



# **Improving the Care of the Pediatric Patient in the ED through Successful Parent Advisory Council Partnership**





**Ronald Reagan UCLA Medical Center**

**Mattel Children's Hospital UCLA**




# Faculty Disclosures

We do not have any financial disclosures or conflicts of interest.



# Presenters

- **Alison Beier:** Member of Parent Advisory Committee  
 Mattel Children's Hospital UCLA
- **Kerry Gold RN, CCRN, CEN**  
Administrative Nurse/Pediatric Liaison Nurse  
RR UCLA Emergency Department

# Objectives

- ★ Recognize the utility of having hospital staff available to the Parent Advisory Council (PAC).
- ★ Discuss how to effectively present a concern from parents to the hospital staff.
- ★ Identify how to use evidence based Practice (EBP) and Quality Improvement (QI) projects to effect change in the patient care setting.
- ★ Recognize the innovation of using collaborative PAC/Patient and Family Centered Care and ED staff committees.

# Definitions

- **What is Patient and Family Centered Care (PFCC)?**

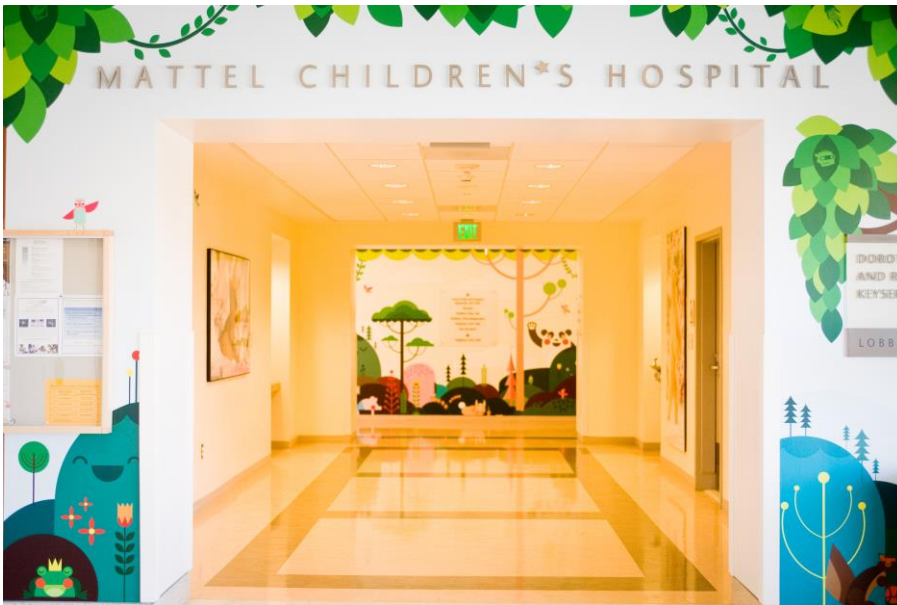
Patient & Family Centered Care recognizes that the quality, safety and delivery of health care is improved when the expertise of health care providers is partnered with the experience of patients & families.

- **What is the Impact of PFCC?**

PFCC means that patient needs and priorities for their own health will be heard by a health care team who will respect and value participant in their own care.



# Mattel Children's Hospital UCLA



- A “hospital within a hospital”
- Highly specialized teams providing highly specialized care

- Most patients are highly complex, medically fragile, with multiple diagnosis’



# RR UCLA Emergency Department

- Level 1 Trauma Center
- 55,000 patients per year
- 7,800 pediatric patients per year (~14% of total)
- Medically complex pediatric patients (multiple organ transplant, congenital heart disease, complex metabolic and genetic conditions)
- STEMI Center
- Stroke Center
- Transplant Center





# Opportunities for Improvements

With a highly specialized pediatric population seeking care within a world class, general population ED, several of the same themes for improvement in care were identified by PAC members



# The Building of a Successful Partnership



Alison Beier



# Mattel Children's Hospital UCLA Parent Advisory Council (PAC)

## About the Council

The Mattel Children's Hospital UCLA Parent Advisory Council (PAC) was established to facilitate partnerships between families and the administration and staff of UCLA Health Systems through education, feedback, and policy and program recommendations which will promote the organization's goal of providing superior patient and family centered care.



### UCLA Departmental Sponsors

- Patient Affairs
- Pediatric Medicine
- Pediatric Nursing
- Care Coordination
- Clinical Social Work
- Child Life
- Administration

### Parent Representatives

- 20 parents of “high utilizers” within the UCLA Health System
- Various services and ages represented
- Meet Monthly as a Council
- Work between meetings on sub-committees, goals & objectives
- Represent all families within UCLA Health Systems, putting personal agendas aside.

# PAC Accomplishments in PFCC

## Accomplishments in Providing Support for Patients and Families

- Pediatric Binder for Long-term Patients
- Admission Toiletry Kit
- Snack Cart
- Low-cost family meal program
- Improved menu for pediatric inpatient meals
- Laundry Services
- Refrigerators for all Pediatric rooms
- New locks on shared cabinets for better security
- Parent-to-Parent Support Website Pilot
- Improvements to the Family Resource Room
- Additional Child Life Staff & Resources
- Renovations to the Santa Monica Play Room
- Donation of iPads to Child Life
- Patient and Family Centered Care Videos
- Organizational Chart of Hospital Staff roles
- Family experience training videos for staff



# PAC & ED Partnership

- In 2012, the PAC identified areas for improvement for pediatric patient care in the ED.
  - PAC was highly passionate about partnering with ED
  - Past presentations to other departments had not resulted in change
- PAC compiled a strategic presentation to invite a partnership
- UCLA Staff recruited ED leadership to attend
- An effective and ongoing partnership was formed, resulting in new or improved processes that have directly improved pediatric patient and family care in the ED
- PAC has used this model to form additional partnerships within the UCLA Health System. These include: the Pediatric Outpatient Clinics, Physician Billing, and the Pediatric Physician Group.

# Staff Support

- Staff played a key role in bringing this partnership together
  - Gave the PAC appropriate background to understand Health System structure and differences between the ED and MCH
  - Helped identify what challenges would be difficult to overcome due to Health System policies
  - Ensured the PAC did not let passion muddle the message
  - Distributed the presentation to ED leadership prior to the meeting for review
  - Brought key stakeholders to an “optional” meeting

# The Presentation

- The PAC met twice before presenting to compile a strategic presentation that would engage the ED and not make them feel defensive and/or criticized
  - A VERY concise presentation was compiled to keep the PAC on time and ensure our entire message was delivered effectively
  - Our first ask was to form a partnership with the ED
  - Key themes for improvement were identified and illustrated
  - ONE impactful personal story was assigned to be shared for each of the key themes to give our patient and family perspective
  - Suggestions that would improve our children's need were given
  - A very open dialogue and brain-storming session on each theme ensued
  - Follow-ups with timing and partners from both the PAC and ED were assigned



# The Meeting

- Full room, but conversational in style
- We laughed, we cried, we broke bread...
- Insight was shared that opened up many windows for opportunities
- A true partnership was formed that resulted in 10 new or improved processes that have directly improved pediatric patient care in the ED at RR UCLA
- Partnership continues today with new goals set each year





# 10 Benefits of an Effective Partnership

Kerry Gold



# 1. Improved Patient Communication

## Opportunity for Improvement

Communication issues: “Who is my Nurse?”

## Outcome

UCLA Health

DATE: \_\_\_\_\_

WELCOME TO  
Ronald Reagan - UCLA ER

Your Health Care Team is:

ER Doctor - Resident: \_\_\_\_\_

Attending: \_\_\_\_\_

Nurse: \_\_\_\_\_

Tech: \_\_\_\_\_

Charge Nurse: \_\_\_\_\_

☐ Call light accessible for questions or concerns

	ORDERED	COMPLETED	NOTED
Blood Drawn / Urine Collected			
Xray			
Ultrasound			
MRI			
CT / CAT Scan / MRI or other Center			
Consults			

Patient Code for ED Visit: \_\_\_\_\_

Final imaging results will be processed by the radiologist and are available within 24 hours of completion.

Development of a new/improved white board for patient rooms for improved communication 2/2015

## 2. Admission Binders

### **Opportunity for Improvement**

Binder: requested assistance in creating a binder to aid in admission process.

### **Outcome**

Creation of Binder to aid in admissions.



# 3. UPC

## Opportunity for Improvement

- Unit Practice Council: Need for Pediatric Committee



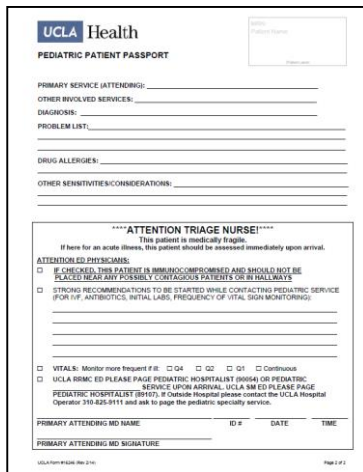
## Outcome

UPC started a Pediatric subcommittee in 2012 with ongoing Pediatric initiatives

# 4. Passport

## Opportunity for Improvement

Pediatric Passport: requested assistance in creating a document to facilitate intake at triage.



The form is titled "UCLA Health PEDIATRIC PATIENT PASSPORT". It includes fields for "Patient Name" and "Age". The form is divided into several sections for medical information:

- PRIMARY SERVICE (ATTENDING):** \_\_\_\_\_
- OTHER INVOLVED SERVICES:** \_\_\_\_\_
- DIAGNOSIS:** \_\_\_\_\_
- PROBLEM LIST:** \_\_\_\_\_
- DRUG ALLERGIES:** \_\_\_\_\_
- OTHER SENSITIVITIES/CONSIDERATIONS:** \_\_\_\_\_

A section titled "\*\*\*\*ATTENTION TRIAGE NURSE!\*\*\*\*" contains instructions: "If here for an acute illness, the patient should be assessed immediately upon arrival. The patient is medically fragile." It includes checkboxes for "ATTENTIONED PHYSICIAN:" and "IF CHECKED, THIS PATIENT IS IMMUNOCOMPROMISED AND SHOULD NOT BE PLACED NEAR ANY POSSIBLY CONTAGIOUS PATIENTS OR IN HALLWAYS".

Below this, there are checkboxes for "STRONG RECOMMENDATIONS TO BE STARTED WHILE CONTACTING PEDIATRIC SERVICE FOR (IF, ANTIHISTAMICS, INITIAL LABS, FREQUENCY OF VITAL SIGN MONITORING)".

At the bottom, there are checkboxes for "VITALS: Monitor more frequent (P, R, T, O, S, C, D, E, I, O, C, H, O, P, I, N, G)" and "UCLA IRMC ED PLEASE PAGE PEDIATRIC HOSPITALIST (90564) OR PEDIATRIC SERVICE UPON ARRIVAL, UCLA SM ED PLEASE PAGE PEDIATRIC HOSPITALIST (9147). If Outside Hospital please contact the UCLA Hospital Operator 310-825-9111 and ask to page the pediatric specialty service."

The form ends with fields for "PRIMARY ATTENDING MD NAME", "ID #", "DATE", and "TIME", followed by a line for "PRIMARY ATTENDING MD SIGNATURE".

## Outcome

Development of the Pediatric Passport in 2012 and the integration into the EMR 3.24.2016

# Passport in EMR

Hyperspace - RR ED - UCLA POC ENV - ATTENDING PHYSICIAN EMERGENCY

Epilo - ED Manager Track Board ED Map In Basket My Dashboards ED Chart Patient Lists My Reports Research UpToDate

UCLA POC ENV

Aa Peds, Steph  
Female, 8 y.o., 03/22/2008  
MSN: 1102351 CSN: 90000550 Isolation: N Primary CVD: None Bed: None Allergies: Penicillins Temp: 38.3 Pulse: 68 Weight: 50 my... LOS: 0 (H...  
Infection: N PCP w/ Phone: None CC: Abdominal Transplant Related: BP: 115/70 Resp: 18 Code: Not o Pre: 2

Snapshot with Recent Visits

Snapshot Orders Lab Results Report Snapshot with Recent Visits

Primary Service:  
Primary Diagnosis:  
Family's Preferred Language:

This patient has the following conditions which place him/her at increased risk:  
Immunocompromised. Do not place patient in hallway or near contagious patients. If febrile, refer to Sepsis protocol.

Additional Recommendations: (Initial steps to evaluate/manage patient in the ED)  
My recommendations here.

Additional Patient-Specific Considerations: (eg. preferred vascular access method)  
My recommendations here.

UCLA RR ED please page Pediatric Hospitalist (90054)  
UCLA SM ED please page Pediatric Hospitalist (89107)

Patient < Step is 8 today Vitals

Currently admitted as of 3/22/2016

Steph Aa Peds  
8 year old female  
3/22/2008

Last recorded: 03/22 1616

BP:	115/70	Pulse:	68
Temp:	38.3 °C (101 °F)	Resp:	18
Height:	1.219 m (3' 11.99")		

Hyperspace - RR ED - UCLA POC ENV - NURSE EMERGENCY

Epilo - ED Manager Track Board ED Map In Basket My Dashboards ED Chart My Reports Research Patient Station Bed Board

UCLA POC ENV

Aa Peds, Steph  
Female, 8 y.o., 03/22/2008  
MRN: 1102351 CSN: 90000550349 Isolation: None

Infection: None Primary CVD: None PCP w/ Phone: None Bed: None Allergies: Penicillins Temp: 38.3 (101 °F) Weight: 50 lb (22.68 kg)  
CC: Abdominal Pain Transplant Related: None BP: 115/70 Pulse: 68 Code: Not on the myUCLAhealth Inactive FYI  
Resp: 18 Pref Language: None LOS: 0 (H:0 E:1 M:0) Spec Coll

3/22/2016 visit for Hospital Encounter

Chart Review Pediatric Passport

Results Review Arrival Info Arrival Doc Chief Complaint Foreign Travel ED Notes PreHospital Vitals Height & Weight Allergies PED Sepsis Screen Home Medications History OBGyn Status Initial Assess Immunization Immunization Report Abuse Indicators Suicide Risk

Pediatric Passport

Primary Service:  
Primary Diagnosis:  
Family's Preferred Language:

This patient has the following conditions which place him/her at increased risk:  
Immunocompromised. Do not place patient in hallway or near contagious patients. If febrile, refer to Sepsis protocol.

Additional Recommendations: (Initial steps to evaluate/manage patient in the ED)  
My recommendations here.

Additional Patient-Specific Considerations: (eg. preferred vascular access method)  
My recommendations here.

UCLA RR ED please page Pediatric Hospitalist (90054)  
UCLA SM ED please page Pediatric Hospitalist (89107)

# Passport App

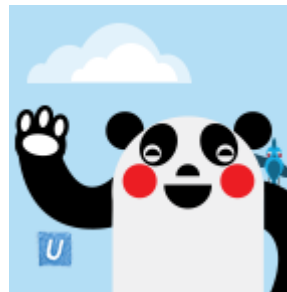
Currently being built into 2 App's for your Smartphone:

- Mattel Children's Hospital App

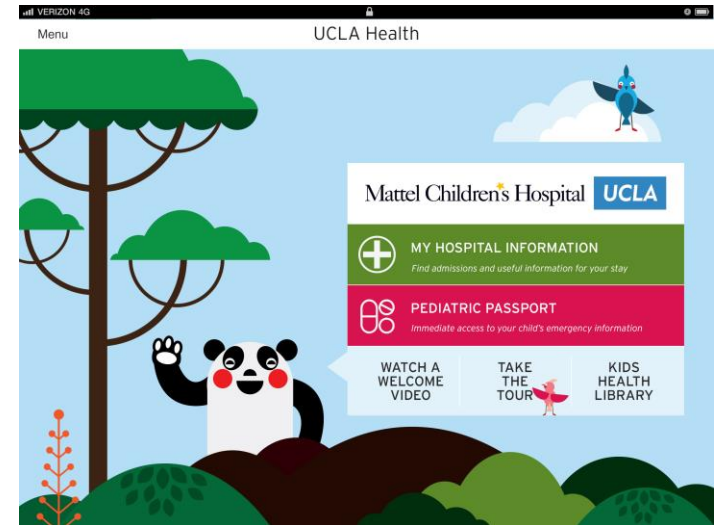
## For Phone



## ICON




## For iPad



# Mattel App---interior views

Menu

My Pediatric Passport



My Child's Name:

Free Text Box

My Child's Primary Service:

Dropdown of service choices

UCLA Medical Number:

Free Text Box

Primary Diagnosis:

Free Text Box

\* The pediatric passport is provided here as a quick resource for you and your family to have on hand in the event of an emergency. Please note that this does not link up automatically to your myUCLA account and we highly recommend that you add this information to your account myUCLA account as well.

Additional Information:

Free Text Box here with placeholder text to prompt the user to add important information; Medications, important phone numbers, etc.


Menu

My Child's Care

1

Who's taking care of my child in the hospital?

UCLA Health System provides services for pediatric patients and their families in our hospitals in Westwood and Santa Monica. When your child is a patient of UCLA, he or she will be assigned to one of the following specialty services. This service will consist of a team of doctors and nurses that will take the lead in your child's care. Other specialty service teams may be brought in for consultation for a specific issue, but the overall plan of treatment and care for your child will be coordinated by the primary specialty service team. If your child receives care in the NICU or PICU units, the Attending Physician for the unit (i.e., neonatologist or intensivist) will assume leadership of your child's care, and will coordinate care with the primary specialty team until he or she is admitted to a pediatric floor.



- Allergy/Immunology
- Cardiology
- Craniofacial
- Critical Care
- Dermatology

- Endocrinology
- Gastroenterology
- General Pediatrics
- Genetics
- Hematology

- Infectious Disease
- Neonatology
- Nephrology
- Neurology
- Oncology

- Ophthalmology
- Orthopaedics
- Pain Program
- Psychiatry
- Pulmonology

- Radiology
- Rheumatology
- Surgery
- Urology

Physician Staff

Nursing Staff

Children's Comfort Care Program

Support Staff

Menu

My Hospital Notebook

1

Who's taking care of my child in the hospital?

2

What do we need to know about the hospital?

3

Where do we stay if our child is in the hospital for a while?

4

What do we do if we need a break from the hospital?

5

Where can we find additional support?

6

Tips for effective communication with your medical team.

7

Organize and track your child's treatment plan





# Universal Passport App---coming soon

- Pediatric Passport App (will be available to use worldwide, not UCLA/Hospital specific!)





THE INFORMED PATIENT

## Patient 'Passports' Make Sure People With Complex Cases Are Heard

Passport Programs at More Hospitals Help Patients Communicate With Doctors, Overcome Feeling Powerless



Jennifer Fine, second from right, shown with her husband, Doug, designed a patient passport when their daughter Ella, far left, was hospitalized for three weeks. The Fines' daughter Jaiden is at right. PHOTO: DARSY NICOLE PHOTOGRAPHY

MODERN ART + DESIGN

# AUCTION

MARCH 1, 2015

ROY LICHTENSTEIN / HARRY BERTOIA  
ANDY WARHOL / RUTH ASAWA / ED RUSCHA  
JOHN BALDESSARI / BRUCE CONNER

LAMMA | los angeles  
modern auctions

# 5. Child Life Specialist Coverage

## Opportunity for Improvement

Child Life coverage: requested additional CLS coverage for ED.



## Outcome

CLS coverage doubled in 7/2015!



# 6. Pediatric Hospitalist Coverage

## Opportunity for Improvement

Hospitalist coverage: requested Pediatric Hospitalist coverage 24/7



## Outcome

Pediatric Hospitalist coverage increased to 24/7 in September of 2013

# 7. Improved Communication for Admissions

## **Opportunity for Improvement**

Need for improved communication/throughput with Patient Placement and Peds Charge Nurses.

## **Outcome**



Communication improved in 2012 with more diligent calls to Patient Placement and the Peds Charge Nurses regarding admissions.

# 8. Central Line Access Training

## Opportunity for Improvement



PAC Video longer version - [Shortcut.Lnk](#)

Central line/port access issues: PAC reported major concern about inconsistent and improper access of central lines/ports in the ED



## Outcome

Enhance training for central line access..(Ongoing/yearly competency). Purchase of “Chester the Chest” for line care training 2012

Central Line/Parent Experience Video

# 9. Pediatric Sepsis

## Opportunity for Improvement



Alison sepsis video- A Parent's Point of View - Short.mp4

## Pediatric Sepsis Awareness



## Outcome

Pediatric Sepsis Order set and Screening Tool developed and integrated into the EMR in 9/2013

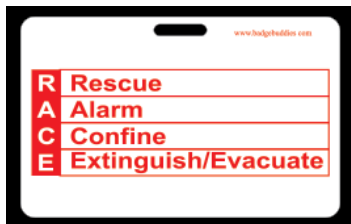
ED Code Sepsis Initiative in 3/2014



# 10. Line Care Script Badge Cards

## Opportunity for Improvement

Communication with parent and RN regarding line access



## Outcome

Development of line care script badge cards (in process!)

**Clean**—Is there a home cleaning protocol you'd like to talk to me about?

**Appropriately**- I want to appropriately incorporate any home techniques that I can within our policy guideline.

**Routine**-What about a routine that would make your child most comfortable?

**Demonstrate**-Would you like to demonstrate any techniques used at home?



# Lessons learned

- The importance of collaborating with PAC in the decision making process for EBP/QI initiatives helped cement a successful partnership.
- PAC/PFCC committees can partner effectively with hospital administration and ED Staff and be collaborators across multiple hospital systems.
- Keeping the goals realistic was important to facilitate success (meeting moderator).
- Utilizing Best-Practice and Evidence Based Practice principles supports initiatives and helps promote effective change.

# How to apply to your Department?

- Does your hospital have a Patient and Family Centered Care Committee?
- Engage Committee members for an ED sub group.
- Evaluate the Current State--identify needs.
- Collaborate with Hospital Administration, PFCC/PAC groups and Department Administration to identify problems and potential solutions.

# How to apply to your Department?

- Use EBP projects to support your initiatives (Pediatric Sepsis Protocol's, white boards for enhanced communication)
- Engage your Department based UPC group to support and implement initiatives (central line training, badge buddies)
- Adapt the Pediatric Passport for your facility (see handout)

# Mattel Children's Hospital UCLA Parent Advisory Council and RR UCLA Emergency Department





***Contacts:***

*Alison Beier*     [abeier831@gmail.com](mailto:abeier831@gmail.com)

*Kerry Gold*     [ktsakonas@mednet.ucla.edu](mailto:ktsakonas@mednet.ucla.edu)

In loving memory of our colleague, friend and Super-  
Hero Champion of Patient and Family Centered Care  
Jennifer Fine



## PEDIATRIC PATIENT PASSPORT

The Pediatric Passport has been developed by parents, pediatricians, and emergency department doctors and nurses as a way for the patient's pediatrician to identify the most immediate medical needs for triaging patients arriving to the Emergency Department. This will allow pediatric patients to be more efficiently, effectively, and safely triaged when arriving to the Emergency Department.

Please have an Attending Physician go Forms Portal to complete a one page form outlining the patient's immune status, important recommendations if any, and frequency of monitoring. This form can be completed in the outpatient setting by the patient's primary pediatrician, medical home, or subspecialist or in the inpatient setting by the pediatric hospitalist or subspecialist.

The Pediatric Patient Passport can be found on Forms Portal #16246.

Patients should be instructed to keep the Pediatric Patient Passport carefully and present on arrival to the Emergency Department.

Thank you,

**Mattel Children's Hospital UCLA  
Patient and Family Centered Care Committee**

**\*\* ATTENTION:** If printing this document for a patient or family, please provide this page only. The Passport should be printed and completed by an Attending Physician.

## PEDIATRIC PATIENT PASSPORT

PRIMARY SERVICE (ATTENDING): \_\_\_\_\_

OTHER INVOLVED SERVICES: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PROBLEM LIST: \_\_\_\_\_

\_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

OTHER SENSITIVITIES/CONSIDERATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### \*\*\*\*ATTENTION TRIAGE NURSE!\*\*\*\*

This patient is medically fragile.

If here for an acute illness, this patient should be assessed immediately upon arrival.

#### ATTENTION ED PHYSICIANS:

- ☐ **IF CHECKED, THIS PATIENT IS IMMUNOCOMPROMISED AND SHOULD NOT BE PLACED NEAR ANY POSSIBLY CONTAGIOUS PATIENTS OR IN HALLWAYS**
- ☐ STRONG RECOMMENDATIONS TO BE STARTED WHILE CONTACTING PEDIATRIC SERVICE (FOR IVF, ANTIBIOTICS, INITIAL LABS, FREQUENCY OF VITAL SIGN MONITORING):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ **VITALS:** Monitor more frequent if ill: ☐ Q4 ☐ Q2 ☐ Q1 ☐ Continuous
- ☐ **UCLA RRMCD PLEASE PAGE PEDIATRIC HOSPITALIST (90054) OR PEDIATRIC SERVICE UPON ARRIVAL. UCLA SM ED PLEASE PAGE PEDIATRIC HOSPITALIST (89107). If Outside Hospital please contact the UCLA Hospital Operator 310-825-9111 and ask to page the pediatric specialty service.**

PRIMARY ATTENDING MD NAME

ID #

DATE

TIME

PRIMARY ATTENDING MD SIGNATURE