

**Abstract Form**

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<b>Project Title:</b>	Improving Resident Knowledge Regarding Discharge Transportation Options at the Greater Los Angeles VA

**Research Category (please check one):**

<input type="checkbox"/>	<b>Original Research</b>	<input type="checkbox"/>	<b>Clinical Vignette</b>	<input checked="" type="checkbox"/>	<b>Quality Improvement</b>	<input type="checkbox"/>	<b>Medical Education Innovation</b>
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**Background**

Internal medicine residents’ knowledge of transportation options for Veterans upon discharge at the Greater Los Angeles VA medical center remains variable. Transportation options at the VA differ greatly from those offered at other rotation sites and may vary based on a Veteran’s service connection and discharge destination. Some transportation options include ambulance with BLS/ACLS, gurney transport, wheelchair vans, and curb-to-curb shared-ride transportation. Some transportation options are only available to Veterans with sufficient service connection. The variability in knowledge of these options has the potential to delay discharges for Veterans who are otherwise medically stable.

**Methods**

Our QI project aims to improve UCLA internal medicine residents’ knowledge about transportation options upon discharge at the Greater Los Angeles VA. Our first step consisted of surveying residents on their current knowledge and comfort level regarding transportation options at our VA hospital and how often they perceived that patient discharges were delayed due to issues with transportation. Using these pre-survey results, our intervention included dispersing a chart created by VA faculty highlighting the various transportation options available. Information on the chart included details such as the patient’s functional status, how to coordinate transportation, and appropriate options dependent on the discharge destination. This chart was disseminated to residents through each team’s online sign-out on Microsoft Teams, as well as the chief residents’ weekly newsletter. After rolling out the intervention, residents are currently being surveyed about use of the provided chart, as well as changes in comfort level regarding transportation after their rotations. We also plan to compare the percentage of Beneficiary Travel consults approved pre- and post-intervention.

**Results**

13 out of 56 residents (23%) surveyed responded to our initial pre-survey prior to our intervention. 23% of respondents felt their knowledge regarding transportation options was limited, while 61% felt that their knowledge was sufficient. Prior to our intervention, 15% of patient discharges were perceived to be delayed due to issues with transportation. We are currently in the process of collecting data after rolling out our intervention. 4 residents have responded thus far, with 50% feeling that their knowledge regarding transportation is limited. 25% of respondents have used our resource chart. Since our intervention, only 6% of patient discharges were thought to be delayed due to transportation.

**Conclusions**

Resident knowledge regarding transportation options for patients is highly variable, and improvement in that knowledge has the potential to prevent delays in discharge from the hospital. Moving forward with our project, we aim to continue to collect data on resident usage of our transportation information chart, with the goal of assessing if this decreases time to discharge from when patients are medically ready to be discharged.