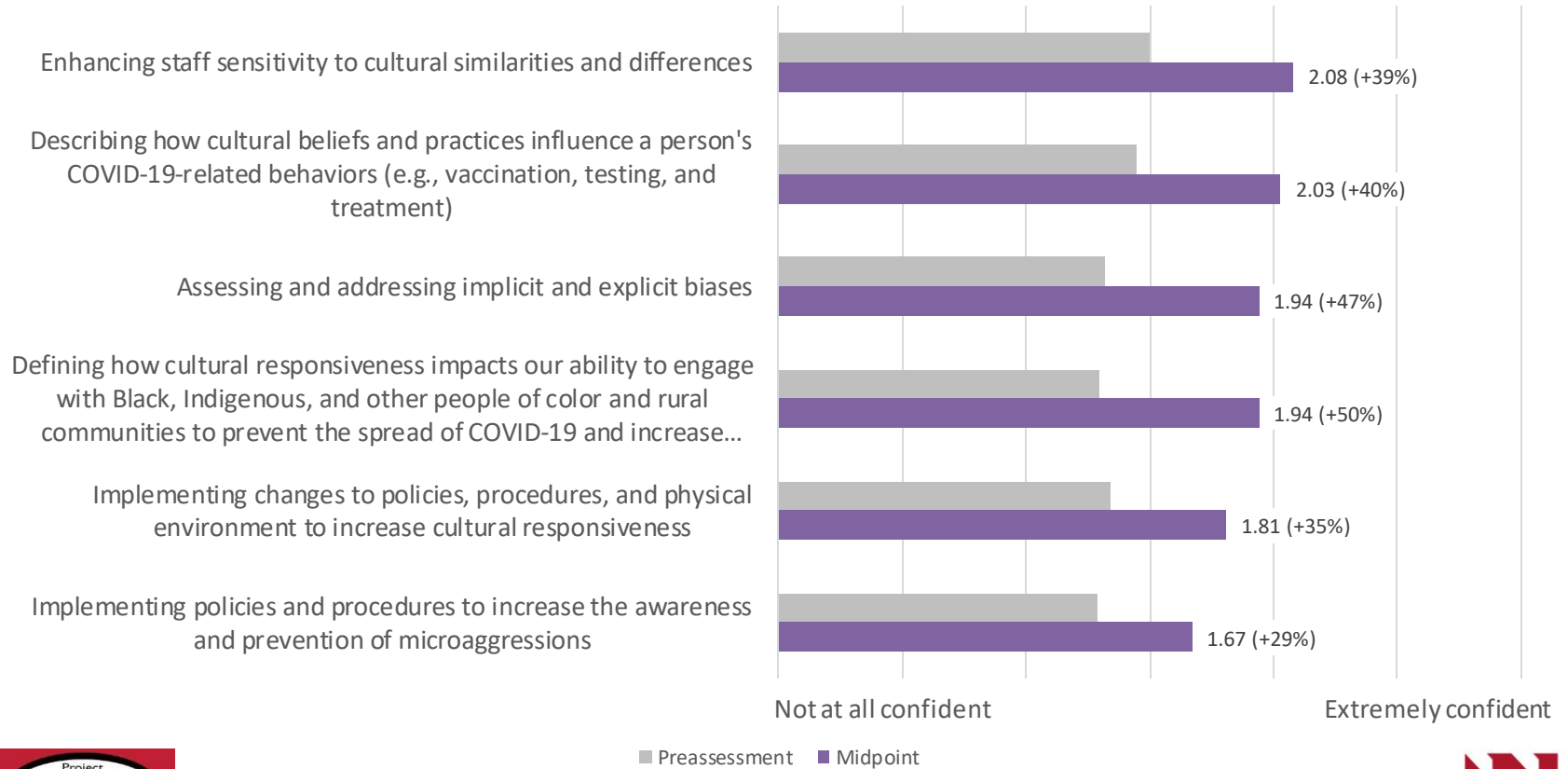
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POLL



Midpoint Evaluation

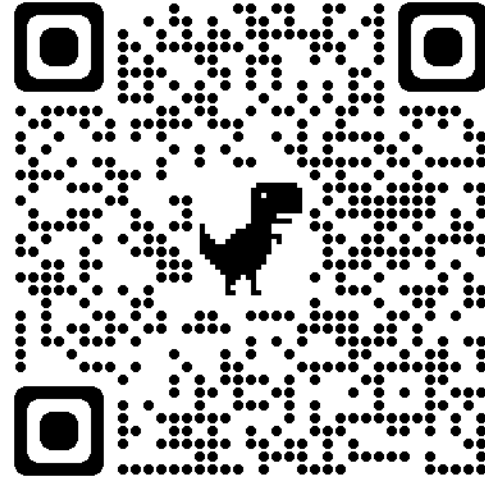
Cultural Sensitivity Competencies



Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:



Poll Results



Quality Improvement: How Can You Facilitate Discussions About Change?

Presenters: Gale Etherton, MD; Mahliqha Qasimyar, MD; Jeff Wetherhold



Objectives

1. Discuss strategies for generating ideas for changes
2. Utilize quality improvement tools to identify changes which are most likely to be successful

Getting to Improvement Ideas: Process Mapping



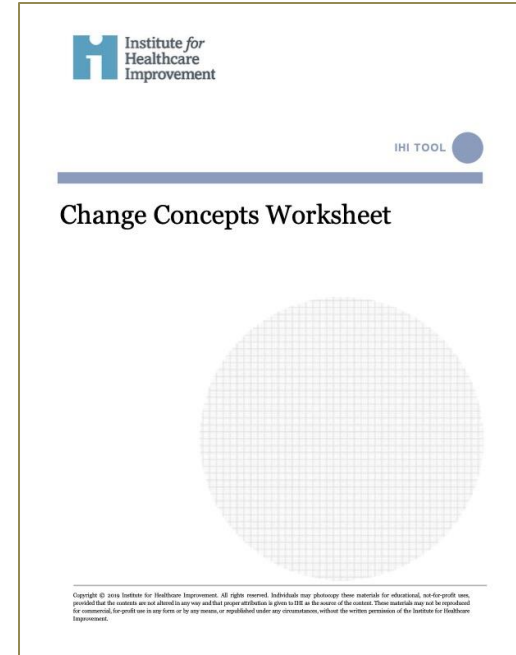
For each step, ask:

1. Who does this?
2. Where is it done?
3. When is it done?
4. How is it done?
5. What resources are needed to do it?

Getting to Improvement Ideas: Change Concepts

A change concept is a general notion or approach to change that has been found to be useful in developing specific ideas for improvement.

The Institute for Healthcare Improvement and Associates for Process Improvement have developed a list of 72 change concepts that you can work from.



Source: [IHI Change Concepts Worksheet](#)



Change Concepts

1. **Eliminate Waste:** What activities or resources don't provide value to your patients or customers?
2. **Improve Workflow:** How can you change the workflow so that the process is less reactive and more planned?
3. **Optimize Inventory:** How can you reduce costs associated with the maintenance of inventory?
4. **Change the Work Environment:** What would make the environment better able to support improvement?
5. **Enhance the Producer/Customer Relationship:** How can you better understand and respond to the customers' needs?



Source: [IHI Change Concepts Worksheet](#)



Change Concepts (continued)

6. **Manage Time:** How can you reduce the time to develop new products, waiting times for services, lead times for orders and deliveries, and cycle times for all functions in the organization?
7. **Manage Variation:** How can you reduce the frequency of poor results?
8. **Design Systems to Avoid Mistakes:** How can you reduce the probability of making an error for a given opportunity?
9. **Focus on the Product or Service:** What improvements can you make to the design of the product or service?



Source: [IHI Change Concepts Worksheet](#)



Discussion

You are preparing to organize your pantry in anticipation of upcoming holiday get togethers.

How might you eliminate waste in this process?

Change Concepts:

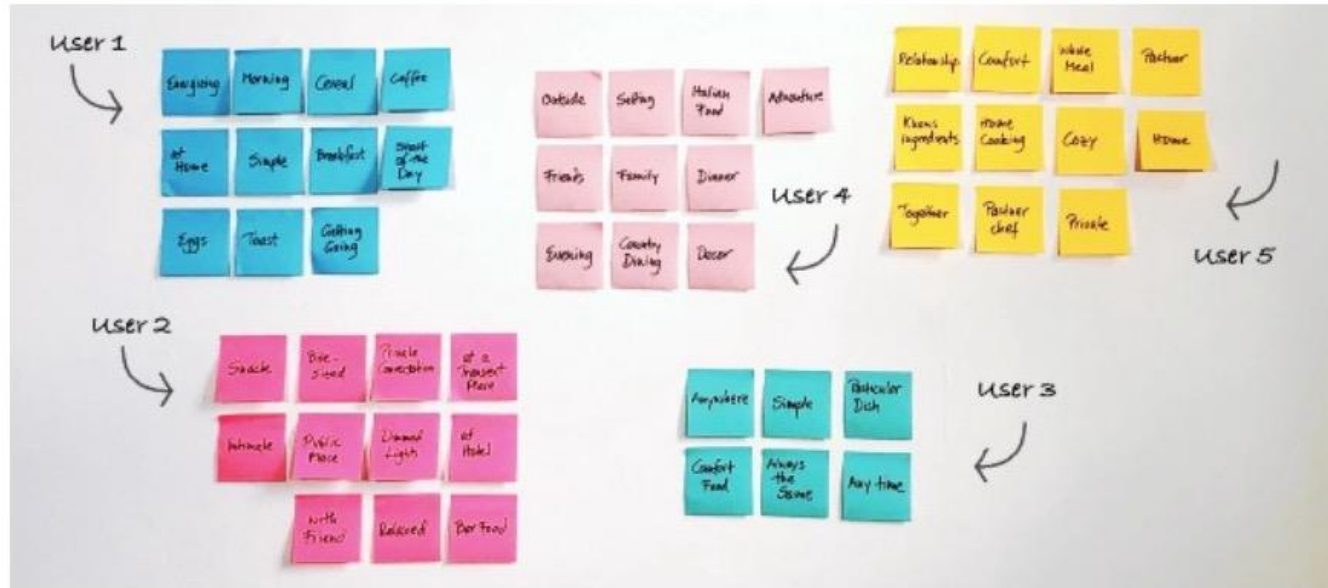
1. Eliminate things that are not used
2. Eliminate multiple entries
3. Reduce or eliminate overkill
4. Reduce controls on the system
5. Recycle or reuse
6. Use substitution
7. Reduce classifications
8. Remove intermediaries
9. Match the amount to the need
10. Use sampling
11. Change targets or set points



Source: [IHI Change Concepts Worksheet](#)



Focusing Improvement Ideas: Affinity Diagrams

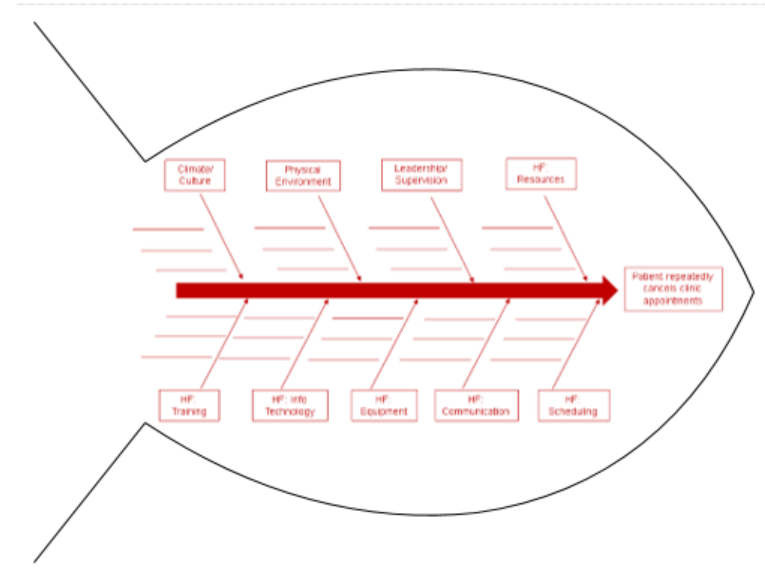


Focusing Improvement Ideas: Affinity Diagrams

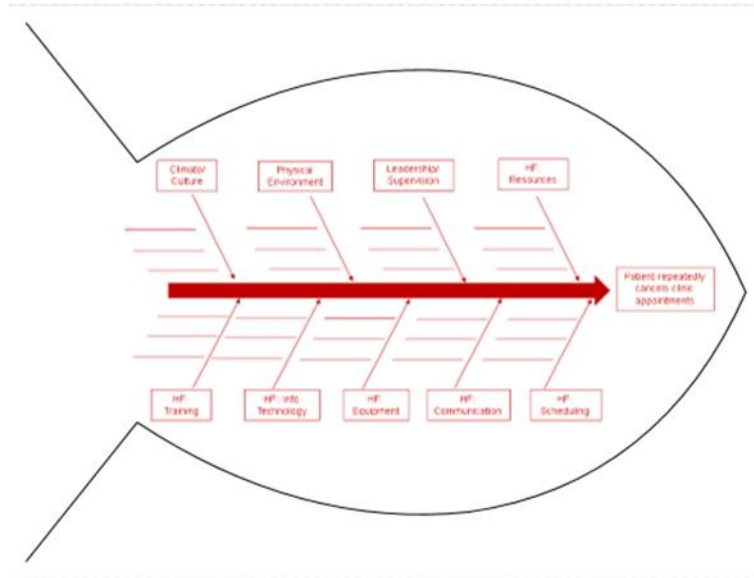


Focusing Improvement Ideas: Fishbone Diagrams

- **Head:** Problem statement
- **Ribs:** The standard categories of Root Causes with both primary and secondary causes
 - **Primary cause:** Leads directly to the outcome
 - **Secondary cause:** Leads to primary cause, but does not directly lead to the end effect
- Each industry has different buckets that are standardized for grouping the causes

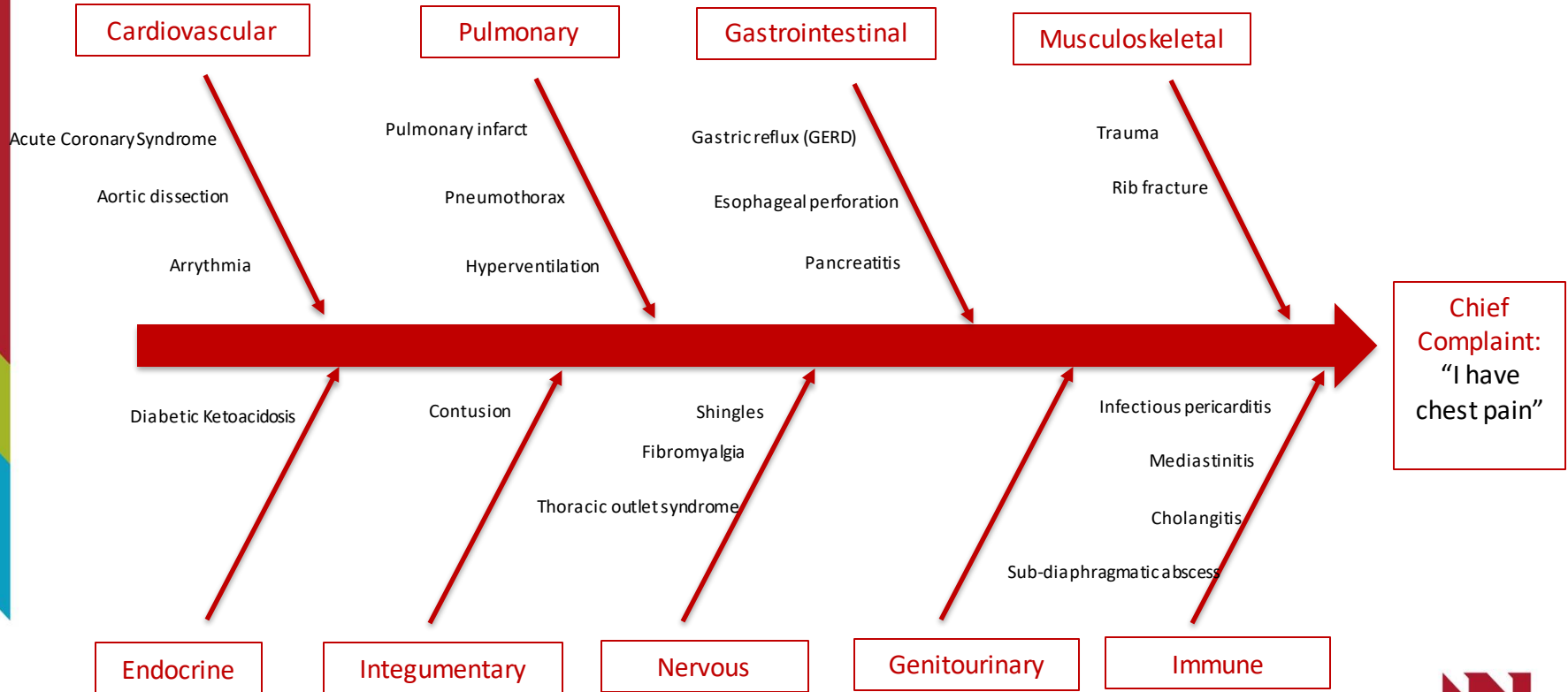


Getting to the Why



- Think back to the last time you had this problem
- Ask those who do the work:
 - What makes them worried, creates a bad day or is the most difficult issue when addressing the problem?
 - What do they think is contributing to the problem?

Example - Human Systems



Choosing Improvement Ideas: Hierarchy of Actions

Strong

- Likely to eliminate or greatly reduce the probability of an event. It uses *physical plant/architectural* or *systemic fixes* with application of human factors principles.

Intermediate

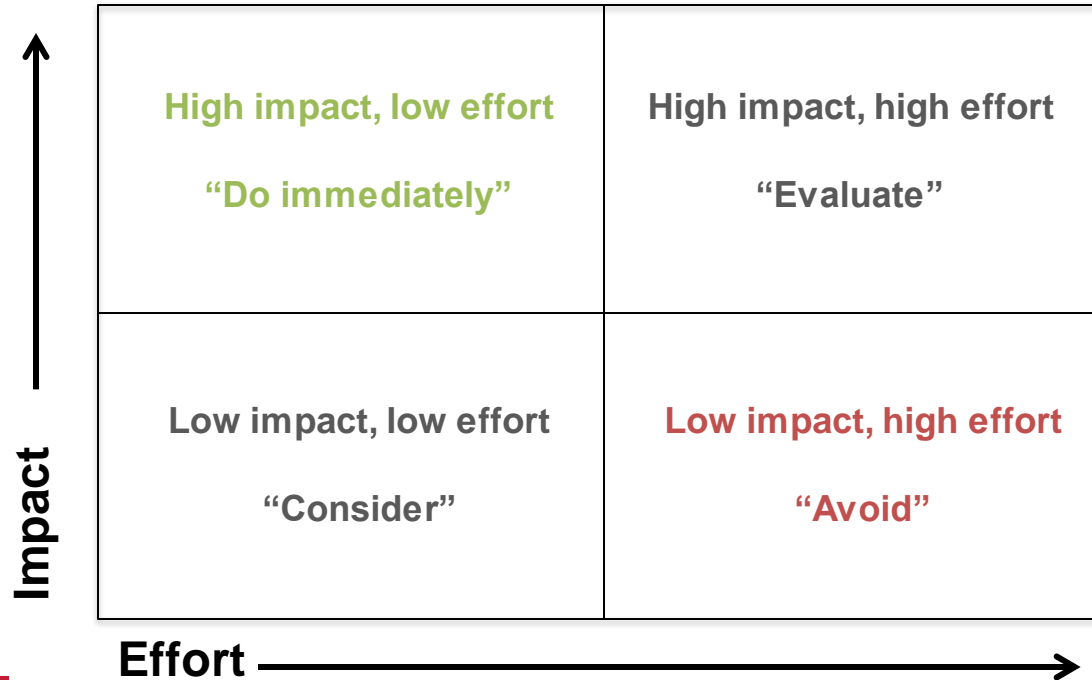
- Likely to control the root cause or vulnerability. It employs human factors principles, but it also relies upon individual action such as a *checklist* or *cognitive aid*.

Weak

- Less likely to be effective by itself. It relies on *policies, procedures*, and *individual action*.



Choosing Improvement Ideas: Impact Effort Matrix



Cultural Sensitivity: Sexual Orientation

Presenters: Dan Cramer, APRN, MSN; Daniel Cobos, R.N., B.S.N., M.P.H.

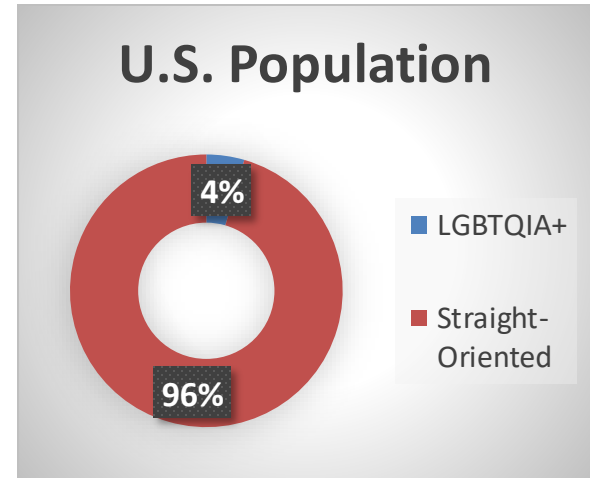
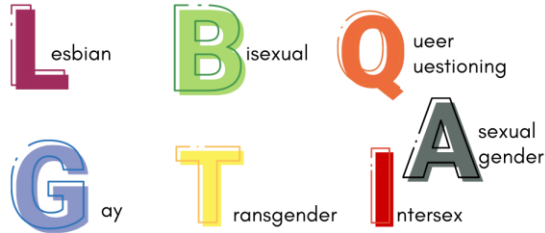


Objectives

1. Recognize that sexuality is a spectrum.
2. Demonstrate ways to affirm a patient's sexual orientation in a health care context.
3. Identify barriers to healthcare that non heteronormative oriented individuals face.
4. Express ways to make your space a welcoming environment for non-heteronormative oriented individuals.

Primer on LGBTQIA+

- There is no one LGBTQIA+ community, often most LGBTQIA+ people do not necessarily consider themselves members of a single population or share the same health needs or disparities.
- Every LGBTQIA+ person is unique.

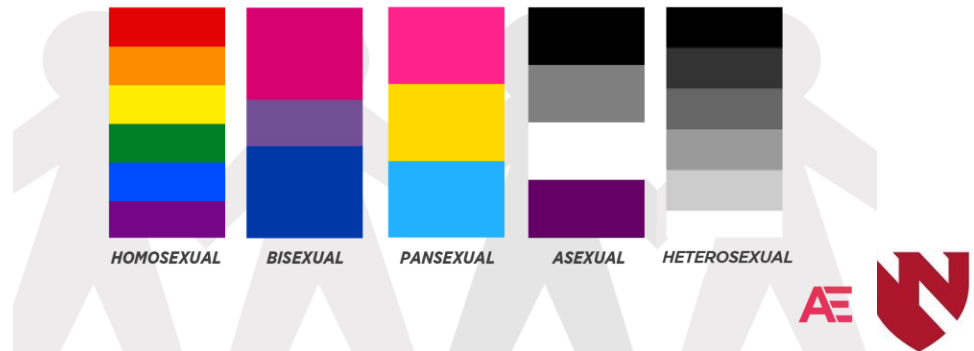


Sexual Orientation

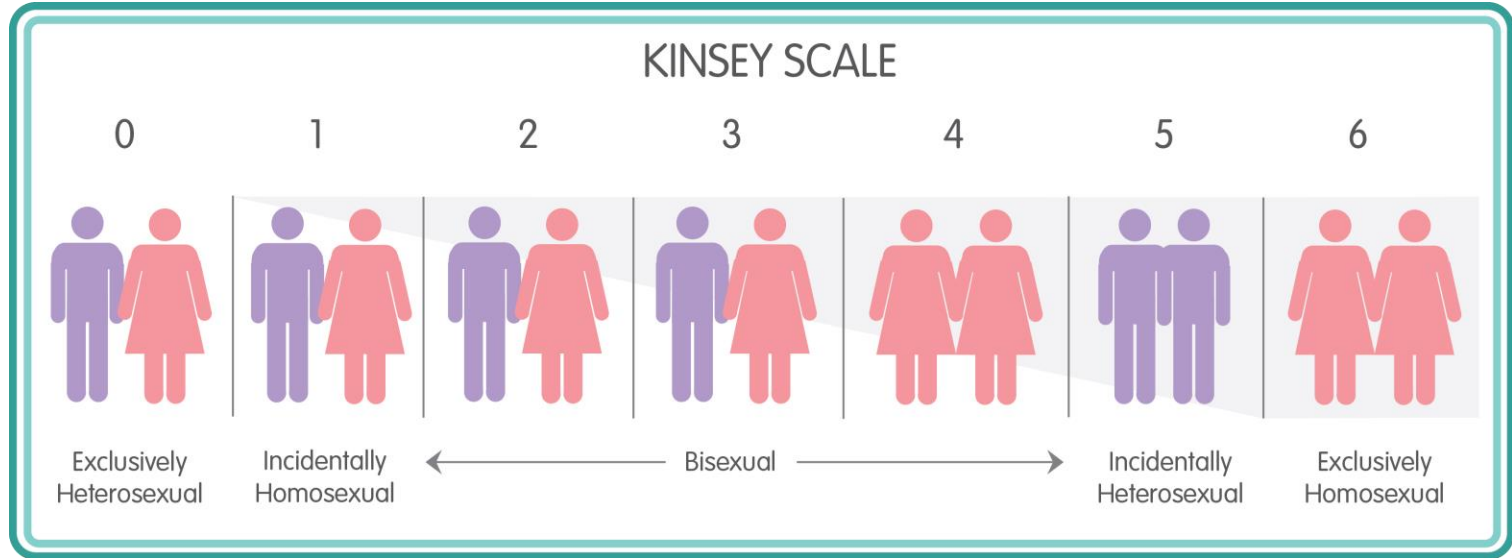
- Not everyone likes to put a label on their sexual orientation.
- Sexual Orientation is about the genders of your romantic AND sexual partners.
- We cannot assume a person's sexual orientation based on their sexual behavior.

What is Sexual Orientation?

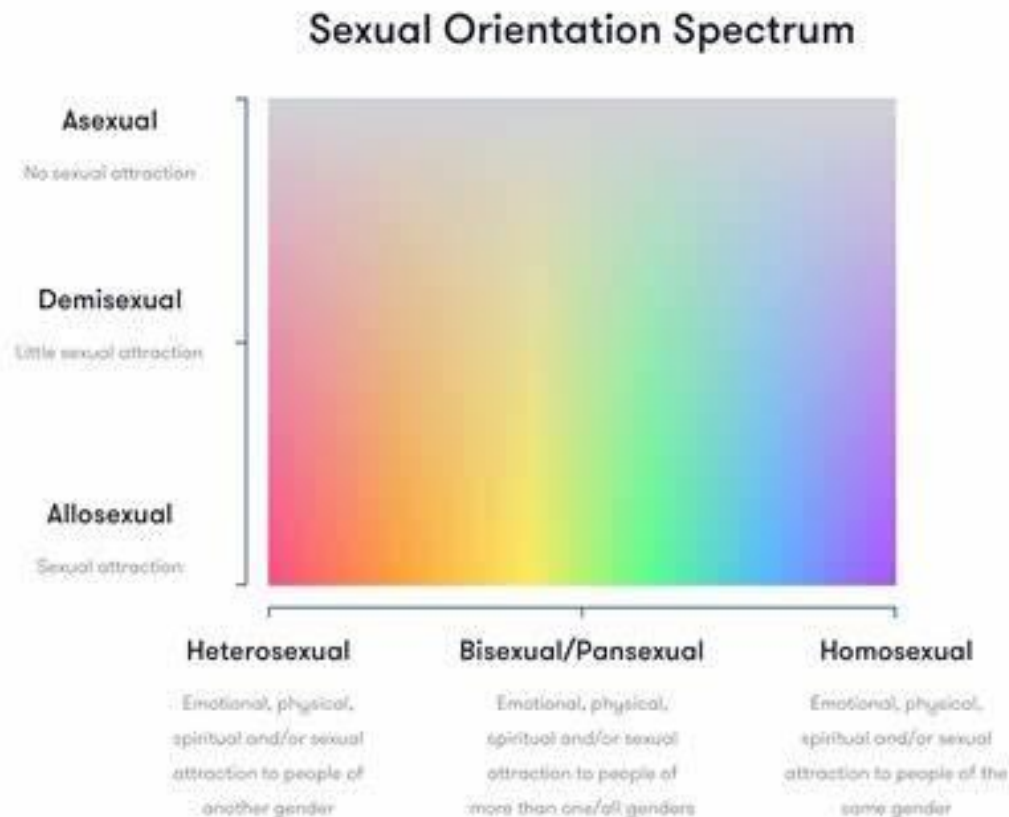
Refers to each person's capacity for profound emotional, affectional and sexual attraction to, as well as intimate and sexual relations with individuals of a different gender, of the same gender, or more than one gender



Spectrum of Sexuality



Sexuality Spectrum is Nuanced



How Do We Affirm Sexual Orientation?

- Ask questions sensitively and understand that many LGBTQIA patients may be fearful to answer truthfully.
- Educate yourself and staff on correct terms to use

LGBTQIA+ Glossary of Terms for Health Care Teams

This Glossary of terms was largely extracted from an open-source glossary made available by the National LGBTQIA+ Health Education Center (National Center) of the Fenway Institute with support from the Health Resources Administration of the U.S. Department of Health and Human Services.

In this glossary, you will find terms relevant to the health care and identities of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual people. A few things to keep in mind:

- Definitions vary across communities; not all of your patients will agree with all of these definitions, so defer to the terms your patients use to describe themselves
- Terms and definitions change frequently; UNMC and NM will update this glossary to keep up with changing language
- This is a non-exhaustive list of terms associated with the LGBTQ+ community, please see terms to avoid with LGBTQ+ individuals at the end of this glossary.

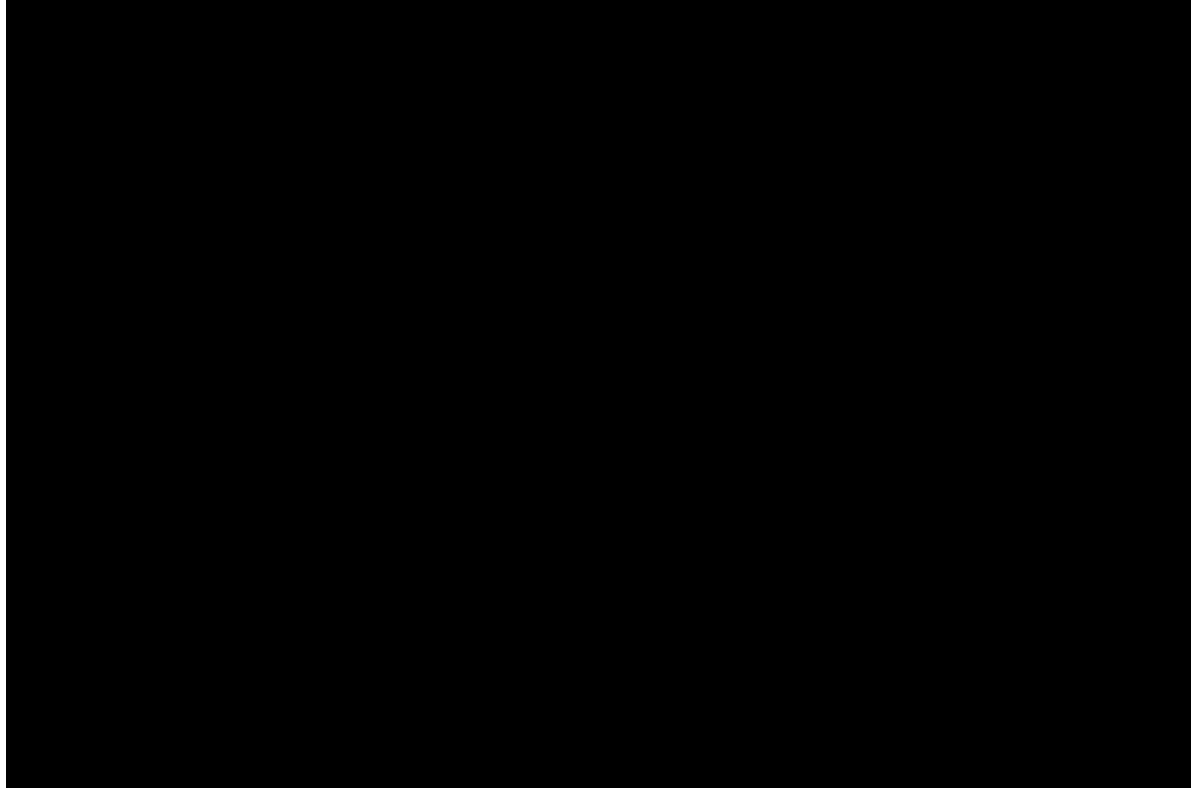


How Do We Affirm Sexual Orientation? (cont.)

- Foster a welcoming and affirming atmosphere in our workplaces
- Interact with patients in ways that do not convey assumptions about sexual orientation
- Gather sexual orientation information from ALL patients and use it to improve healthcare
- Provide up to date clinical care for LGBTQIA+ patients
- Promote wellness and resilience of LGBTQIA+ patients and individuals.



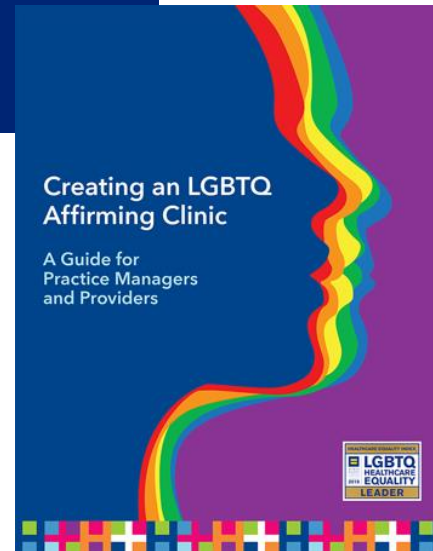
To Treat Me, You Have to Know Who I am!



How Do We Affirm Sexual Orientation?

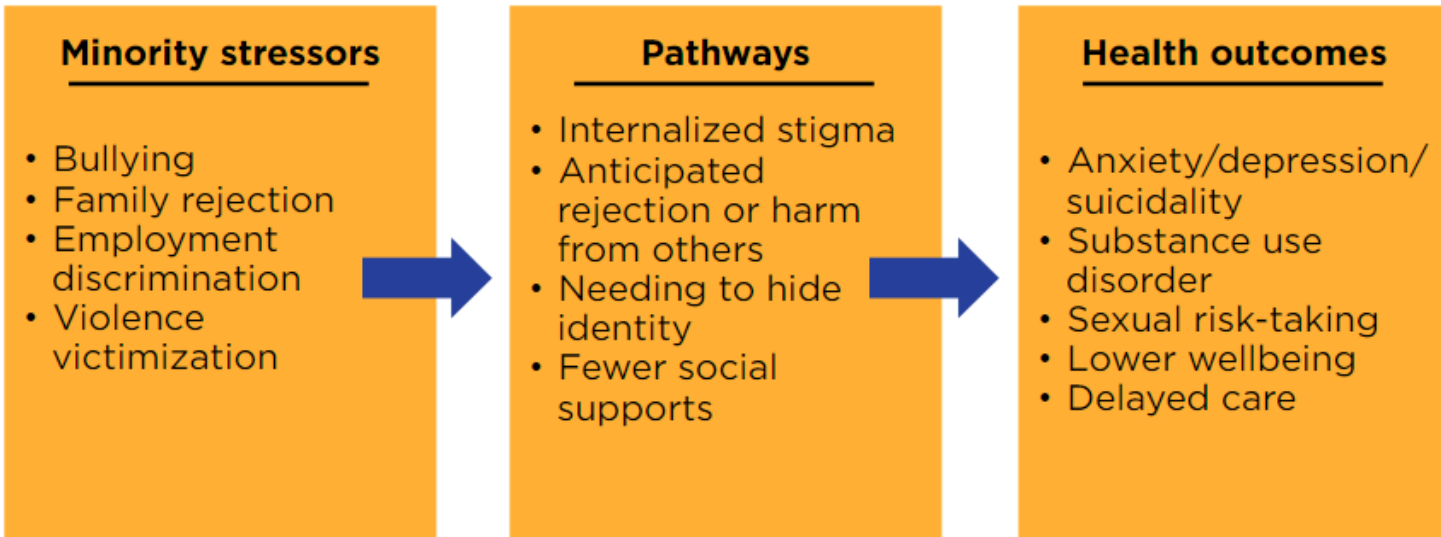
◀ PROFESSIONAL RESOURCES

The National LGBTQIA+ Health Education Center



Barriers to Healthcare that Non-Heteronormative Patients Face

- LGBTQIA+ people are a minority within a primarily straight and cisgender society, LGBTQIA+ people experience stigma, bias, and discrimination because of their sexual orientations and gender identities.
- We use the term minority, however...



History of LGBTQIA+ Barriers

- LGBTQIA+ individuals needed to stay hidden, many still feel that way.
- What it meant to “Out” LGBTQIA+ individuals.
- Criminalization
- This was very common in the 20th century; however, this still exists today.

Timeline of LGBTQIA Rights

1952 The American Psychiatric Association's diagnostic manual

lists homosexuality as a sociopathic personality disturbance that could be treated

1973 The American Psychiatric Association,

after considerable advocacy by Frank Kameny and members of the Mattachine Society, changed the classification of homosexuality as a mental disorder. It was not until 1987 that homosexuality was completely removed from the APA list of mental disorders. The APA found that "the latest and best scientific evidence shows that sexual orientation and expressions of gender identity occur naturally...and that in short, there is no scientific evidence that sexual orientation, be it heterosexual, homosexual or otherwise, is a freewill choice."

2013 U.S. v. Windsor / Repeal of the Defense of Marriage Act - DOMA (Supreme Court Decision)

By a vote of 5-4 ruled that defining marriage as just between a man and a woman is unconstitutional under the Fifth Amendment guarantee of equal protection. The Defense of Marriage Act (DOMA) was passed by the U.S. Congress in 1996 and stated that marriage or legal unions are between one man and one woman. This decision was rendered on the same day as the decision in *Hollingsworth v. Perry*

2015 Obergefell v. Hodges (Supreme Court Decision)

The Court voted 5-4 that the fundamental right to marry is guaranteed to same-sex couples by both the Due Process Clause and the Equal Protection Clause of the Fourteenth Amendment of the U.S. Constitution. This decision mandated that states must allow same-sex couples to legally marry.



70%



of transgender or gender non-conforming patients surveyed have experienced some type of discrimination in healthcare

73%



of transgender respondents reported that they believed they would be treated differently by medical personnel because of their LGBTQ status

52%



of transgender respondents reported that they believed they would be refused medical

56%



of lesbian, gay or bisexual patients surveyed have experienced some type of discrimination in healthcare

29%

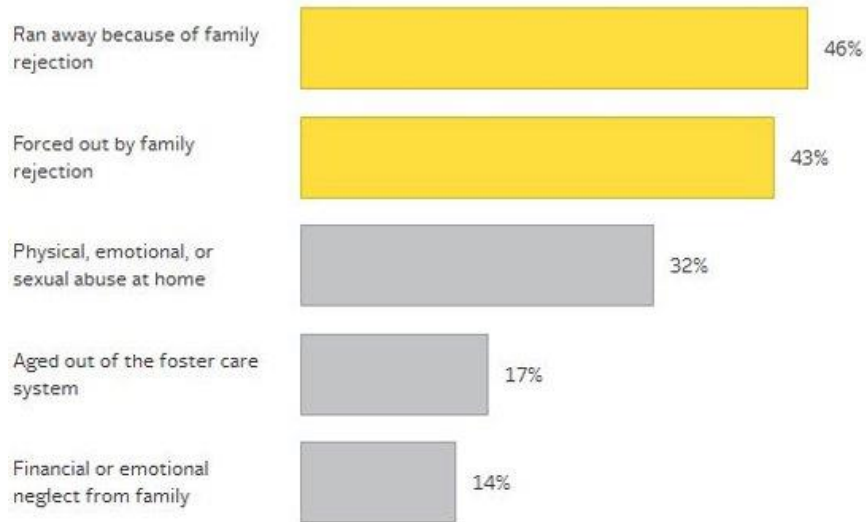


of lesbian, gay, and bisexual respondents reported that they believed they would be treated differently by medical personnel because of their LGBTQ status

Source: [Lamba Legal When Healthcare isn't Caring](#)

Barriers to LGBTQIA+ Youth

Reasons for homelessness among LGBT youth



Source: Williams Institute survey of homeless youth organizations



Source: [Williams institute survey of homeless youth organizations](#)

Barriers to LGBTQIA+ Elders



Bisexual Disparities



REPORTED NOT DISCLOSING THEIR SEXUAL ORIENTATION TO ANY MEDICAL PROVIDER



Bisexuals Face Severe Health Disparities



- Higher rates of anxiety, depression and other mood disorders, compared to heterosexuals, lesbians and gays.
- Higher rate of STI diagnoses, compared to heterosexuals.
- Higher rate of heart disease, compared to heterosexuals.
- Higher rate of cancer risk factors, compared to heterosexuals.
- Lower rate of cancer screening, compared to heterosexuals.
- Higher rate of tobacco use, compared to heterosexuals, lesbians and gays.



Best health in relation

Protect health in relation



Well, Find Someone Else?

18%

of LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different hospital



17%

of LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different community health center or clinic



8%

of LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different pharmacy



41%

of nonmetro-LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different hospital



31%

of nonmetro-LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different community health center or clinic



17%

of nonmetro-LGBTQ people said it would be 'very difficult' or 'not possible' to find the same type of service at a different pharmacy



How to Make a Welcoming Space for LGBTQIA+ Individuals

- Display “hate-free zone” signs or other symbols indicating an LGBTQIA-friendly environment (pink triangle, rainbow flag).
- Wear pins and badges that identify you as an ally.
- Educate yourself and staff.
- Listen to and reflect patients’ choice of language when they describe their own sexual orientation and gender identity and how they refer to their relationship or partner.
- Refrain from making assumptions about a person’s sexual orientation or gender identity based on appearance.

How to Make a Welcoming Space for LGBTQIA+ Individuals

- Be aware of misconceptions, bias, stereotypes and other communication barriers.
- Facilitate disclosure of sexual orientation and gender identity but be aware that disclosure or “coming out” is an individual process.

Welcoming Interview & Questions

Clinical Interview: The 8“P”s

	“p”	Example Questions
1	Preferences	<ul style="list-style-type: none">• Do you have preferred language that you use to refer to your body (i.e., genitals)?• Are you currently on hormone therapy, have you had any gender confirming surgeries or procedures?
2	Partners	<ul style="list-style-type: none">• How would your partners identify themselves in terms of gender?
3	Practices	<ul style="list-style-type: none">• Do you use toys (dildos or vibrators) inside your [insert preferred language for genitals] or anus, or do you use them on your partners?• Do you have any other types of sex that hasn't been asked about?
4	Protection from STIs	<ul style="list-style-type: none">• Are there some kinds of sex where you do not use barriers? Why?
5	Past history of STIs	<ul style="list-style-type: none">• If yes... Do you remember the site?
6	Pregnancy	<ul style="list-style-type: none">• Have you considered having a child of your own that you would carry?• Have you considered banking gametes?• Have you considered utilizing a surrogate with your egg?
7	Pleasure	<ul style="list-style-type: none">• Do you feel you are able to become physically aroused during sex, such as becoming wet or hard?• How satisfied are you with your ability to achieve orgasm?• Do you have any pain or discomfort during or after orgasm?
8	Partner Abuse	<ul style="list-style-type: none">• Has anyone ever forced or compelled you to do anything sexually that you did not want to do? <p><i>*if yes, check-in before performing a pelvic exam</i></p>

- **Who lives with you?**
- **Who do you consider to be your family?**
- **What are your relationships with the people in you your home?**
- **Are you in a romantic relationship right now?**
- **Do you have a significant other, partner, or spouse?**
- **Are you out to your family? Friends? Co-workers?**
- **Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?**
- **How can I support you through the coming out process?**
- **When was the last time you had sexual contact?**

[Home » LGBTQIA+ Health Education Center](#)



Case Discussion



Today's Case

Vanessa, a 50-year-old lesbian woman, is being discharged from your facility following a seven-day hospital admission. Her partner is delayed in picking her up due to a 3+ hour drive from home.

Her nurse asks her: "Is your husband planning to drive you home today?"

Social Determinants of Health

Definition

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:

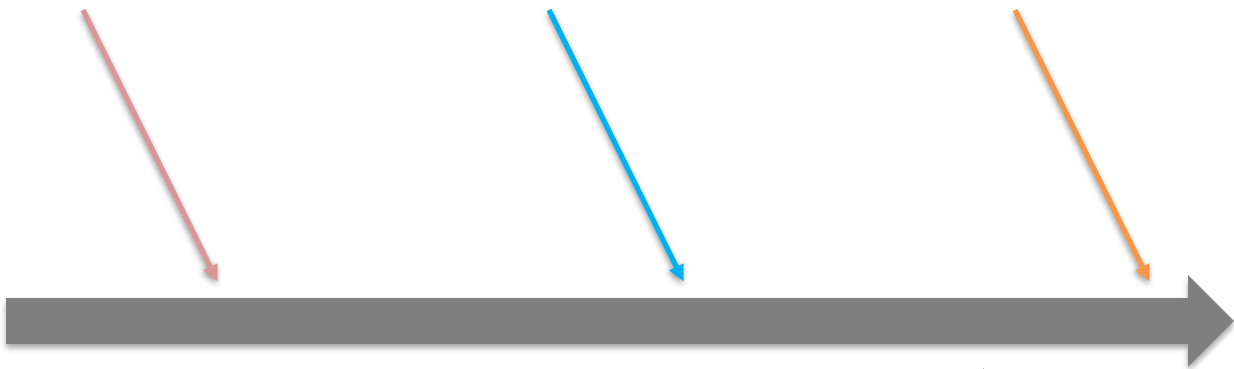
Social Determinants of Health



Healthcare Access
& Quality

Neighborhood &
Built Environment

Social & Community
Context



Improve staff awareness
of appropriate language
and communication with
patients of different
sexual orientations

Education Access
& Quality

Economic
Stability



Discussion



*What changes could you make to
neighborhood and built environment to
improve staff awareness of appropriate
language and communication with patients of
different sexual orientations?*

Discussion



*What changes could you make to **social and community context** to improve staff awareness of appropriate language and communication with patients of different sexual orientations?*

Discussion

You aim to improve staff awareness of appropriate language and communication with patients of different sexual orientations.

How might you improve workflow to support this change?

Change Concepts:

- Synchronize
- Schedule into multiple processes
- Minimize handoffs
- Move steps in the process close together
- Find and remove bottlenecks
- Use automation
- Smooth workflow
- Do tasks in parallel
- Consider people as in the same system
- Use multiple processing units
- Adjust to peak demand



Source: [IHI Change Concepts Worksheet](#)



Current State of COVID-19 in Nebraska



Nebraska COVID-19 Statistics

Community risk level metrics

WEEKLY NEW REPORTED CASES

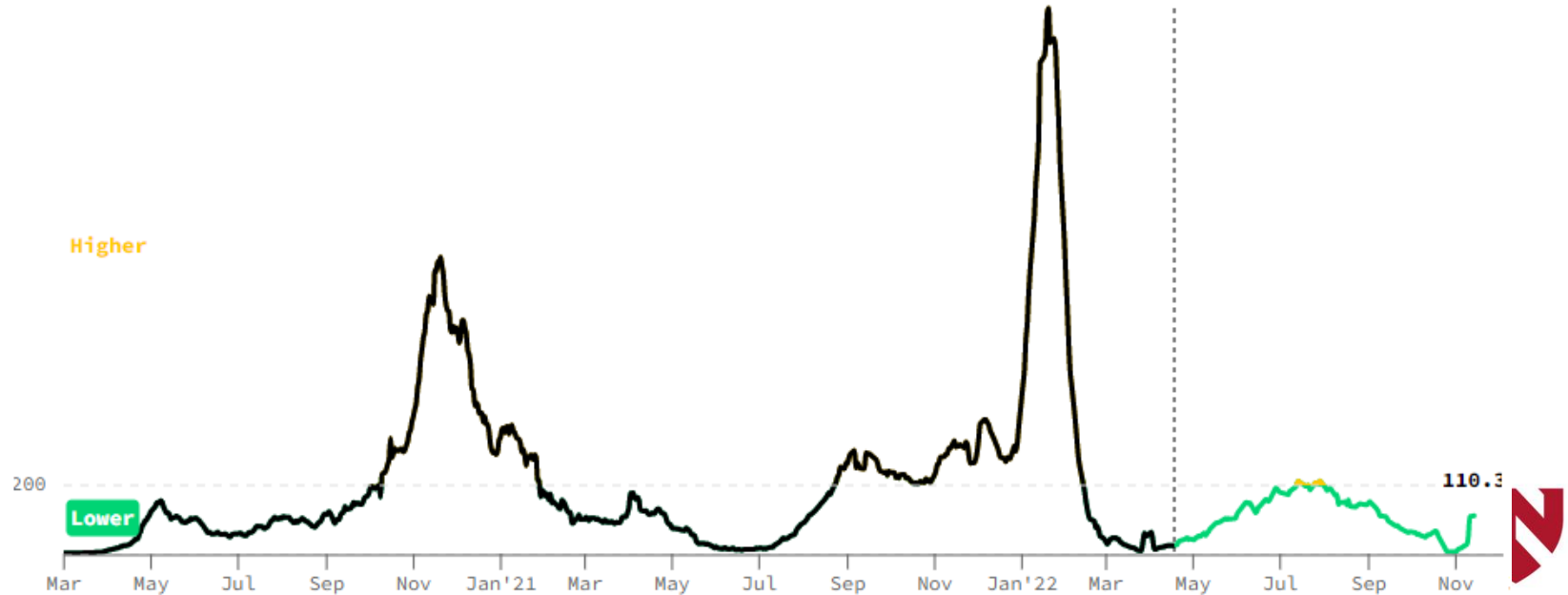
• **110.3** PER 100K

WEEKLY COVID ADMISSIONS

• **8.2** PER 100K

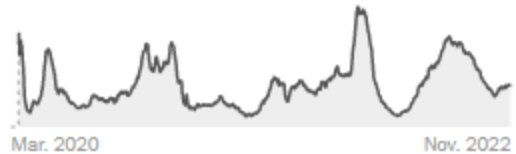
PATIENTS W/ COVID

• **4.9%** OF ALL BEDS



Nebraska COVID-19 Statistics

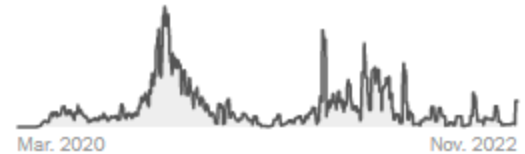
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON NOV. 14

PER 100,000

14-DAY CHANGE

Cases	305	16	+2,539%
Test positivity	13%	—	—
Hospitalized	203	11	+14%
In I.C.U.s	22	1	-5%
Deaths	6	<1	+843%

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%

*Per 100,000. ¹Percent of entire state population vaccinated. ²Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. ³Source for June 2022 -present: COVID ActNow & NYTimes based on entire state population.



<https://covidactnow.org/us/nebraska-ne/?s=24951410>

<https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



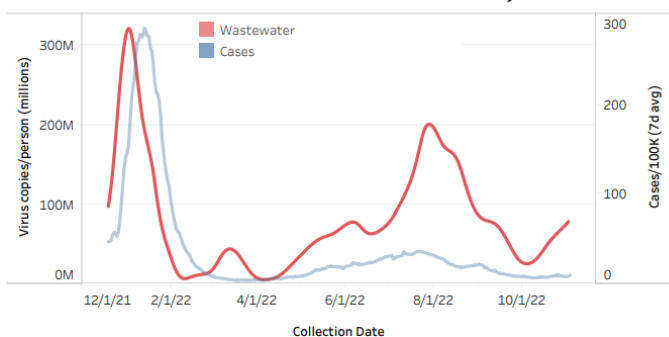
Nebraska COVID-19 Statistics

Eastern Nebraska

Papillion Creek WWTP

Douglas County (Douglas County Health Department)

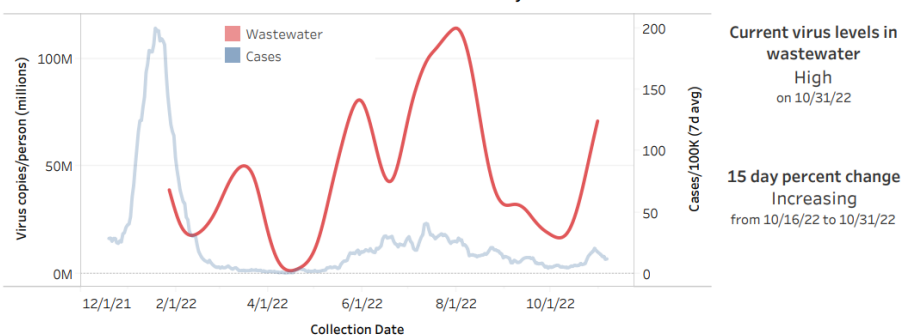
SARS-CoV-2 Normalized Wastewater Concentration Vs. County Case Rates



Kearney WWTP

Buffalo County (Two Rivers Public Health Department)

SARS-CoV-2 Normalized Wastewater Concentration Vs. County Case Rates

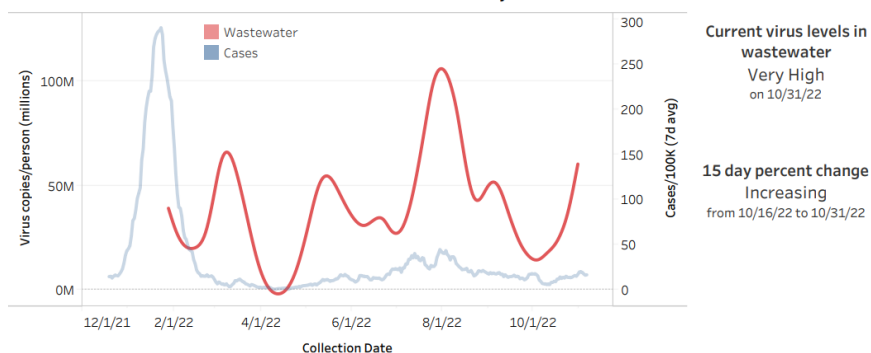


Western Nebraska

Scottsbluff WWTP

Scotts Bluff County (Panhandle Public Health District)

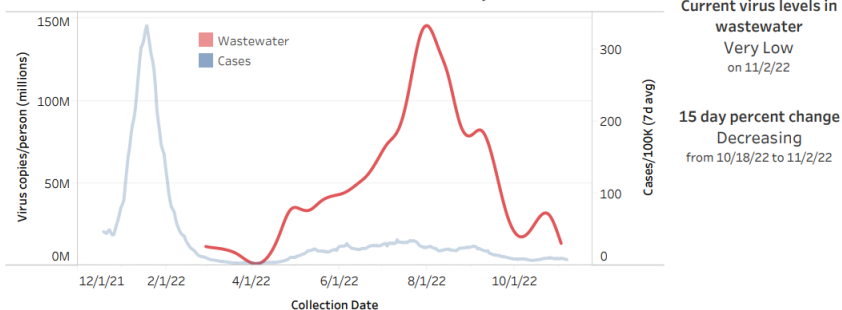
SARS-CoV-2 Normalized Wastewater Concentration Vs. County Case Rates



Northeast WWTP

Lancaster County (Lincoln Lancaster County Health Department)

SARS-CoV-2 Normalized Wastewater Concentration Vs. County Case Rates



POLL



Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email
2. Next session will be on **December 7th** on:
 - Health Equity: ***Leveraging Clinical/Public Health Data to Eliminate Health Disparities (Part ½)***
 - Quality Improvement: ***How to be Successful at Change***



Poll Results



Thank You!

