ABSTRACT #7

Name of Trainee - Leslie M. Harris
Name of Mentor(s) - Noa Fleiss, MD; noa.fleiss@yale.edu
Type of Trainee: Fellow

Title: Improving Parental Experience of Electronic Patient Portal Proxy Access at a Level IV NICU: A Quality Improvement Initiative

Authors:
L. M. Harris, MD1, 2, V. Tallberg, BSN, RN2, E. Crespo, BSN, RN2, K. Kline, BSN, RN2, M. Gray, BS2, T. Gambardella, PA2, M. Olinger, LCSW2, K. Garrington, LCSW2, L. Garcia, DNP, MBA, RN, CENP2, N. Fleiss, MD1, 2; 1Yale School of Medicine, Department of Pediatrics, New Haven, CT and 2Yale-New Haven Hospital, New Haven, CT

Background: Recently, the 21st Century Cures Act took effect mandating increased direct-to-patient reporting of test results and clinical documentation, but there is no clear guidance for medical providers on how to navigate patient portal access to the electronic health record (EHR). Critically ill infants’ EHR and proxy access by parents/caregivers are of special concern, yet little is known about what information parents of infants in the neonatal ICU (NICU) access. Even less is known about how this information affects parental understanding, stress, and satisfaction of care for their infant. We describe a quality improvement (QI) initiative in the NICU to increase parent proxy access to infants’ EHR and improve their proxy experience while reducing associated stress.

Methods: All patients admitted to the level IV NICU were included from 5/1/21-12/17/21. Using the Institute for Healthcare Improvement’s (IHI) Model for Improvement, we implemented process-based interventions targeting stressors and obstacles associated with parental proxy access. A web-based survey was used to assess parent experience.

Results: Approximately 77% of infants had an active proxy with access to their EHR portal. Figure 1 shows weekly proxy access at the time of NICU discharge over the past six months. Thus far, there has been no significant shift in our mean of parent proxy access. 29 parents responded to the experience survey and rated overall satisfaction with proxy access as good to excellent. Parents report enjoying access to test results and provider notes, feeling involved and informed about their infant’s care, and not having to wait for information. Parents reported dissatisfaction with hard to interpret information, feeling obligated to check the EHR portal frequently, and stress and anxiety caused by receiving information before speaking with the medical team.

Conclusions: We established a NICU-based QI initiative focused on proxy access, provider communication, and parents’ experience of the electronic patient portal. These initial data will inform future interventions to further target challenges such as hard to interpret information, language disparities, and additional parent stress related to early access to results.

WORD COUNT: 332
(data provided below)
Figure 1. Percent of Infants Discharged from the NICU with Active EHR Proxy Access, by Week

Weekly EHR Proxy Access for Infants in the NICU

- UCL: Upper Control Limit
- CL: Center Line
- LCL: Lower Control Limit
- PDSA #1
- QI team formed
- PDSA #2

Week, May-December 2021