

A Quality Improvement Project to Enhance Pediatric Primary Care Family History Collection

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Abstract

Background: Early diagnosis and intervention for individuals with genetic conditions is vital to their health and wellbeing, with the responsibility placed heavily on primary care providers (PCPs), and pediatric PCPs at the forefront of diagnosing patients with genetic conditions. However, studies have shown inconsistencies in pediatric PCPs' knowledge and practices in gathering family health history (FHH), indicating a need for further education. An ideal time to educate clinicians is during residency training, with the hope that skills will translate into practice upon completion of the program.

Purpose: The focus of this quality improvement (QI) project is to improve adherence to family history documentation rates by pediatric residents at an academic hospital-affiliated pediatric clinic through an educational intervention on family health history.

Methods: This QI project utilized a pre- and post-intervention study design for all pediatric residents to participate in the training. The intervention consists of an online educational module followed by an in-service presentation to the residents encouraging discourse on the main points. The module highlights seven objectives related to collecting, assessing, and documenting family history in pediatrics. To measure the residents' adherence to FHH documentation on the clinic's EHR, patient records at the one-month well-child visit were reviewed at baseline and throughout the 12-week intervention period. One-sample chi-square test was used to determine any differences in FHH documentation rates between pre- and post-intervention.

Results: In all, 50 residents received the online educational module and 32 residents participated in the in-service sessions. Following the intervention, adherence to family history documentation improved compared to baseline (11.3% vs 26.0%, $p < .05$).

Conclusion: This QI project shows promise in improving family history documentation by the one-month well-visit after an educational intervention focused on FHH in pediatrics. Future projects should focus on sustainability and periodic assessment of educational efforts to identify additional needs.