Transition of Care at Cincinnati Children's



Improving Coordination and Communication from Hospital to School for Youth following Hospitalization

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Changing the Outcome Together



2020 Strategic Plan Objectives

Deliver exceptional, safe, and affordable care for every child and every family, every day



Help Cincinnati's kids to be the healthiest in the nation through strong community partnerships



Transform child health with our collaborative culture of discovery, translation and learning



Improve the lives of children everywhere by creating deeper connections with families, care providers and organizations



Realize our full potential by engaging, inspiring and enabling all employees to make a difference



Produce better insights, connections and productivity by unlocking the power of our data and technology

Support our strategic advancement by improving the capacity and effectiveness of our key infrastructure

Ensure a sustainable economic model and resources to fund ongoing and long-term investment in our mission

3 Institutional Priorities for FY18

Enhance Patient, Family & Employee Experience

Drive Innovation & Growth in Programs, Models & Geographies

Improve Cost & Affordability





School Transition of Care

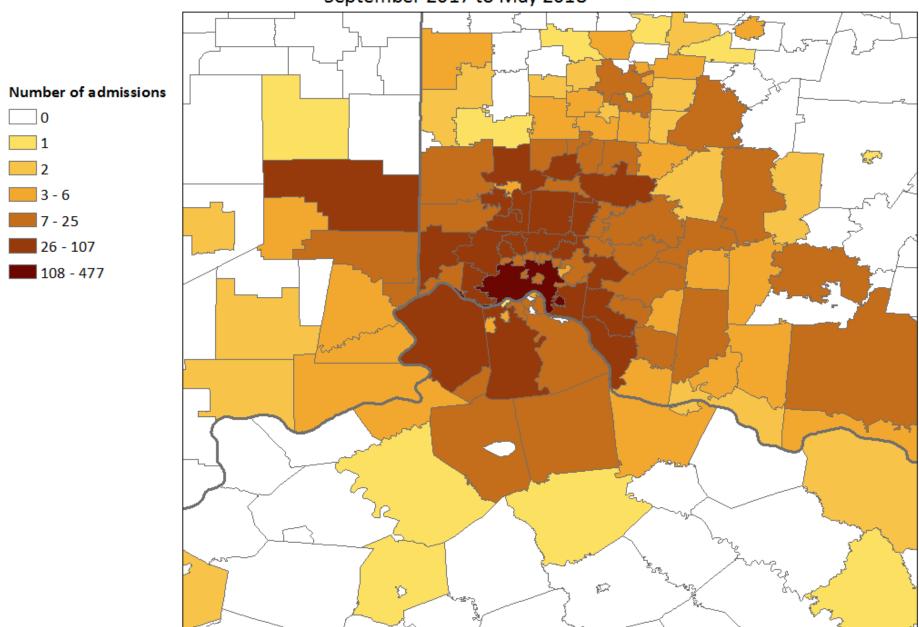
 Increase collaboration & communication between CCHMC inpatient units and school health systems (CPS School Based Health Centers, health room personnel, school nurses and school counselors) as measured by increasing the number of kids discharged with documented/effective communication between hospital and school



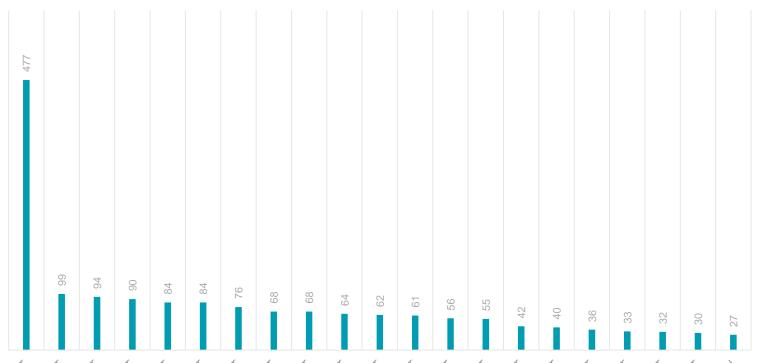
School Transition of Care Team

- Initiated FY16, Active FY17- FY18
- Gen Peds, Patient Services, Psychiatry, and School Services
- Acknowledgement of school as the 'workplace' of children & youth
- Emphasis on care coordination for medical and psychiatric-related admissions
- Included several new initiatives to increase communication/coordination with schools
 - School information collected as a primary demographic in EPIC at registration
 - Coordination with CPS nurses to increase postdischarge support for patients/families

Psychiatric admissions to Cincinnati Children's Hospital by school district September 2017 to May 2018



2017-18 PSYCHIATRY ADMISSIONS BY DISTRICT



FRANKLIN COUNTY COMMUNITY SCHOOL CORPORATION MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT STCAMORE COMMUNITY CITY SCHOOL DISTRICT WEST CLERMONT LOCAL SCHOOL DISTRICT CINCINDATI CITY SCHOOL DISTRICT HAMILTON CITY SCHOOL DISTRICT MORTHWEST LOCAL SCHOOL DISTRICT FOREST HILLS LOCAL SCHOOL DISTRICT WINTON WOODS CITY SCHOOL DISTRICT MOUNT HEALTHY CITY SCHOOL DISTRICT FAREFIELD CITY SCHOOL DISTRICT OAK HILLS LOCAL SCHOOL DISTRICT MDDLETON MCITY SCHOOL DISTRICT LAKOTA LOCAL SCHOOL DISTRICT 800 ME COUNTY SCHOOL DISTRICT PRINCETON CITY SCHOOL DISTRICT LEBANON CITY SCHOOL DISTRICT

Center for School Services and Educational Research

Our "True North:"

Improving educational outcomes for students with a chronic health condition/students who are hospitalized

- Hospital School Program Direct instruction with patients during hospitalizations provided by teachers
- School Intervention Program School reentry/liaison support provided by School Intervention Specialists
- Educational Research Research studies examining school outcomes and interventions for students with health conditions



Updated 3/16/18

Patient Discharge

 Final standardized discharge school email

Day 10

 Call family → secure CPS ROI and full ROI for home district

 Administer BSNI assessment

Day 5-7

 Pre-screen re-evaluation → reclassification as needed

Day 1

- Initial ROI
- Initial standardized school email

District Address

Tier Four: Complex Case

Refer to SIP or designated School Services Specialist

Significant school-related issues that warrant long-term OR time-intensive interventions (at the discretion of the teacher/School Services Specialist)

Tier Three: High Risk

Comprehensive ToC School Meeting

School as trigger OR primary source for admission [and/or] >2 inpatient psychiatry admissions in 12 months [and/or] LOS: 11+ days

Tier Two: Moderate Risk

Verbal/Phone 1:1 School Handoff + ToC Form

Known school trigger/admission source [and/or] >1 inpatient psychiatry admission in 12 months [and/or] LOS: 8-10 days

Tier One: Low Risk

Standardized Admission + Discharge Emails with General Recommendations

No known school triggers but medical or treatment related school implications possible

First inpatient psychiatry admission + LOS: 5-7 days

Tier 0

Social Work Advocacy

No known school triggers and no known school implications of condition or treatment

First inpatient psychiatry admission + LOS: 0-4 days

All Patients Receive:

- Participation in education group time
- Standardized
 Admission email to
 School
- Standardized
 Discharge email to
 School



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Date: Click here to enter a date.

| Transition of | f Care i | from H | Hospi | tal to | School |
|---------------|----------|--------|-------|--------|--------|
|---------------|----------|--------|-------|--------|--------|

The intended goal of a transition of care plan is to provide school teams with medical, behavioral, and educational information necessary to promote a successful transition back to school for a student who has experienced an inpatient hospitalization.

Name of Student Click here to enter text.

Click here to enter text.

Primary School Contact

Date of Admission Date of Discharge Click here to enter a date. Click here to enter a date.

Antiolpated Return to School Date Click here to enter a date.

Diagnosis/Reason for Admission

Click here to enter text.

School Re-entry Information

Sohool

Grade Level Click here to enter text.

Click here to enter text. Click here to enter text.

Point Person for Student's First Day Back to School Click here to enter text.

Dally Point Person for Student when having difficulty

Click here to enter text.

What the Patient will Tell Peers Regarding Recent Absence

Click here to enter text.

Student's Perspective

Student's Narrative Regarding School

(e.g. perspective regarding return, strengths, triggers, coping skills, goals / opportunities for improvement, etc.)

Click here to enter text.

Coping Skills to be Used in Conjunction with School Staff

Click here to enter text.

Coping skills cannot always be put into practice or identified when your student is upset or triggered. It is often helpful if a member of the school staff will participate in the coping skill (i.g. - deep breathing, drawing, taking a walk) Instead of just felling a student to do the coping skill.



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| Classroom/Apademio Consideration | | hool Assemmodations & Rationale | | | |
|---|------------------------|--|--|--|--|
| implications (plok one from the drop down | IIIET) | | | | |
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| | Ider Contact Informat | ion | | | |
| Hospital – School Contact Name & Role Scott Menner – Manager of School Services | Phone 513,803,1037 | Email scott.menner@cchmc.org | | | |
| | nt Information from Ho | | | | |
| The following evaluations are attached for | | | | | |
| ☐ Cognitive or intellectual evaluation | ☐ Speech evalua | tion | | | |
| ☐ Psychological or neuropsychological evaluation ☐ Other: Click here to enter text. | | | | | |
| ☐ Occupational therapy evaluation | | | | | |
| ☐ Physical therapy evaluation | | | | | |
| ☐ Percnt/Guardian Copy | | | | | |
| ☐ Student Copy | This plan will be e-r | This plan will be e-mailed to: Click here to enter text. | | | |



Case Success: Learning from *n*=1

Does ToC Partnership Improve Outcomes?

Case Example: Re-Admission Rate





Your Feedback

- What information do school personnel most desire at the time of school reentry?
- How do school personnel prefer to receive that information (e.g., email, phone, meeting, etc.)?
- Who are the primary recipients and consumers of this information?

https://uceducation.az1.qualtrics.com/jfe/form/S V_exEBihSWQ3c6J3n

