Georgia Chapter of the American Academy of Pediatrics Gun Safety, Injury, & Violence Prevention Quality Improvement Project Key Driver Diagram

SMART AIM: By February 29, 2024, increase anticipatory guidance on firearm safe storage at the 3-year-old well visit by 75%

Primary D)rivers
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Secondary Drivers

Interventions

- 1. Prepare practice environment for firearm safe storage anticipatory guidance within the 3-year-old well visit
- 1.1 Identify practice needs to sustain a stigma free firearm savvy environment
- 1.2 Identify patient needs and support the pediatrician and other pediatric primary care providers in understanding current & historical background on firearm legislation.
- 1.3 Create and support a nonconfrontational office environment to provide anticipatory guidance around safe firearm storage options

- 1. Provide educational materials on safe firearm storage to support anticipatory guidance.
- 2. Establish a practice level physician champion to drive improvement
- 3. Identify family needs around firearm injury prevention and safe storage.
- 4. Engage pediatricians, their staff, and community partners in review and agreement on the provision of firearm anticipatory guidance around safe storage to reduce firearm related injury and death among children.
- Utilize survey data to inform what is known about practice behavior around safe firearm storage anticipatory guidance and apply
 the AAP technical report entitled, <u>Firearm-Related Injuries and Deaths in Children and Youth</u> (Nov 2022 <u>Pediatrics</u>) to outline
 opportunities for firearm related injury and death risk reduction.

2. Utilize family-centered, strength-based approach

- 2.1 Prioritize families' social needs and access and match child/family needs to appropriate resources
- 2.2 Strategize on how to appropriately engage families with different views on firearms.
- 1. Ensure office environment is welcoming, supportive of emotional wellness, & respects families of varied views on firearms
- 2. Engage in family-centered discussion at the start of each visit
- 3. Share information with families about link between firearm storage and injury and death among children
- 4. Routinely elicit risks and protective factors
- 5. Support caregivers who have experienced trauma related to firearm injury or death.
- 6. Foster longitudinal relationship that is characterized by trust
- 7. Provide tailored support and resources to caregivers

3. Establish and maintain effective systems to support primary care intervention through anticipatory guidance, resource/referral and follow-up

- 3.1 Establish standards, protocols, pathways and processes for effective documentation
- 3.2 Ensure resources to sustain safe firearm storage distribution.
- 1. Establish clear roles and responsibilities for staff
- 2. Develop a current state process flow map for anticipatory guidance on firearm safe storage, distribution of safe storage options as appropriate, and follow-up to ensure implementation of firearm safe storage options across practice care teams/clinicians
- 3. Implement primary care firearm safety interventions and follow-up
- 4. Establish standards for documentation, considering safety and stigma and patient/family confidentiality
- 5. Utilize a registry and recall/reminder system and EHR tracking alerts

4. Ensure firearm safety anticipatory guidance is delivered to advance race and ethnic

equity(1)

- 4.1 Ensure ongoing training addresses barriers to receiving anticipatory guidance around firearm safe storage.
- 4.2 Develop cultural humility in race/ethnicity and equity and health disparities.
- 1. Ensure training includes understanding structural racism and equity and its impact perceptions around the use and purpose of firearms in the home.
- 2. Provide education and training on-structural racism and implicit biases
- 3. Provide education and understanding on the varied correlation between rates of firearm ownership and number of firearm injuries and deaths.
 - 4. Understand the importance of being sensitive to patients' cultural and racial backgrounds,
 - 1. Firearm injuries and death: A United States epidemic with public health solutions