

<p>Success Factors</p>	<p>The most successful parts of our work were as follows:</p> <ul style="list-style-type: none"> <li>• Improving smoking status documentation</li> <li>• Creating a follow-up program called the “Don’t Do It” protocol to help support our patients in their efforts to quit smoking (this included close nurse follow-ups with phone calls to see how they were doing and to check on any medication side effects)</li> <li>• Inadvertently assuring that smoking status documentation was correct so that patients who should qualify for the low-dose CT scans for cancer screening did qualify. This came about when we realized that updating a smoking status when a patient had cut back could skew the numbers and make the patient’s smoking history appear to be less than it actually is in the EMR. Once we noticed this, correct documentation helped them qualify through insurance to get the screening they needed.</li> </ul> <p>We were inspired by the progress we made in improving smoking status documentation and counseling. This, along with implementing an entirely new follow-up program for smoking cessation, showed that we could leave a lasting impact on our Internal Medicine Resident Clinic.</p>
<p>Barriers</p>	<p>The largest barriers encountered were patient demographics and willingness/insight to quit smoking. Another barrier was the number of residents and nurses who needed to be educated about documentation and our new follow-up program. All were extremely busy with their other duties, so to reach everyone and have them remember was difficult. To overcome the barrier with our patient population, we tried to incentivize them and follow-up closely to help them quit smoking. We hung signs in patient rooms showing how much money they would save if they quit smoking, and we created the “Don’t Do It” protocol for nurse phone calls after their visit. To overcome the barrier of reaching and educating everyone, we had multiple venues with education about how to correctly document smoking status at each visit and about the “Don’t Do It” protocol.</p>
<p>Lessons Learned</p>	<p>The single most important piece of advice to provide another team embarking on a similar initiative is to know as early as possible what to focus on in the project.</p>

## TriHealth, Cincinnati, OH

### The Effect of a Mobile Produce Market on Dietary Habits in Two Low-Income Urban Neighborhoods

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**Background:** Low-income neighborhoods in Cincinnati, OH lack access to fresh fruits and vegetables. TriHealth partnered with a local food bank to start a year-round mobile market in 2 metro areas. The aim of our quality improvement project was to increase access to fresh fruits and vegetables in food-scarce neighborhoods.

**Methods:** Food perception data were obtained from patients who visited Samaritan Faculty Medical Center and Obstetrics Clinic and Bethesda Family Practice on the day that the mobile food bank was present. Participants completed the Fruit and Vegetable Inventory survey, an evaluation tool for nutrition education programs serving low-income communities. The survey was repeated 6–8 months after enrollment via a phone call from residents and physicians. Preparticipation and postparticipation body mass indexes (BMIs) were collected when possible.

**Results:** We successfully partnered with a local food bank to provide our patients with weekly access to purchase fruits and vegetables. We established and maintained a customer base. Although no statistically significant data were obtained, the intervention appeared to have a positive influence on attitudes regarding fruit and vegetable intake. We saw an increase in the percentage of participants who reported a perceived benefit in a diet containing fruits and vegetables and a perceived risk of a diet void of fruits and vegetables. The majority of participants had an improvement in their perceived diet quality. BMI analysis of 20 patients showed no change during the study period.

**Conclusion:** Increased access to fruits and vegetables appears to have a positive impact at least on attitude toward eating a more healthy diet. Future studies can see if this change in attitude results in a change in behavior by identifying if customers are study participants. A mobile food market appears to be a viable option to address food deserts.

### PROJECT MANAGEMENT PLAN – The Effect of a Mobile Produce Market on Dietary Habits in a Low-Income Urban Neighborhood

Vision Statement	Our vision is to develop a sustainable process for addressing food disparities in our community and making a healthy diet a consistent part of medical care. We are developing a culture in which GME is leading the path toward improving healthcare disparities within the TriHealth community. We hope to set an example of stewardship in addressing our community's healthcare needs. We envision equipping medical trainees with tools to effect change in the communities in which they will practice.
Team Objectives	The primary purpose of this project was to measure the impact of the mobile food market among Samaritan Faculty Medical Center and Obstetrics Clinic and Bethesda Family Practice patients with the aim to influence their fruit and vegetable consumption. The secondary purpose of the study was to measure the impact of a mobile food market among the residents of low-income communities of Northern Kentucky and Cincinnati with the aim to improve the availability and accessibility of fruits and vegetables.
Success Factors	The most successful part of our work was the engagement with the institution and the staff. People took pride in this work and felt they were contributing to a noble cause. We were initially inspired by the AIAMC work that Main Line Health had done regarding food insecurities and in providing fresh produce at their clinic. Our TriHealth team learned through our CHNA that our resident clinic sites were located in food deserts and that food insecurity was an issue for many of our patients. Our GME team decided to pursue addressing food insecurity for our NI V project. In addition, we are always inspired by our patients and their desire to eat better and lead healthier lives.
Barriers	The largest barrier encountered was that nutrition department reorganization and turnover kept them from engaging in our project. We worked to overcome this challenge by promoting the market through our own residents and staff. We still have work to do on this.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to connect your idea/initiative to a mission/objective of your health system and identify a C-suite champion.

## UnityPoint Health, Des Moines, IA Improving Pediatric Asthma Management by Using Care Coordination to Reduce ED Visits

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**Background:** The control of asthmatic symptoms in pediatric patients is an important medical concern. Without optimized medical care, children are at risk for repeated exacerbations and unnecessary medical encounters. Recurrent ED visits for asthma-related symptoms in pediatric patients may be minimized with better outpatient management. Our goal was to decrease the number of ED encounters for pediatric patients with asthma symptoms by improving care coordination with increased follow-up office visits, decreased time to follow-ups, and more comprehensive assessments/management.

**Methods:** We reviewed 765 (n=553 unique patients) ED encounters from the historic and prospective time periods, with 148 (136 unique patients) and 176 (130 unique patients), respectively, eligible. For the prospective group, an ED manager contacted the patients/guardians after the encounter and encouraged them to have a follow-up outpatient clinic visit within 7 days. At the clinic visit, the patient was evaluated using questionnaires that assessed barriers and goals. Subsequent clinic telephone contacts were made to the patient as needed. If