Children’s Project ECHO: School Health

October 23, 2019

Introduction to Project ECHO & Collaborating with Healthcare to Management Chronic Health Conditions
## Presenter Disclosures

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School Nurses –
Integral Part of the Health Care Team

Sarah Miller, MSN, APRN, CPNP-PC
Director of Medical Services

OneWorld Vision Statement:
To be an innovative leader empowering individuals in healthier communities
Overview

• OneWorld

• Working Side by Side with School Nurses

• Lessons learned

“You might fake an illness at home, but here, only a fever makes her a believer.”
Mission Statement

OneWorld Community Health Centers, in partnership with the community, provides culturally respectful, quality health care with special attention to the underserved.
What Makes OneWorld Unique

• Federally Qualified Health Center
• Located in medically underserved area
• Majority of the board are clinic consumers
• Fee discount for uninsured patients
• Joint Commission (JC) Accredited
• Joint Commission Patient-Centered Medical Home
• Health Equity Index Certified (LGBT)
• Quality of Care - passionate staff
• Individual and community health
• “One-stop shop” & language access
• Chronic disease management
• Array of resident & student programs
• Volunteer and community support
School Based Health Centers

Bryan High School
What does 200% of poverty look like?

• **$3,200 monthly income** (family of 4)
  - $800 rent (median)
  - $200 car payment (1 car)
  - $100 car insurance
  - $150 gas/repairs
  - $600 food
  - $300 utilities
  - $200 clothing/school
  - $600 child care

• **What’s left for health care?**
  - Intersection of School Nursing begins

*Culturally Respectful, Quality Healthcare*
What does school nursing look like?

• School Nurses
  – Spend the day juggling priorities!
    • Multiple state and district requirements
    • Dispensing and tracking medications
    • Caring for more than scrapes and bruises
Lessons Learned

• **Family Educational Rights & Privacy Act (FERPA)**
  – privacy rights of education records

• **Health Insurance Portability and Accountability Act (HIPAA)**
  – Privacy rights of medical records

• If FERPA applies, HIPAA does not

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2. 34 C.F.R. § 99.3
Lessons Learned

• Partnership
  – Immunizations
    • 2009 HITECH Act (health care office to school OK)
    • U.S. Department of Education (share between schools OK, but not to health care office)
  – Learning Difficulties
    – Get a Release of Records all the time
    • Vanderbuilt/Connors Scales for ADHD
    • IEPs and 504s
  – Diabetes and Seizure Disorders
    • Working closely with specialists for action plans
Lessons Learned continued...

• Rule 59 Protocol
  – Assuring appropriate paperwork filled out correctly to administer medications

• Asthma
  • Asthma Action Plan
  • Medication form for Albuterol administration to be done at school without it being an emergency
  • Assure adequate refills

• Allergy Management
  – Anaphylaxis Plan filled out
  – Assure adequate refills
All in all...

• Work with primary care provider partners in your community
• Keep up your awesome work and know you are appreciated as integral parts of the health care team!
Children’s Project ECHO: School Health

Sarah Haller, LCSW Medical Social Worker
Danielle Jakopovic, BSN, RN Asthma Nurse Case Manager
Children’s Hospital & Medical Center
Definition of Care Coordination

• According to the Agency of Healthcare Research and Quality (2011) care coordination is the deliberate organization of patient care activities between two or more participate (including the patient) involved in the patient’s care to facilitate the appropriate delivery of health care services.

www.aaacn.org (2011)
School RN & Care Coordination

School Nurse

- Parents
- Medical Providers
- Teacher and Administration
- PT/OT/ Speech Therapy
Benefits of Care Coordination

- Effective management of chronic illness
- Improved health outcomes
- Patient Experience
- Cost Effective Care
- Professional Partnerships
- Accessing appropriate level of care
Care Coordination Pathway

1. Referral from health care provider
2. Chronic Illness
3. High Acuity (ED/Hospital)
4. School Absences
5. Complex Social Situation
6. Self-Referral
7. Medical Record Review
8. Risk Score
Assessment and Intervention

- Assessment
- Engagement and Outreach
- Case Consultation
- Recommendations
# Support & Resources

**Medical**
- Primary Care/Specialty Physicians
- Children’s Hospital & Medical Center Care Coordination Department
- Pharmacy

**Mutual**
- Insurance
- Public Health Department
- Parent/Family Support
- Housing Authority

**Social**
- Mental Health Providers
- School Counselor/IEP/504
- Parent Training Institute
- Early Development Network
- Nebraska Family Helpline
- Social Service Agencies
- Child Protective Services
Children’s Project ECHO: School Health

Project Austin: Bridging the Gap for Children with Special Health Care Needs

Natalie McCawley, MSN, RN, CCRN
Project Austin Manager of External Affairs

Tiffany Simon BSN, RN, CCRN
Project Austin Manager of Internal Affairs

Children’s Hospital & Medical Center
Mission Statement

Project Austin fosters continuity of care for Children with medical complexity by collaborating with EMS (first responders) and hospital emergency departments to build community awareness, provide education and devise an emergency system surrounding the child.

Vision Statement

A leader in expanding awareness and advancing knowledge to foster an educated efficient system of care to surround children with medical complexity in the region.
Emergency Information Form for Children With Special Health Care Needs

Name: Little Johnny
DOB: 1/1/16
Person: 10 years old
Male
Language: Spanish

Home Address: 123 Sesame St, Omaha, NE
Parent/Guardian: Little Johnny's Mom, Parent/Guardian: Little Johnny's Dad
Phone Number: 402-123-4567
Phone Number: 402-234-5678

Care Team:
Primary Physician: Dr. Lovelace
Specialties: Cardiologist, Pulmonologist
Special Needs: Breathe

Emergency Room: Community Hospital
Primary EMS: Community EMS
Home Health: Home Nurse R Us
Hospice: Community Hospice
Primary Hospital: Children's Hospital & Medical Center 1-800-850-x001

Immunizations up-to-date: yes
Allergies: N/A
Medications:

Signature/Consent: Little Johnny's Mom

Contact for release of this form to care providers:
ProjectAustin@childrensomaha.org
www.childrensomaha.org/projectaustin

ECHO Project
Children's Hospital & Medical Center
Nebraska
Education and Awareness

[Images of people in a classroom setting and a group of people engaged in hands-on learning activities]
Questions
School Nurse or Provider Information

Name
Joan Creger, RN, BSN

School/Clinic/Facility Name
Lincoln Public Schools

Case ID
ECHO ID#SH2019-001

Age
16

Gender
Male

Patient Race
White

Current medications and allergies:
Seasonal Allergies.
Medications:
- Onfi 20mg BID
- Keppra 1500mg BID
- Lamotrigine 300mg BID
- Vimpat 200mg BID
- Klonipin 1 mg PRN

What is your concern or goal for this case presentation?
Provide Tips on Planning and Coordination of Care for a Medically Complex student in the school setting.

History of presenting problem:
- Diagnoses: Intractable Epilepsy, Developmental Delay, Autism, Left sided Hemiplegia, Cerebral Palsy
- Health Conditions:
  - Neurogenic Bowel-Cecostomy/Chait tube placement-2014
  - Neurogenic Bladder-Mitrofanoff Surgery 2017
  - Gastroparesis-is NPO..first G-tube insertion 2007, multiple replacements since then, Has J/G Tube in place
  - Seizure management-8/19-Has Vagal Nerve Stimulator which is active, but does not use magnet to swipe for breakthrough seizures...Has Myoclonic and Tonic Seizures often/daily , rarely has Grand Mal Seizures.
  - Is Non Verbal

Pertinent past medical history:
- Born at 37 weeks
- First Seizure noted at age 4 months.
- Crawled at 9 months, Walked at 39 months
- Dx with intractable Epilepsy, developmental delay, Autism, Left sided Hemiplegia
- Non-verbal, incontinent, Oral aversions, depth perception problems, progressive weakness, neurogenic bowl and bladder.
- Multiple surgeries from 2007 through 2017: G-tube insertions, bilateral inguinal hernia repair, bilateral craniotomies, Right Frontal lobectomy, Right Craniotomy and 2x3 cm Right frontal/temporal lobectomy, VNS placement, 2/3 Corpus Callosumy, Cecostomy placement and Mitrofanoff Surgery.
- Has tried Ketogenic diet and Medical Cannibis trials
-Gastroparesis and several ileuses (was on TPN for 2 weeks in 2012)
-Continued Muscle weakness with instability when walking, increased flexibility and worsening balance and depth perception problems.

Current school grade
11

Is the student on any of the following individual plans?
IEP
IHP

Primary caregiver
Both mother and father

With whom does the patient live?
Both parents

What is your concern or goal for this case presentation?
This child visits the doctor and is in the hospital frequently. I have permission to talk with the doctor but often feel like parents are not providing enough information to take care of the child. I often wonder if I have enough information that I need to take of this child correctly…