

Improving Firearm Safety Counseling in Primary Care Clinic

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Purpose: Pediatricians can play a major role in the prevention of pediatric firearm injuries. The presence of firearms in the home is associated with increased likelihood of suicide, homicide, and unintentional injuries. Unintentional and self-inflicted firearm injuries are less likely in homes where weapons are stored unloaded and locked. Child health care providers can and should play a key role in preventing gun violence, injury, and death in children. The American Academy of Pediatrics (AAP) recommends that pediatricians educate patients and families about the dangers of firearms in the home. Gun storage that is more secure minimizes injuries, and physician counseling combined with the distribution of cable locks appears to improve gun storage security. How frequently and effectively we provide firearm safety counseling to Primary Care Clinic (PCC) patients is poor. The objectives of this quality improvement (QI) project are to increase the consistency and quality of firearm safety counseling in PCC, as well as to provide patients with gunlocks.

Design: This project has undergone multiple Plan-Do-Study-Act (PDSA) cycles including PCC “spotlights”, a didactic lecture, and resident surveys. The current focus is on retrospective chart review of 9-month-old and 24-month-old well checks in PCC and determining if the clinic resident documented that a gunlock was provided and if firearm safety counseling was provided. Charts from June 2018 to present were reviewed with the plan to include all charts from June 2017 to April 2021.

Results: To date, 1,269 well child visits have been reviewed. Of these, residents documented that 7 gunlocks were distributed (0.6%) and firearm safety education was provided to 237/1269 (18.7%). Manual monthly gunlock counts demonstrate that, in reality, 86 gunlocks have been distributed from Jan 2020-April 2021.

Discussion: The discrepancy in resident documentation and manual gunlock counts is likely secondary to a busy clinic and a difficult to navigate Electronic Medical Record (EMR) system. A PCC “spotlight” was performed August 2020, which might explain the increase in gunlocks distributed the following month. A future PDSA cycle in December 2021 will include creating templates within the EMR to improve documentation. We hope to continue to expand the project to maximize firearm safety counseling and gunlock distribution in PCC.

Percent Gun Education Provided at 9 mo and 2 yo WCC

