A Patient- and ED Provider-Focused Qualitative Needs Assessment Regarding Pediatric Sports-related Concussion Care at the Lehigh Valley Health Network.

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Background

- Annually there are up to 1.9 million pediatric sports-related concussions in the U.S.1,4
- Average length of recovery for patients treated at a concussion clinic is 17 days.6
- Over ¼ of patients experience symptoms for over a month
- 2015 Harris Poll: ¾ of U.S. adults don’t recognize concussions as treatable.3
- In 2015, consensus expert opinion emphasized the importance of viewing concussions as a treatable injury with specific symptom-based interventions.2

Problem Statement

Identify the greatest perceived needs regarding treatment of athletics-related pediatric concussions through patient- and provider-focused qualitative needs assessments at the LVHN Pediatric Emergency Department and the LVHN Concussion Clinic.

Methods

- Patient inclusion criteria: all patients 18 years of age or less who had suffered an athletics-related concussion presenting to LVHN Concussion Clinic for new patient visit
- A needs assessment survey was designed and piloted with three patients
- From August to October 2016, the survey was administered with pre-visit intake forms
- Face-to-face interviews were conducted with LVHN Pediatric Emergency Department staff from November to December 2016.
- Qualitative content analysis with inductive category development was performed on both the survey and interview responses.5

Results

- 8 interviews were conducted at the LVHN Pediatric Emergency Department (Fig. 1)
- Proposed interventions include adding a “Concussion Basics” insert into the existing Concussion Clinic brochure given to patients and potentially assessing the project addressed the SELECT principle of health systems by seeking to better understand and address barriers to optimal care and follow-up of concussed pediatric patients.
- Based on this finding, a flowchart (Fig. 3) was designed to guide patient referrals to the Concussion Clinic from the pediatric emergency department.
- The flowchart is currently in the process of being implemented as an addition to the pediatric head injury flowchart currently in use.
- Further follow-up on the efficacy of the flowchart is needed.
- Deficits in patient knowledge regarding diagnosis of concussions, symptoms of the injury, and prognosis for return-to-sport were also identified.
- Further intervention targeted at improving patient knowledge in those areas is warranted based on information gathered from staff interviews.
- Proposed interventions include adding a “Concussion Basics” insert into the existing Concussion Clinic brochure given to patients and potentially assessing how the staff communicates information about concussions.
- The project addressed the SELECT principle of health systems by seeking to better understand and address barriers to optimal care and follow-up of concussed pediatric patients.

Discussion

- The most commonly identified need in staff interview responses was a lack of understanding about the role of the LVHN Concussion Clinic in patient care.
- Based on this finding, a flowchart (Fig. 3) was designed to guide patient referrals to the Concussion Clinic from the pediatric emergency department.
- The flowchart is currently in the process of being implemented as an addition to the pediatric head injury flowchart currently in use.
- Further follow-up on the efficacy of the flowchart is needed.
- Deficits in patient knowledge regarding diagnosis of concussions, symptoms of the injury, and prognosis for return-to-sport were also identified.
- Further intervention targeted at improving patient knowledge in those areas is warranted based on information gathered from staff interviews.
- Proposed interventions include adding a “Concussion Basics” insert into the existing Concussion Clinic brochure given to patients and potentially assessing how the staff communicates information about concussions.
- The project addressed the SELECT principle of health systems by seeking to better understand and address barriers to optimal care and follow-up of concussed pediatric patients.

Conclusion

- Lack of understanding of the role of the concussion clinic was identified as the greatest pediatric ED staff need.
- A flowchart to address this need is in the process of implementation.
- Patient and parent understanding of concussion care was not self-identified in patient surveys but was identified by ED staff as a need. Further knowledge assessment and possible intervention is needed.

References:

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