Case study: Putting children at the center of pediatric transitional care innovation

Learning objective

At the conclusion of this activity, the learner should be able to:

- Identify the benefits of using technology to streamline the referral process for pediatric patients

Finding postacute placement for infants, children, and youth with complex health conditions can be a sizable challenge.

A 2014 study, "Pediatric Post-Acute Care Hospital Transitions: An Evaluation of Current Practice," the first known study to detail frequent use of admission and discharge practices for U.S. pediatric hospitals, found variability in transition practices.

According to the study published by the American Academy of Pediatrics, "Although children requiring post-acute care are a vulnerable population, no evidence-based management guidelines exist for transitioning to and from post-acute care. The identification of current practice is a critical first step in this process."

While many organizations have begun to create programs to support adult patients in their transitions to postacute facilities and back into the community, the same programs should be considered for pediatric patients, says **Sabrina Smallwood-Mason, MHA/INF, BSN, RN,** nurse lead for discharge planning and payer reimbursement analyst for denials and appeals in the case management department at Children's National Health System in Washington D.C. The Children's National Health System found a solution to the challenges presented by pediatric postacute referrals and transitions in the strategic use of technology, she says.

Automating the process

From 2015 to 2017, the health institution streamlined its referral management processes to improve patient handoffs from hospital providers to postacute providers following discharge. Through a collaboration with case managers, they helped to implement a system that eliminated time-consuming clerical tasks, quickly created custom referral packets for patients, improved information accuracy, and helped identify the best subacute care or rehabilitation facility to support individual patients.

Before making the shift, Children's National case managers encountered numerous challenges in finding postacute placements for children, including a limited number of facilities equipped to care for pediatric patients with certain conditions, a deficit of pediatric nurses, and a shortage of beds available for patients who needed extended recovery time or specific medical equipment. For example, placements might have been a problem for children who were dependent on tracheostomy and ventilator support, tube feedings, central lines, and therapeutic services.

"Case managers spent needless time calling, printing, and faxing facilities," says Smallwood-Mason. "They had to print and fax large amounts of documentation from the patient's electronic record—medical history, progress notes, discharge summary, and more—to providers. They placed follow-up calls to ensure receipt of documents and determine whether additional information was needed. They often had to wait for provider callbacks."

Technology, increasing efficiency, saving time

Technology has helped to eliminate many of the inefficiencies seen in the past. The organization chose a hospital discharge and patient transition application and integrated it with Children's National's existing, enterprisewide electronic medical record system. The new system allows the hospital's 23 case managers to select from a menu of customized packets of patient-specific documentation, eliminating the need to print or fax.

The system bundles necessary information, including the last three days of inpatient stay and the parent's demographics and insurer. "The health system delivers 237 custom referral packets monthly, achieving 90% of evidence-based bundle element compliance," says Smallwood-Mason.

The changes have improved response times from postacute facilities. "The automated referral management process actually prompts postacute care facilities to be responsive," she says.

Postacute providers are able to communicate quickly and easily with case managers. The system also allows case managers to see the timing of each referral opening and whether the provider has accepted, considered, or declined the request. "Once the provider agrees to take post-care responsibility for a patient, the facility's services and contact numbers populate automatically to the discharge summary," says Smallwood-Mason.

Automating referral management has increased productivity and work effectiveness. "Instead of wasting time at the fax machine, dialing providers or pulling and printing documents, case managers multitask," Smallwood-Mason says. "They visit longer with patients and families or have time to complete several referral requests. Additionally, department members can cover

Questions Comments & Ideas

Contact me at *hsamuelson@hcpro.com* or (800)-650-6787 ext. 3150.

– Heidi Samuelson, Associate Editor

assignments easily for colleagues. The accessibility of patient referrals online enhances information accuracy and eliminates variability."

The system also helps case managers assist patients using social determinants of health, including a lack of health insurance. "They use the tool to send documents, such as home assessments, to providers to ensure safe discharge environments and applications for charity services and resources, including wheelchairs, baby formula, and nursing visits," she says.

Applying lessons learned

The system has also evolved over time, thanks to user input. For example, initially the hospitals asked nurses to determine the contents of referral packets, but case managers asked to include additional items, says Smallwood-Mason.

But keeping the system working well also requires ongoing maintenance. For a while, case managers who were frustrated with the new system returned to faxing information, but department leaders stepped in and provided reeducation that helped staff members better understand and use the tool. "Individual and group training supplemented by an instruction guide and customer support 800 number ensures optimal tool usage," says Smallwood-Mason.

Technology doesn't eliminate the need for care coordination

If your organization is considering automating the postacute referral process, it's important to keep in mind that while technology can be a means of improving efficiency and reducing busywork for case managers, the entire postacute referral process should be reviewed as part of the planning process, says **Stefani Daniels, RN, MSNA, CMAC, ACM,** the founder and managing partner of Phoenix Medical Management, Inc., in Pompano Beach, Florida. For example, with the current focus on care coordination for selected high-risk patients, the patient's nurse may also be making postacute referrals.

"An automated process to streamline the postacute referral process is an excellent tool," Daniels says. "But

to fully appreciate the value of the tool, the process may be best managed by a team of support staff rather than the professional staff."

Once the transition plan is confirmed by the professional care team, Daniels says, a centralized support staff managing the postacute referral processes typically maximizes the time the care manager is visible and

present on the patient unit interacting with their patients and care team colleagues. Similarly, if care coordination for a patient is not managed by a care manager but by the patient's nurse, having a team of support staff to work the logistics of a postacute plan is an efficient strategy to support the nurse's goals for the patient. ▣

From the Director's Desk

Senate passes the Opioid Crisis Response Act of 2018

Case managers and hospitals are increasingly struggling with challenges related to patients with opioid-related substance use disorders. But new legislation working its way through the government may help.

The U.S. Senate in September passed its amendment to H.R. 6, The Opioid Crisis Response Act of 2018, in a 99-1 vote. This is a bipartisan bill package, with proposals from 72 senators, aimed at taking steps to address the opioid epidemic by proposing a number of strategies—such as aiming to stop illegal drugs from coming in from other countries by mail, funding research for non-addictive painkiller options, and implementing systems to prevent people from getting prescriptions from multiple doctors.

Addressing opioid use disorders is considered a priority due to the rising number of deaths attributed to opioids in recent years. The CDC recently reported that overdose deaths increased by nearly 10% in 2017 and killed more than 70,000 Americans.

"Nearly 48,000 of those were opioid overdose deaths, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids)," states a press release

from the U.S. Surgeon General's office.

Currently, only one in four people with an opioid use disorder are in treatment, and many of the people treating these individuals lack specialized training on how to support people with addiction, says a press release on a new report, "Facing Addiction in America: The Surgeon General's Spotlight on Opioids," which was released by the U.S. Surgeon General's office. Very often, medications that can aid in recovery aren't prescribed, and the country is also falling short when it comes to preventing and identifying opioid use disorders early.

The report also identified strategies that individuals can take to help prevent opioid use disorders in their own families, including:

- Avoiding taking opioids unless necessary for a medical condition, and taking the medications only as prescribed

- Having conversations with family members about opioid misuse and potential consequences

- Keeping opioid medications secure to prevent others from accessing the medication

- Recognizing that there is help for opioid use