

Implementing an InPatient Car Seat Consult Service: providing equitable access

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A little bit about myself





- With Regions Hospital since 2000
- First trained as a CPS Tech in 2006, becoming an instructor in 2008
- Collaborated with a nurse/CPS Instructor in the ER, Diana Van Wormer, to develop a community-based car seat program
- Since 2008, Regions has offered regular car seat clinics, education to parents/caregivers and various medical care providers, CARS, CPST initial and renewal courses, specialized training for EMS, consults to ER & Trauma
- Oversee the entire child passenger safety program to include the community-based clinics, in-patient consult service, outreach and additional grant work
- Injury Prevention & Outreach Program Manager




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A little bit about myself, con't

- EMT, B.S. Biology, finishing masters program in Gerontology at Mizzou
- Chair the Ramsey County TZD Coalition
- Safe Kids Coalition Coordinator (Greater East Metro/St. Croix Valley)
- Four boys, 3 cats, engaged to be married...expanding my family by 2 adult children and 2 dobermans




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Objectives

1. To review the in-patient car seat consult service at Regions Hospital
 - a. Funding opportunity
 - b. Work involved to establish a new service
 - c. Data & Research
 - d. Equitability
2. Provide background...how did we get here
 - a. Review the "typical" model
 - b. SBAR for training current clinical staff
3. Share challenges and vision for future



...and hopefully leave you with a few ideas, tools, resources




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InPatient Car Seat Consult Service

- A consult service to provide car seat education to discharging patients at the Regions Hospital Family Birth Center
 - Provide a car seat if family is in need
 - Provide education in the patient room
 - May provide vehicle side education depending on circumstance
- Cross cover the ER and trauma service as available
- Provide Safe Kids CPST courses to future technicians at no cost, continue community-based clinics and support community events/awareness campaigns



But How Did We Get Here?




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Community-based program

- Started in 2008
- Funded through operational budget & employee giving campaign
- Provided nearly 6000 car seat checks since that time
- Over 30 Safe Kids CPS Tech courses offered
- Replacement/distribution seats were funded through the employee giving campaign and/or the MN OTS annual car seat grant




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Community-based program

- The community-based program continues today
- Regions secured a one year Buckle Up for Life grant in August 2022 to provide car seats to community members in need
- Partnering with Public Safety
- Intended to reach those families in need of education and resources within the communities where they live







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What was our/ what is the typical model?


- Pediatric Trauma Centers have some sort of child passenger safety programming
 - Their own...or
 - Partnering with a local Safe Kids coalition
- Families actively seek out car seat education, find a clinic, schedule an appointment, arrive in vehicle with their own car seat (language=English)
- May be identified ahead of time as a family in need of a car seat, and a distribution seat would be used if available
- *Might* have a CPS Tech available to help in the ER or pediatric trauma program



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What was our model...


- Regions ER trained RN staff as CPSTs
- Regions Trauma Program trained trauma nurse clinicians (TNCs) as CPSTs
- The car seat program provided replacement seats funded through the employee giving campaign for ER and trauma patients
- MN OTS grant seats were reserved for the community-based clinics while supplies lasted
- The community-based car seat program included per diem staff hired to support the community based program - most were instructor level
- There was an attempt to cross cover the ER and trauma program - creating a call tree



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Limitations to this model


- RN staff turnover, shift change or attrition
- RN primary clinical care responsibilities
- Overall time and cost for training and recertification was prohibitive
- Car Seat Program staff rarely available at time of need
- Missing an entire pediatric patient population...our newborns with an average of 2500 deliveries/year at the time



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2018 - SBAR






- SBAR created in Spring 2018 to highlight need for child passenger safety education in-patient
 - Identify the statistics and need
 - Review the cost savings and more efficient model of having a dedicated service
 - Presented internally to key leaders including the Director of the Family Birth Center, Emergency Department and Pediatric Trauma Program
- Work continued through Spring 2019



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2018 - SBAR supporting documents


- Injury & Fatality statistics, CDC wisqars
- Our own hospital statistics
- NHTSA Hospital Discharge Recommendations for Safe Transportation of Children, Jan 2015
- AAP Policy Statement: Child Passenger Safety, Nov 2018
- ENA Position Statement: Child Passenger Safety in the United States

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MN Office of Traffic Safety - CPS Hospital Liaison

- Summer 2019, MN OTS announced the grant application for the CPS Hospital Liaison FY 2020
- Regions Hospital applied for the grant for an inpatient car seat consult service
 - Already poised to respond from SBAR work
- Awarded the CPS Hospital Liaison Grant FY 2020, and subsequently awarded FY 2021, FY 2022 and FY 2023
- Financially administered through the HealthPartners Institute
- Operationally managed and reported through the Injury Prevention Program at Regions Hospital



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Leadership Support

- Leadership support prior to application was critical
- Director level support from
 - Trauma,
 - Burn,
 - Family Birth Center,
 - In-Patient Nursing,
 - Critical Care Research Center



This service was welcomed by Family Birth Center Staff, motivation to make this successful was extremely high!



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InPatient Car Seat Consult Service

1. Create an entirely new in-patient service
 - Work began October 2019
1. Establish a Steering Committee
2. Establish Work Groups
 - a. Operations
 - b. EPIC
 - c. Social Work
 - d. CCRC/Research
 - e. Risk Management
 - f. Human Resources
 - g. Nursing Education




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The Steering Committee

Establish a Steering Committee

- Leaders from key areas
 - Heavily Birth Center focused
- Helped identify those who should be a part of individual work groups
- Helped identify the work groups that should be established
- Reported back to senior leadership regularly (VPs)



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The Work Groups

Operations


- The boots on the ground of how this service will operate
- Set up shadow shifts for the lactation consult team
- Introduction to key staff

EPIC

- Create a flow sheet, automatic consult for all newborns, enable access to EPIC and set up grease board, training on EPIC
- Create a car seat consult education form t
 - To be attached to each chart
 - Reviewed and approved by the forms committee



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The Work Groups

Social Work

- Establishing a process for identifying a car seat need
- Establishing a process for distribution of grant car seat, on shift v. off shift
- Collaboration on resource allocation and tracking
- Absolutely INVALUABLE team with which to work closely

CCRC/Research

- Assist in survey, collection of data, reporting of data
- Both in-patient survey (FY2020) and community-based demographic data (FY2021)
- Data analysis

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The Work Groups

Risk Management

- Review job scope
- Identify risk, if any

Human Resources

- Create a job description, grade job description/salary range based on comps
- Create job requisition after leadership approval, post, interview, hiring process



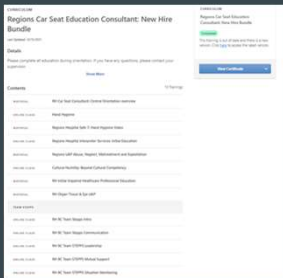

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The Work Groups

Nursing Education



- General hospital on-boarding
- Specific Post-Partum and NICU onboarding (*newly created*)
- Specific job scope onboarding (*newly created*)

And go through all the training myself...since I was the first car seat consultant!

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Inpatient Car Seat Consult Service - So How Does it Work??

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Inpatient Car Seat Consult Service

How it works

- Operates similarly to the lactation consult service
- Car seat consultant receives a list of patients and works with charge nurse to identify those scheduled to discharge that day
- Prioritizes patient visits based on discharge disposition
- Social work may put in a request for a distribution car seat, the car seat consultant may also identify a need upon visit.
- Education is offered in the post-partum room - as much or as little as the family wants
- Educational material included in take home folder



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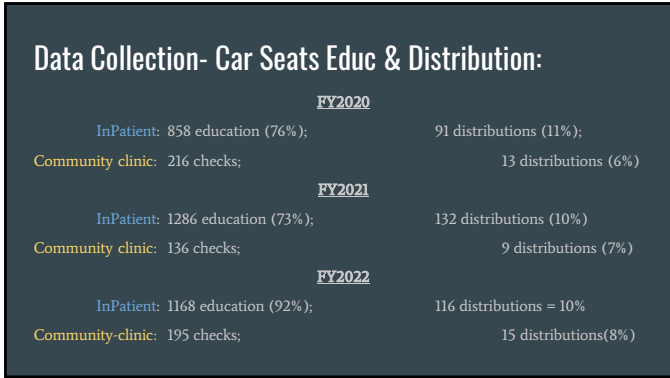
Inpatient Car Seat Consult Service

How it works, con't

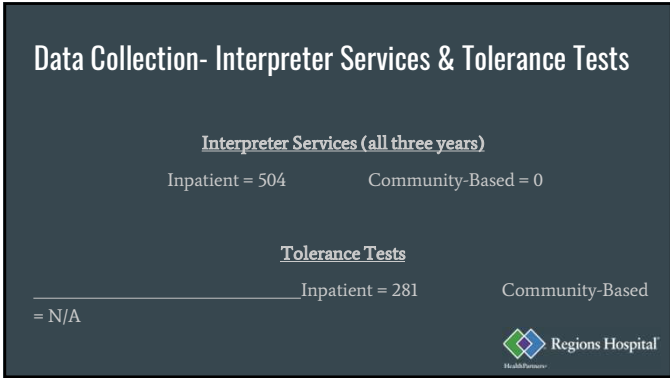
- Receive NICU or nursery request to help fit newborn for car seat tolerance test
- Vehicle side education offered for any tolerance test
- Utilize interpreter services for non-English speaking families
- Remind families of community-based car seat clinic opportunities
- Chart patient contact in EPIC and send car seat consult education form to medical records
- Track all education, distributions and other data points
- FY20 & FY21 collect research data
- Data Collection is huge



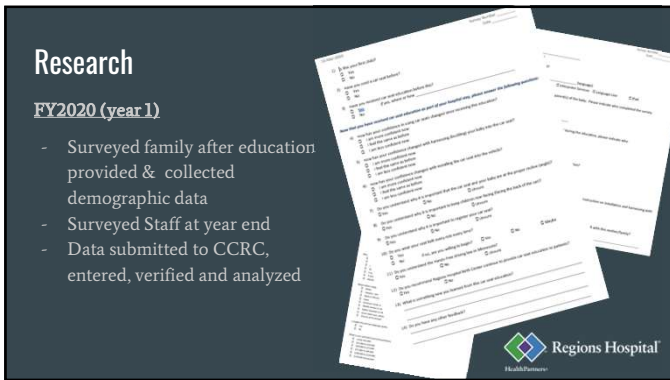

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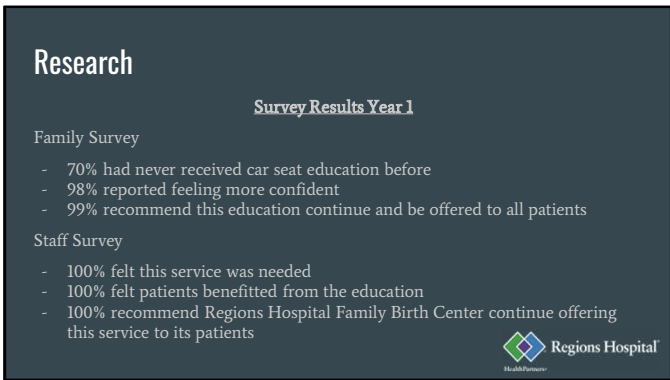
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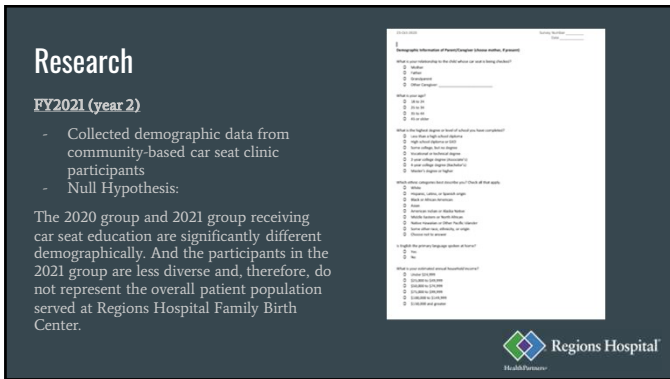
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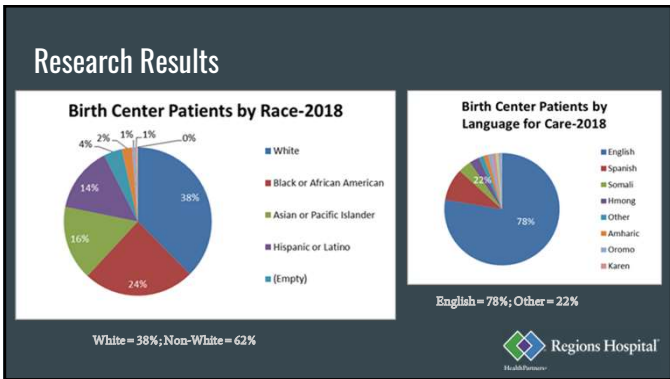
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Research Results

Known 2018 Demographics (previous slide):
 White = 38%; Non-White = 62%
 English = 78%; Other = 22%

InPatient (Year 1)
 White = 48%; Non White = 52%
 English = 80%; Other = 20%

Community-Based (Year 2)
 White = 81%; Non White = 19%
 English = 97%; Other* = 3%

**Fluent in English*



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What does it all mean?

1. Most families admitted to the Regions Hospital Family Birth Center have never had car seat education before and 99% who received education recommend this service to all patients
2. The patients who received car seat education represent the actual patient population of our Family Birth Center/hospital
3. The community members attending car seat clinics do not represent the more diverse patient population of our Family Birth Center/hospital
 - a. Significant difference between groups re: language spoken
 - b. More likely to be white
 - c. More likely to have higher income and higher level of education
4. More families are reached through an inpatient program
5. The car seat distribution was consistent from year to year, with a higher % of families receiving car seats as part of the inpatient car seat consult service

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What does it all mean?

By providing car seat education in the birth center as part of the standard of care, patients are more likely to receive equitable access to this critical safety education

Barriers are eliminated such as:

- Self selection, access to vehicle, access to car seat, language
- The service readily available at a meaningful time

It may be the first time a family is learning about car seats




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Some Challenges

1. Time to develop a new inpatient service
2. COVID-19; furloughs; the unknown
3. Hiring and Staffing limitations
 - a. Covid-19
 - b. Temporary due to nature of grant; per diem
 - c. Need for very technically sound, knowledgeable CPSTs who can work with a diverse patient population, properly chart, etc.
 - d. Ability revise budget throughout grant period
 - e. Number of days staffed each week has fluctuated - and has not been full-time
4. Information sharing across provider groups to better understand the service and distribution of car seats


Overall - a great experience due to motivation of all involved!



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A Vision for the Future

- Serve as a model and support other MN organizations in establishing their own inpatient service.
- Continue to grow this service to 7 day/week; 365 day/year coverage.
- Share this work in an effort to make Minnesota the first state to internally promote and support this service as standard of care in its hospitals
- Lobby for some level of insurance reimbursement to support car seat education inpatient or other hospital designation...because without the funding.....




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Summary

An unintended consequence of not integrating car seat education as part of the birth center experience may be a lack of understanding of the true risk.

So much work is done to support and promote health and well-being of each newborn. Yet, when discharged, traditionally little or no attention is paid to how the newborn is transported home.



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Summary

By reaching families with newborns, CPS education could have a lifelong positive effect on the child's health and well-being.

It provides critical education in an equitable way - eliminating barriers or other limitations that exist when relying on community-based clinics alone.

It can have a positive effect on vehicle and roadway safety in MN.

It may reduce the number and severity of emergency room and trauma service patients seen as a result of injuries sustained from a car crash.



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MINNPOST

Protecting newborns: Regions Hospital is training parents in correct car-seat use

To be honest, the first time you fit a squirming newborn's arm through the strap of a Graco Snuggly Snug-lock 35 is a little nerve-wracking.

By **Bill Lindeke** | Columnist

<https://www.minnpost.com/cityscape/2021/06/protecting-newborns-regions-hospital-is-training-parents-in-correct-car-seat-use/?hilit=car+seat>

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HUGE THANK YOU!

Thank you to Regions Hospital leadership, staff and social work support. Thank you to the MN Office of Traffic Safety for supporting the vision.

And a huge thank you to my car seat consultants: **Arden Ashely-Wurtmann, Gold Lor, Allyson Rydberg and Nichole Korth!**

Nichole's extra effort this last grant period as the sole car seat consultant was off the charts!



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Questions

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