

Title: A Quality Improvement Program Implemented into Primary Pediatrician Offices to Increase Injury Anticipatory Guidance Discussion and Documentation

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Background: Pediatricians provide injury anticipatory guidance (AG) to families in order to prevent future unintentional injuries. Most studies have demonstrated that pediatricians feel uncomfortable having these discussions due to little training or lack of time during an office visit.

Objective: To improve injury AG within busy pediatric practices through a quality improvement (QI) learning collaborative that helps to screen families for injury risk and provide pediatricians with specific injury talking points.

Design/Methods: Pediatric practices were recruited from the Ohio AAPs database and self-selected to participate. Practice teams, comprised of at least a lead physician, practice project manager, participating physicians, and office staff, learned about QI basics and injury prevention strategies at a one-day learning session. Screening tools and injury talking points were developed for discussion at every well child care (WCC) visit for youth ≤ 1 year of age and were provided during the learning session. Practice teams worked to implement materials into every WCC visit for each participating practitioner within the practice. The aim of the 7-month learning collaborative was two-fold: 1) providers would use the WCC-appropriate screening tool at more than 90% of WCC visits and 2) providers would have appropriate injury AG discussions when indicated by incorrectly answered questions on the screening tool. Monthly, each provider reviewed five random charts for each of the six WCC visits for children ≤ 1 year for use of the screening tool and discussion of appropriate injury AG. Providers received MOC IV credit for participation in the program.

Results: Six practices with 16 pediatricians participated in the learning collaborative. At baseline, prior to the start of the collaborative, 6.6% of all WCC charts reviewed utilized any type of screening tool. By the end of the collaborative, 97.2% charts utilized our screening tool. During the QI program, discussion points for all children ≤ 1 year of age increased for all topics.

Topic	% Addressed Pre-Study (n)	% Addressed at End of QI Program (n)	% Δ
Car seat	41.16 (396)	80.12 (332)	38.96
Sleep	48.0 (300)	93.89 (262)	45.89
Fire/burn	35.5 (200)	92.61 (176)	57.11
Family	28.0 (300)	91.19 (261)	63.19
Fall	38.06 (494)	87.96 (407)	49.9
Supervision	20.81 (298)	94.42 (251)	73.61
Water	10.77 (195)	95.67 (231)	84.9
Choking	44.67 (197)	95.35 (172)	50.68

Ingestion	34.01 (197)	86.27 (153)	52.26
Play	17.86 (196)	93.51 (154)	75.65
Home	40.31 (196)	91.56 (154)	51.25

Greatest percent increase in discussions about injury AG by mechanism occurred in: water (84.9%, n=231), play (75.65%, n=154), and supervision safety (73.61%, n=251). Per WCC visit, there was a significant increase in injury prevention discussed: increase in newborn visit by 89.51%, two-month – 88.08%, four-month – 93.57%, six-month – 94.01%, nine-month – 88.14%, and 12-month – 90.25%.

Conclusions: Participation in a MOC Part IV QI program within pediatric offices can increase screening and discussion of injury prevention practices. Future work to assess family behavior changes from these discussions is necessary.