

**BURCH FIRM****Name of Firm:** Blue Firm**Name of Firm Resident Quality Leader:** Jane Andrews**Name of Firm Faculty QI Sponsor:** Michelle Guidry**Project Title:** **Resident Attitudes Towards and Education on HIV/AIDS Follow-up from Hospital Discharge**

**Aim:** The aim of this research project is to determine to what degree resident knowledge and attitudes affect follow-up rates of patients with HIV infection that are discharged from Tulane hospital. To this end, we have conducted a quality improvement study regarding resident attitudes and knowledge about HIV patient discharges. This consisted of a pre-intervention survey of resident attitudes and knowledge about discharge resources available to patients with HIV, followed by an educational session about such resources given to all residents. Information was made available on the medical wards and through the resident intranet. Finally, we conducted a post-intervention survey to determine the change in resident attitudes and knowledge following our education outreach, while simultaneously tracking HIV patient charts to determine whether our education efforts were reflected in patient discharge planning both before and after our intervention took place.

**Metric:** Attitudes and Practice: Resident attitudes and knowledge about discharging HIV positive patients to appropriate clinic follow up sites in New Orleans from Tulane Hospital, and percentage of HIV positive patients discharged with specific follow up plans

**Pre-Intervention Metric Value(s):**

- 1) % of residents who know at least 3 discharge clinics for HIV patients by name = 44.7%
- 2) % of residents who always or almost always discharge HIV positive patients with scheduled clinic follow up appointments= 34%
- 3) % HIV positive patients discharged from Tulane who have HIV follow up appointments = 78%

**Intervention:** Internal medicine residents were asked to complete a survey online using Survey Monkey regarding resident knowledge and attitudes toward discharging HIV positive patients. Two interventions followed: First, a brief resident education session took place during during scheduled didactic time. Residents were informed about available HIV clinics in New Orleans that patients could be sent to to establish primary care, and about any other resources available to establish linkage to care. Second, fliers were posted throughout the physician workstations of Tulane hospital. Five months later, the survey was re-administered to reassess whether residents gained knowledge or changed attitudes regarding discharging HIV positive patients. Additionally, a chart review was done, of HIV positive patients discharged from Tulane hospital during two months pre-intervention and two months post-intervention. The pre and post-intervention discharges were evaluated to compare the percentage of patients who had scheduled follow-up appointments.

**Post-Intervention Metric Value(s):**

- 1) % of residents who know at least 3 discharge clinics for HIV patients by name = 78%
- 2) % of residents who always or almost always discharge HIV positive patients with scheduled clinic follow up appointments= 58%
- 3) % HIV positive patients discharged from Tulane who have HIV follow up appointments = 85%
- 4) % of residents who report using the posted green sheets (listing HIV clinic information) to assist with discharge planning = 28%

**Problems Encountered:**

- a. Using patient discharge summaries as a metric was imperfect because when discharge appointment dates were not dictated, we could not necessarily conclude that these appointments were not made for the patient. In other cases, patients appeared to have close relationships with their HIV provider, and although some did not have follow-up appointment dates and times, we could not conclude that the patient would not take responsibility for follow-up his or herself.
- b. A number of residents did not complete the post-intervention survey.
- c. Among patients that were re-admitted, we had to decide whether or not to count these patients "twice" in our intervention.

**Learning Points:**

- a. We learned about the importance of having a simple, measurable metric when evaluating our intervention effectiveness.
- b. We learned how to design a survey intended to measure knowledge and practices.
- c. We learned how to conduct an education intervention, and that such a simple intervention could be so valuable to residents.

**Do you consider your project a success? Why or why not**

Despite there not being a significant difference between the number of patients with discharge appointments before and after our intervention, we do consider this project a success based on the survey indicating resident knowledge of HIV clinics in New Orleans had increased following our intervention. Many residents indicated that they used the discharge information that we had provided to them during our intervention. Nevertheless, the goal of our project would be to eventually ensure that 100% of patients have follow up appointments at time of discharge. Some of the obstacles to achieving this goal were identified in the resident survey. Future QI projects could work to eliminate some of these barriers.