

Provider Attitudes Surrounding Implementation of a Firearm Safety Program in the Pediatric Intensive Care Unit

Anireddy R. Reddy MD, MSHP^{1,2,3}, Laura Bricklin MD¹, Charlotte Z Woods-Hill, MD MSHP^{1,2,3}

¹ Department of Anesthesiology and Critical Care Medicine, CHOP PolicyLab, Children's Hospital of Philadelphia, PA, United States

²Department of Anesthesiology and Critical Care, The University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA

³ Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia, United States





Disclosures

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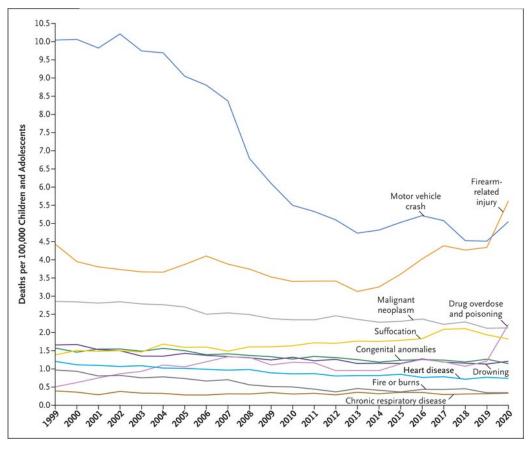


Background

- Firearm-related deaths are the leading cause of death among children and adolescents¹
- Safe storage of firearms is a modifiable health behavior and safety counseling with gun lock distribution in an evidence-based intervention to reduce firearm injury and death²
- Safe storage programs are in primary care and emergency department settings; few, if any, have investigated the pediatric intensive care unit (PICU) as a potential setting

Gun Deaths Rising Sharply Among Children, Study Finds

Firearm injuries are a leading cause of death among young children and teenagers in the United States.



^{1.} Goldstick JE, Cunningham RM, Carter PM. Current Causes of Death in Children and Adolescents in the United States. New England Journal of Medicine. 2022;386(20):1955-1956. doi:10.1056/NEJMc2201761

^{2.} Barkin SL, Finch SA, Ip EH, et al. Is office-based counseling about media use, timeouts, and firearm storage effective? Results from a cluster-randomized, controlled trial. *Pediatrics*, 2008;122(1):e15-e25.





Background

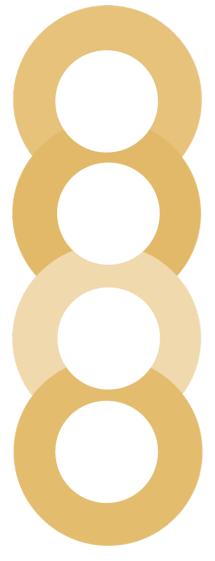
Translation of an evidence-based practice to a novel setting is well suited for an
implementation science approach, which is "the scientific study of methods to
promote the systematic uptake of research findings and other evidence-based
practices into routine practice"

Objective

To measure acceptability, feasibility, and appropriateness, as well as assess facilitators and barriers, to a firearm safety program in the PICU



Methods



Design: Survey of interdisciplinary PICU providers

Setting: Large, academic quaternary pediatric intensive care unit between February 7-March 3, 2023

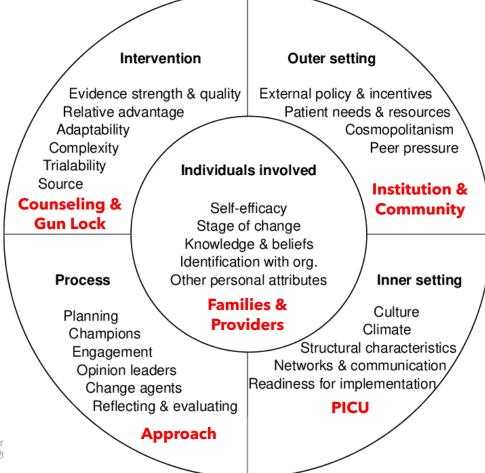
Inclusion Criteria: Attendings, fellows, advanced practice providers, nurses, social workers in the PICU (rotating residents excluded)

Tool: Acceptability of Intervention and Feasibility of Intervention (AIM-IAM-IAM)

Primary Outcome: Acceptability, Appropriateness, Feasibility and description of barriers/facilitators

Framework

 We used the Consolidated Framework for Implementation Research (CFIR)⁴ to identify facilitators and barriers influencing implementation





Results

Table 1: Characteristics of Survey Respondents

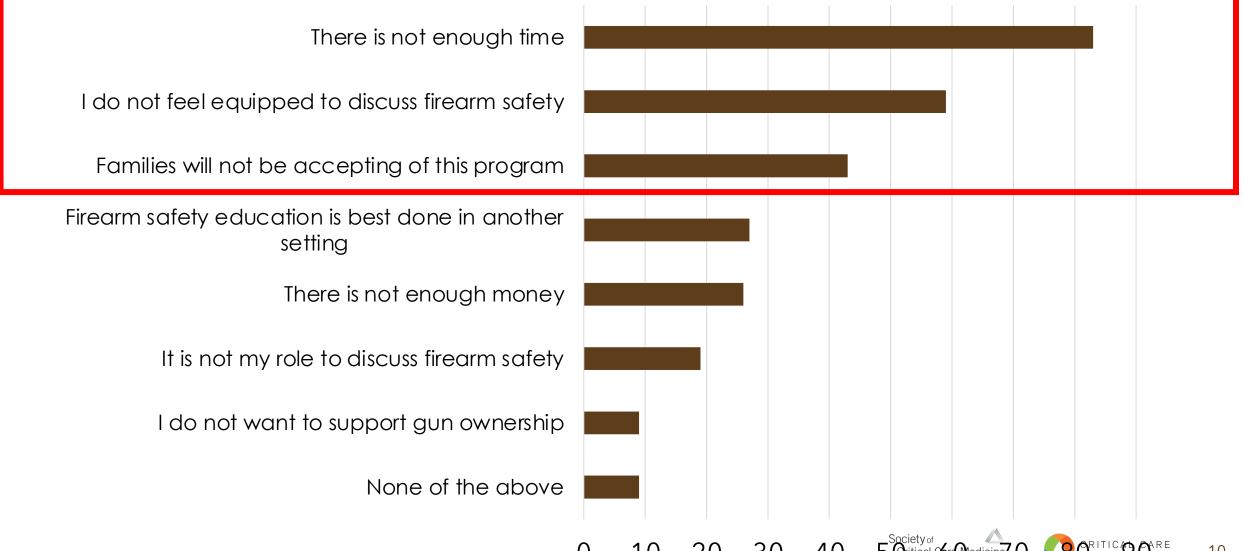
Characteristics	Total N=127 (%)	
Role		
Attending/Fellow (total 66)		
Attending/Fellow Response Rate: 68%	45 (35%)	
Advanced Practice Provider or Hospitalist (total 53)		
Advanced Practice Provider/Hospitalist Response Rate: 36%	19 (15%)	
Nurse (total 353)		
Nursing Response Rate: 17%	61 (48%)	
Social Work (total 4)		
Social Work Response Rate: 50%	2 (2%)	
Years in PICU		
0-5 Years	57 (45%)	
5-10 Years	27 (21%)	
10+ Years	43 (34%)	
Are there children in your home?		
No	75 (59%)	
Yes	52 (41%)	
Is there a firearm in your home?		
No	98 (77%)	
Yes	26 (20%)	
Prefer not to answer	3 (2%)	
Is your firearm stored safely?		
No	3 (12%)	
Yes	22 (85%)	
Prefer not to answer	1 (3%)	
Have you cared for a patient with firearm injury in the PICU		
No	13 (10%)	
Yes	114 (90%)	



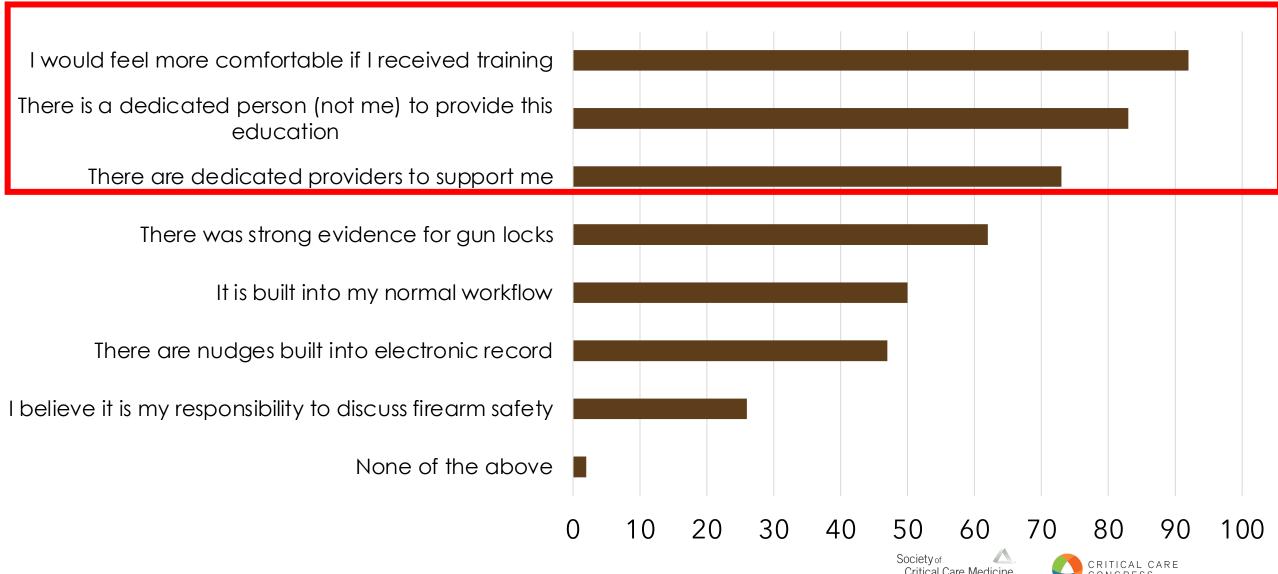
Table 2: Acceptability, Appropriateness & Feasibility of Firearm Safety Program in the PICU

Survey Item	All Respondents N=127	Non-Firearm Owners* N=98	Firearm Owners N=26*	p-value			
Firearm-related injury and death is a significant problem that affects							
children				0.043			
No	2 (2%)	0 (0%)	2 (8%)				
Yes	125 (98%)	98 (100%)	24 (92%)				
The issue of firearm safety is important to me				1.00	Significance		
No	2 (2%)	2 (2%)	0 (0%)				
Yes	125 (98%)	96 (98%)	26 (100%)				
PICU providers should be involved in firearm safety education				0.77			
No	21 (17%)	16 (16%)	5 (19%)				
Yes	106 (83%)	82 (84%)	21 (81%)				
Implementing a firearm safety program in the PICU is appealing to me				0.40			
No	23 (18%)	19 (20%)	3 (12%)				
Yes	103 (82%)	78 (80%)	23 (88%)				
I welcome a firearm safety program in the PICU				1.00			
No	9 (7%)	7 (7%)	2 (8%)				
Yes	117 (93%)	91 (93%)	24 (92%)				
I have no objection to a firearm safety program in the PICU				0.60			
No	6 (5%)	4 (4%)	2 (8%)		Acceptability		
Yes	121 (95%)	94 (96%)	24 (92%)		Average = 90%		
A firearm safety program seems like a good match for the PICU environment				0.63			
No	35 (28%)	28 (29%)	6 (23%)				
Yes	92 (72%)	70 (71%)	20 (77%)				
A firearm safety program seems suitable for the PICU environment				0.81			
No	36 (29%)	27 (28%)	8 (31%)		Appropriateness		
Yes	89 (71%)	70 (72%)	18 (69%)		Average = 71.5%		
Implementing a firearm safety program in the PICU seems possible				0.25			
No	23 (18%)	15 (15%)	7 (27%)				
Yes	104 (82%)	83 (85%)	19 (73%)				
It would be easy to implement a firearm safety program in the PICU				1.00			
No	71 (56%)	55 (56%)	14 (54%)		Feasibility		
Yes	56 (44%)	43 (44%)	12 (46%)		Average = 63%		

Barriers to Implementation



Facilitators



Strengths & Limitations

Limitations:

- Low-response rate (68% attending/fellows, 50% social workers, 36% advanced practice providers/hospitalists, 17% nurses)
- Single-center data in an academic, urban setting where firearm-related injury and death is prevalent

Strengths

- Large interdisciplinary sample
- Data are novel and a crucial first step in understanding how PICU providers may successfully incorporate firearm safety education



Conclusions

- Interdisciplinary PICU providers at our single center reported high acceptability and appropriateness of a firearm safety program
- Lessons learned based on contextual inquiry included
 - Training PICU providers in how to counsel families (58 providers trained to date)
 - Offering education to <u>all</u> families without screening for presence of a firearm
 - Piloting with trained, dedicated staff to support PICU providers

Next steps

- Real-time adaptation of safe storage counseling and gun lock distribution in the PICU
- Post-implementation survey





Thank You!

Anireddy Reddy reddya2@chop.edu



The Intensive Care Professionals



