

Campus Mental Health Strategy

Evaluation of the Behaviour Support Profile

Support Profile

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Background

Differentiated care is an essential component of health equity, yet in paediatric hospitals, information about patients' psychosocial needs is often incomplete, scattered or absent. This can lead staff to rely on generalised beliefs about patient needs and preferences, which risks potentially avoidable distress for patients with diverse needs¹. In 2017, The Royal Children's Hospital's (RCH) project "Do you know me? Caring for children with autism spectrum disorders or intellectual disabilities in hospital", developed and piloted a paper-based documentation tool called the 'Behaviour and Communication Profile'. This tool was refined in 2018, becoming the Behaviour Support Profile (BSP) in the Electronic Medical Record (EMR). Since implementation, the BSP has not been formally evaluated.

Aim

The Campus Mental Health Strategy's Trauma-Informed Preventative Care research project, "Evaluation of the Behaviour Support Profile" aims to assess the effectiveness, usability, and acceptability of the BSP to guide improvements.

Methods

This study used a mixed-methods evaluation, including an audit of BSP EMR data (from 2019 to July 2024) and feedback from staff through online surveys and focus groups held in 2023. Quantitative data was analysed using descriptive statistics. Qualitative data was analysed through an inductive content analysis. The study adhered to all ethical requirements, with consent obtained from participants.

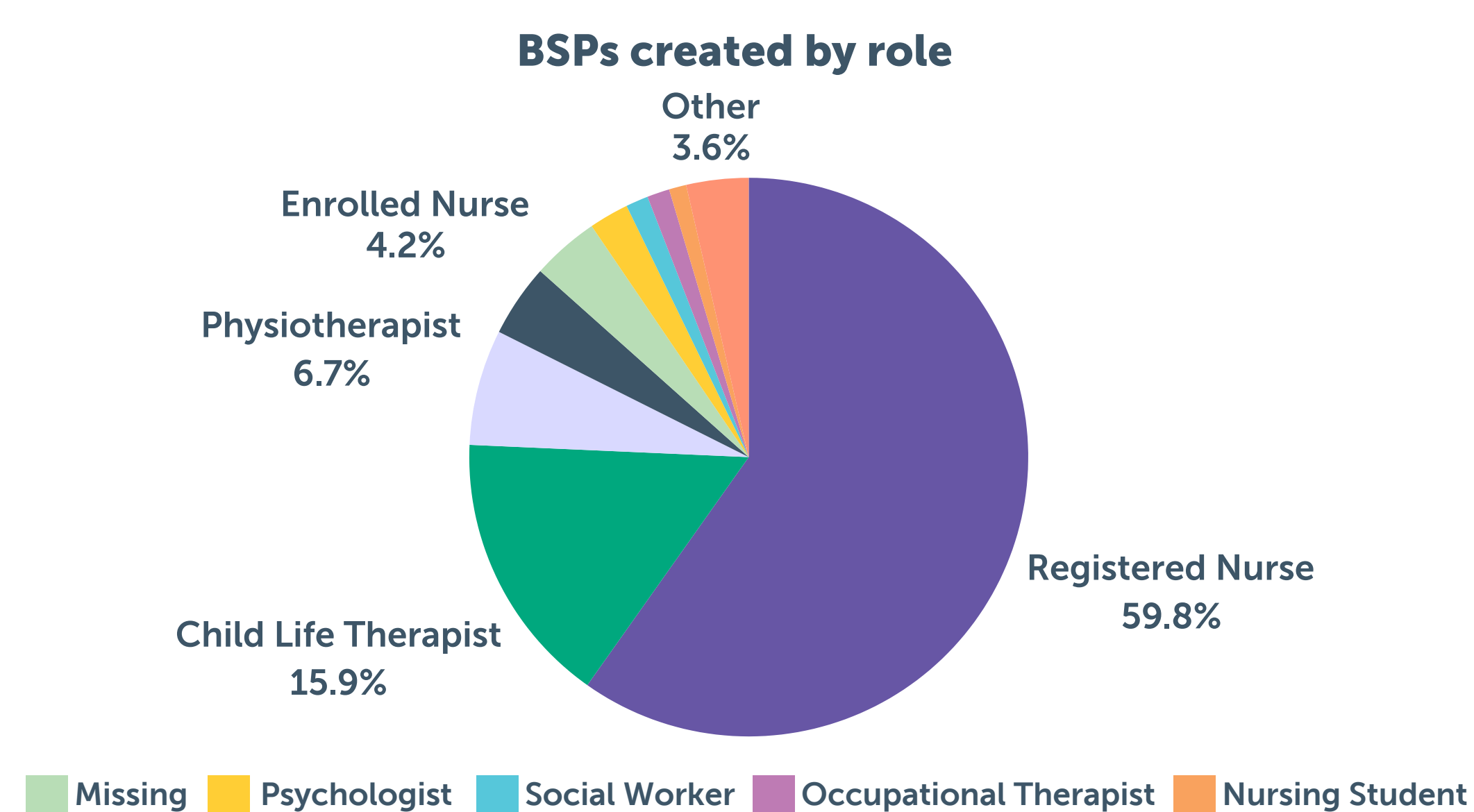
Results



EMR audit

The audit found:

- 1,784 BSPs created since 2019 (usage increased each year except 2022)
- over a third of BSPs were created between 2023 and mid 2024
- Registered Nurses used the tool the most (59.8% of BSPs created) second to Child Life Therapists and Physiotherapists
- frequently completed sections in EMR included "Likes" (92%), "I Communicate" (88%), "You Communicate" (87%), "Calming Strategies" (86%), and "Taking Meds" (81%)
- "Ed Management" (4%), "Harm Myself Purpose" (Specify - Other) (9%), "Harm Other Purpose" (Specify - Other) (10%), and "Harm Myself" (Specify) (19%) fields were least used
- only 15.4% of BSPs were updated after initial creation, primarily by Registered Nurses

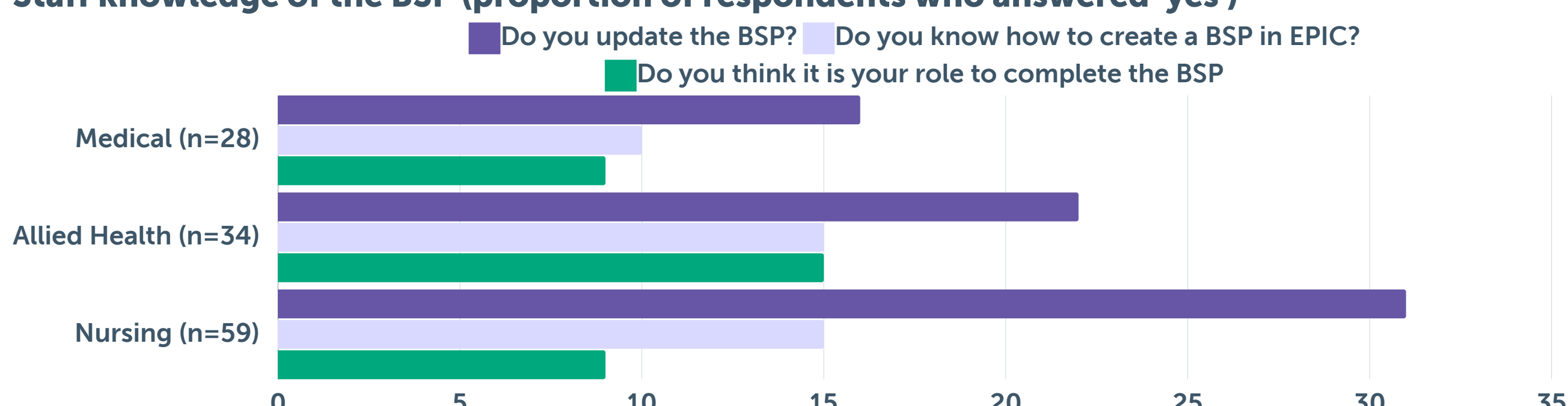


Online survey

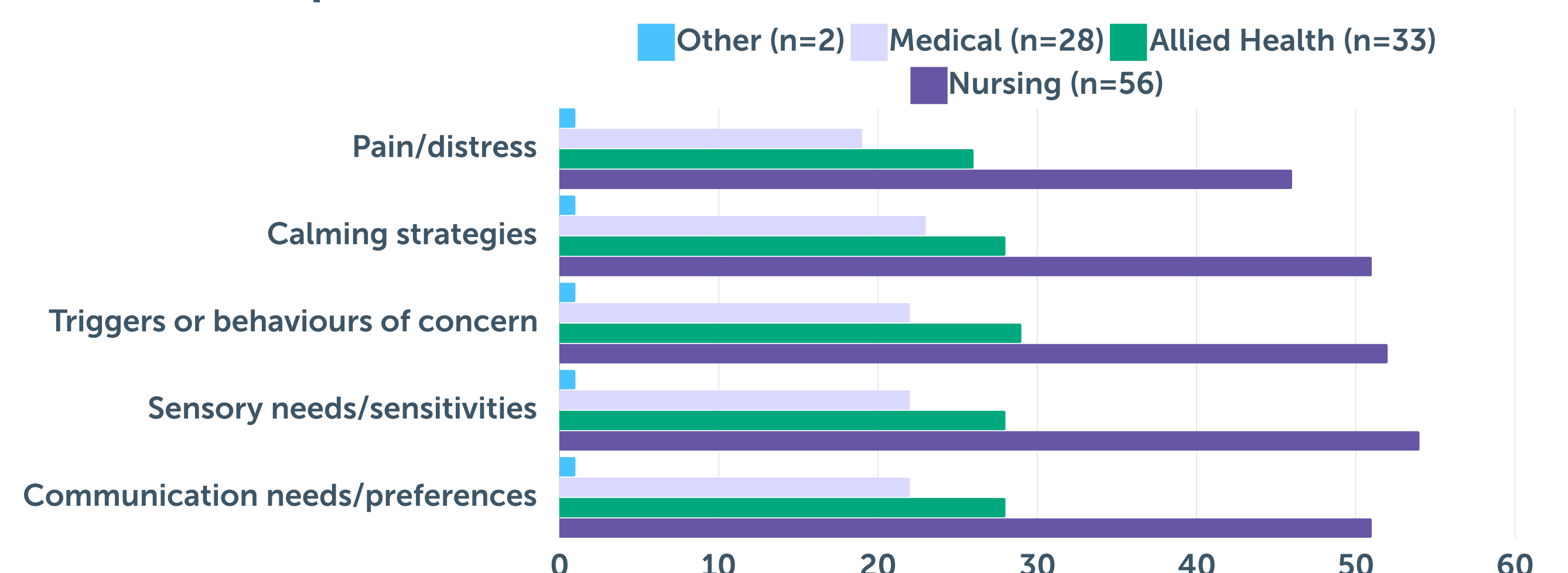
Out of 220 staff survey responses:

- 174 (79%) surveys were fully completed
 - 68% indicated familiarity with the BSP
 - 35% of BSP users agreed that they regularly use the BSP (often or always)
 - 65% found that the BSP helped them de-escalate a patient's behaviour

Staff knowledge of the BSP (proportion of respondents who answered 'yes')



Proportion of staff who agreed the BSP increased their understanding of and ability to address their patients:



Focus groups

Staff highlighted seven key themes:

Theme	Most common subtheme
Purpose of the BSP 32 mentions	Communication and information sharing tool 20 mentions
Target users 21 mentions	Children and young people with additional needs 14 mentions
Usage patterns 67 mentions	Document patient information 17 mentions
Barriers 88 mentions	Accessibility, finding the BSP in EMR 30 mentions
Experiences using the BSP with children, young people, and families 34 mentions	Information does not get used 10 mentions
Improved patient outcomes 23 mentions	Improves planning and outcome of care 10 mentions
Suggestions for improvement 102 mentions	Additions to improve usability 25 mentions

Recommendations

Identified barriers:

- access challenges across EMR episodes and views
- unclear responsibility for creating/updating BSPs
- limited direct access for children, young people and families to contribute
- inconsistent use across departments

Suggestions for improvement:

- improving access and visibility in the EMR through prompts or alerts
- refining the language to be more inclusive (eg replacing terms like "behaviours of concern")
- format and content changes
- enabling families to contribute to the tool to enhance accuracy and relevance
- training and modelling use to increase awareness

Conclusion

The data highlights the BSP's potential effectiveness while also identifying existing barriers. To enhance its impact, recommendations include improving accessibility across different EMR views and enabling direct access for families and patients. Additionally, further exploration is needed into expanding the BSP's application in under-utilised areas, facilitated by increased usability, visibility, and family awareness.

References

1. Iannuzzi, D., Kopecky, K., Broder-Fingert, S., & Connors, S. L. (2015). Addressing the unique needs of youth with autism spectrum disorder (ASD): The role of integrated care models. *Journal of Developmental and Behavioral Pediatrics*, 36(2), 157-160.

Acknowledgements

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