Results: Of the residents who participated in the survey, 55% said that they always/often discuss nonclinical needs with their patients, while 34% said that they occasionally do, 9% said seldom, and 2% said never. When asked what the resident's role should be in addressing nonclinical needs, 77% said that they should be involved, 14% said that they should not be involved, and 9% acknowledged time as a barrier to involvement. Residents in internal medicine and family medicine recognize and affirm their desire to play a role in properly and efficiently linking their patients with appropriate community resources. Residents also want to track whether resources are utilized.

Conclusion: Supplying a smartphone app to search for community resources at the bedside was received enthusiastically by residents and energized the MSAs' efforts to vet resources.

PROJECT MANAGEMENT PLAN – A Community Service App to Link Patients With Needed Resources

Vision Statement	Main Line Health System, along with the Department of GME, will reduce disparities in health by affording individuals access to primary care and subspecialty care and linking them with community resources to live a better quality life for our community.
Team Objectives	Our objectives were as follows: • Build and define a relationship between the existing Health Student Advocate program and the residents within our sponsoring institution • Develop an app for community resources based on the Health Student Advocate's Wikipedia page of resources that will bring awareness of community resources bedside for residents and patients in the clinical inpatient and ambulatory settings
Success Factors	The most successful part of our work was the integration and collaboration between GME and the administration of Main Line Health System as we partnered to bring this smartphone app into working form. We were inspired by the resources that our organization was willing to put into reviewing the legal contract with the creators of the smartphone app, as well as the $10,000 to become a sponsor of the app along with the Texas A&M School of Public Health.
Barriers	The largest barrier was creating an app that our legal team and our IT team at Main Line Health System would support. We worked to overcome this challenge by teaming with the Texas A&M School of Public Health that had already created a similar app for cancer patients. We collaborated with them to populate resources in our community on their smartphone app.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to include your legal and IT departments early if contracts with outside organizations might be required rather than getting approval when you have a prototype pilot ready. Nowadays, hospitals are particularly conservative when it comes to HIPAA-protected information and having complicated and thorough contracts in place before proceeding.

Ochsner Health System, New Orleans, LA

Discharge Planning: Promoting Provider Awareness Regarding High-Cost Medications Commonly Prescribed Upon Discharge

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Background: The CHNA provides insight into the discrepancies inherent in the care delivered to Ochsner's patient population and identifies its most vulnerable groups. Some of the major barriers to healthcare delivery experienced by Ochsner patients include access to health services, affordability of medications, patient health literacy, and

awareness of community health resources. The consideration of the elements in this report led the work group to evaluate the impact of these barriers on readmission rates. We concluded that greater resources and direction were needed in the discharge planning process. Socioeconomic status, literacy levels, community resources, and providers' lack of knowledge of these resources contribute to poor adherence to discharge plans, particularly related to medication adherence.

Methods: Surveys were distributed to case managers, social workers, and hospital pharmacists identifying common reasons for readmission. One of the top reasons for readmission was the lack of affordability of commonly prescribed medications. A focus group with hospital pharmacists was conducted to identify barriers to obtain medications upon discharge. A common theme identified as a reason for readmission was medication cost. As a result of these focus groups, we recruited hospital pharmacists to create a reference list of commonly costly medications prescribed upon discharge. This reference list was distributed to hospital medicine teams on February 6, 2017. Readmission rates were monitored 2 months preintervention and 2 months postintervention at Ochsner Medical Center-New Orleans. Readmission was defined as any patient who was readmitted within 30 days of the original date of discharge. Readmission data were obtained from December 6, 2016 through February 6, 2017 and from February 7, 2017 through April 6, 2017.

Results: From December 6, 2016 through February 6, 2017 (preintervention), Ochsner Medical Center had 9,814 hospital admissions; of these, 547 were readmissions. From February 7, 2017 through April 6, 2017 (postintervention), the number of hospital admissions was 9,772; of these, 494 were readmissions. The total readmission rates preintervention and postintervention were 5.57% and 5.06%, respectively. The number of readmissions significantly decreased postintervention.

Conclusion: Once a specific issue was identified from the barriers of discharge planning, an intervention was implemented. One of the key components of the intervention was collaboration across hospital medicine services and all members of the care team.

Improving LGBT Patient Cultural Competency of Internal Medicine Residents

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Background: A survey of 176 allopathic medical schools in North America revealed that only 5 hours were dedicated to teaching LGBT-related content over 4 years. The LGBT community faces healthcare challenges and barriers to accessing care, further exacerbated by healthcare practitioners' discomfort with asking difficult questions. Taking a comprehensive sexual history helps build initial rapport with LGBT patients; thus, we set out to assess internal medicine residents' comfort level in obtaining a sexual history from LGBT patients.

Methods: We administered a survey to 47 residents and 2 staff physicians from the internal medicine residency program to measure their baseline level of comfort taking an LGBT sexual history. Respondents selected from the following options: very comfortable, comfortable, neutral, uncomfortable, and very uncomfortable. Additional questions asked about previous sexual history taking training and exposure to training specifically tailored to LGBT patient care. We implemented training modules and lectures in an effort to improve both comfort and overall competency in caring for our LGBT patients. The same survey was administered to residents following workshops and lectures to quantify any improvement in comfort level following the educational initiative.

Results: A Fisher exact test demonstrated a statistically significant difference in the level of comfort in taking a sexual history from LGBT patients compared to heterosexual patients ($P < 0.0001$). Additionally, 30% percent of those surveyed described their level of training in LGBT sexual history taking as "some, but inadequate," and 1 in 5