

children (27%) admitted to the hospital (including general floor, intensive care unit, or operating room), 75% had an HVIP consult placed, with only 43% placed in the ED. Seventy-six percent of these patients were ultimately enrolled in the HVIP.

Conclusions: From our needs assessment and chart reviews, we learned that we are missing large volumes of HVIP-eligible referrals. As next steps, we will be implementing plan-do-study-act cycles to test whether two of many possible interventions can help us achieve our specific aim. The two interventions will be to make modifications to our ED's electronic medical record software as well as increase the visibility of and provide more resources to our HVIP's CVAs.

Objectives:

1. Discuss the importance of hospital-based violence intervention programs (HVIPs), particularly in the pediatric emergency department setting.
2. Highlight a needs assessment to critically appraise an HVIP using a quality improvement approach.
3. Gather tools for next steps, including possible interventions, to improve the HVIP.

Universal Screening for Pediatric Firearm Injury Risk: Preliminary Results from the Firearm Injury and Mortality Prevention (FIMP) Initiative

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Background: Firearms are the leading cause of death for US children and adolescents. Emergency departments (EDs) present unique opportunities to adopt Firearm Injury and Mortality Prevention (FIMP) strategies, serving as safety nets during times of crisis, providing care for those without primary healthcare sources, and treating patients with firearm-related injuries. Pediatric healthcare providers routinely screen for a variety of health concerns, providing anticipatory guidance and educational resources to patients and caregivers to promote health and safety. Thus, pediatric EDs provide optimal environments for implementation of FIMP strategies as part of usual care. We implemented a universal FIMP screening program to normalize conversations about firearm safety and violence risk for all patients, caregivers, and healthcare team members. This universal screening strategy was based on successful implementation of a "We Ask Everyone" approach using Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use. We applied this SBIRT framework for substance use to FIMP, based on synergistic goals and harm reduction principles, to maximize reach to all patients and destigmatize firearm injury risk.

Methods: Universal screening for firearm access and violence risk for patients > 12 years was implemented in three New York hospitals, including one pediatric ED beginning in July 2021. For adolescent patients ages 12-17, screening consists of a question about firearm access within or outside the household, and the 4-question SaFETY score, a validated tool to predict future firearm violence risk. Screening tools and reports were programmed into the electronic health record (EHR). Prior to implementation, asynchronous online education for healthcare team members was disseminated exploring FIMP as a public

health issue, reviewing the screening tool, workflow, documentation, and available resources. Additional synchronous education was provided to team members providing support to patients who screened positive.

Results: Since implementation through April 2023, 4,649 pediatric patients ages 12-17 across the three EDs were screened for firearm injury and violence risk. Among patients at our pediatric ED, 16.13% of all patients (4,503 total) were screened. 79 (1.75%) screened positive for firearm access, and 134 (2.98%) screened positive for violence risk, with 217 (4.67%) positive screens overall. Among pediatric patients with a positive screen, 77 (19.35%) were approached for a full screen, brief intervention (using motivational interviewing and the brief negotiated interview) and resources.

Conclusions: Pediatric ED FIMP screening is a promising tool to identify, and subsequently provide patients and families with resources and support to increase safety and reduce risk associated with firearm access and violence risk. Factors associated with increased FIMP utilization include robust championship by ED leadership and ongoing, health system-wide prioritization of firearm injuries as a public health concern. Disruptions to clinical workflows including COVID-19 and subsequent RSV and influenza surges temporarily reduced pediatric FIMP screens, which improved over time. Future steps include expansion of FIMP screening to additional pediatric service lines system wide.

Objectives:

1. Attendees will be able to describe the utility of universal screening for firearm injury risk in the pediatric emergency department setting.
2. Attendees will be able to identify opportunities to integrate conversations around firearm safety and violence prevention within standard clinical interactions.
3. Attendees will be able to determine barriers and facilitators to ED adoption of firearm injury prevention strategies

A National Study of Firearm Use and Safety Training of Rural Adolescents



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Background: Data regarding rural youth's experience with firearms is limited despite their frequent presence in homes. Firearm training is considered an important aspect of safety and preventing unintentional firearm injuries and deaths. Our objective was to investigate rural adolescents' use of firearms and whether they had received formal firearm training.

Methods: A convenience sample of 2021 National FFA (formerly Future Farmers of America) Convention & Expo attendees were given an anonymous survey at the University of Iowa Stead Family Children's Hospital injury prevention booth. The survey explored their use of rifles/shotguns and handguns, when they first fired them, and whether they had completed a firearm training certification course. Data was compiled in Qualtrics and exported to Stata 15.1 (StataCorp, College Station, Texas). Descriptive (frequencies), bivariate (chi-square,