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Knowledge of Guidelines on Pediatric Patients in Foster Care

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NVivo Word Cloud: 100 Most Commonly Jsed Words from Qualitative Interviews

BACKGROUND

The American Academy of Pediatrics (AAP) identifies children living in foster care (CFC) as a special health care needs population due to a significantly higher prevalence of medical, emotional, behavioral, developmental, educational, and dental/oral health-care problems compared to the general pediatric population. To address these disparities, the AAP released specific guidelines regarding the timeliness of care for primary health care assessments for this population. That these guidelines are not regularly followed nor widely recognized serves to further widen existing health disparities experienced by this patient population*

ROOT CAUSE ANALYSIS FINDINGS

- Widespread lack of awareness of AAP guidelines
- The top response for barriers to optimal medical care for CFC were general communication problems between all stakeholder parties (providers, DCF, foster parents, and biological parents, namely), with particular emphasis on communication difficulties between clinical staff and DCF

S	takeholder Role	Quote From Qualitative Inte
	Foster Parent	" there are no guidelines on when For healthy kids I would make first call with on the providers. If something is apparently wrong, I always called right away. on the phone that it's a foster child, you may or may not be treated differently of But [the children in foster care] were not scheduled any mo
	Foster Parent	"Nobody helped me set up a follow-up visit. Nobody said, 'Hey how about we situation] How does one foster parent know when the
	Pediatric Nurse	"It would be great to have a set of guidelines [related to] making medical a
	Social Worker	"Most parents want to do the best they can but don't know
	Pediatric Provider	"[We typically find out that patients have entered foster care within] three to si faster for infants probably within 2 mo
	Pediatric Provider	"As an adoptive mom, I am passionate about care for kids with trauma histo

KNOWLEDGE OF GUIDELINES ON PEDIATRIC PATIENTS IN FOSTER CARE

OBJECTIVES

1.) Improve pediatric primary care providers' and nurses' knowledge of AAP guidelines* by at least 50%, as evidenced by pre- and post-intervention surveys 2.) Initiate explicit acknowledgment by participants that CFC represent a special health care needs population.

Pediatric Primary Care Clinics DC Providers unaware of guidelines Adhere to a different set of re- (state law, not AAP g Scheduling staff unaware of guidelines Scheduling staff unaware of guidelines	egulations Root Cau	uses to Insufficient eline Adherence
Do not consistently block schedules for urgent add-ons infor	Do not consistently m foster families of any luling recommendations Do not consistently assist foster families with scheduling initial appointments	Patients in foster care do not receive medical
Do not always identify foster care status over phone Unaware of guidelines or need to inform pediatrician May be reloca Patie	Often do not have complete health histories or records of complex health issues on hand May be relocated away from medical home ted multiple times tets in te Care	receive medical assessments at recommended intervals

erviews

ithin a few weeks, and then it's just dependent . It's just all up to your discretion. If you share or bumped up depending on who you talk to ... nore often than other kids."

ve get her checked out' [after leaving abusive ney don't know things?"

appointments for children in foster care."

w what they don't know."

six months, with great variation... It's probably onths."

tories. I had no idea AAP had a policy on it!"

- RCA and pre-intervention survey revealed widespread unawareness of guidelines
- Following access to educational materials, guideline knowledge doubled, and 67% of respondents cited all of the guidelines correctly
- By project's completion, 100% of participants agreed with the AAP designation of CFC as a special health needs population Exposure to guidelines and explanations of importance behind them increases awareness

- staff, social workers, and other stakeholders
- Conduction of a root cause analysis (RCA)
- Creation of pedagogical materials on guideline clarification and importance
- Distribution of materials via email to physicians, nurse practitioners, and nurses at five pediatric primary care locations
- Distribution of pre- and post-intervention surveys to assess for changes in knowledge
- Software tools used include NVivo, Qualtrics, Excel, and GraphPad Prism

RESULTS

- Out of 53 overall pre-intervention respondents, only 13 were aware of any guidelines, and zero participants were able to cite all guidelines correctly.
- Of the 141 responses to core questions in Survey 1, 62 (44.0%) were correct. Of the 75 responses to these questions in Survey 2, 66 (88.0%) were correct.
- Compared to 0% at baseline, 67% of respondents cited all of the guidelines correctly by project's conclusion.

Percentage of Correct Answers from Survey 1 (Pre-intervention) to Survey 2 (Post-intervention)

nonverbal or with suspected abuse or chronic medical or developmental conditions; within 72 hours for all others.

Wellness checks: every 3 months for ages 6-24 months

CONCLUSIONS

- adherence
- Disseminate materials to other pediatric practices
- Disseminate materials to scheduling staff
- Tailor materials for distribution to DCF staff and/or foster parents
- Examine scheduling workflows for areas of potential improvement
- Collaborate on quality improvement initiatives with DCF leadership to improve interagency communication and workflow, as currently underway by the Vermont Child Health Improvement Program (VCHIP)
- Promote and track use of ICD-10 Foster Status code at pediatric practices to promote ongoing data collection

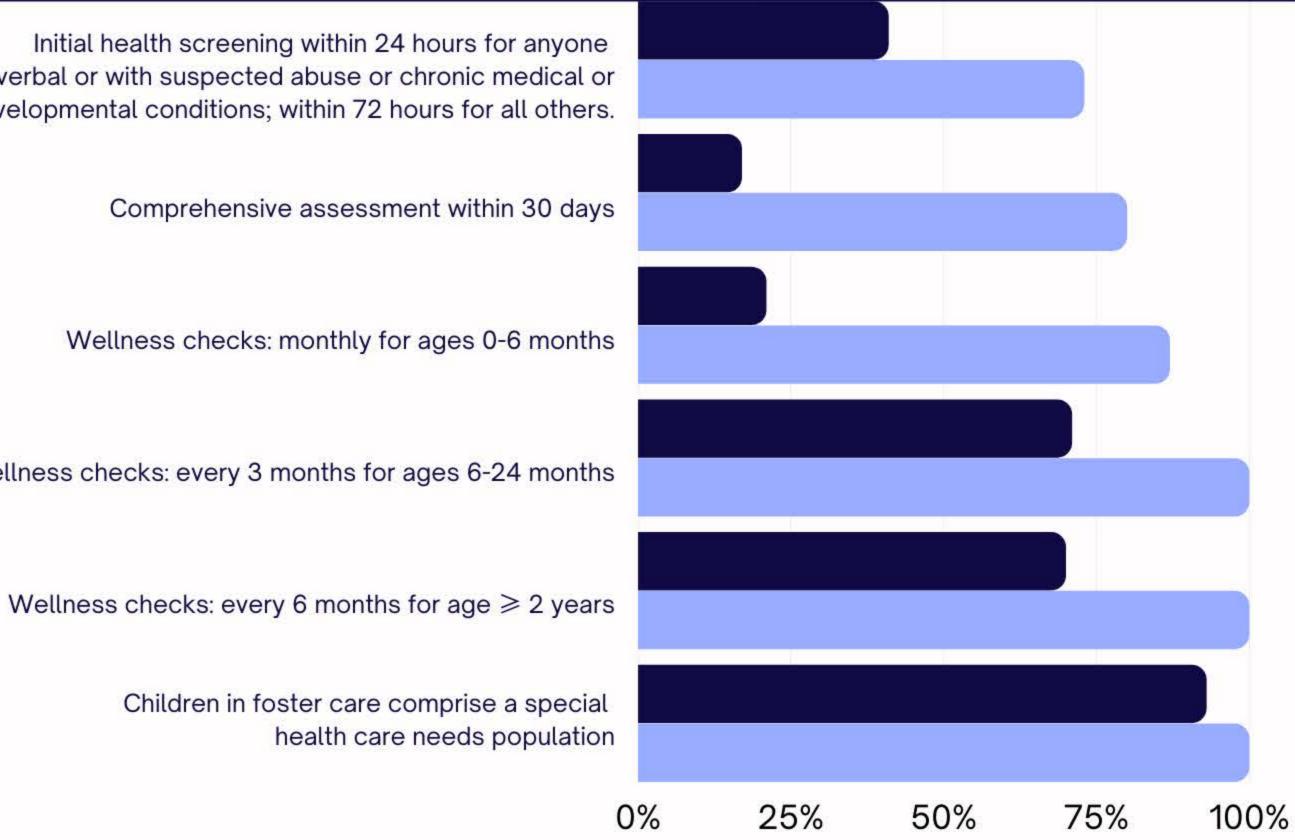
*Reference: Council on Foster Care, Adoption, and Kinship Care, Committee on Adolescence, & Council on Early Childhood. (2015). Health care issues for children and adolescents in foster care and kinship care. Pediatrics, 136(4), e1131-e1140. https://doi.org/10.1542/peds.2015-2655



MFTHNNNIOGY

• Qualitative interviews of foster parents, physicians, nurse practitioners, nurses, Department for Children and Families (DCF)

Guideline Components



NEXT STEPS

Track appointment schedules for CFC to assess for increased guideline