

Introduction

- Very few adults are aware of their congenital heart disease diagnoses. There is no available data assessing health literacy for their conditions.
- The Adult Congenital Heart Association in conjunction with the American College of Cardiology has put together a “Passport” to give to patients detailing the specifics of their heart condition(s)¹. This “Passport” is 10 pages long. It is cumbersome to assume that all patients will carry this information with them at all times
- Smart phones have the capacity to store large amounts of information that can be rapidly accessed via applications
- A large portion of adults now possess smart phones, but exact details of how many people carry a smart phone, and how accessible the phone is are not known
- It is not clear at this time how many adults with congenital heart defects have access to a smart phone, how often they keep their smart phone with them, and if they would be willing to store or rapidly access their congenital heart information

Aim Statement

Identify a mechanism for which Adult Congenital Cardiology (ACC) patients can provide their cardiac diagnoses/conditions to all medical providers, including providers who do not have access to EPIC, the electronic medical record (HER) platform for ECU Physicians and Vidant Medical Center.

Acknowledgements

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Methods

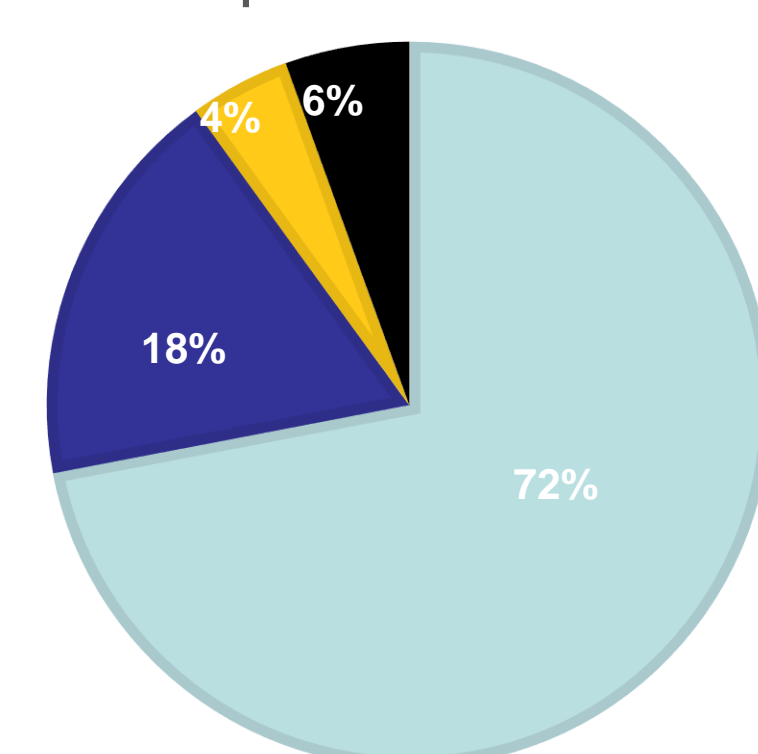
- Create a 1 page (de-identified) survey that asks patients in ACC clinic which included A. If they own a cell/smart phone; B. If they are willing to have their medical information stored on their phone; and C. Preference of location of where that information is stored (lock screen, text note, app). (see separate attachment)
- The survey will be handed out by the medical assistant (MA) or nurse just after obtaining vitals.
- The patient, or the patient’s proxy if not medically capable, will complete the form if they so desire.
- Completed forms will be returned to the patient representative, and the results will be tabulated by the leader
- To ensure that 100% of forms are handed out, a stack of the surveys are counted prior to clinic, and after the clinic is completed, and compared against the number of patients in ACC that day. The stack of surveys were placed at the location of handoff from patient check in to intake for vitals.
- PDSA cycle 1: After the first clinic, only 2 surveys handed out to a possible 6 patients (33%), and only one returned the survey.
- PDSA cycle 2: Agreed to remind MA at beginning of clinic at halfway through, only 3 surveys were given out to a possible 4 patients (50%).
- PDSA cycle 3: During meeting/huddle, the MA and patient representative (DC) agreed that a new workflow should be tried. The MA has a specific workflow she uses when checking people in, and that workflow is now a habit. If there was an external cue that could remind her to have access to the survey, it would be more likely to be distributed to all ACC patients. The patient representative would screen the list at the beginning of the day and would place the surveys on a clipboard. The intake form would be attached to the clipboard with the survey. Since that clinic, 100% of surveys have been handed out. Survey results listed.

Results

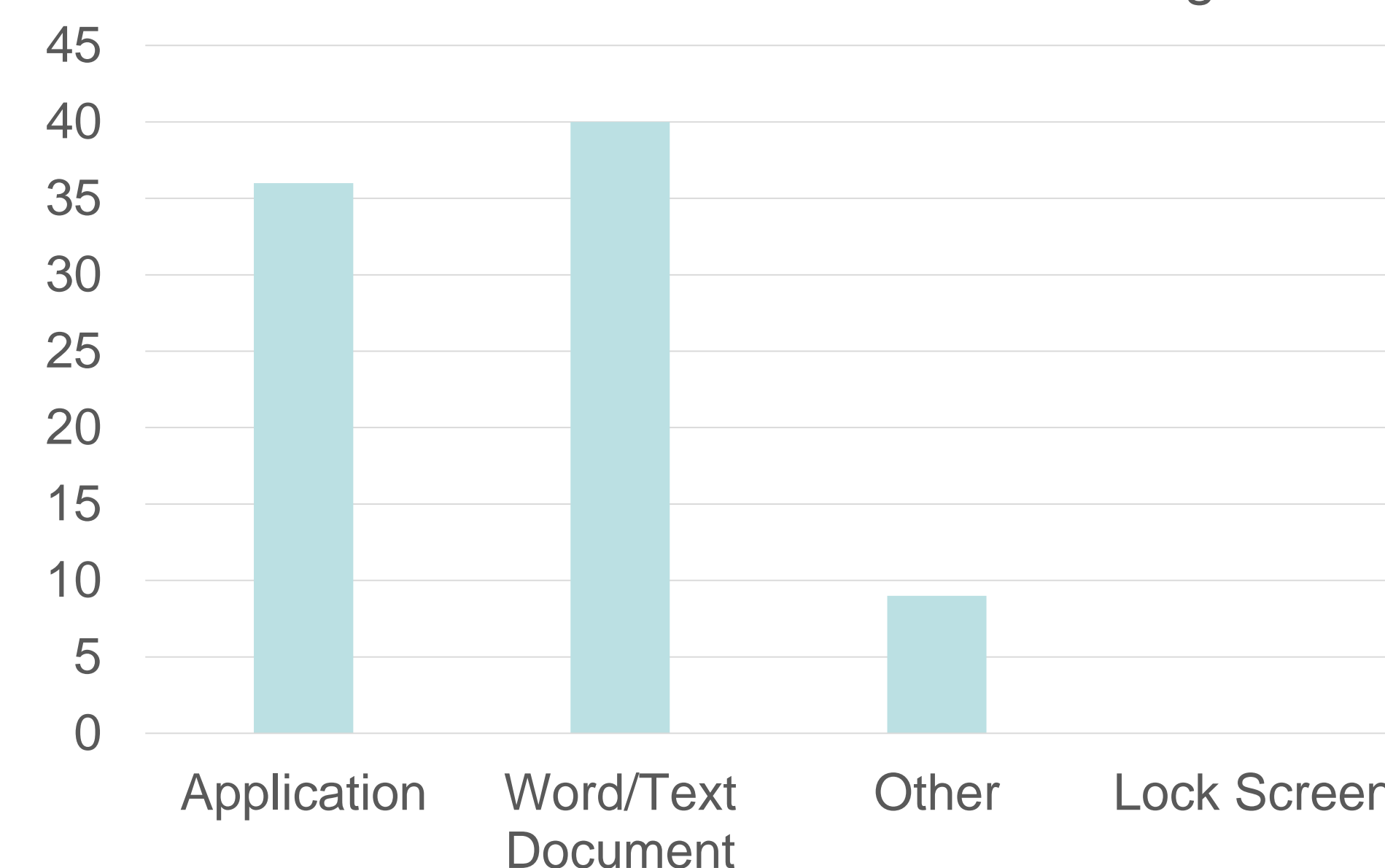
- Taking into account the weeks where surveys were not handed out to everyone, the surveys were handed out over 7 weeks.
- The total response rate was 68%
- 100% have access to a cell phone, 90% are self described as Smart Phones
- 81% Expressed Interest of Storing the Information on the Phone

FREQUENCY OF KEEPING PHONE ACCESSABLE

- All The Time
- Most of the Time (75-99%)
- Rarely (<25%)
- No response



Location of Medical Information Storage



Discussion

- Handing out surveys in a clinic setting takes a concerted effort on persons from all areas of workflow.
- Providing a constant, non-noxious reminder for a survey, in this case, placing the survey on a clip board allowed for a reminder without interrupting work flow, and improved delivery of the survey.
- Based on these results, although not scientific, would indicate that it would be reasonable to approach adults with congenital heart defects to get them to:
 1. Sign up to access their electronic medical record, “MyChart,” and
 2. Place the “MyChart” application on their phone so they have immediate access to their information (PDSA cycles 4+, to begin in March 2017).

Conclusion

Most adults who come to an adult congenital clinic have access to a smart phone, and most are willing to have their medical information stored on their phone. A smaller majority is willing to have a medical provider assist in placement of their medical information on their phone, but the exact mechanism for storage varies.

References

1. www.achaheart.org/media/1215/php_2016_ref.pdf