

**A Conversation with Elliot Cook: Nationwide Children's Hospital Inpatient Psychiatric
Discharge Planning
Partners For Kids Webinar – April 28, 2021**

NOTE: The following is a summary of an open discussion occurring at the Partners For Kids webinar held on April 28, 2021. The questions and answers below represent the perspective of one inpatient discharging unit at Nationwide Children's Hospital (NCH)¹, and cannot be generalized across other inpatient units. All information presented is subject to change.

Q: What happens when a community provider doesn't get a notification from the hospital that they've had a client discharge?

A: The ideal situation is for the discharge planning department to have connection with the outpatient team, however, there are circumstances in which this doesn't occur. There are different processes throughout the hospital service line, so not all have the same process to notify of a discharge.

Q: When a patient who is established with a community provider is hospitalized, how does NCH identify the community provider? Does the NCH discharge team have a list of community provider contact information available or do they rely on the family to provide contact information?

A: Most likely, NCH is relying on the family to provide contact information for a specific provider. If the family cannot provide the name/contact information, then NCH is contacting a general line at the organization. Community providers are welcome to send a directory of staff to Elliot Cook (Elliot.Cook@nationwidechildrens.org) to help proactively facilitate direct communication.

Q: What is the follow up process for NCH when a family doesn't show up to the scheduled appointment with a community provider? What should the community provider and NCH be doing to encourage the family to come to the appointment?

A: NCH is following up after discharge to see if the family attended the appointment. If the family did not attend, NCH will help them reschedule unless they say they do not want to follow up. Attempts to schedule will end if the family states that they do not wish to follow up.

Q: Occasionally, a community practice will get a new, online referral for a patient who discharged over the weekend, but the appointment has not been scheduled. How can the community provider and NCH better coordinate to ensure that these clients receive an urgent appointment rather than a regular appointment?

A: Weekend discharges are certainly challenging for all parties involved. Ideally, NCH has communicated with the outpatient provider at the start of admission. Sometimes, an admission starts Friday and ends Sunday, so this isn't possible. In another scenario, NCH may identify that the outpatient provider will be a new service for the patient, and they are unexpectedly discharged on the weekend. CliniSync may also be a useful tool to provide timely admission and discharge notifications. It is recommended to keep CliniSync rosters up to date for this tool to be most effective.

¹ NCH: The use of 'NCH' throughout this document refers specifically to the Nationwide Children's Hospital Inpatient Psychiatry Unit.

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Q: What bridging services are available for clients who have discharged from the hospital and are on a community based psychiatric waitlist?

A: The critical assessment and treatment clinic (CATC) is a service that will see a patient following admission, when their permanent provider is not immediately available, until a point in time when the patient/family crisis has been fully stabilized. CATC will only provide treatment until the crisis is fully stabilized and goals they have established have been met. A gap in service may occur when the patient is discharged from CATC and the community provider is not yet ready. If a pediatrician or primary care provider involved in the patient's care is available to prescribe, then NCH will follow up there first. In some cases, services may be provided by a nurse practitioner under the guidance of psychiatry for medication management. Primary care providers and advanced nurse practitioners can utilize the on-demand video consultation service, BH-TIPS, to connect with a psychiatrist. Information about BH-TIPS can be found at the website, <https://www.nationwidechildrens.org/BHTIPS>.

Q: With NCH being so large and having so many units, how can community providers learn which clinician is seeing their client and what unit/program they're on?

A: The most reliable way would be to talk with the family, but that can be a struggle during crisis. Identifying a contact on each unit will be the best way for community providers to connect. Community providers are invited and encouraged to proactively establish relationships with NCH to strengthen the feedback loop when a patient is hospitalized. Providers may also wish to explore access to Epic CareLink as an alternative.

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