Comprehensive Pediatric Care

Williston, North Dakota
Dr. Lois Freisleben-Cook

Written By: Heather Wheeler

Preventive Services Improvement Project
Learning Session 2

November 11-12, 2011
Disclosures

I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in their presentation.
Comprehensive Pediatric Care, PC

• Presenters:
  
  Heather Wheeler
  ▪ Parent Consultant/Parent Advocate
  ▪ URLEND Parent
  ▪ Member Family Voices and AMCHP

Ashley Vance
  ▪ RN
  ▪ CARE MANAGEMENT
When we returned home from last session we decided to review all of our templates and general procedures. Upon completion we decided that our focus should be on:

- Parental Strengths/ early detection of Developmental Delay
- Oral Health
Dr. Cook, as a developmental pediatrician, has always been a strong advocate for early detection of developmental delay and early intervention. She encourages all staff to be cognizant of delays and the profound impact of intervention, thus the focus. Lynn Lutes sums up what Bright Futures does for us with;

“Bright futures cuts down the chance of missing something vital to early intervention”
Bright Futures “Package”

The Bright Future well child packets allow us to gather immense amounts of information on our patients.

We find that this information can be sequentially addressed over many appointments.

Allows us to have a more intimate knowledge of the child and family and better connect with them on many levels.
Bright Futures “Package”

The area that seemed to offer the most difficulty, was in the parents filling out the information on the Bright Future forms.

We discovered early on that only 3% of our families filled in the open ended questions.

• Do you have any concerns, questions, or problems that you would like to discuss today?
• Do you have specific concerns about your baby’s learning, development, or behavior?
Bright Futures "Package"

We know that these questions are very important, and as a diagnostic tool they provide medical professionals with valuable information.

We found out early on that if the nurses are able to spend a few extra minutes talking with the family, they can begin to gather this information during casual conversation and document it for the provider.
Our changes to charting

Parental strengths are more than patience, discipline and how you nurture your child.

We feel that how a parent educates, loves and takes pleasure in their child are just as important as is the ability to handle stressful situations without becoming derailed vis a vis parenting.

When we have our conversation time (usually during vitals and updating a chart) we find out what the parents do during meal time, play time, disciplining, leisure time and how they find time for themselves.
Our changes in charting.

Example of what is written in the chart after the nurses have time with the patient.

24 Month well child appointment.
24 month charting on Parental Strengths

Sara (Mom) works full time as does Dad. She uses her evenings for play, eating dinner and bathing Tommy. Tommy is usually very well behaved and if not receives time-outs. Mom and Dad enjoy reading to Tommy. He likes to point at animal pictures and they (Parents) make the noises. Tommy plays well with others; he has a hard time sharing sometimes. Sara takes Tommy to the park once a week. Sara and Dad belong to a bowling league. They enjoy getting together with other parents. They have a great babysitter named Sue.
24 month charting on Parental Strengths

Some of the Strengths this family has are:

- Patience
- Planning and organization
- 2 parent household that is a team
- Providing age appropriate discipline, education
- Parents having time away from child
- The child having time away from parents to learn that they will always come back.
24 month going into 36 month charting

Since we have collected the Parental Strengths, at the next visit we can ask key questions about items identified as needing help in the previous visit.

This allows the physician and nurses to see how the family is progressing, and to build further on accomplishments.
24 month going into 36 month charting

Some key questions could be:

- Are you still in the bowling league?
- Has Tommy started to do the animal sounds for his parents yet?
- How are time outs working for Tommy?
- Ideas for the parents could include: “Catch him being good and praise him”.
24 month going into 36 month charting

Our staff is very comfortable with asking these questions, and enjoy taking ownership of a process which results in a better understanding of home life and the strengths parents have.

Another benefit is the relationship that grows between the family and the staff, increasing their comfort with the clinic as their medical home.

Since we have found that so many of our parents don’t open up with forms, using this process offers information we need with additional benefits.
36 month charting example:

Mom and Dad are still bowling. They have started taking Tommy on family trips to the bowling alley. Tommy is identifying all barn and zoo animals in his books, both by word and sound. Mom and dad still use time-outs. Mom is concerned about moving Tommy to a car seat, instructed to wait another 6 months and have offered information on car seat and boosters. Tommy is in a new day care and is thriving, mom and dad still use Sue for night time babysitting. They are also expecting their 2nd child in 6 months.
Conclusion to Parental Strengths

At Comprehensive Pediatric care we feel that by doing this form of Parental Strength charting along with, the wealth of information on the Bright Future forms, we have a full picture of a child.

The end result, we hope, will be a detailed description of the strengths, needs, and growth of the family and child. We can then refer back to this if a problem arises, drawing on known parental resources to encourage them.
“It’s never too late to have a happy childhood”

Dr. Lois Freisleben-Cook
Owner and provider of Comprehensive Pediatric Care
Oral Health

“Every tooth in a persons mouth is more valuable then a diamond. Learn early how to keep them sparkling.”

Heather Wheeler
Oral Health

The Bright Futures forms do a great job in opening the door to discussion of Oral Health.

This is an aspect of the Well Child exam that we neglected to fully document in the past based on review of charts. Dr. Cook always looked in the mouth of a child however, she didn’t chart on dental problems unless they were extreme. We used to say “the teeth belong to the dentist”. Now we share the teeth.
Oral Health

Sometimes parents question why Oral Health questions are on the Bright Futures questionnaire.

We let parents know that Oral Health is just as important as physical health and can impact a child’s overall well being in a number of ways.
Oral Health

About 5 months ago we decided to look into doing routine Fluoride treatments for our young patients. I (Heather) spoke with several of our dentists in the area to get their opinion on the subject. I received a great response. Our local dentists feel this would be a great benefit to our patients.

After in depth training in the process, we are working out the final details to offer this service.
Oral Health

The questions on the Bright futures questionnaire make it easy to detect a possible problem.

When the physical exam is done, Dr. Cook makes sure she checks the gums and the teeth. Paying attention to any risk factors.
Oral Health

We have created a template to be sure we are checking the Oral Health of our patients. The information then goes directly into the chart of the child.

This includes:

- Blemishes, chips or spots.
- Gingivitis
- Family history of dental dysplasia
- Brushing habits of the child
Oral health

We have also created a list for our patients of local resources for a Dental Home (if they don’t have one).

- Name
- Address and phone number
- Types of insurance accepted
- Do they accept children under 5
Additional tools

Other tools we use to implement Bright Futures into our office are:

- Target Surveys (done by Parent Consultant)
- Parent feedback in the room (to nurse or Doctor)
- All staff with children use the Bright Future forms. What a great way to get first hand feedback.

We have received praise and compliments on the ease of use and the clear language.
Our Parent Consultant/Advocate

Heather Wheeler was hired on in August of 2010. Her duties include but are not limited to:

- Assisting families as needed during crises, Being a voice for families within the clinic, Passing out surveys(by hand, email or postal mail), Alert staff to potential problems, Implementing change as needed to help our patients.
- Unofficial quality control / HIPPA compliance cop
- The deciding authority on methods of service
Our Parent Consultant/Advocate

- Going to IFSP, IEP or 504 meetings as advocate or moral support. Gathering all information for families to self advocate, including coaching and resources.
- Medical Home Implementation
- URLEND Parent
- Member of Family Voices and AMCHP
- Grant research and writer
Parent Consultant and Our unofficial boss

Background:
- Experience with the development and implementation of a Medical Home Practice
- CAUSE advocate
- Special quest member (Early Head Start)
- PAC member for Northern Michigan
- Family Voices and ARC of Michigan
- Mother of a child with special needs
THE END

Thank You