Improving Care for Military-Connected Children in the Community Setting
Catherine J. Hernandez, DNP, APRN, IBCLC, CPNP-PC

PROBLEM STATEMENT
- The care of military-connected children is being outsourced to civilian healthcare providers, and there is a knowledge gap amongst these providers in how to best care for military-connected children.1,2,4
- The military lifestyle can negatively affect child development and mental health of military-connected children (MCC).2,4
- Identifying military-connected children is the first step in enhancing their care.4

PROJECT PURPOSE
- Overall purpose: To implement an electronic medical record (EMR) identifier for military-connected children that will prompt healthcare providers to use the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children® pocketcard.
- Overarching aim: To enhance healthcare providers’ assessment and care of military-connected children.
- For healthcare providers in the community, implementation of an EMR identifier for military-connected children compared to the former practice of not having an EMR identifier enhance these providers’ ability to identify and care for military-connected children?

MODEL/NURSING THEORY
- Quality improvement model: Donabedian Model
- Nursing theory: Neuman’s Systems Model

RESULTS

METHODS
- Subjects: 9 healthcare providers and 64 military-connected children.
- Setting: Federally Qualified Health Center (FQHC) that is designated a center for pediatric excellence located in Hillsborough County, Florida.
- Instruments/Tools:
  - Pre- and post-training surveys for healthcare providers, adapted with permission from Dr. Randall Nedegaard from The Military Culture Certificate Program (MCCP) Assessment Scale Survey,2
  - I Serve 2 Screening Questionnaire for Parents modeled from the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children® pocketcard. This questionnaire asked about specific concerns/symptoms.
- EMR identifier for military-connected children.

- Intervention and Data Collection:
  - June 24, 2020: Healthcare providers completed a face-to-face training with pre- and post-training surveys about the care of military-connected children.
  - June 25, 2020: EMR identifier for military-connected children was activated. Questions from the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children® were embedded in the social history portion of the EMR as a drop-down menu for military-connected children.
  - June 25 – September 30, 2020: Parents of military-connected children ages 3-18 years were given the option to complete the I Serve 2 Screening Questionnaire for Parents on a tablet provided by the FQHC.
  - June 25 – September 30, 2020: Data regarding the total number of children seen and of that number, how many military-connected children were identified, was gathered.

<table>
<thead>
<tr>
<th>Identified as</th>
<th>Pre-EMR Identifier</th>
<th>Post-EMR Identifier</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>military</td>
<td>1</td>
<td>63</td>
<td>64</td>
</tr>
<tr>
<td>Not identified as military</td>
<td>845</td>
<td>1070</td>
<td>1915</td>
</tr>
<tr>
<td>Totals</td>
<td>846</td>
<td>1133</td>
<td>1979</td>
</tr>
</tbody>
</table>

PRE- AND POST-TRAINING ASSESSMENT SCALES SCORING

<table>
<thead>
<tr>
<th>N</th>
<th>25th</th>
<th>50th</th>
<th>75th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Training Score (max 0, min 50)</td>
<td>9</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Post-Training Score (max 0, min 50)</td>
<td>8</td>
<td>40</td>
<td>45</td>
</tr>
</tbody>
</table>

DISCUSSION
- Pre-training scores ranged from 18-47, post-training scores ranged from 13-50. One individual was called out early, so they were unable to complete post-training assessment.
- Parents of 30 military-connected children opted to complete the I Serve 2 Screening Questionnaire for Parents. Differences were not statistically significant between males and females. The following concerns were reported in 25% or more females: Increased worry (25.3%), difficulty sleeping/nightmares (33.3%), and change in appetite (33.3%). The following concern was reported in 25% or more males: Change in ability to focus (27.1%) All of these parents denied increased behavior issues at school.
- The chi square statistic for EMR identification for military-connected children is 45.8411. The p-value is 0.00001, which is significant at p < .05.

IMPLICATIONS FOR ADVANCED PRACTICE NURSING
- Advanced practice registered nurses (APRNs) can enhance their care for military-connected children by first identifying them. Adoption of an EMR identifier for military-connected children in all healthcare facilities will facilitate this.
- After identifying military-connected children, the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children® should be used to assist in meeting the needs of these children.
- APRNs can lobby for policy to adopt EMR identifiers for military-connected children in all healthcare facilities.

SUSTAINABILITY
- All providers at the FQHC were given electronic and laminated hard copies of the I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children® pocketcard.
- The EMR identifier will remain in place.
- Plan for submission of a health policy manuscript to promote the adoption of EMR identifiers for military-connected children.

REFERENCES

Implementation of an EMR identifier for military-connected children enhances the ability of healthcare providers to assess and care for these children.