


PEDI-CAT Assessment Tool for Brain Injury in Pediatric Patients: A Quality Improvement Project

 Nandy Fajardo
Mor Cohen-Eilig, Michelle
Lukas, Jurgens Emily, Douglas
Herasymuik, Claire WattsGrant,
Natasha Watson

Lessons learned

Many questions related to community activities and function: inappropriate for the brain injury population in ARU

Useful when significant changes in function. Not sensitive enough for small changes and lower functioning patients.

Parents often in emotional distress and sensitive to questions regarding their child's function. Best way to complete is by the therapy team .

Why does this matter?

- Pediatric patients with brain injuries require comprehensive and individualized rehabilitation plans to promote their recovery.
- The Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT) is a reliable and validated tool for the brain injury population.
- Approximately 30% of the patients admitted to the Acute Rehabilitation Unit (ARU) at Sunny Hill per year suffered from an acute brain injury.

	Pros	Cons
Setting up treatment goals	<ul style="list-style-type: none"> • Outlines current level of function and guides next steps in recovery. • Helps to differentiate between levels of function per domain = more support from one discipline vs other. • Initiates valuable conversations between team members regarding function in different areas 	<ul style="list-style-type: none"> • Not specific or sensitive enough for lower levels of function or during initial phases of recovery . • Some of the questions are not age appropriate. • Does not have a domain specific for communication
Communication with families	<ul style="list-style-type: none"> • Can lead to education regarding brain injury and prognosis in different domains. 	<ul style="list-style-type: none"> • First question is always in the middle of the function – often times too far from patient's function. • Questions can be triggering for families.
Communication with community teams	<ul style="list-style-type: none"> • Pilot sites: community teams becoming more familiarized with this tool. • Clear and quantifiable comparison between function at admission and discharge. • Meaningful results for community teams. 	<ul style="list-style-type: none"> • Not sufficient to express the complexity of patient's state at discharge, always needs to be accompanied by a report to include other details.

What did we do?

Phase 1: PEDI-CAT familiarization

Phase 2: Implementation in clinical practice

Webinars

Identification of appropriate patients

Q&A w PEDI CAT experts

Trialed different ways of assessment

Team meetings

Data collection

Communication

What is next

- Value in having a standardized and routine assessment tool.
- The data can help determine approximate length of stay and prognosis for similar cases.
- ARU at SH is open to collaborating with PEDI CAT creators to adapt questions for acute settings.
- The PEDI-CAT is used in other centers internationally, it can facilitate comparison and generation of research material in brain injury

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