

Background and Significance

- Unintentional trauma continues to be the leading cause of morbidity and mortality in children, and mechanisms vary by age.
- The multi-disciplinary trauma team stabilizes the child who eventually is discharged home.
- Trauma clinic and/or subspecialist follow-up is generally recommended.
- Little is known about the factors influencing a family's ability to follow-up for their child's trauma injury, although clinicians need to follow-up to assess potential for additional injuries as well as adherence to post-trauma care.
- Recent studies exploring trauma follow-up care were not pediatric focused.

Specific Aims

- To determine barriers and supports/facilitators to accessing trauma follow-up care for families of pediatric patients.
- To assess benefits that families derive from Trauma Follow-up Clinic care.

Hypothesis

- Families will identify barriers and supports/facilitators to obtaining follow-up care.
- Families will acknowledge some value to attending follow-up appointments.

Methods

- **Design:** Convergent parallel mixed-methods study targeting parents whose child was hospitalized for a traumatic injury.
- **Setting:** Single-site study in an outpatient clinic at an academic pediatric level 1 trauma center.
- **Sample:** English and Spanish speaking parents of children admitted to the Trauma Service. Convenience and purposive sampling strategies were used to obtain the sample for the quantitative survey (N=50) and qualitative interview (N=20), respectively.
- **Quantitative Data:** Anonymous surveys were distributed in the Trauma Follow-up Clinic. Survey responses were analyzed with SPSS version 25.
- **Qualitative Data:** Individual interviews were conducted in person or via telephone in English or Spanish. Recordings were transcribed verbatim, imported into Atlas.ti, coded, and then analyzed for relationships between and within text segments using narrative analysis.

Qualitative Results

- **Major themes: Barriers to follow-up care and desired changes to ease follow-up care.**

"Actually, because the doctors' schedules are so time restricted and a lot of us parents live far away. I was two hours away...for me to come down on a Friday afternoon is next to impossible"

"Busy schedules and school and work and all that, all kinds of stuff."

"It was extremely reassuring. And it was nice to just feel like we had a doctor's approval on how she was doing and is doing, and, I guess, just very reassuring."

"Reminders are always helpful, texts are very convenient."

"Well, the appointment was set for me. I didn't get to have a say in when the appointment was gonna be...I showed up on the wrong day so they-they fit us in."

"I think that doctors need to get back to doing home visits."

Quantitative Results

- A majority of respondents did not endorse any of the barriers to attendance identified in the survey.
- The respondents noted that the average distance traveled to the clinic was 20.84 miles each way (SD 21.14).
- 30% of surveys completed in Spanish.
- Mean age of child: 6.03 years.
- 54% of children had head injuries.
- Non-head trauma more likely to require surgery (p=0.021).
- No association between gender and ICU stay or surgery.

Discussion

- Anonymous surveys did not reveal insight related to impact of child injury type or severity on Trauma Clinic follow-up.
- Survey data revealed that the distance families traveled for post-discharge follow-up care was extensive.
- Interviews confirmed that distance to the hospital was a barrier, as were lack of transportation, the need to take time off from work, and limited clinic times.

Implications

- Review current clinic practices for clinic reminder policies.
- Implement a pilot multi-disciplinary Trauma Clinic for poly-trauma patients to enable families to see multiple specialists on same day.
- Develop and pilot procedures for discharge planners to assess follow-up needs and potential barriers the family may encounter.

Limitations

- Small sample size
- Lack of medical record data
- Surveys only completed by families who attended follow-up clinic visit
- Potential for bias as investigator conducted follow-up visits and English interviews

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