

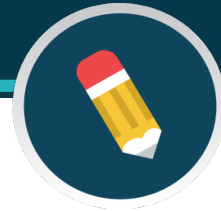
Evaluating the social health of pediatric patients using PROMIS Peer Relationships: Social work intervention thresholds



Care



Research



Education

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Shriners Hospitals
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Routine PRO collection adopted as part of strategic plan, 2015

PROMIS instruments selected:

- Lower extremity mobility
- Pain Interference
- Upper Extremity function
- Peer relationships





Why??



- Assess the support system of adolescent patients
- Identify episodes of bullying
- Evaluate the impact of treatment, cognitive delays, and functional impairment on social health





Poor peer relationship score intervention policy

- Poor score defined as two standard deviations below the mean (≤ 29.99)
- Poor scores communicated to appropriate staff
 - Physician
 - Psychologist
 - Social worker
 - Care manager
- Follow up in clinic, if possible.
- Telephone follow up within 72 hours, following individual state laws regarding phone counseling





- How many children are reporting poor scores?
- How many encounters identified needed resources?
- Is there a relationship between poor scores and cognitive delay?
- How many encounters are due to child/guardian misunderstanding the assessment?
- Are there children scoring just above a poor score who could benefit from a social work intervention?



📍 *Methods*

- Expand notification threshold to a PROMIS score of <35
- Social work notes reviewed and assigned a category level of intervention



Category level	Description
Level 0-Low value	<ul style="list-style-type: none">• Child/proxy misunderstood the questions/Likert scale• Child had no interactions with peers over the past 7 days• Child cognitively delayed but well-connected with resources
Level 1-Value	<ul style="list-style-type: none">• Child/family experiencing social/mental health issues; assessments and guidance in clinic• Child is cognitively delayed; assessment performed and resources recommended in clinic
Level 2-High value	<ul style="list-style-type: none">• Child/family experiencing issues requiring referrals and follow-up

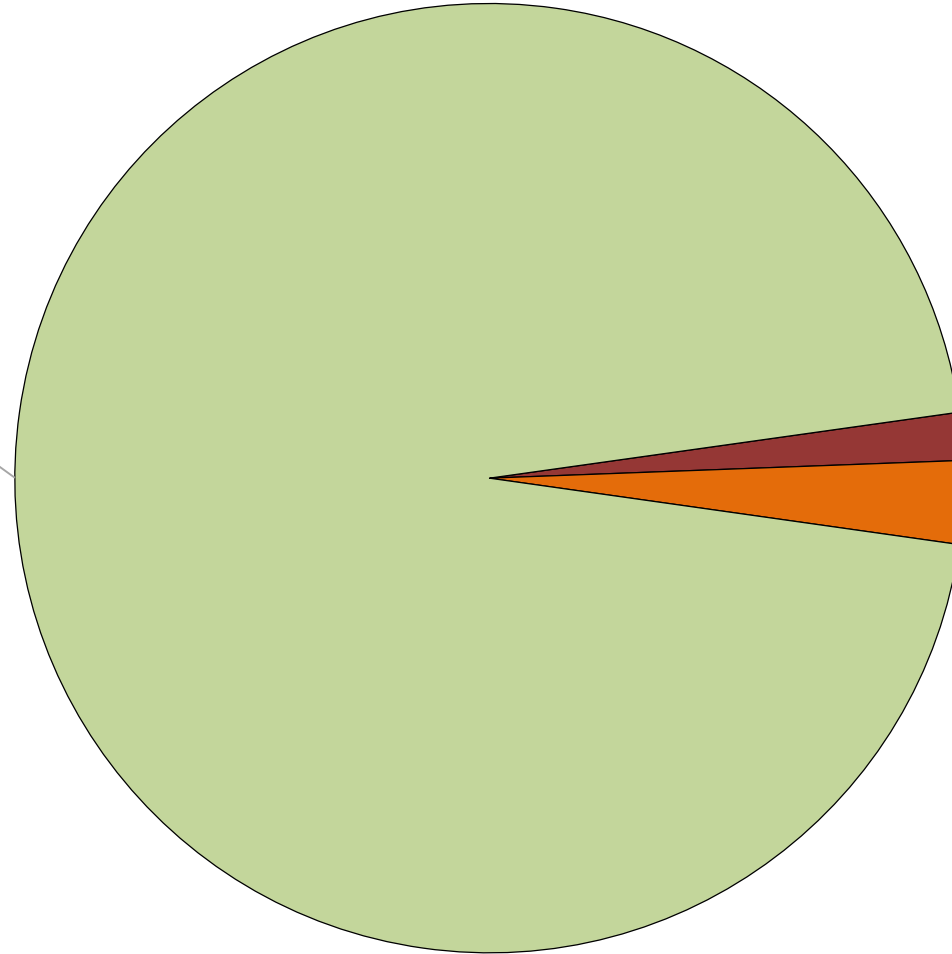
How many children are reporting poor peer relationships scores?

Self assessments

n=1907

mean age=12

Fair to excellent (≥ 35),
1822, 95%



Poor (≤ 29.99), 31, 2%

Fair to poor (30-≤34.99),
54, 3%



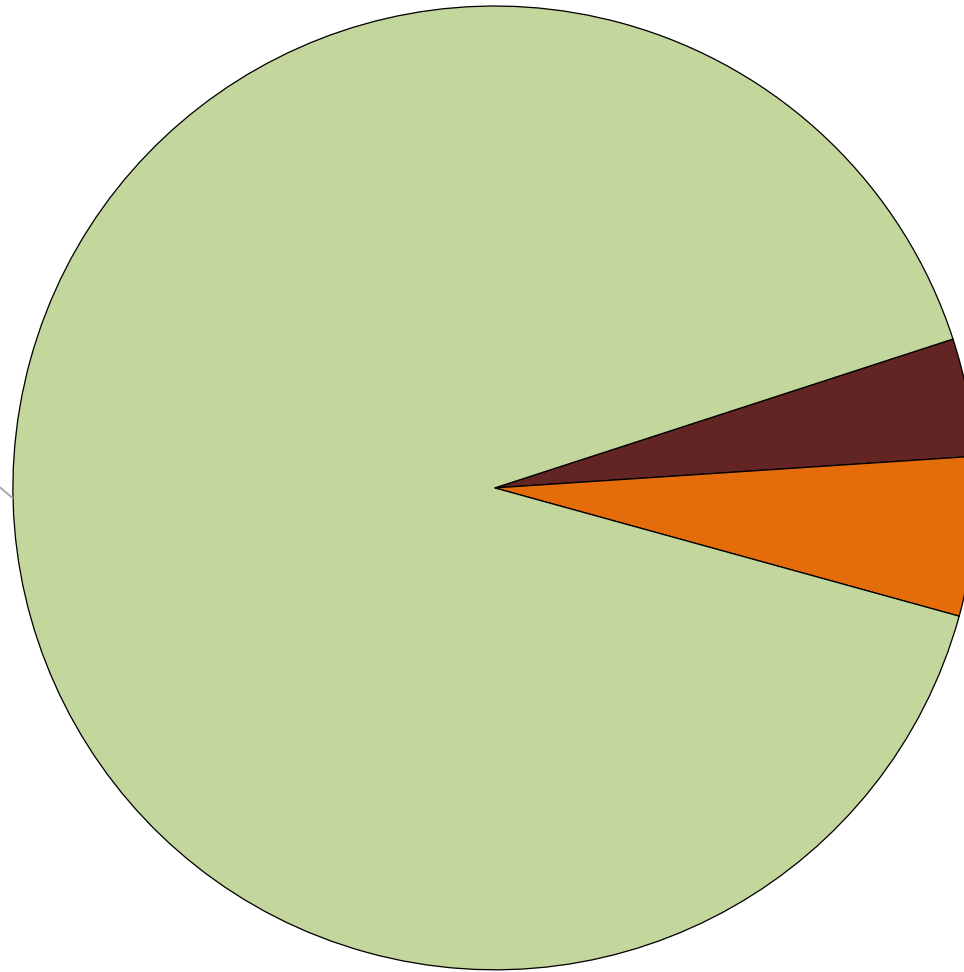
How many children are reporting poor peer relationships scores?

Proxy assessments

n=506

mean age=9

Fair to excellent (>35), 459,
91%



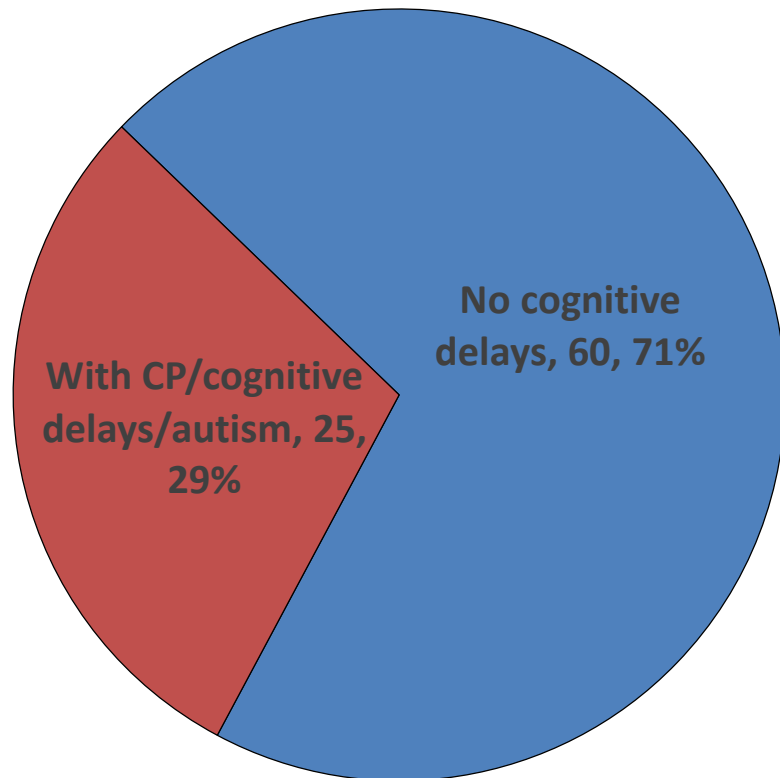
Poor (≤ 29.99) , 20,
4%

Fair to poor (30-
 ≤ 34.99), 27, 5%

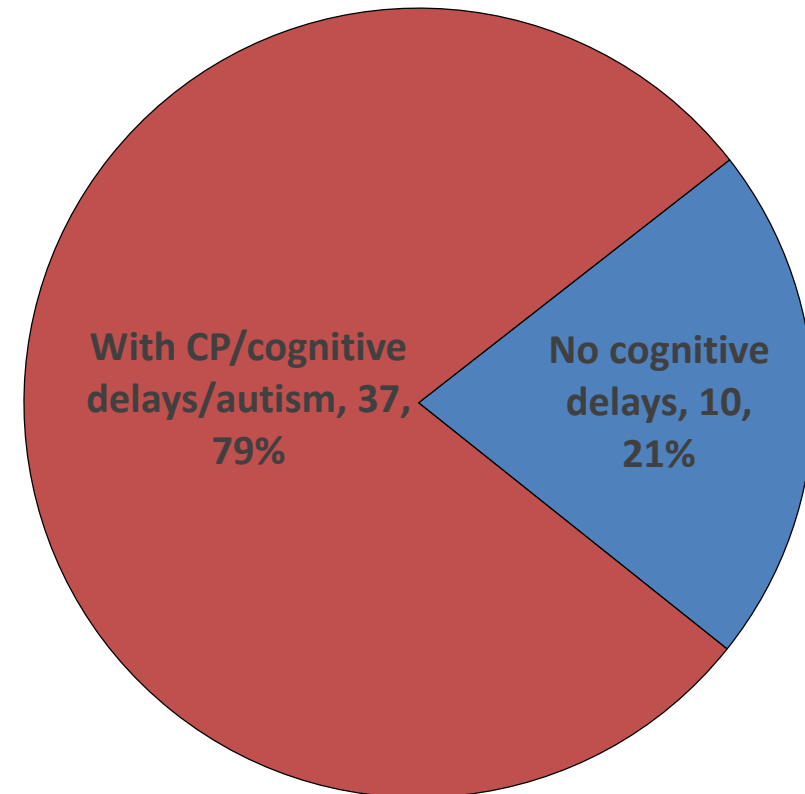


Is there a relationship between low scores and cognitive delay/autism/ADHD?

Self assessment with scores ≤ 34.99 (n=85)

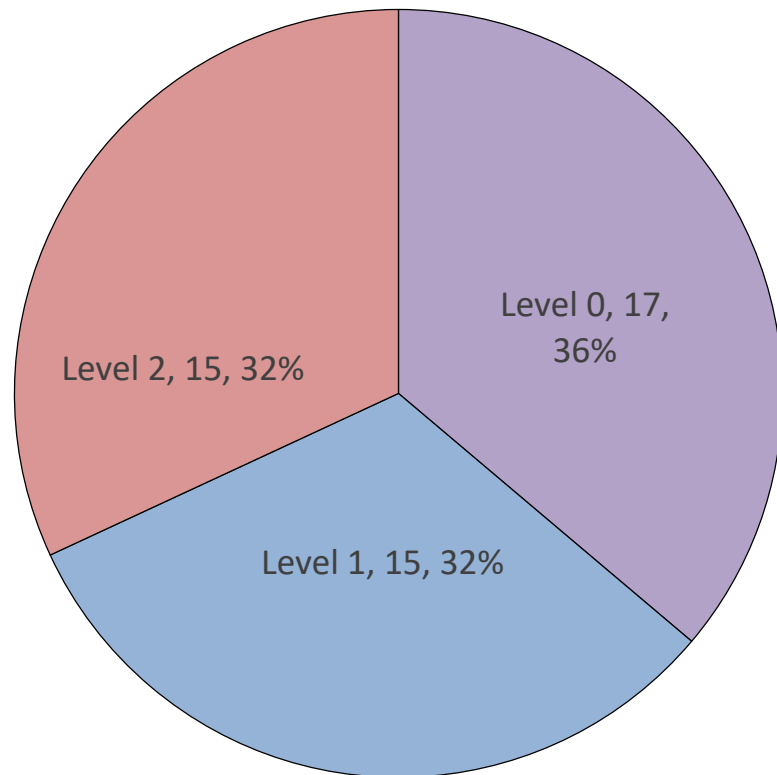


Proxy assessments with scores ≤ 34.99 (n=47)

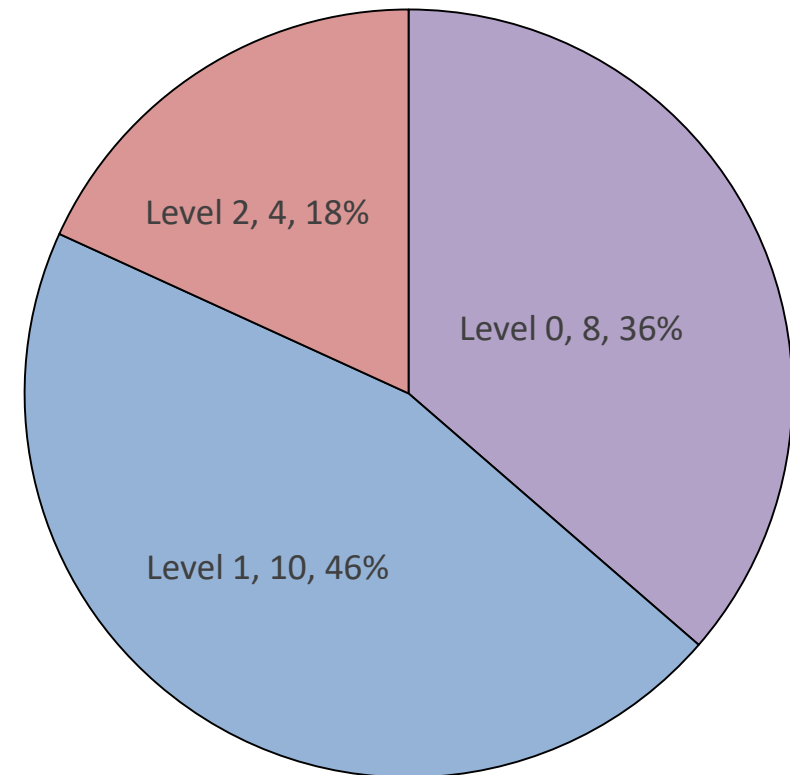


How many encounters are Level 0? How many encounters identify needed resources?

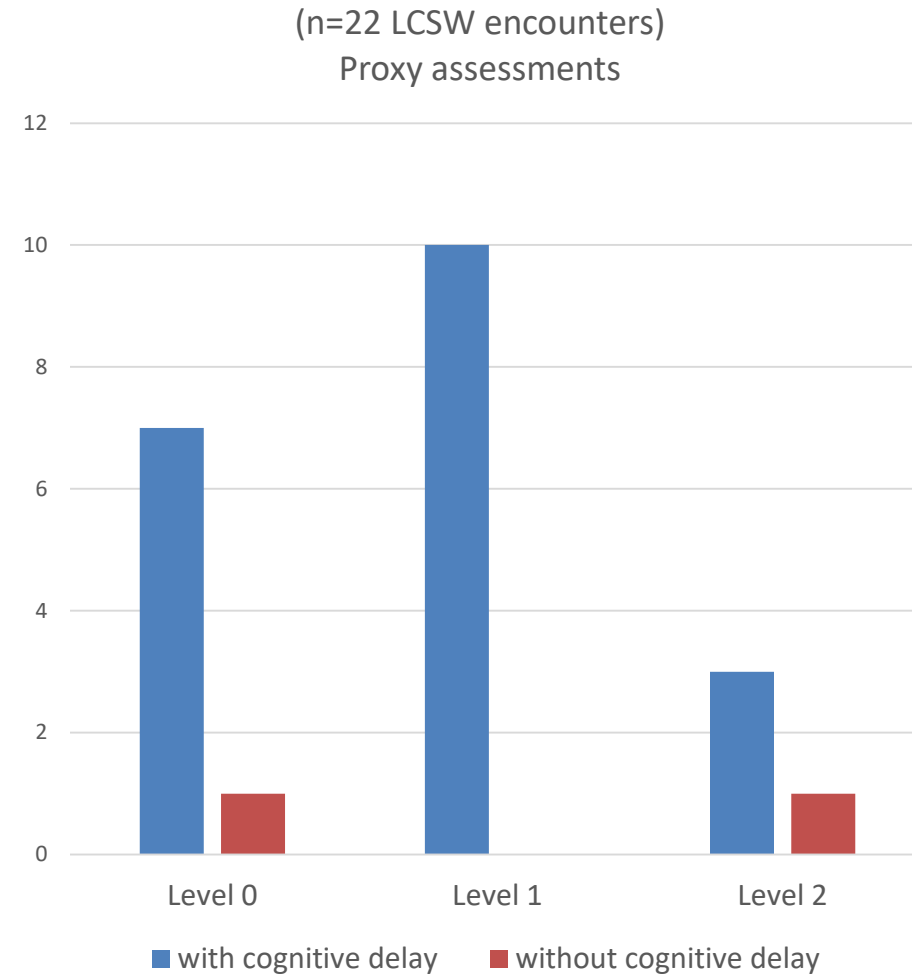
Types of social work encounters,
self assessments (n=47)



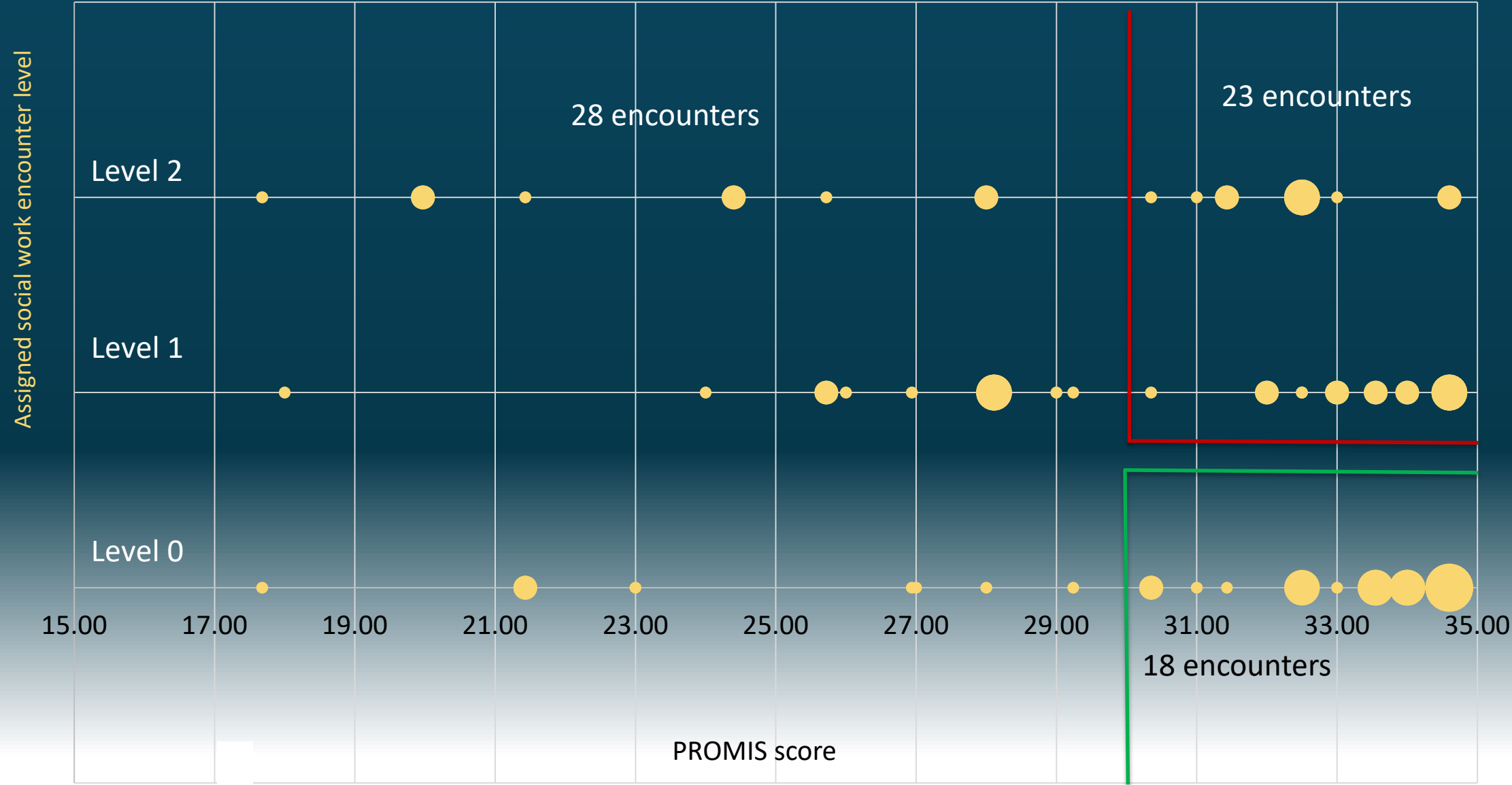
Types of social work encounters,
proxy assessments (n=22)



Effect of cognitive delay on level of intervention



Are there children scoring just above a poor score who could benefit from social work support?





Conclusions

- Children who have scores ≤ 34.9 are a small percentage of the overall population
- Children who self-assess are less likely to have cognitive delays
- A higher percentage of children who self-reported had a level 2 encounter





Policy revision

- All scores ≤ 29.9 reported to social workers
- Scores ≤ 34.9 reported to social workers if:
 - Child is 10 or older
 - Self-assessed



Thank you!



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