

..... Everything Matters In

Patient Care



Population Health:
*Our Role in the
Community*

On our Journey to Best Outcomes, Nationwide Children's is a national leader in population health, providing the highest quality health care to kids everywhere.

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Pictured left: Nationwide Children's helps kids and families navigate the complex health care system through programs like Partners For Kids and Navigate My Care.

Charline Catt, MSN, RN, NEA-BC: Leaving a Legacy



**Linda Stoverock
DNP, RN, NEA-BC,**
Senior Vice President,
Patient Care Services,
Chief Nursing Officer

“Thank you Char for always putting our patients and families first. How many of their lives you have so positively influenced over your career! What a legacy!”
– Barb Butera, Research

“Char, thank you for your poise, your patience, and for shaping me into a better leader by always holding me accountable to strive for more and grow beyond that which I thought I was capable of.”
– Laura Evans, Respiratory Care

“Working together as your direct report and then as colleagues has been so rewarding!”
– Michelle Mckissick, VP of Surgical Services

In leadership, it is often said, a leader is only as good as the people they hire. In my role as chief nursing officer at Nationwide Children’s Hospital, I have been fortunate to have inherited some very talented leaders. This year, we are celebrating a career milestone of retirement for an exceptional leader who has shaped clinical care in this organization. Charline Catt has helped the organization achieve so many successes, and I will try to capture some that have occurred in the past 18 years of her 43-year career.

Over the span of her Nationwide Children’s career, Char has advanced in leadership positions and has been responsible for many practice environments from Neonatal to Intensive Care to Medical-Surgical and Rehabilitation, in addition to being the nursing leader behind all things informatics.

Char has been instrumental in our model of care and advancing family-centered care. Her own family, Bill, Lee and Billy, besides her parents and siblings, are very important to her as well as her faith which shapes her interactions with all our families and staff. Char has served on the Ethics Committee for more than 25 years. Safety for our patients has been a passion. Char has lead initiatives to help families keep their children safe through the guest codes, facility design for entry to the units, and has driven improvements to mitigate risk of infant/child abduction.

It is no wonder we are a national leader in medication safety. Char focused on a non-punitive environment, bringing frontline caregivers to the “huddle” to learn more about culture and systems for completing five rights of medication safety. She has lead system changes with implementation of medication bar coding, electronic

medication administration records, evidence-based guidelines embedded in the electronic medical record and more. She is a true collaborator with inter-professionals to look at the entire process of medication delivery including development of medication reconciliation processes.

Most of all, I think everyone would recognize Char for her passion and advocacy for staff. She constantly mentors, meets with staff and ensures they are listened to for concerns of safety and growth. She celebrates others while remaining humble and quietly pushing change forward. Moving approximately 250 patients into a new hospital without incident to patients or staff is a testimony to her attention to detail, yet able to see the big picture and facilitate many, many teams.

Everything Matters In Patient Care (formerly *Heartbeat*) has been inspired and lead by Char for the past two decades. This publication brings education on current clinical concerns to all of our nurses and allied health professionals quarterly.

It has truly been my honor to work with such an exemplary nurse leader and positive team player, whom I have learned from and enjoyed working next to these past years. You leave a legacy of new leaders you have mentored for safe, family-centered care. Thank you for 43 wonderful years!



Partners For Kids: An Overview

Pamela Edson, MHA, Vice President, Operations and Network Development



Children who qualify for health coverage under Medicaid are some of Ohio’s most vulnerable residents. Their families may not have the resources to keep them well or to care for them when they are sick.

WHEN THOSE CHILDREN DO NEED TREATMENT, NAVIGATING A COMPLEX MEDICAL SYSTEM MAY SEEM IMPOSSIBLE.

Partners For Kids acts as a bridge between the state’s five Medicaid managed care plans and the actual care that approximately 330,000 children in central and southeastern Ohio receive under those plans. Not only is it one of the nation’s oldest pediatric accountable care organizations, it is also one of the nation’s largest.

Since its founding in 1994, Partners For Kids has proven it can provide high quality care at a lower cost. It actually rewards physicians for preventing illness and for good health outcomes, not for large numbers of visits or procedures. With the lower cost for care this model achieves, Partners For Kids and Nationwide Children’s Hospital are able to reinvest in programs that lead to long-term health for children.

Partners For Kids

Ohio Market

Contracted with 5 Medicaid Managed Care Plans covering over 330,000 lives in urban and rural Ohio (34 counties)

5 Statewide Plans

- Buckeye
- CareSource
- Molina
- Paramount
- UnitedHealthcare Community



What is an Accountable Care Organization (ACO)?

Health care researchers such as Elliott Fisher, MD, MPH and Stephen Shortell, PhD, MPH, MBA have defined accountable care organizations (ACOs) based on several characteristics. First, ACOs are provider-led organizations that offer a comprehensive array of services to a defined population. Primary care providers are often heavily represented in the ACO. Second, the providers assume some level of financial risk for the population as their payments are linked to quality improvements and reduced costs. Finally, the providers work to improve care and value of care with evidence-based performance strategies.

While ACOs, including Partners For Kids, have existed for some time, the number of ACOs has increased significantly since implementation of the Affordable Care Act in 2011. The Centers for Medicare and Medicaid Services were responsible for the ACA’s implementation. Beginning in 2011, the Centers for Medicare and Medicaid Services contracted with ACOs to manage care for Medicare beneficiaries. Several state Medicaid programs incorporated the ACO model into their structure and various commercial payors began contracting with ACOs at the same time.

Partners For Kids differs from most other ACOs in one key way. Most ACOs focus on the provider. That is, they contract with providers, and they are responsible only for the health plan member patients seen by those specific providers. In contrast, Partners For Kids is focused on children. It is responsible for the health care of all children covered by Medicaid managed care plans in a 34-county area, even if the provider is not affiliated with Partners For Kids.

The History of Partners For Kids

Partners For Kids began during an era when many health maintenance organizations (HMOs) were becoming insolvent. HMOs in poor financial condition were not reliably paying hospitals and providers, and providers were left without a way to recoup their costs.

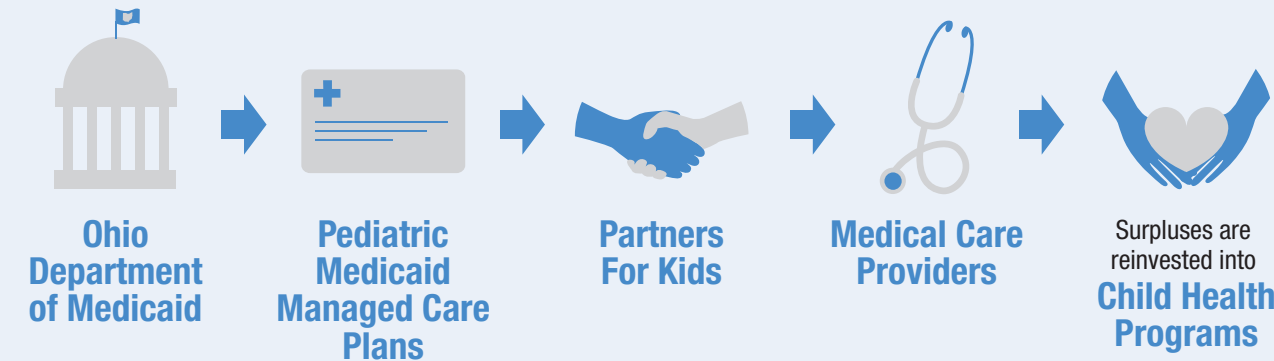
Nationwide Children’s and community physicians created Partners For Kids to help solve those problems. Partners For Kids would be completely financially responsible for the care some children receive under Medicaid. In return, the HMOs contracted to care for Medicaid-eligible children would pay Partners For Kids a capitation fee, a set amount per child up front. Nationwide Children’s and member physicians then would be responsible for allocating the money most effectively to ensure high-quality care.

If a child needed little care, Partners For Kids saved money and reinvested it into other services for children. If a child needed a great deal of care, Partners For Kids paid for the cost above the capitation fee.

Partners For Kids has also worked to expand access to medical services for these children. Nationwide Children’s employs or has relationships with most pediatric medical and surgical specialists in central and southeastern Ohio, so it can provide specialty care to those who need it. Children who attend well visits with primary care physicians, stay current on vaccination schedules and have regular care for chronic conditions do not need as much expensive specialty care. To encourage community primary care physicians to open their doors to these patients when the program launched, Partners For Kids reimbursed providers for services at a higher rate than Medicaid or the HMOs themselves.

Partners For Kids Flow of Funds

Partners For Kids receives funds for each child in the program for the child’s medical care.



“Partners For Kids and the health plans bring complementary skills to the partnership... When we each do what we do best, the system works for the children.”

Partners For Kids began by being financially responsible for the care of just 13,000 children in 1994. As Ohio delegated the care of more children covered by Medicaid to Medicaid managed care plans, Partners For Kids expanded as well. It is now responsible for the care of approximately 330,000 children, or about 95 percent of the pediatric Medicaid population in 34 mostly urban and rural counties in central and southeastern Ohio.

Partners For Kids Today

As an ACO, Partners For Kids brings together health care providers to offer high-value, coordinated care to a defined patient population. Partners For Kids still counts Nationwide Children’s as its sole hospital member, but it has grown to include 383 primary care physicians, 697 specialists and more than 380 advanced practice professionals.

In some aspects, Partners For Kids works as it did in 1994. It receives capitation fees from Ohio’s five current Medicaid managed care plans for the 330,000 children it covers, and it pays caregivers for the services they provide. While the initial aim was to solve

the challenges presented by HMOs, Partners For Kids and the current Medicaid managed care plans now work hand-in-hand to marry quality care with cost savings and a focus on keeping children healthy.

“Our model works because of our partnership with the health plans,” says Sean Gleeson, MD, the president of Partners For Kids. “Partners For Kids and the health plans bring complementary skills to the partnership. They are the experts at managing payment systems. Our expertise is providing care and being engaged with patients at the bedside or in a physician’s office. When we each do what we do best, the system works for the children.”

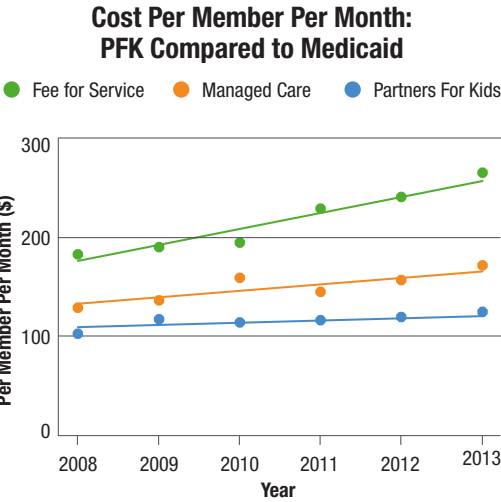
“We can see when there are gaps in quality or gaps in service.”

“We are responsible for millions of transactions between caregivers and children,” says Tim Robinson, Nationwide Children’s chief financial officer and a

Partners For Kids board member. “We can see when there are gaps in quality or gaps in service. For a child with asthma, for example, we can tell what drug has been prescribed, if that prescription has been filled and if it has been effective. As a hybrid organization, not just a provider of health care, we look at the world differently.” Over time, Partners For Kids has developed a number of initiatives that allow it to impact child health on a large scale.

Measures of Success

A 2015 study, led by Kelly J. Kelleher, MD, director of the Center for Innovation in Pediatric Practice in The Research Institute at Nationwide Children’s and a Partners For Kids board member and published in Pediatrics, found Partners For Kids’ member-per-month costs are less than traditional Ohio Medicaid fee-for-service and Medicaid managed care plans. Partners For Kids’ cost have grown at a slower rate.



At the same time, Partners For Kids target measure of quality care and patient outcomes were holding steady or improving. Asthma patient visits to the Emergency Department decreased almost every month in 2015 from comparable months in 2012-2014 – that is, there were fewer visits in January 2015 than in Januaries of previous years. About 91 percent of upper respiratory

tract infections are treated appropriately without prescribing antibiotics, up from 83 percent in 2013.

One of the most important examples of improvement has been among children who have certain neurologic diagnosis, such as cerebral palsy, and who also need a feeding tube. These are some of the sickest Partners For Kids patients – they frequently are admitted to hospitals and must deal with many different parts of the health care system. It is difficult for them and stressful for their families.

“We’re not just assuming we’re doing the right thing. We’re going through a very hard self-examination with the same rigorous academic standards that we use in research.”



“If we can change things for this population, if we can help them, then we can help any population,” says Dr. Gleeson. The number of days those patients spent in the hospital per month dropped significantly from the beginning of 2011 to the end of 2014, Partners For Kids data shows. Partners For Kids takes those kinds of statistics into account in continually improving its initiatives.

“We’re not just assuming we’re doing the right thing,” Dr. Gleeson says. “We’re going through a very hard self-examination with the same rigorous academic standards we use in research.”

Care Connection at Nationwide Children’s Hospital

Mary Kay Irwin, EdD, Director, School Health, Department of Community Wellness

Nationwide Children’s Hospital is committed to improving quality of life outcomes for children and adolescents. It embraces the opportunity to partner with central Ohio area schools to extend its care beyond the walls of the hospital.

Nationwide Children's has longstanding relationships with many area schools, and in recent years, has expanded partnerships through a program called Care Connection. Designed to dovetail with support available in schools, Care Connection offers school-based wellness programs as well as select health care services for students who do not have a medical home and for those who do not routinely seek care via a primary care physician. The goals of the partnership are to enhance the health and wellness of children and adolescents, to improve students’ health promotion and access to care to improve academic outcomes.

SBAT – Working together for better asthma control



The School-Based Asthma Therapy Program (SBAT) is one of these successful partnerships and is currently in more than 200 schools throughout central Ohio. This program helps coordinate efforts for children who have high-risk asthma. The goal is to establish more consistent usage of asthma controller medication by involving the school nurse in the administration of the prevention medication. The SBAT team functions as a liaison between the primary care provider and the school nurse, so asthma care is kept in the child’s medical home. Asthma Control Test scores are followed as a marker for success. A consistent increase of approximately six points has been recorded for SBAT patients from their initial score to the most recent. Overall, the SBAT program has been able to show an increase in symptom-free days and decreased hospital visits by participants in the program.

School-Based Behavioral Health services have expanded to include support in 46 schools in the community and school-wide support is provided to both teachers and students. In the elementary schools, behavioral health therapists assist teachers in implementing the evidence-based PAX Good Behavior Game. This prevention activity teaches students self-regulation and cooperation, creating a more peaceful and productive classroom. In the middle and high schools, the behavioral health therapists, in collaboration with Nationwide Children’s Center for Suicide Prevention and Research, facilitate the evidence-based Signs of Suicide (SOS) program. SOS empowers communities by teaching the warning signs of depression and suicide along with steps to seek help should teachers, parents or peers identify an adolescent considering suicide. The School-Based Behavioral Health Program also provides therapeutic support for students and their families. Individual and/or group therapy is used to address emotional and behavioral barriers to academic success.

In partnership with an area school committed to caring for students with medical complexities, the Department of Physical Medicine and Rehabilitation at Nationwide Children's brings a team of professionals to the school twice a year to offer specialized services for students with mobility challenges.

The Mobile Care Center is another way the hospital reaches students by bringing primary care on-site to schools. Services available include both sick and well-care. Currently serving more than 30 area schools, the Mobile Care Center makes it easier for children and families who do not routinely seek health care to access care by having medical equipment and health care providers available.

Even with the success of these programs, many children are still not accessing needed care. As a result, another effort to connect children to a medical home was initiated in the fall of 2015. In several high-need areas in the community, part-time school-based health centers offering primary care services including both sick and well-care were opened in several schools. Collectively, all of these services are known as the Care Connection program.

Care Connection practitioners and staff work in partnership with school nurses, social workers, school counselors and teachers to improve quality of life outcomes for children and adolescents. Care Connection appointments are available during school hours and at some sites, before and after school. Consent is required for all visits.

All of these services are linked to the child’s medical home; those without a medical home are connected to one. An After Visit Summary (AVS) is sent home with the child that describes the services provided and recommended follow up with the child’s physician or family doctor. Additionally, a copy of the AVS is sent to the child’s primary care physician.

For more information on Care Connection, visit [NationwideChildrens.org/CareConnection](https://www.nationwidechildrens.org/CareConnection)



The Value of a Culture of Safety in the Community

Andrea Morbitzer, MSM, Safety/Risk Analysis, Legal Services

For the past year and a half, Nationwide Children’s Hospital has focused on strategies to keep the approximately 600 community employees safe.

Nationwide Children’s community employees face a wide range of challenges that includes travel to remote areas, weather conditions that cause difficult driving, complex care administration, extended work hours, community violence and stress. Locations may present physical and environmental concerns such as challenging parking, infestation and poor cell phone service. Acknowledging the greater number of employees in the community and the potential risks associated with departments such as Behavioral Health and Homecare, an In-Home Staff Safety Committee was established.

This committee includes a representative from each department with employees who provide services in the community or home. They review, prevent or minimize in-home employees’ exposure to risks.

The In-Home Staff Safety Committee drafted separate policies for departments with community employees as well as a standardized community employee safety policy. The standardized policy sets forth proactive measures targeted at keeping employees who work in the community safe.

The measures include the completion of safety assessments prior to employees entering patient homes to enhance situational awareness. Employees assess risk factors such as physical features of a building, community crime data, lighting deficiencies, lack of telephones and other communication devices. They review areas of unsecured access and areas with known security problems.

In addition to assessing the environment, risks are mitigated by reviewing records and past experiences, and identifying measures or actions needed to address unsafe conditions. The goal of these assessments is to create

specific preventative measures to address problems and encourage supervisory escalation for any concerns. Above all, Nationwide Children’s urges employees to prioritize their personal safety.

The Community Safety Policy addresses the importance of proper employee training and education for staff to perform their jobs effectively and safely. Annual trainings based upon scenarios, Occupational Safety and Health Administration standards, and partnerships with Columbus City Schools and the Franklin County Sheriff’s Office help reinforce best practices.

The In-Home Safety Committee surveyed employees who work in the community. The survey results showed employees wanted a mobile safety solution they could use when working alone in the community and would allow them to seek help if there is an emergency. Presently, the Committee is reviewing potential mobile applications that would enable employees to communicate with a call center in an emergency and non-emergency situation. The goal is to have the call center notify law enforcement in the jurisdiction in which the employee is working when an incident occurs. The Committee coordinated one pilot program and is securing another mobile application option to pilot in the near future.

Nationwide Children’s community and home-based employees provide a broad continuum of services. The research shows high acuity patients and families experience optimal outcomes when treatment is provided in their home environment. By prioritizing a culture of employee safety, respect and care, Nationwide Children’s employees will continue to involve caregivers with needed resources and contribute to keep patients stable.

Coordinating Care to Achieve the Best Outcomes

Kimberly Conkol, RN, MSN, CCM, Vice President, Care Coordination & Utilization Management





Children with medical complexity experience functional limitations, need involvement of many specialists, have frequent interaction with the health care system and have a significant caregiving burden on family members. Their care is frequently characterized by disjointed and reactive decision making, overuse of medication and poorly organized health information (Berry, Rock, Smith Houskamp, Brueggman, & Tucker, 2013). They have higher rates of admission and readmission to the hospital, inpatient mortality and complications (Simon et al., 2010).

When surveyed, families of children with medical complexity report unmet needs. Only 16 percent of families with medically complex children receiving Medicaid indicated they received adequate care coordination (Miller, 2013). Likewise during focus groups sponsored by Nationwide Children's Hospital, families who frequently interact with the health care system indicate there are opportunities for improved communication and collaboration. They desire help when transitioning between settings and care teams, with managing care at home and obtaining resources and support.

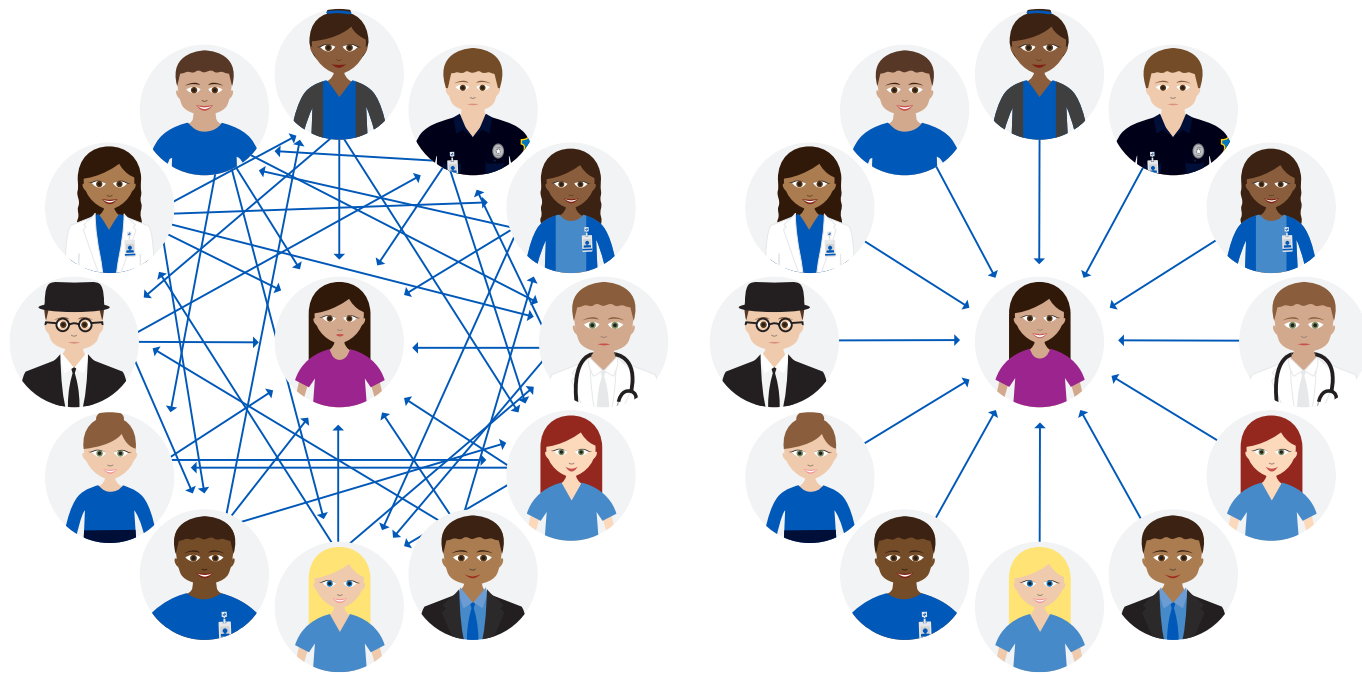
"Only 16 percent of families with medically complex children receiving Medicaid indicated they received adequate care coordination."

The feedback from families informs the key activities and interventions that are part of the Nationwide Children's strategic plan. Navigate My Care is a critical part of the quality arm of our hospital's Journey to Best Outcomes. Navigate My Care aims to help



patients and families successfully navigate an often complex health care system in a manner that maximizes their experience and reduces unnecessary care. By implementing a variety of interventions, including care coordination and technology improvements, we expect to see decreases in Emergency Department visits, hospital utilization, and an improvement in patient experience in a cohort of about 3,000 children. A new tool called the Pediatric Integrated Care survey will be used to collect and measure the families' perspective.

Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care (Agency for Healthcare Research and Quality, 2014). Evidenced-based elements of a high performing care coordination system include patient identification, risk assessment, care planning, self-management support, transition management, facilitated



Care Coordination considers the patient's individualized needs to determine the most efficient plan of care.

communication and collaboration, as well as monitoring and follow up. This model is used by Nationwide Children's and its accountable care organization Partners For Kids, and by insurers, professional organizations, quality improvement groups and accreditation bodies.

The Care Navigation program at Partners For Kids was established in 2013 and has successfully improved the coordination of care for children across a 34-county region. Partners For Kids performs care coordination activities on behalf of three Medicaid managed care organizations for medically complex children including those with chronic conditions, behavioral health diagnosis and psychosocial barriers. Time spent in the hospital and emergency room has consistently decreased for children who are part of this program. Enrolled families report high levels of satisfaction and engagement.

The Care Navigation program assists children and their families the same way a global positioning device is used by a traveler. Experienced pediatric nurses, social workers and quality outreach coordinators collaborate with the family and their providers to determine a desired destination. They consider individualized needs and preferences to determine the most efficient route. Along the way, the care navigation team will find resources and maximize benefits in both the health care system and the community to ensure no points of interest are missed and the right care is provided in the most appropriate setting. Providers and families are encouraged to use their care coordination team for help with troubleshooting and when barriers are encountered.

The ability to coordinate care is facilitated by information technology. Nationwide Children's has developed tools in Epic® to assess patients for risk,

compile their health information and document their desired destination and route in a care plan that is easily accessed by all providers from the patient's header. Additionally, care coordinators have a "dashboard" that uses the information in the electronic medical record and other sources to trigger outreach, follow-up, home visits, and monthly monitoring.

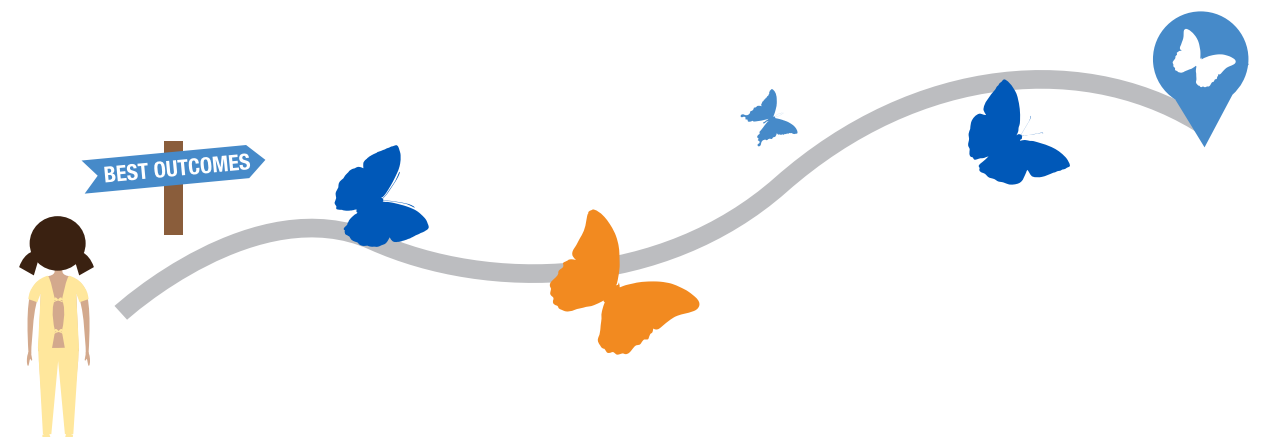
The Care Navigation team at Partners For Kids is only one of the many critical roles used to coordinate patient care. Care coordinators in the inpatient setting ensure communication and care during a hospital stay proceeds efficiently, and the patient discharge plan includes everything they will need at home.

Utilization review nurses work with payers to manage payment for the stay and to gain authorizations for needed services, medications and supplies. Several roles in outpatient specialty clinics, homecare and primary care including health coaches and nurse clinicians provide expertise in clinical areas to assist patients.

While we have many roles focused on coordinating care, the long term goal is to align these resources to provide a consistent standard of care so gaps can be closed and duplications eliminated. Expansion of the documentation tools and information technology supports continued development of our care coordination competencies. New strategies to foster patient engagement are other activities critical to our success to achieve the coordination our children and families desire.

"Everyone was so helpful and smart and busy helping my child. I was afraid to let anyone know how overwhelming it all was. After I met the care coordinator, I was so relieved to find out I had a partner who would help me figure this all out — That is when I knew it might work out okay."

The goal of care coordination and navigate my care was best described by a family who said "Everyone was so helpful and smart and busy helping my child. I was afraid to let anyone know how overwhelming it all was. After I met the care coordinator, I was so relieved to find out I had a partner who would help me figure this all out — That is when I knew it might work out okay." Likewise care coordinators are highly satisfied with their ability to provide relationship based care and get to see the difference it makes in the lives of families and children every week in the hospital, home and community.

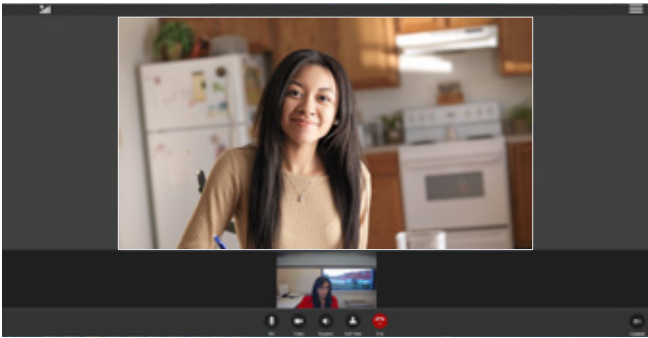


Check out one Nationwide Children's hospital patient and care coordinator's story on YouTube called **"Care Navigation: Brandy's Story"**

Using Video Technology to Deliver Care Coordination Services

Melissa Madden, MPH, Care Navigation Clinical Applications Coordinator
Jennifer Klima, PhD, Care Navigation Data Statistics Analyst

As a delegate of several Medicaid managed care plans (MCPs), Partners For Kids (PFK) delivers care coordination services to high risk children in central and southeastern Ohio. This type of case management does not focus on treatment of disease but seeks to assist and empower the family in navigating the health care system while ensuring the social, economic and environmental factors affecting the child’s health and the caregiver’s ability to obtain healthcare are addressed. Face-to face visits between the care coordinator and the family are required based on a prescribed schedule and as needed. Identifying a time and place to conduct these visits can be time prohibitive for a family and some families prefer not to conduct face-to-face visits in the home.



Face-to-face visits are a substantial time investment for the care coordinator and financial investment for the organization due to the frequent travel required to meet with families in outlying or rural areas. Video visit technology offers an alternative to the traditional face-to-face visit, giving families the option to connect with their care coordinator from home using their personal computer (PC) or mobile device.

Over the past year, PFK and Nationwide Children's Information Services team have worked closely to design, test and pilot HealthChat, Nationwide Children's telehealth solution. Following the technical design phase, a clinical team from PFK consisting of two nurse care coordinators, one social work care coordinator, one medical social worker and two quality outreach coordinators gathered to design a pilot. The team

assessed interest, adoption and satisfaction associated with use of video visits. Our approach was a successful combination of information technology and patient-centered knowledge. The teams met weekly for three months and completed a series of PDSA (Plan, Do, Study, Act) cycles, resulting in valuable learning of best practices and recommendations for future state workflows.

During the pilot phase, 60 families with a child actively covered by a Medicaid managed care plan and enrolled in the care coordination program, were asked about interest in video visits and access to a camera. The overwhelming majority were interested (78 percent) and had access to a camera (82 percent); 75 percent indicated they were both interested and had access to a camera. Care coordination staff attempted to complete a video visit with 26 of these families and was able to successfully connect with 22 families (85 percent success rate). Completion of these visits using traditional face-to-face methodologies would have taken approximately 33 hours of drive time and cost approximately nine hundred dollars in mileage reimbursement. With the video visit experience, both care coordination staff and families indicated the experience was the same or better than traditional face-to-face visits (80 percent of care coordination staff; 100 percent of families) and they'd be willing to engage in additional video visits in the future (100 percent of both care coordination staff and families).

Encouraged by the success of the pilot, the team is actively working to scale video visits to other members of the care coordination team and additional families enrolled in the program. The hope is that adding video visits to the toolbox of patient engagement options will strengthen our program's ability to maintain meaningful and impactful relationships with our patients while lessening the burden associated with frequent visits in the patient's home. We can do more to improve the patient experience and achieve best outcomes by leveraging the technology many patients' fingertips.

Pharmacy's Hand in Helping Partners For Kids

Hosain Aghamoosa, PharmD, Clinical Pharmacist, Partners For Kids
Cathy Kuhn, PharmD, FAPhA, Clinical Pharmacist, Partners For Kids

Partners For Kids (PFK) is the pediatric Accountable Care Organization (ACO) affiliated with Nationwide Children's Hospital. PFK contracts with the five Medicaid Managed Care Plans in Ohio and has a large network of primary care physicians and specialists who are committed to provide value-based care for over 330,000 pediatric lives across 34 counties in central and southeast Ohio.

PFK has two pharmacists on staff that are responsible for identifying opportunities to improve the quality and outcomes of care while managing pharmacy expenditures at both individual and population health levels. The pharmacists educate and provide resources for prescribers regarding use of safe, efficacious and cost-effective medications.

An example of the resources PFK pharmacists provide their network of providers include prescribing guidelines for common conditions treated in the primary care setting. The purpose of these guidelines is to allow our community-based providers to treat pediatric patients with confidence by providing them with clinically appropriate and cost-effective options. Additionally, the PFK pharmacists work with the Medicaid Managed Care Plans to ensure recommended medications are covered on their preferred drug lists, ensuring less administrative burden for providers and less disruption for patients. Guidelines for treating acne, ADHD, common illnesses, ear infections, head lice and heart burn can be found on

PartnersForKids.org/Resource/. Other related resources to assist prescribers with cost-effective options include creating order sets within their electronic medical record or providing patient-specific recommendations.

In addition to our prescribing guidelines, PFK distributes an abridged version of the five Medicaid Managed Care Plans and Fee-For-Service Medicaid's preferred drug lists. The purpose of this abridged preferred drug list is to highlight coverage differences among the Medicaid plans in commonly prescribed areas. This resource provides a succinct summary of coverage differences in commonly prescribed areas among the Medicaid plans and allows providers easier navigation.

Finally, PFK is able to provide insight into how patients are using their medications through claims data. Identifying patients' adherence or non-adherence to their medications allows providers to target children that require extra attention or care. In the case of an asthmatic patient, this information can translate into avoided emergency department visits or hospitalizations.



Helping Families Get Ready for Kindergarten

Marcie Rehmar, MS, Director, Community Education

What do you get when you combine an evidence-based program, an eager 4-year-old and an engaged parent? You get a kindergarten readiness rate that goes from 33 percent to 93 percent through a program called SPARK.



SPARK stands for Supporting Partnerships to Assure Ready Kids and is a family-focused, home-based, pre-kindergarten readiness initiative that works with families, schools and the community.

Nationwide Children’s Hospital, as part of this community collaborative and our population health initiatives, implements the SPARK program in the Healthy Neighborhoods Healthy Families (HNHF) zone: zip codes 43205, 43206 and 43207. The target audience is families of four-year-olds who are not receiving other enrichment interventions such as quality preschool as measured by the Step Up to Quality 5-star rating system.

Through an initial investment made by the W. K. Kellogg Foundation in partnership with the Sisters of Charity Foundation of Canton, Ohio, SPARK began as a five-year project to serve 1,000 children in one rural (Minerva, Ohio) and one urban area (Canton, Ohio). State and local leaders in education, job and family services, and health supported initial planning. Through those seed funds, SPARK is now a state-wide program active in 11 Ohio counties including the three largest: Franklin, Hamilton and Cuyahoga.

SPARK incorporates:

- A home visitation model using parent partners (teachers) in the development of individual learning plans. Visits are an average of 1.5 hours monthly.
- Prescribed lessons and activities are aligned with the Ohio Department of Education’s Early Learning and Development Standards. Each child receives an individualized learning plan based on his or her specific learning needs.
- Responsive services and specialized services and support.
- Books, supplies and learning materials for every family.

SPARK also conducts developmental screenings, provides referrals and links to community resources, and offers home and group based learning opportunities with the goal of increasing children’s success in school and life.

Get Ready to Read! is one of the pre-and post-program screening tools used in SPARK. The tool is a reliable, research-based series of questions for children the year before they enter kindergarten. The tool measures whether they have the early literacy skills they need to become readers. The tool was designed to be used by parents and early education providers.

The early literacy skills this tool looks at are print knowledge (understanding of books, printed letters, and words) and linguistic awareness (understanding of how words and language works.)

A multiple year study completed in 2011 by an outside research partner demonstrated longitudinal SPARK student gains.

For children who are identified as potentially needing additional assessments or services, the parent or guardian can refer them to the Responsive Services Team (RST). The purpose of the RST is to have a unified referral system for SPARK children. Responsive Services are open to everyone in Franklin County, Ohio who offers SPARK including the YMCA, Homeless Families Foundation, Action for Children and The Ohio State University Schoenbaum Center. The Ohio State University Early Head Start program also takes advantage of the RST.

A referral can be triggered in multiple ways including:

- Ages and Stages Questionnaire (ASQ): If a child scores within the shaded area or within 10 points above the cut off score
- Ages and Stages Questionnaire -Social-Emotional (ASQ: SE): If a child scores within 10 points or above the cutoff score
- Health screen: Significant areas of concern
- If the parent partner or learning advocate (parent/ guardian) has a concern

Current member organizations that hold a seat on the RST include:

- Columbus City Schools
- Columbus Speech and Hearing
- ECRN (Early Childhood Resource Network)
- Franklin Co. Board of Developmental Disabilities
- Help Me Grow
- Nationwide Children’s Hospital Allied Health (Speech/Hearing, OT, PT)
- Behavioral Health and Primary Care
- OSU Early Head Start
- OSU Nisonger Center
- St. Vincent’s Family Center

SPARK Ohio is an exceptionally effective way to close the gap and ensure children continue to make progress. The program aims to change the trajectory of children from poor and low-income families before entering kindergarten and to improve the transition practices and engagement of families in order to sustain academic and social gains through a child’s elementary school years.

To refer a child into SPARK, call Parent Partners Mickie Roberts at (614) 355-0714.

Advocating for Children with Legislators

Heather Dahlberg, Administrative Director, External Relations

At Nationwide Children’s Hospital, we advocate for children. It’s one of our defining missions — our care extends beyond the walls of a clinic room and includes creating an environment where children can thrive.

The Government Relations Department at Nationwide Children’s supports that mission by working with local, state and federal officials. We collaborate with them to develop child health policy; we educate them about issues specific to our population; we organize tours of the hospital so officials can have an emotional connection to the work done here.

We also want to empower our faculty, staff, volunteers and our community partners to advocate for children. They are the subject matter experts. Whether you are a nurse in a primary care office, a dietician in The Heart Center or a physical therapist in Orthopedics, you have a perspective on pediatric health that a government official does not. If you are a social worker or a care coordinator, you have a ground-level view of community resources available for our families.

We want you to reach out to your legislators and government officials on child health issues you believe are important. Legislators must learn a great deal on topics ranging from taxes to international trade, as well as combat readiness to roadway infrastructure. They need content experts such as you to inform them of implications to child health from decisions they are contemplating. They respect the work you do, and they will respect your opinion.

Here are some tips and tactics from our office to consider:

- Do you have a short-term goal (i.e. you want your legislator to vote one way on a certain bill) or a long-term one (i.e. you want to raise an issue for consideration)? When it’s time to vote on a bill, legislative offices often just tally the number of people who contact them. An email or phone call simply registering support or opposition is probably the best strategy; a lengthy communication may not get the proper attention.

- If a long-term goal, consider writing a paper letter. Currently, most communication from voters comes electronically. A typed (or even hand-written) letter stands out and is more likely to garner a response. However, any way you reach out is better than staying quiet.
- Identify yourself by your professional title, but not always as a Nationwide Children’s employee. Your position as a pediatric professional gives added weight to your opinion. The hospital as an institution has very specific policy goals and may ask for your support for them (such as the recent request from our CEO, Steve Allen, MD, to reach out to legislators expressing concern over the American Health Care Act.) If the hospital has specifically asked for support, please feel free to use your hospital affiliation. If not, please offer your personal opinion as a pediatric professional without using the hospital’s name.
- Let us know if you are going to participate in advocacy days sponsored by a group you belong to at the Statehouse or in Washington D.C. Those events are important ways for public officials to learn about our work. When we know of your

participation ahead of time, we can help magnify your message, and you can help magnify messages important to the hospital.

- Vote and advocate locally! There are countless issues in your community that can affect children’s well-being, from school board elections to levy’s benefiting parks and recreation. You often can have a very direct impact when you simply go out and vote.

Officials, both Republican and Democrat, really do want the best for children. Maybe we’re optimists in Government Relations, but our experience has convinced us that it’s true. Often, many health care conversations are focused on adults, therefore, the needs of children can be lost.

It’s up to all of us in pediatric health care to tell kids’ stories. Contact us in Government Relations at (614) 355-0701 or GovernmentRelations@NationwideChildrens.org if we can help you do that.



Immunizations: Common Myths and Facts

Cheryl Pippin, MD, FAAP, Clinical Associate Professor of Pediatrics, The Ohio State University, Primary Care Network
Sonya Sebastian, PharmD, BCACP, Pharmacy Clinical Coordinator, Ambulatory Services, Pharmacy Department

Immunizations are a cost effective strategy in medicine as the cost of caring for disease typically far exceeds the cost of the immunization. Immunizations protect infants, children and teenagers against 16 potentially fatal diseases. When the polio disease was prevalent years ago, people would stand in line for hours to receive the lifesaving vaccine invented by Jonas Salk. Though immunizations can be a controversial topic, raising awareness about the devastating diseases prevented by modern medicine and current immunizations is important to discuss.

In today’s society, we are inundated by media of all kinds and celebrities about the “dangers of vaccines.” These rumors are leading patients and families to purposely deny vaccines. People no longer remember the ravages of real disease, such as small pox, which has the potential to decrease parental concerns about the need for immunizations. Vaccine controversy is growing and debates are being waged worldwide.

Below are some of the biggest myths surrounding vaccines and the science behind them.

Myth #1: Measles-Mumps-Rubella (MMR) causes autism.

Fact: This misconception started from a single article published in 1998 and has since been retracted from the journal due to false claims. A meta-analysis involving five cohort and five case control studies shows no association between vaccines, including MMR, and autism. Since 2011, there have been 17 documented outbreaks of measles, mostly in unvaccinated populations.

Myth #2: Alternate vaccine schedules are better.

Fact: A lot of thought and science goes into the recommended schedule in an effort to protect children when they are most vulnerable to disease. There is no medical benefit in spreading out vaccines, nor does it decrease adverse reactions. Delaying vaccines increases the number office visits and the amount of time a child is vulnerable to disease. Parents often fear the safety of giving multiple vaccines at one time, but children challenge their immune system on a daily basis with bacteria that line their skin, nose, throat, intestines and in food, water and air.

Myth #3: Human Papilloma Virus (HPV) vaccines cause early sexual activity.

Fact: HPV is a virus that is sexually transmitted and can lead to cancer. Yet the myth the vaccine itself causes early promiscuity made the vaccine rate lower than other vaccines. Multiple studies have demonstrated there is no association. A 2012 study published in Pediatrics looked at medical data, including pregnancy, sexually transmitted infection testing or diagnosis, and contraceptive counseling as evidence of sexually activity and found the HPV vaccination in the recommended ages was not associated with increased sexual activity.

Myth #4: The flu shot gives me the flu/makes me sick.

Fact: The influenza vaccine is made with an “inactivated” virus and does not cause disease. In randomized, blinded studies, comparing symptoms post injection of patients receiving either inactivated influenza vaccine or saltwater, the only differences seen was increased soreness in the arm and redness at the injection site among those who got the influenza shot. There were no differences in terms of body aches, fever, cough, runny nose or sore throat.



In this day of information overload, sorting out fact versus fiction can be a challenge and real issue. When it comes to vaccines, making the wrong decision could cost a life if you contract the disease. It is important to reinforce vaccines are safe, the schedule is safe and they are the most cost effective thing you can do to keep yourself healthy.

Quality Improvement: Taking it to Community Practices

Christina Toth, MPH, Senior Service Line Coordinator, Quality Improvement Services
Suzanne Hoholik, MBOE, MBA, Senior Service Line Coordinator, Quality Improvement Services

Partners For Kids (PFK) was created with the aspiration to keep children healthy and happy and let them do the things kids like to do — play, go to school and hang out at home. One way Partners For Kids achieves this is by working with private, community practices across a 34-county region to improve the quality of care these physicians and nurses provide to children covered by Medicaid managed care plans.

Three years ago, PFK created the Practice Facilitation of Quality Improvement Program. This program is led by a team of quality improvement specialists who travel to community practices and lead projects that help improve the care these practices provide children. This includes making sure kids receive their annual check-up and other preventive health services, hopefully avoiding a future emergency room visit or hospital stay. Quality improvement is a new activity for many privately-owned primary care practices often because they lack the resources — staff, money and time. PFK offers this program to community primary care practices for free.

The PFK program concentrates on key health issues affecting children and is tailored to each community practice. Practices choose from a list of project areas: asthma care, emergency department use, depression management, fluoride varnish application, patient experience, reproductive health assessment and well visits. The quality improvement specialists go to community practices where they teach and train staff on how to use quality improvement tools and techniques to change processes and improve patient outcomes. The specialists help the practice team collect data to measure progress on a project and coach on ways to improve results over time. By developing relationships with the practices, the specialists empower these primary care teams to gain the skills they need to become problem solvers and improve patient outcomes on their own.

Practice facilitation is an evidence-based approach that helps community practices develop ways to integrate

quality improvement projects into their daily work. By working with the PFK practice facilitation team, community primary care practices across the region are providing more effective preventive care to more children and improving relationships, communication, and efficiency among their staff and providers. The PFK practice facilitation team is currently working with 24 primary care practices and facilitating 42 projects. This work has shown results including ensuring more children receive their yearly check-up, screening and managing of depression, and children lacking any dental care are now receiving fluoride varnish to prevent cavities.

For example, a pediatric practice in Athens started a depression screening project in February 2016. The team set a goal to screen 30 percent of patients by June 30, 2016. They exceeded this by screening 80 percent of adolescent patients and continuing to sustain this work. At a practice in Columbus, the team chose to add fluoride varnish to well-checks for children under age six. They set their goal at 20 percent but soon realized the new process fit well into their work flow, making it a value-add for their patients. The team raised its goal to 70 percent. In both of these examples physicians reported parents were open to having their children screened for depression and getting fluoride at their doctor’s office.

The practice facilitation team currently has three specialists. There are plans to add more specialists to support our PFK strategy of quality improvement throughout the region. This will improve health outcomes for all patients.

Nurse-Led Research at Nationwide Children's Hospital

Victoria von Sadovszky, PhD, RN, FAAN

One of the many ways we implement our Professional Practice Model at Nationwide Children's Hospital is through the development of new knowledge to inform evidence-based practice. Several nurses have worked over the past year leading interdisciplinary teams to create new knowledge, which focuses on improving patient and family outcomes and care-delivery. This has been a tremendous year at Nationwide Children's for nursing research.

Below are highlights of completed research projects and ones on the horizon.

Several practitioners have completed projects garnering national attention. Sha Clark, LISW-S, Michelle Pontius, BSN, RN and Lamara Love, BSN, RN, CPN, HNB-BC from the Cerebral Palsy (CP) clinic are leading a team to develop a new electronic app to improve socialization and self-esteem among children with CP. The first study was to ascertain what types of adventure stories children would like to interact with within the app. From several choices, camping was the most often reported adventure and had the most enthusiasm for development. These preliminary findings are informing several new studies on the path to developing this gaming app.

Kenny Hoffman, MS, RN, CEN examined reasons why errors exist in emergent situations. While several reasons were congruent with the theory of Authority Gradient, his study points to new variables such as environmental cues and ways to improve care delivery that merit further study.

Olivia Sutter, BSN, RN completed a study examining the types of sexual health advice adolescent women receive from online teen-targeted sources and the quality of that information. Typical of what one might expect, not all advice columns give straightforward or accurate advice and the types of requests for information demonstrate adolescents desperately need a venue in which they can ask these questions safely and receive evidence-based information.

Ann Hoffman, MS, RN, CPN studied nurses perceptions of floating resources. While there are a few studies about the floating and its relationship to nursing dissatisfaction, this study is the first to look at the reasons underpinning dissatisfaction and staff nurses’ recommendations to make floating a safer, more informed and stress-free experience. All of these projects were presented at international and national conferences and have been submitted or being written for publication.

There are several projects on the horizon for next year, Amy Garee, MS, PNP, RN, Larissa Anglim, BSN, RN and Chris Fortney, PhD, RN are completing a funded project to examine barriers and facilitators to providing palliative and end of life care. Glennnda Daniels, MS, APRN, NNP-BC is completing a study on nurse-led rounds. While several units across the country have implemented these types of rounds, much of the evidence derives from quality improvement projects. Daniels is one of the first to study nurse-led rounds on previously studied and new variables examining the efficacy of this practice. Lamara Love, BSN, RN, CPN, HNB-BC, Julie Kusiak, MA, CEIM, C-AIYT and Garey Noritz, MD were funded to examine the feasibility of offering a new integrative therapy in the Cerebral Palsy Clinic. Tim Taylor, BA, RN, EMT-P is developing a new care delivery system around codes in the outpatient setting. All of these projects have the potential to positively influence a variety of patient and family outcomes and change the way we deliver care.

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If you have an idea or project you would like to start and add to our growing list, please do not hesitate to contact me for any assistance:
Victoria.VonSadovszky@NationwideChildrens.org

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Daisy Award

Mary Morrison, BSN, RN

The 18th Nationwide Children's Hospital Daisy Award was presented to Mary Morrison, BSN, RN of C4B. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of our patients and families at Nationwide Children's.

Mary was nominated by the mother of one her patients in the NICU. The mom raved that Mary takes time to answer her questions and walk her through different processes. "I can confidently say that I am where I am because of Mary," says her nominator. "I am able to be [my daughter's] advocate, be able to confidently participate in rounds, feel bonded with my daughter, feel comfortable picking her up though she is still



intubated and so forth because I have had Mary alongside us through this journey."

To learn more about our Daisy winners, and read their full nomination, visit [NationwideChildrens.org/Daisy-Award](https://www.nationwidechildrens.org/Daisy-Award)

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