A Model for Care Coordination in a Primary Medical & Orthopedic Cerebral Palsy Center

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PURPOSE
Describe the evolution of and rationale for care coordination at a large children’s specialty hospital.

Learning Objectives
1. Participants will articulate the definitions of care coordination according to the newest national healthcare research and quality agencies.
2. Participants will understand the rationale for care coordination in reference to quality care, family experience, costs, and patient outcomes.
3. Participants will take home specific care coordination techniques and practices that can be tailored to their own clinical setting.
4. Participants will apply appropriate program evaluation tools to examine care coordination practices in their own clinical settings.

BACKGROUND
- What are the special health care needs of a pediatric cerebral palsy population?
  - medical
  - orthopedic
  - surgical

- Who is at risk for poor outcomes?
  - geographic
  - socio-economic

- How do we add value and reduce risks?
  - family liaisons
  - evidence-based protocols
  - seamless sharing of information within and across organizations

- Where are resources allocated?
  - people
  - time
  - technology

- When (and how) do we see results?
  - health outcomes
  - quality of life
  - cost effectiveness
CP SPECIALTY CENTER EXPERIENCES

- CP Program Foundation
- Program Success and Growth
- Changing Structures and Methods
  - gaps
  - breakdowns
- New Program Initiatives
  - Education of primary care and specialty groups
    - internal
    - external
  - Triage and intake of patients with multiple needs
  - Pre-surgical medical preparation
  - Coordinating surgical and rehabilitation admissions
  - Outreach to surgical gait patients

FUTURE DIRECTIONS

- Health Technology
- Resource Allocation

QUESTIONS / COMMENTS

Additional Handouts:
- New Patient Intake
- Scheduling Triage Phone Script
‘NEW CP’ PHONE INTAKE

- **Reason for Visit**
  - Referral details
  - Chief complaint
  - Concerns with Hips/ Gait /Spine
- **History**
  - Social
  - Previous orthopedic care
- **Pregnancy**
  - Birth Complications
  - Gestation
- **Post-Birth Problems**
  - NICU
  - Intubation
  - Jaundice
  - Infection
- **Review of Systems**
  - Neurology
    - Seizure disorder
    - Meningitis
    - Encephalitis
  - Cardiac/Pulmonology
    - Congenital heart disorder
    - Oxygen requirement
  - Gastro-Intestinal /Urinary-Genital
    - PO feeder
    - GERD
    - Constipation
  - Musculoskeletal
    - motor milestones
    - Dressing / Changing
  - Communication
  - Vision & Hearing
- **School or Daycare**
  - Educational Setting
  - IEP
  - Therapies

**PATIENT NAVIGATION REFERRAL**

- **CP Ortho Visit**
- **CP Rehab Visit**

- **Labs:**
- **X-Rays:**
- **Neurology**
- **Pulmonology**
- **Seating Clinic**
- **PT/ OT /Speech**
Q.1 “Why do you need to see a doctor?”

In toeing: out toeing
Toe walking: Problems walking
Hip dislocation: Hip problem (, >1 year old)
Scoliosis: Foot deformity or problem

YES

Q.2 “Does the child have other medical problems such as:
Seizures: Cerebral Palsy
Stroke: Medical Condition
Genetic Syndrome: Delayed development or
Do they use a wheelchair or walker?"

Yes but mild

Schedule patient with Sees / Dabney / Miller (prefer in CP Clinic)

The best way for us to address all of your child’s needs is to have a nurse call, gather some information, and help to schedule all necessary appointments.”

Yes Complete

“I can schedule an appointment but it may need to be changed when you speak with our Nurse Specialist”

“Our preference is to schedule your appointments when the nurse specialist calls to speak with you”

NO

General Orthopedic Clinic

PA or APN will complete intake, determine needs, and refer to schedulers or nurse navigator to assist family with scheduling

CP Clinic or CP MDC