

# Improving Care for Military-Connected Children in the Community Setting

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## 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.<sup>1,2,4</sup>
- The military lifestyle can negatively affect child development and mental health of military-connected children (MCC).<sup>2,4</sup>
- Identifying military-connected children is the first step in enhancing their care.<sup>4</sup>

## 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, will 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**

Structure → Process → Outcome

- Nursing theory: Neuman's Systems Model**

Each person or group of people is a system that reacts to their environment. Healthcare providers can help mitigate stressors from the military lifestyle for military-connected children by identifying them, assessing for concerns, and providing appropriate care.

## 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*.<sup>3</sup>
- 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.



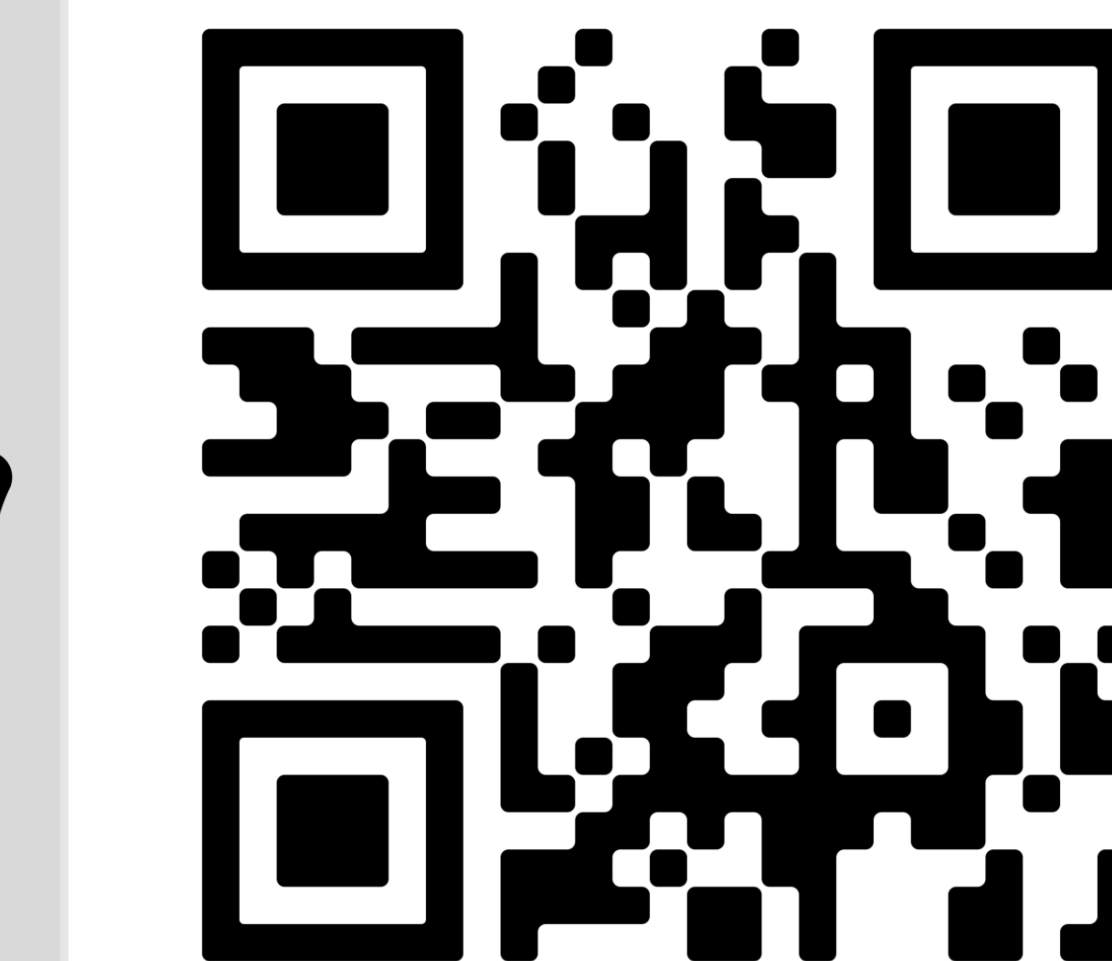
## RESULTS

### Pre- and Post-Training Assessment Scales Scores

	N	Percentiles		
		25th	50th	75th
Pre-Training Score (min= 0, max= 50)	9	34	36	43
Post-Training Score (min= 0, max= 50)	8	40	45	49

### Numbers of Children Seen and Military-Connected Children Identified

	Pre-EMR identifier	Post-EMR identifier	Totals
Identified as military	1	63	64
Not identified as military	845	1070	1915
Totals	846	1133	1979



*I Serve 2 Pocketcard*

## 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 worrying (25.0%), 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 (27.8%). 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 EMRs for military-connected children.

## REFERENCES

- Bushatz, A. (2020, February 19). *Here's the list of military clinics that will no longer serve retirees, families*. Military.com. <https://www.military.com/daily-news/2020/02/19/pentagon-releases-list-health-clinics-closing-retirees-military-families.html>
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Implementation of an EMR identifier for military-connected children enhances the ability of healthcare providers to assess and care for these children.