Improvement of Patient- and Family-Specific Care for Children with Special Behavioral Needs in the Emergency Setting: A Behavioral Needs Education

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Problem: Improvements in staff training, identification, and treatment planning for children with special health care needs who have behavioral issues are routinely recommended, but a literature review revealed no coherent plans targeted specifically toward pediatric ED staff.

Methods: An educational module was delivered to emergency staff along with a survey before and after and 1 month after the intervention to examine comfort in working with children with behavioral special needs and the ability to deliver specialized care. Child life consultations in the pediatric emergency department were measured 3 months before and 3 months after the education was provided.

Results: A total of 122 staff participated and reported clinically significant improvements across all areas of care that were maintained at 1 month.

Implications for practice: To the best of our knowledge, this project represents the first quality improvement project offering behavioral needs education to emergency staff at a large pediatric hospital with an examination of its impact on staff competence, comfort, and outcomes. A large-scale educational module is a practical option for improvement in pediatric ED staff competence in caring for patients with behavioral special needs.

Key words: Quality improvement; Behavioral care; Pediatric emergency medicine; Children with special health care needs; Child life; Education

Children with special health care needs (CSHCN) are defined broadly as any pediatric patients at higher risk for a chronic condition of any type, who will need more resources, supports, and care than the average pediatric patient.[1] Although the CSHCN definition varies in the literature to encompass both medical and behavioral special needs, this project focuses on children with behavioral special needs. These children present with a higher than average risk of having a negative outcome in the medical setting if their needs are unmet, including increased use of restraints, increased need for sedation, increased morbidity and even mortality. Existing literature suggests deficiencies in health care provider (HCP) training regarding care for CSHCN, especially those with behavioral and mental health needs, and thus an increased risk that these patients are not having their needs met.[2] The proper identification and specialized management of CSHCN is vital because these patients cost hospitals more, require more care, receive poorer care, and have worse outcomes than other children.[3] An Institute of Medicine report revealed poor screening for behavioral health issues, lack of staff training regarding care for this population, challenges specific to the ED environment when caring for these patients, and extended wait times for these patients.[4]

Time is of the essence with each ED patient, and delays in care such as those caused by unaddressed behavioral or emotional special needs cause significant strain on the system and can lead to the delivery of poorer quality care to these vulnerable patients.[5,6] Patient- and family-centered

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care (PFCC) is of primary importance within the emergency department where many usual supports are no longer in place. Indeed, PFCC is the benchmark of high-quality care in pediatrics, especially for CSHCN, within state Title V programs and Healthy People 2020 objectives. However, PFCC is rarely executed in an evidence-based manner in the emergency department because it is not reimbursed, and thus it is difficult to justify prioritizing it in an environment that demands so much of its busy and overworked providers.[7] Improvement of PFCC for CSHCN includes the enhancement of family-provider communication and patient comfort through child life services (CLS), distraction, and related modalities.[8] Notably, CLS personnel are not consistently consulted, and rates of consultation with CLS for CSHCN are not even collected at most major hospitals. Many hospital systems do not fully utilize the services of CLS providers.[9] Thus a system needs to be in place for early and efficient consultation with the valuable CLS service, when available. The value of child life specialists for CSHCN is well documented in the literature as a robust and multimodal team approach to care when behavioral special needs have been identified.[10–12] These providers offer developmentally appropriate distraction and play therapy to help patients cope with a challenging medical setting. Child life specialists are especially important in the care of CSHCN because they can offer additional resources and aid in communication between the patient, family, and health team. Simultaneously, other HCPs must be trained to identify CSHCN and deliver brief, specialized interventions when CLS is not available.

Currently, no consistent or streamlined algorithm exists at Children's Hospital of Pittsburgh (CHP) for the consultation of CLS, deployment of behavioral resources when CLS is not available, or staff training regarding management of patients with special behavioral needs. Sentinel events in emergency departments across the United States have caused CHP to scrutinize best practice for management of CSHCN.[13–15] The purpose of this project is to improve quality of care for patients with behavioral special needs in the pediatric emergency department. The specific aims were threefold[1]: to develop and implement an educational module in the clinical setting[2]; to evaluate the effect of the educational module on provider behaviors (ie, consultations with CLS) and self-reported perceived care (ie, competence, comfort, and satisfaction); and[3] to evaluate the effectiveness of the module on outcomes.

Methods

SETTING

The emergency department at CHP served as the setting for this project. This location has a high patient volume, providing emergency medical care to more than 75,000 primarily pediatric patients each year.[16,17]

SAMPLE

Staff targeted for the educational intervention included nurses (registered nurses [RNs]), physicians, advanced practice providers (eg, nurse practitioners and physician assistants), CLS and auxiliary staff (eg, music therapy and art therapy), and patient care technicians. Education of all staff members occurred over a period of 2 months. The inclusion criteria for this quality project included staff members caring for pediatric ED patients who are able to consult child life staff. Staff currently undergoing orientation, unlicensed students, and staff on leave were excluded.

DESIGN

The study design was a one-group repeated measures design to evaluate the educational module in the site over a period of 3 months.

APPROVAL

The Quality Improvement Board at the site reviewed the project, and approval was granted (QI Review No. 0001732). This project was approved as exempt from Institutional Review Board (IRB) review from the IRB at the University of

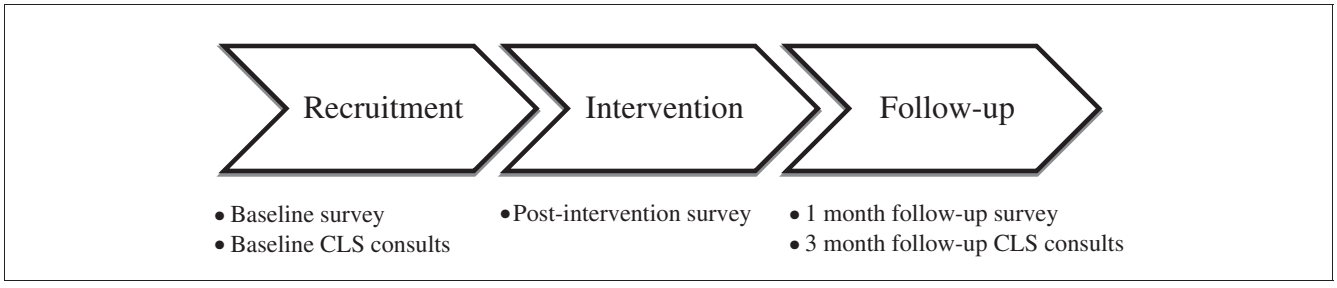

FIGURE 1

Data collection and project implementation. *CLS,* Child life services.