

The AAP California Chapter 2 sent out a call for abstracts on scholarly projects by pediatric residents and medicine-pediatric residents from CHLA, Harbor-UCLA, Kaiser LA, Loma Linda, UCLA and USC; and medical students from the Southern California counties of Kern, Los Angeles, Riverside, San Bernardino, San Luis Obispo, Santa Barbara and Ventura. The accepted abstracts were showcased at the 2022 Advances in Pediatrics Symposium. We are thrilled to share with you the authors and their abstract each month.

2022 Symposium Oral Presenter:

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Harbor-UCLA Pediatrics

Providing Standardized and High Quality Nursery Discharge Anticipatory Guidance



Dr. James Thomason is a second-year pediatrics resident at Harbor-UCLA Medical Center. He is currently involved in a quality improvement project that is attempting to standardize nursery discharge anticipatory guidance. He is very passionate about medical education for both patients and providers. He graduated from Midwestern University – Chicago College of Osteopathic Medicine. He plans to go into general pediatrics.

Providing Standardized and High Quality Nursery Discharge Anticipatory Guidance

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Background

Providing nursery discharge anticipatory guidance is a standard practice that historically has been given verbally at Harbor-UCLA. It was thus subject to variability as methods and topics of discharge education differ between providers. Our overall goal is to reduce variability of anticipatory guidance such that every parent receives standardized and high-quality guidance via a discharge video. Harbor-UCLA is a 570-bed public teaching and safety net hospital with obstetric and newborn nursery services in Torrance, CA that serves the South Bay catchment area of Los Angeles County.

Aim Statement

- The primary aim is to achieve and sustain $\geq 90\%$ video show/documentation rate by December 2021.
- A secondary aim is to demonstrate an increased viewer confidence after watching the video via an optional pre and post video online survey.

Interventions

A team of family medicine residents created English and Spanish discharge videos using reference materials from the American Academy of Pediatrics. We showed the video on a sanitizable iPad. We created a protocol to standardize the workflow, obtained buy-in from nursing leadership, and trained nursing staff on how to show and document the video.

Through multiple plan, do, study, act (PDSA) cycles we implemented change ideas including:

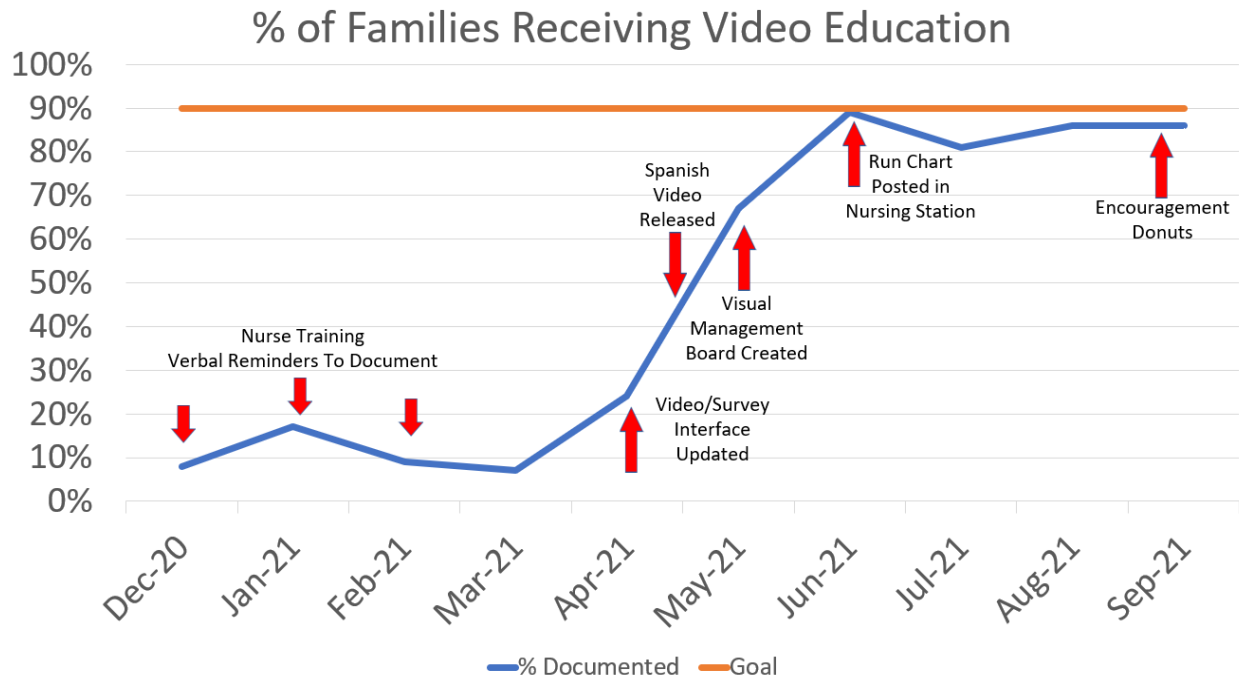
- Multiple gentle verbal reminders during multidisciplinary huddles
- Created a board at the nursing station that visually displays how rates of video delivery/documentation has changed over time
- Shortened the pre- and post-video survey and moved to a different platform with a more intuitive interface to reduce technical barriers
- Created a space in the unit's visual management board to assist nursing staff with tracking which rooms have been shown the video
- Supplied "encouragement" donuts with improving documentation rates

Measures

The percentage of families with documented video delivery was tracked monthly. A survey was created to assess viewer confidence on topics covered in the video: caring for their infant, safety, and managing emergencies. Each question is answered before and then again after the video has been viewed using a sliding scale (1 being least confident, 10 being the most confident).

Results

The initial video documentation rate was about 10-20%. However, following multiple PDSA cycles, the rate has improved to be near the goal of $\geq 90\%$. The pre and post means for confidence were compared with a one-tailed paired t-test and found to be statistically significant ($p < 0.001$) in all three domains for the English survey ($n = 110$, $n = 108$, $n = 108$). Although the pre-video mean confidence was greater across all three domains for the Spanish video, it was not statistically significant, likely due to fewer observations ($n=29$, $n = 28$, $n = 28$ for each domain).



Future Direction

Future interventions to achieve our goal include using our electronic medical record to generate an automatic prompt to remind staff to show and document the video as part of a discharge checklist. We plan to have the video evaluated using the Patient Education Materials Assessment Tool (PEMAT) by our staff pediatric hospitalists to evaluate the understandability and actionability of the video.

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