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

(20%) responded they had received "no training." Based on this information, we incorporated several workshops and lectures into the internal medicine resident curriculum, including a sexual history taking workshop, a lecture on HIV preexposure prophylaxis, and topics commonly encountered in the LGBT primary care setting.

Conclusion: Disparities in healthcare continue to affect the LGBT patient population. We demonstrated a statistically significant difference in internal medicine residents' comfort level in obtaining a sexual history from LGBT patients. The goal of implementing LGBT-specific teaching into the internal medicine curriculum was to improve the comfort level in sexual history taking and reduce this healthcare disparity. After quantifying the effect that educational sessions have had on sexual history taking comfort, we will use this information to further design educational initiatives aimed at improving LGBT cultural competency and working toward eliminating disparities in LGBT patient care.

PROJECT MANAGEMENT PLAN – Processes to Address Health Disparities

Vision Statement	The Ochsner Health System serves a community that is defined by its diversity. A portrait of this community displays a spectrum of individuals from different ethnic, cultural, and socioeconomic backgrounds. It is the vision of the NI V team that we will leverage the Ochsner CHNA to identify and evaluate these populations and their needs, leading to the development of toolkits to be applied across the education continuum to drive improvement.
Team Objectives	Our objectives were as follows: • Direct all activities toward improvement in the care of populations in need • Identify populations (those engaged in the project will identify the populations, based on their experience in the Ochsner clinical environment and their interest and passion to improve a specific aspect of care) • Identify stakeholders as specific populations are defined and incorporate them into the workgroup activity • Develop focused projects that will address the needs of specific populations with targeted strategies to improve the quality of care
Success Factors	The most successful part of our work was that it provided a much broader understanding of the inequity of the care provided and the populations in greatest need. We were inspired by the overwhelming interest and determination of the residents and students who participated to work toward addressing these inequities.
Barriers	The largest barrier encountered was engagement over the long haul and maintaining the necessary level of organizational commitment. We worked to overcome this challenge by continuing project monthly check-ins and identifying broader organizational efforts to leverage available support for sustaining and spreading existing work.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to not try to conquer the world and to spend enough time on the front end of the project to clearly define realistic aims and outcomes.

Orlando Health, Orlando, FL

Increasing Vietnamese Patients in the Resident Clinic

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Background: The Mills-50 district in Orlando has a large Vietnamese community and is in proximity to the Internal Medicine Residency Continuity Clinic. Despite the proximity, Vietnamese patients enrolled in the clinic are less than 5%. Many immigrated to the area without access to healthcare. A literature review and needs assessment identified hepatitis B virus (HBV) as a prevalent disease among the immigrant Vietnamese population. The aim of this project was to increase the number of Vietnamese patients in the Internal Medicine Residency Continuity Clinic by 25% within a period of 6 months by raising awareness of HBV.