Partners For Kids Practice Administrator Staff Retreat

8:30am, June 13, 2025

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Welcome and Introduction

- Welcome to the Partners For Kids 7th Annual Administrative Staff Retreat.
- We are so excited you're here!
- Before we start, please take a moment and put your name and organization in the chat.

Introducing Jessica Morrin

- Learning and Development Partner for Dayton Children's Hospital.
- Jessica is a facilitator, adjunct professor, and consultant specializing in Talent & Organizational Development.
- Jessica is certified in Myers-Briggs, Crucial Conversations, Fierce Conversations, CoachU, and many others. Her favorite topics include Emotional Intelligence & Employee Engagement.

Employee Retention & Engagement

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employee retention:

the ability of an organization to retain its employees and ensure sustainability

employee retention:

the ability of an organization to retain its employees and ensure sustainability

employee engagement:

the degree of an employee's commitment to their organization & their willingness to exert discretionary effort to support its goals

the experts

- Abraham Maslow
- Brene Brown
- Dan Goleman
- James Kouzes
- Barry Posner
- Joseph Grenny
- Glenn Elliott
- Debra Corey
- Pat Lencioni
- Simon Sinek

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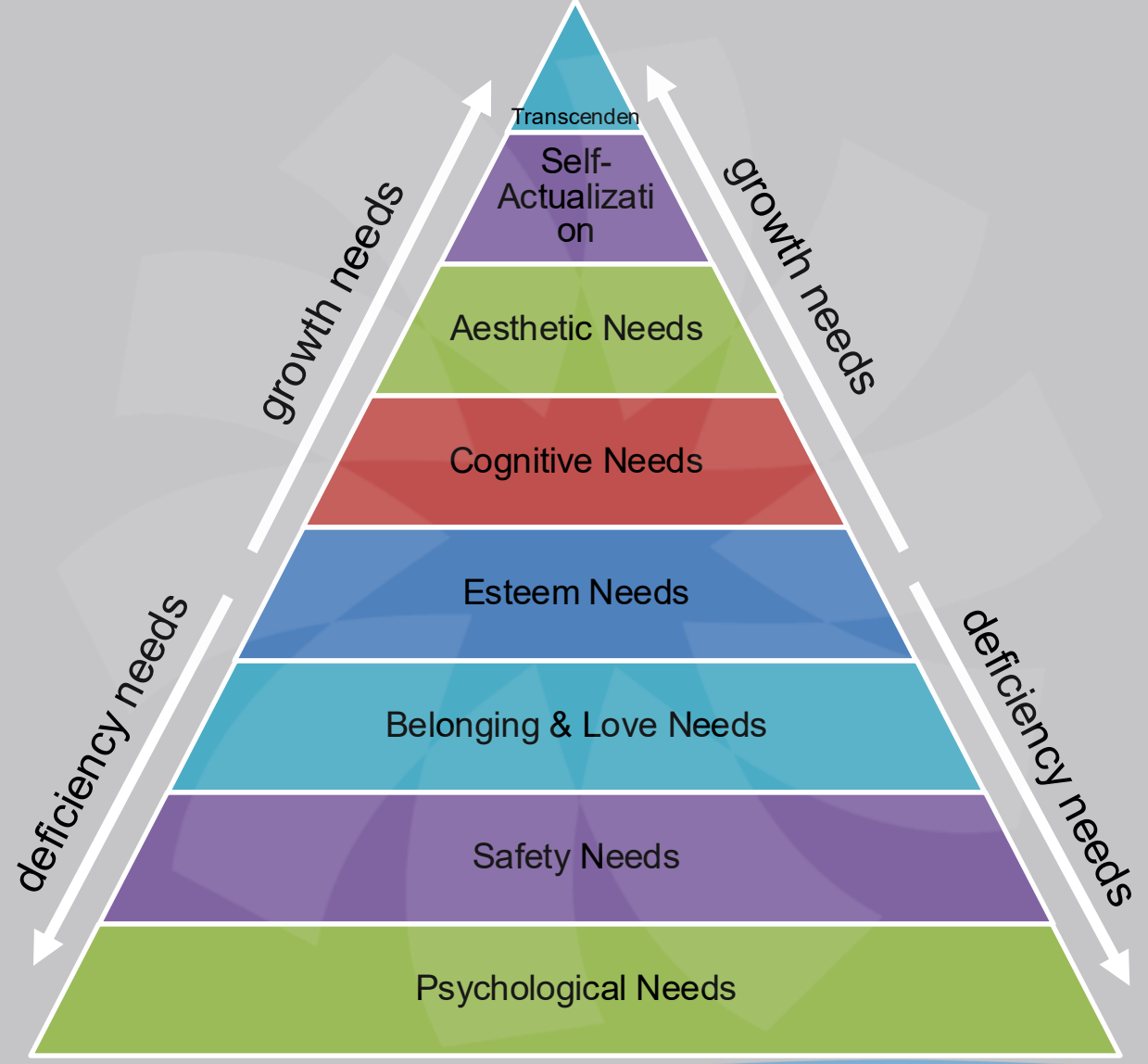
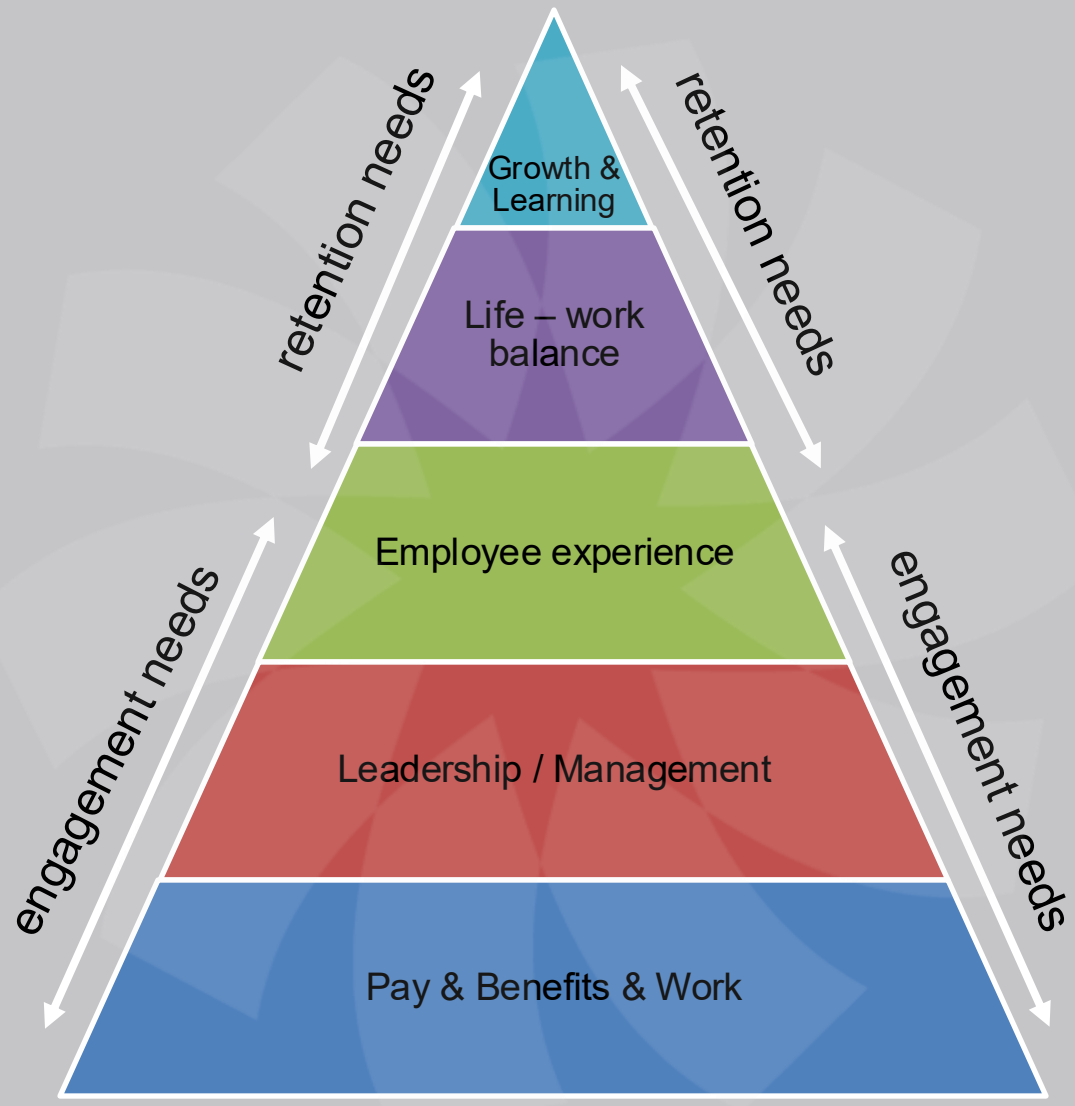
Maslow's hierarchy of needs

- Organizes human needs into 8 levels (basic to advanced)
- Book: Motivation & Personality by Abraham Maslow
- The higher needs in the hierarchy emerge when people feel they have sufficiently satisfied the previous need
- Original: 1940s
- Updated: 1970s



hierarchy of employee engagement & retention

- Organizes human working needs into 5 levels
- The higher needs (*retention*) in the hierarchy emerge when staff feel they have sufficiently satisfied the previous need (*engagement*)
- How can we influence engagement and retention for ourselves and others?



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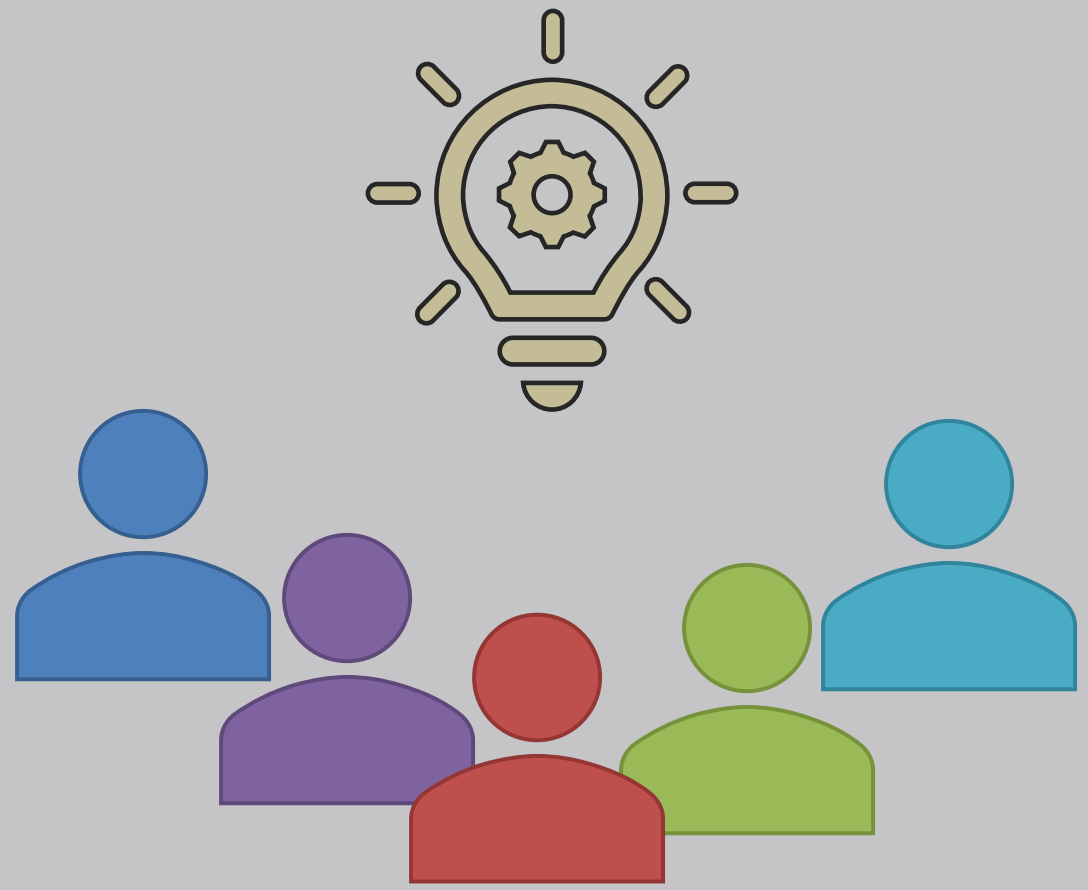
breakout groups

1. Split up the categories
2. Research your employee retention category (there are some suggestions but get creative!)
3. Answer the corresponding questions
4. Share your responses & thoughts with each other



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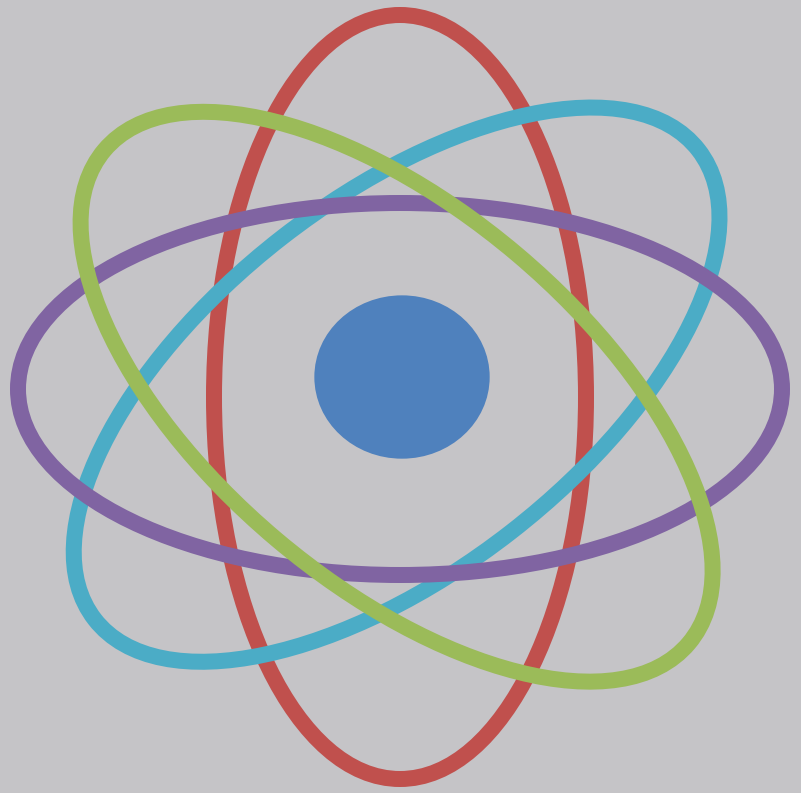
reflect & select

- Which category/strategy will have the most impact for you?
- What steps can you identify to enact the strategy?
- What resources will you need to implement the strategy?



Thank you!

Jessica Morrin
Learning & Development Partner
Organizational Development & Learning
Dayton Children's Hospital

morrinj@childrensdayton.org

Break
Return at 9:45

Introducing Sophia Leissa

- Quality Improvement Advisor for Partners For Kids.
- Sophia specializes in utilizing quality improvement methodology to improve access to services for youth with behavioral health needs.
- When Sophia is not interpreting data, identifying areas of opportunity, or collaborating with stakeholders, Sophia enjoys running, biking, playing tennis, or cooking a new recipe.

A Behavioral Health Crisis, An Emergency Department Visit... What Comes Next?

Scan me to participate throughout the course of this presentation!

Sophia Leissa, MPH, Quality Improvement Advisor
Sophia.Leissa@nationwidechildrens.org

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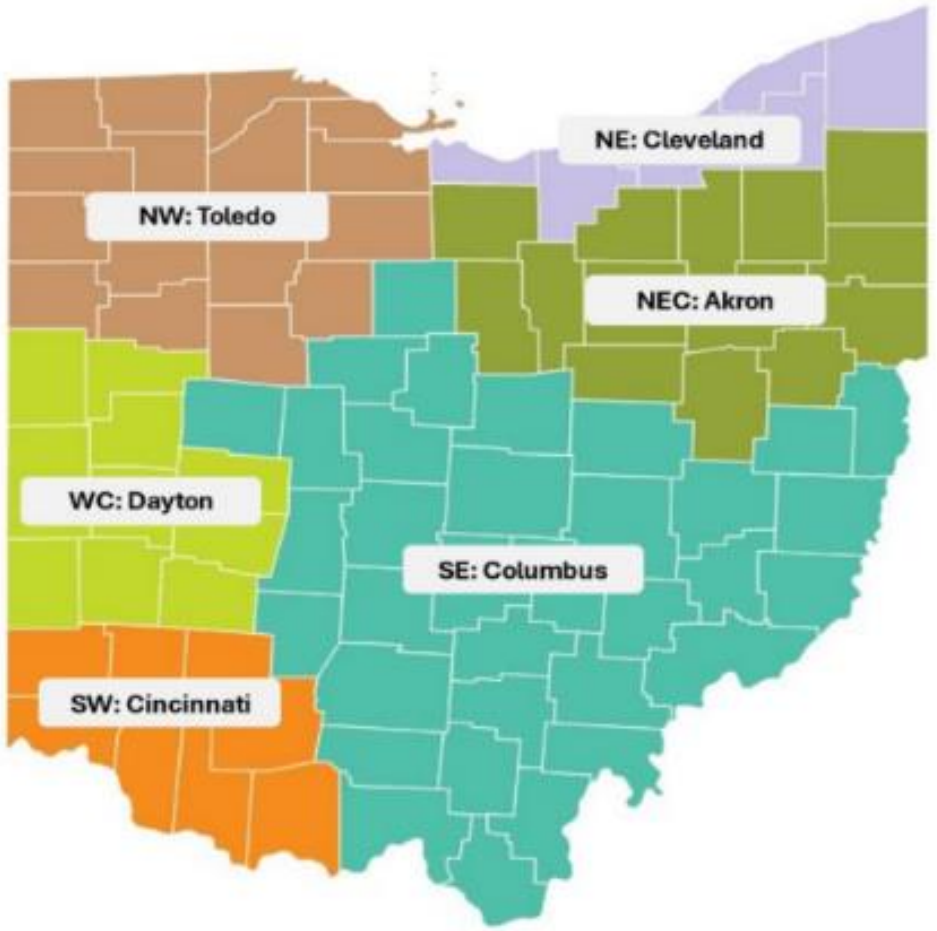
"I'm not sure where to go next or what this process looks like"
Emergency Room

OAK

Outcomes Acceleration for Kids



Goal of OAK: Deliver the highest quality care by connecting regional partners to identify opportunities to close health equity gaps for Ohio's Medicaid Pediatric population.

A learning collaborative made up of Children's Hospitals, Accountable Care Organizations, Managed Care Entities and the Department of Medicaid. This work cannot be done without collaboration of stakeholders across the state!

Each region has dedicated teams working together to initially improve outcomes for 4 areas of care by 2026:

Asthma
Improving Controller Medication Use

Mental Health
Improving ED follow-up care for mental health and substance use visits

Sickle Cell Disease (SCD)
Improving transcranial ultrasound, a routine screening for SCD

Well-Child
Increasing Well-Child Visits and preventative care

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Why is it important for patients to follow up with a provider after an emergency department visit for a behavioral health concern?

Timely follow-up after a BH emergency visit (within 7 days) can:

- Help reinforce the crisis resolution and establish a mental health care plan going forward
- Children who see a mental health professional within 7 days of discharge are less likely to return to the ED or be hospitalized within the next 5 days
- 7 day follow up is a national and statewide priority
- Youth on Medicaid insurance are less likely to be connected with mental health care. It's our responsibility to provide equitable resources to these kids.

Measuring follow up after a behavioral health ED visit

Follow up after an emergency department visit for mental illness (EDM)

Population:

Patients ages **0-17** with a primary diagnosis of **mental illness or intentional self- harm** during an emergency room visit

Follow up after an emergency department visit for substance use (EDS)

Population:

Patients ages **10-17** with a primary diagnosis of **substance use disorder** during an emergency room visit.

Both measures:

Excludes ED visits that are followed within 7 days by an inpatient admission or another behavioral health emergency department visit.

Success is measured by if patients have a compliant follow up within 1-7 days post emergency department discharge

What makes a compliant follow up?

A visit with a date of service between 1 and 7 days after the ED visit that is billed on a professional medical or outpatient claim that satisfy the following 2 criteria:

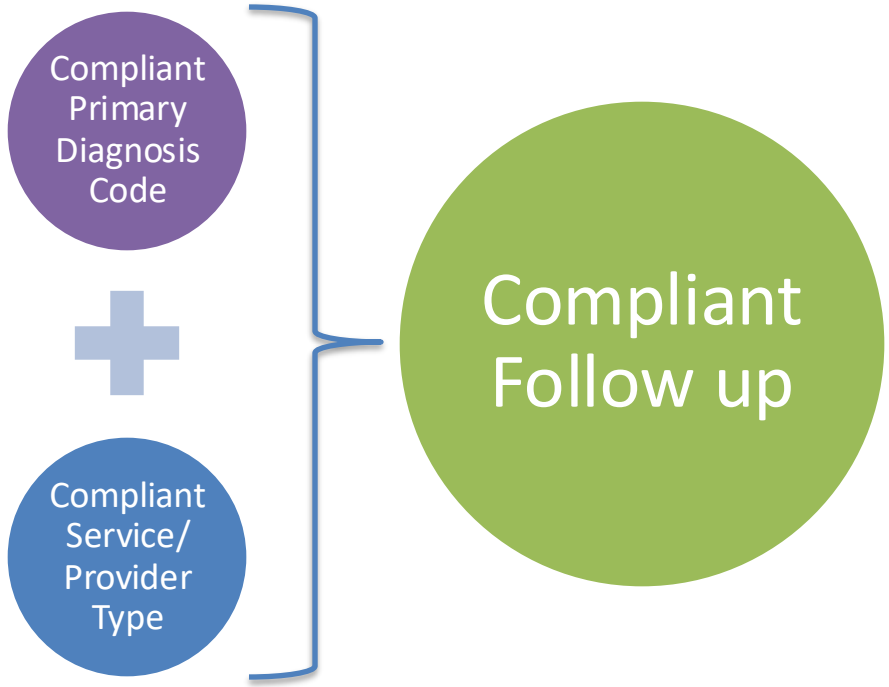
Criteria 1: Primary diagnosis code

A primary mental health or substance use disorder diagnosis

Criteria 2: Service/ provider type

Satisfy at least **one** of the following criteria:

- One of the following Billing or rendering provider types:
  - 42 (psychologist), 84 (CMHC), 95 (SUD Tx Center) ,37 (Social Worker), 47 (Clinical Counselor), 52 (Marriage and Family Therapist), or 96 (Behavioral Health Paraprofessional)
- OR one of the following POS codes:
  - 55 (SUD residential treatment center) or 56 (psychiatric residential treatment center)
- OR one of the following revenue/ procedure codes
  - Mental health or SUD revenue code, BH Procedure code, or E&M Procedure code
- OR an office administered medication for OUD
  - Note: This follow up only counts for follow up after an ed visit for substance use disorder, not for mental health



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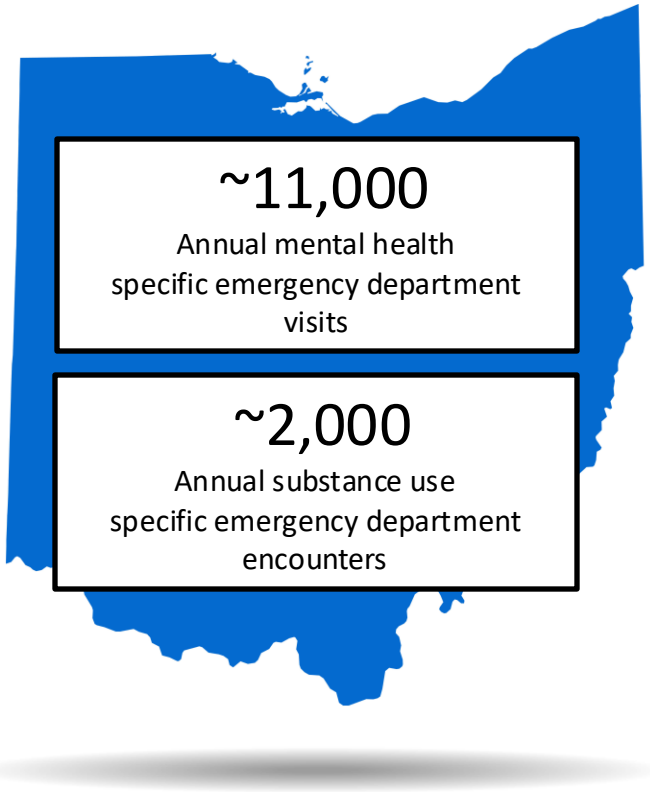
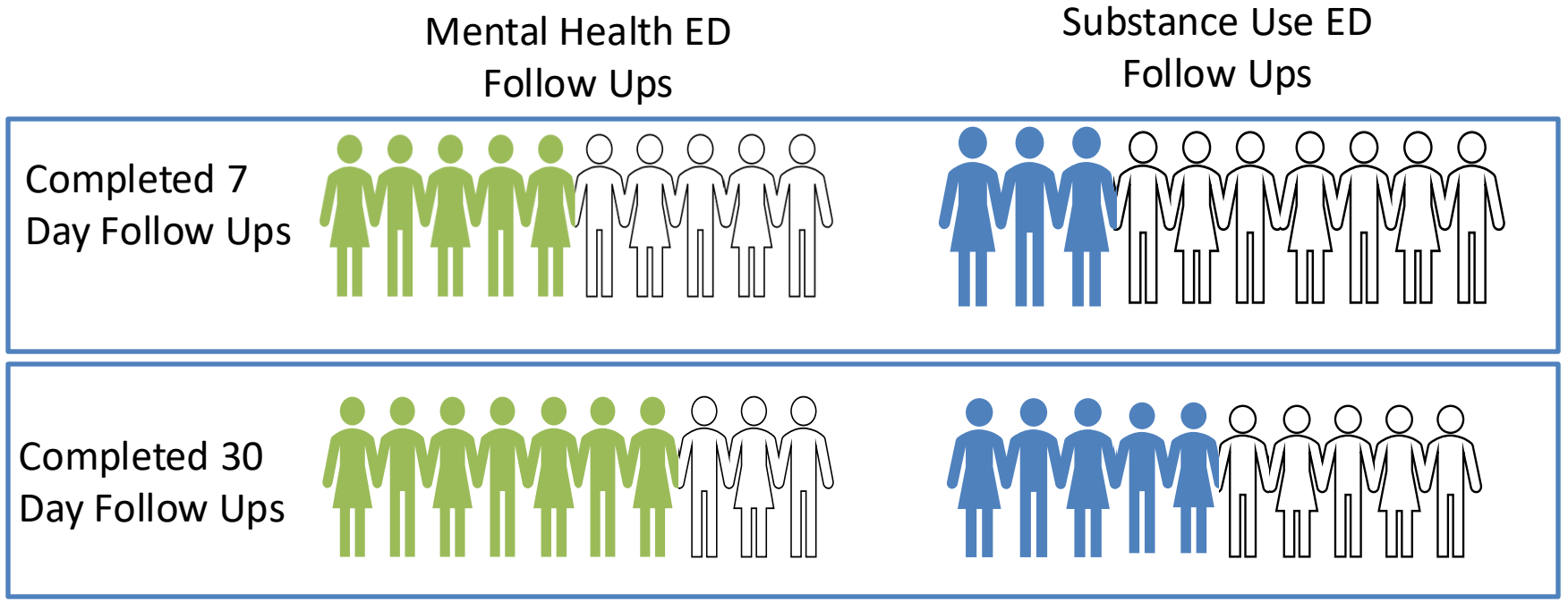
Want further billing guidance (including specific codes)? Click this link: OAK-Expanded-Measure-Methodology-Document_4_9.pdf

How successful is the state of Ohio in completing 7 day follow ups for kids with Medicaid coverage?



~11,000
Annual mental health specific emergency department visits

~2,000
Annual substance use specific emergency department encounters



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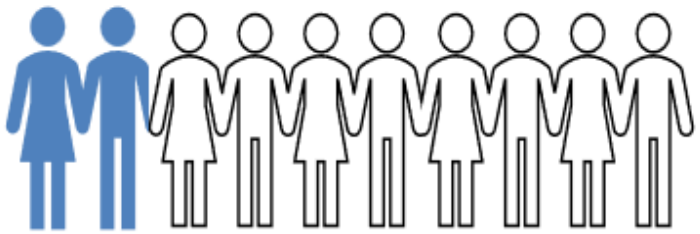
How does a previous relationship with a behavioral health provider impact 7 day follow up?

If the child has not been seen by a behavioral health provider within 1 year prior to their ED utilization, they are even less likely to receive a compliant follow up within 7 days:

3 out of 10 for those who had a mental health ED visit

2 out of 10 for those who had a substance use ED visit



What are potential obstacles to completing 7 day follow ups after BH ED visit?

The system is so fragmented. I don't always know when one of our patients is seen in the ed, why they were seen, or who is responsible for follow up care until the 7-day window has passed.

As a behavioral health organization, we don't always have availability to be able to provide new services to kids who are not already established with us.

Families are not always willing to see a behavioral health provider for a follow up, especially if they haven't been engaged in services before.

As a primary care organization, we don't feel prepared to manage the mental health of a child with complex behavioral health needs.

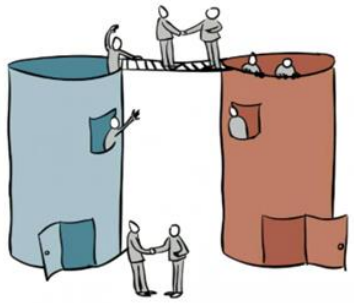


Image: drawingoutideas.ca

Promising Strategy 1: Leveraging existing Primary Care Relationship

How can Primary Care Practices support this work?

Some patients have never received mental health care prior to the event that led to the Mental health/Substance use ED visits. In this situation, Primary Care Practices would be their trusted, familiar primary healthcare provider.

Actions Primary Care Practices can take at Follow up visit	Review factors that led to the ED visit
	Review patient's crisis plan given to them by the emergency department
	Answer questions, dispel myths, and provide psychoeducation
	Complete any appropriate screenings (ex ASQ, PHQ-9A)
	If appropriate, refer to a behavioral health provider or community resources

Some supports for Primary Care Practices supporting patients with behavioral health needs

PFK Care Navigation services	Refer Medicaid Patients to **PFK Care Navigation services** at PFKCareCoordination@NationwideChildrens.org or call (855) 562-4735.
Behavioral Health Treatment Insights and Provider Support (BH-TIPS)	**Behavioral Health Treatment Insights and Provider Support (BH-TIPS)** through NCH supports primary care providers in the management of children and adolescents with behavioral health concerns in the primary care setting through educational consultation and information about resources in their communities for timely access to care. Behavioral Health Treatment Insights and Provider Support (BH-TIPS)
Ohio Pediatric Psychiatry Access Line	**Ohio Pediatric Psychiatry Access Line** (launching later in 2025) will provide same day, telephonic consultation with child psychiatrists. The program will provide education resources to primary care clinicians with educational resources on supporting patients with behavioral health needs and referral navigation for patients who need behavioral healthcare outside of the primary care space. Ohio OPPAL - Ohio Chapter, American Academy of Pediatrics

Additional guidance and supports specific to primary care practices can be in the FAQ document included in the presenter materials provided to you.

Promising Strategy 2: Health Information Exchange Platform

- Health Information Exchange (HIE) Platforms focus on providing secure access to share a patient's vital health information electronically with members of a patients care team.
- CliniSync is a Health Information Exchange Platform that is used throughout the state of Ohio.
- One of the tools offered by CliniSync is called Notify. This tool provides ADT (Admission, Discharge, and Transfer) notifications to organizations for recent emergency department or inpatient utilization.
- Note: CliniSync is not specific to kids or behavioral health! Can also be used in the adult population and for other disease states.

Hospital System

Submit ADT notifications for all patients seen at hospital to CliniSync

Community organization (PCP or BH org)

Submit list of "Active Treatment" of patients to CliniSync

CliniSync

Identifies what community organizations have a relationship with the patient who was just seen in the hospital and sends notification

Community organization (PCP or BH org)

Receives almost real-time pertinent information about Patient's utilization. Can include diagnosis code, admission/discharge date, contact information for patients, etc

Want to get connected to CliniSync services?
[Sign Up For Services - CliniSync]

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Future State: Behavioral Health Attribution

Behavioral Health Attribution has been developed and piloted at Cincinnati Children's Hospital over the past 3 years.

Uses CliniSync to add external organizations to the member of a patients care team within the hospital EMR. This helps hospital practitioners know who is on the child's care team outside of the walls of the hospital -> know who to connect the patient with as they leave the hospital!

Through OAK, this model is being supported by ODM. Goal is to spread to other hospital systems across the state. Nationwide Children's Hospital is working on building the infrastructure to mirror this process! Other children's hospitals across the state to follow.

To learn more and get involved:
[Behavioral Health Implementations - CliniSync]

What happened to James?

“I’m not even sure where to go next or what this process looks like.”

"I'm already starting to see a difference in James even after a few days!”

Q&A

Break
Return at 10:45

Introducing Mark Kendall Moore

- Chief Security Officer for Dayton Children's Hospital.
- Prior to entering Healthcare Security, Mark worked in the Executive Protection world for more than 20 years.
- Mark also served for more than 10 years in the United States Marine Corps, including nearly four years as a member of the Security Detachment for the Marine-One Helicopters. He has led complex security operations in 73 countries and 49 US states.

Security Preparedness & Response

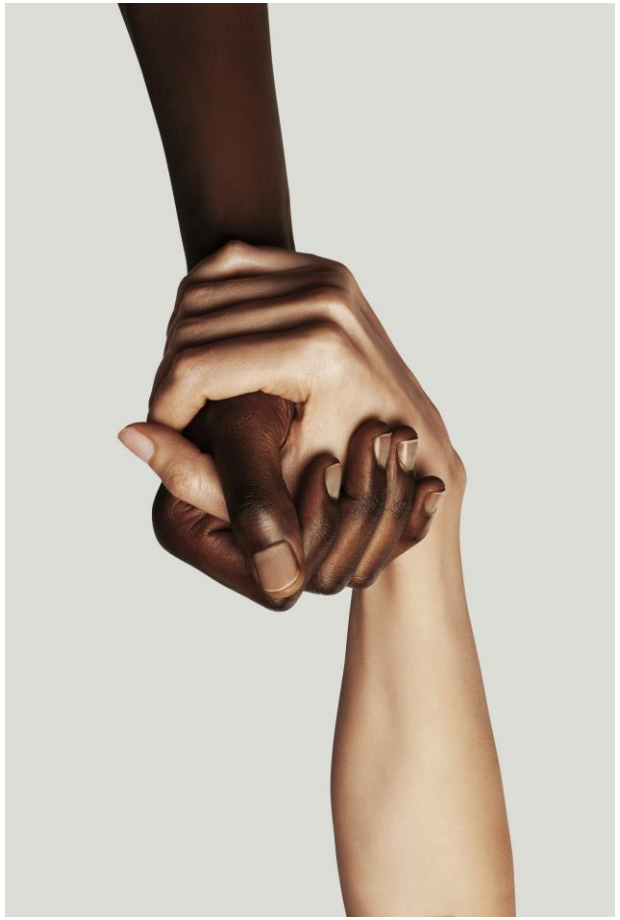
run – hide - fight

Empowerment Over Fear

We will not teach you from a position of fear.

We will teach you from a position of empowerment.

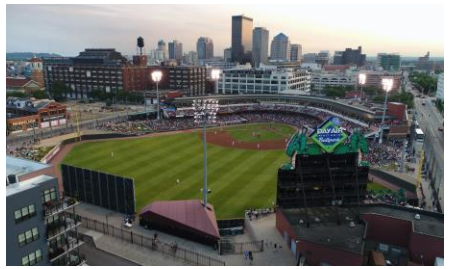
We will teach you how to have the best chance of surviving an active shooter incident.



Applicability

The simple principles we are going to discuss today are applicable everywhere.

- Hospital
- Office Space
- Mall
- Grocery store
- Fairgrounds
- Ball game
- Hotel
- Park
- Movies

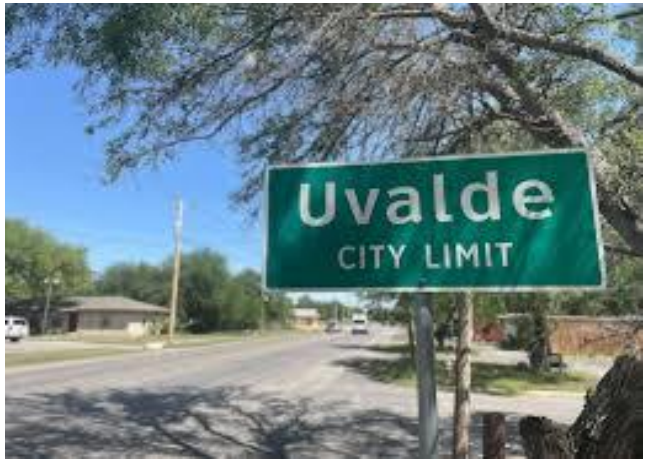


Public Safety Response

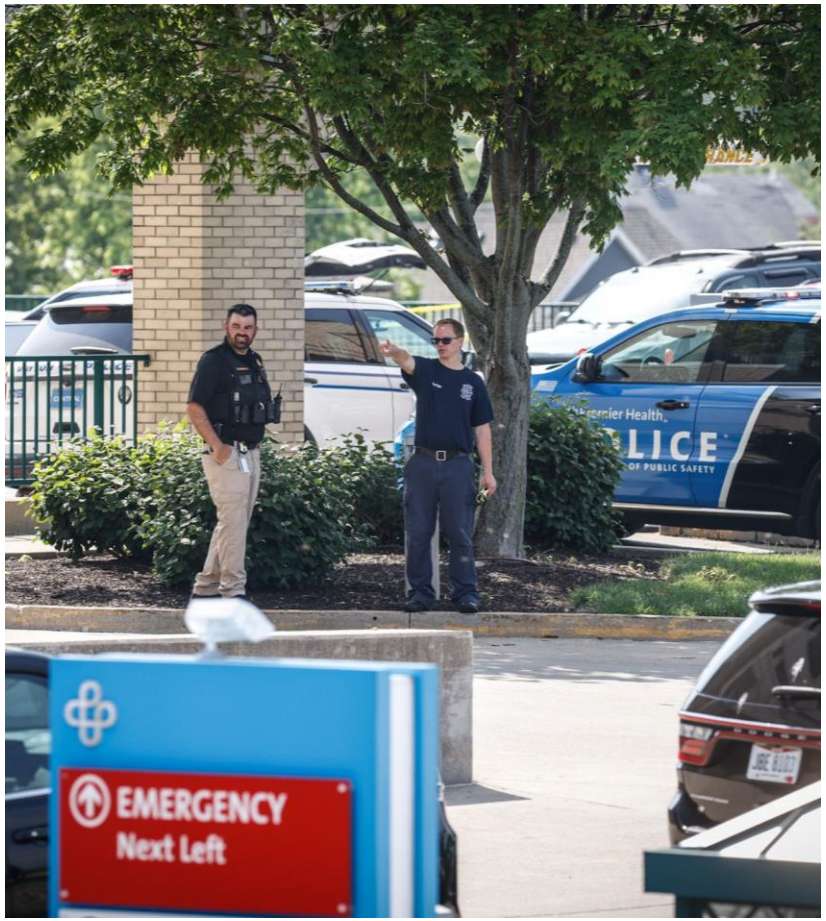
SORAT

- Single
- Officer
- Response
- Active
- Threat

Uvalde, TX



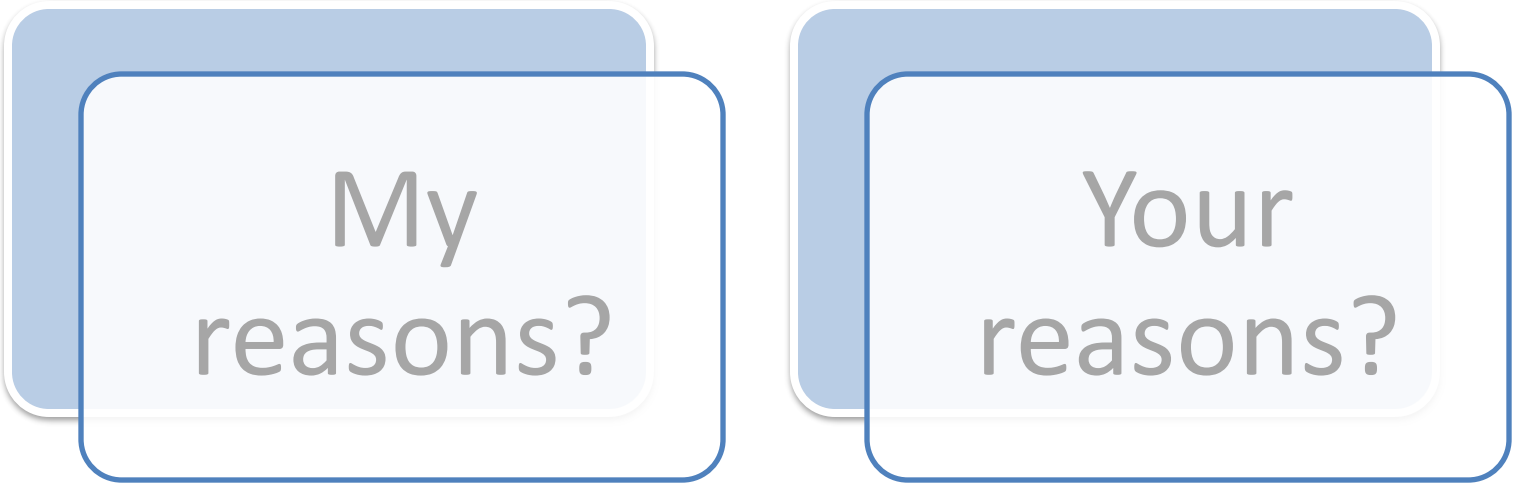
Miami Valley Hospital



Survivors

- The news sells us fear in the form of “dead & wounded.”
- How many survived the Pulse Nightclub shooting in Orlando, Florida?
- How many survived the Harvest Music Festival shooting in Las Vegas, Nevada?

Motivation To Survive



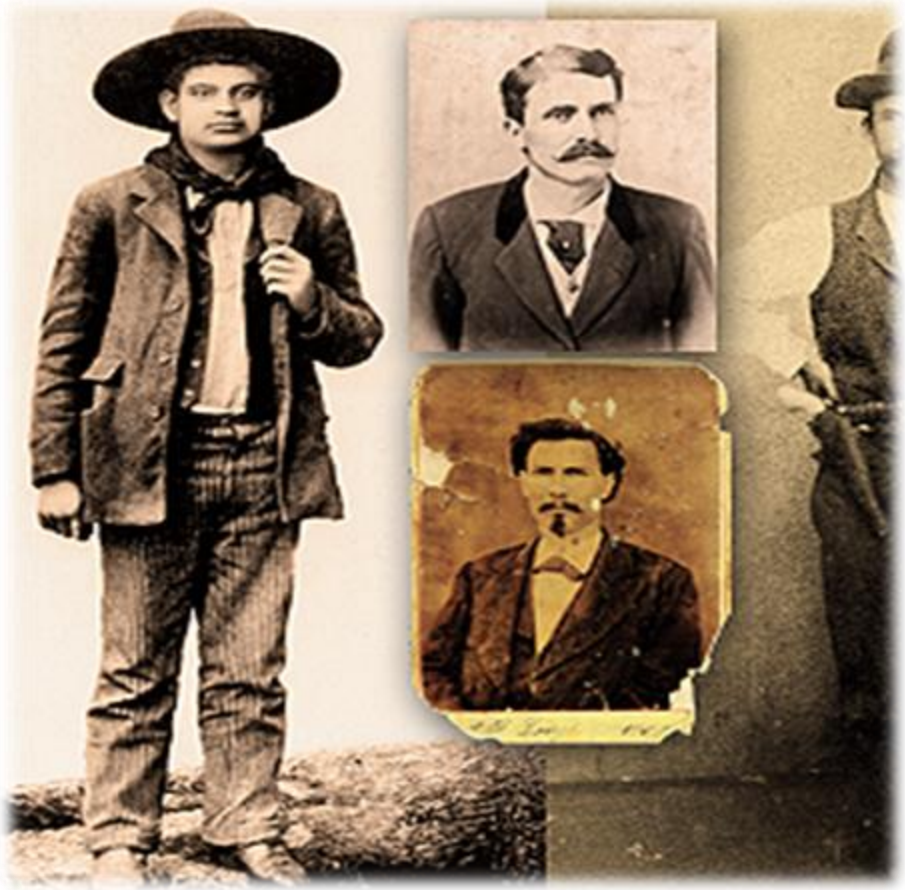
Who Are Active Shooters?

- Brief descriptions of some of the worst offenders
- A few who were more intellectual
- Unfortunately, they are becoming more sophisticated over time

Competitive “sport”

The desire to injure and kill more victims to be “more famous”

Who They Are Not



- Many are not experienced gun handlers.
- Most are not practiced gunfighters.
- They are rarely experts at anything.

Equal Opportunity

Female active shooters have entered the fray.

...and

How We Will Survive

DON'T

argue, confront, direct, guide, order, or yell at the armed threat!

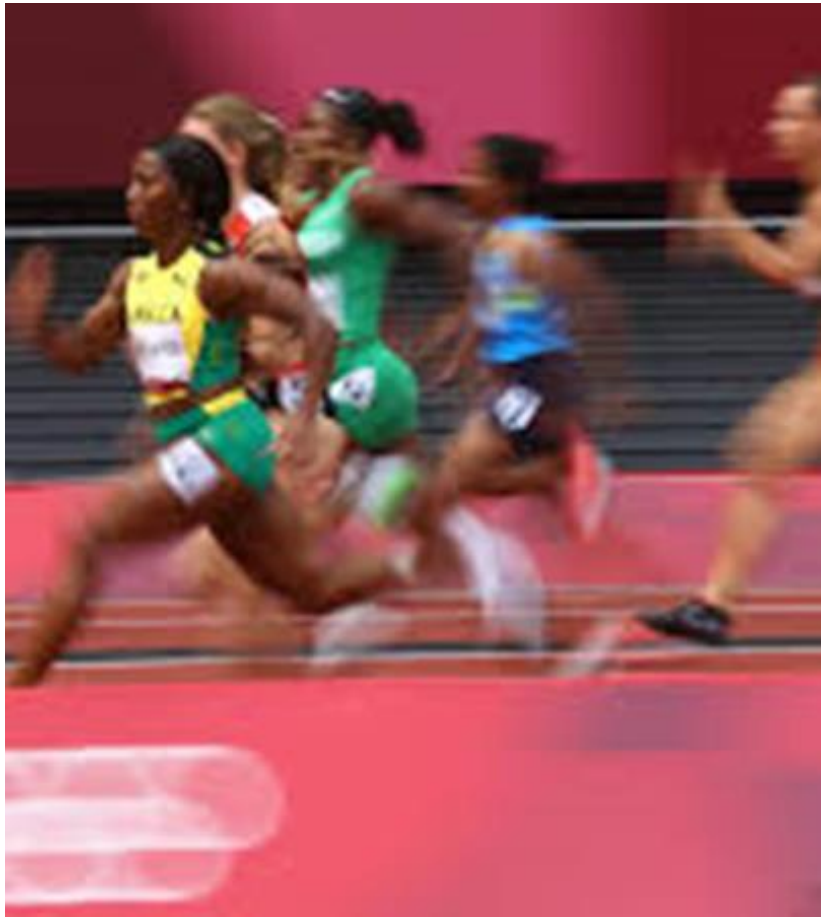
DO

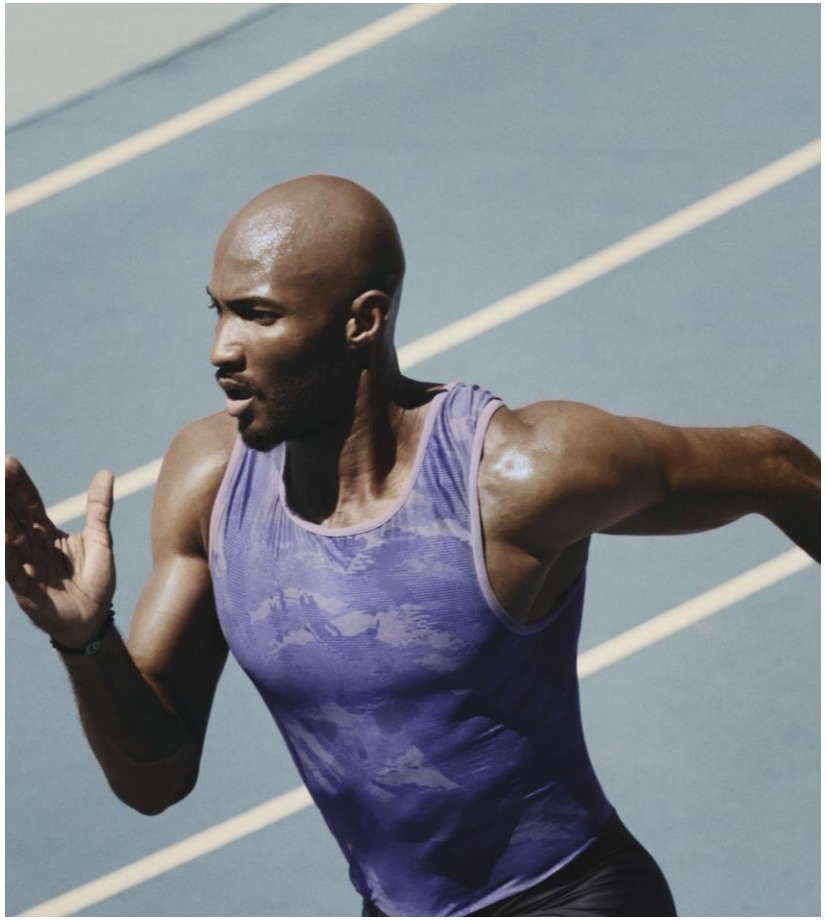
RUN

HIDE

FIGHT

Run





Why Would We Run?

To get as far away from the threat as possible

Two things that have never happened

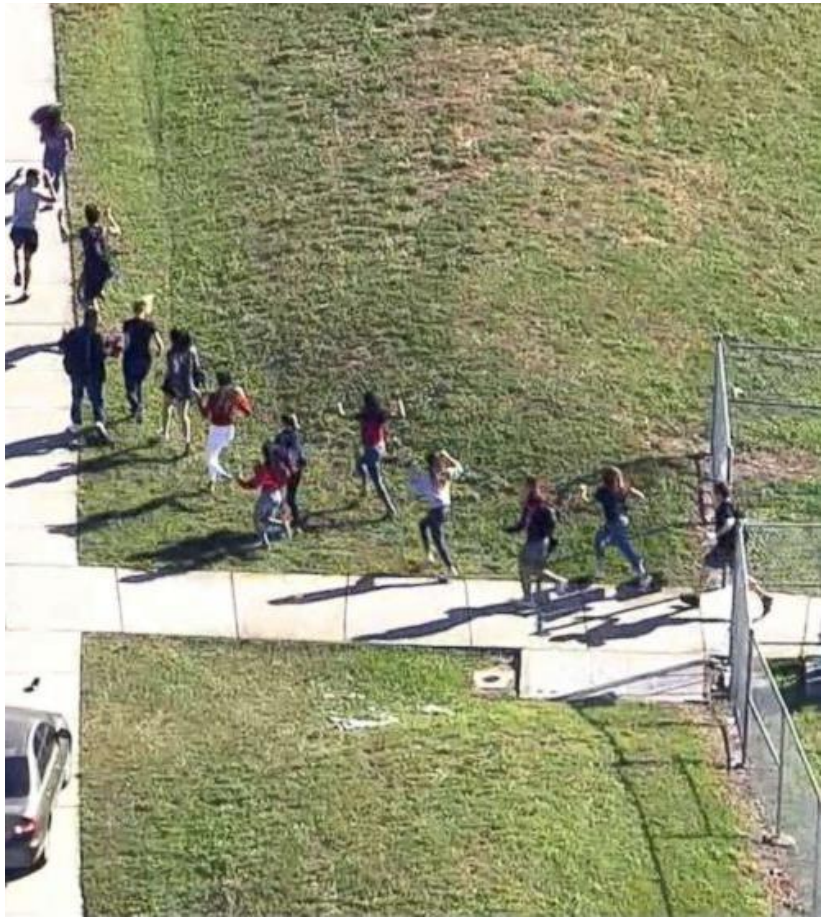
Ethical Dilemma #1

- What about our patients and co-workers?
- Two most common reactions

Where Would We Run?

- From inside to outside…unless
- From floors, walls, and ceilings…to blue sky, green grass…and as far away from the sound of gunfire as we can

How Would We Run?



- Hands up, palms facing forward
- If not stopped by officers, keep running
- Don’t touch officers
- If asked questions, step aside & try to talk rather than yelling

Hide

Why would we hide?

Not “hide & seek”

We are not trying to find the smallest hole to ball ourselves up in.

Continuous Reassessment

- Listen!
- Can I run?
- Must I fight?

Great Hiding Places

Rooms with solid wood core doors

Rooms with

- Card access
- Punch code access
- Key access
- A thumb lock

More Great Hiding Places

- Rooms with heavy items with which to block the door
- Rooms with refrigerators or pyxis machines
- Internal offices
- Storage rooms

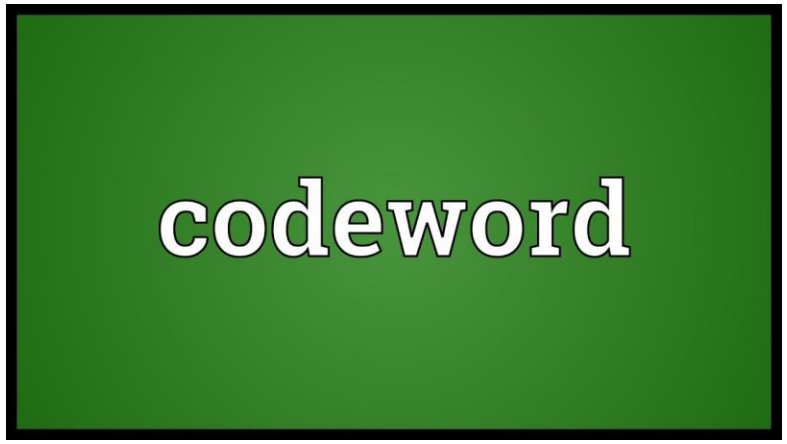
Poor Hiding Places

- Patient rooms
- Anything with windows

More Poor Hiding Places

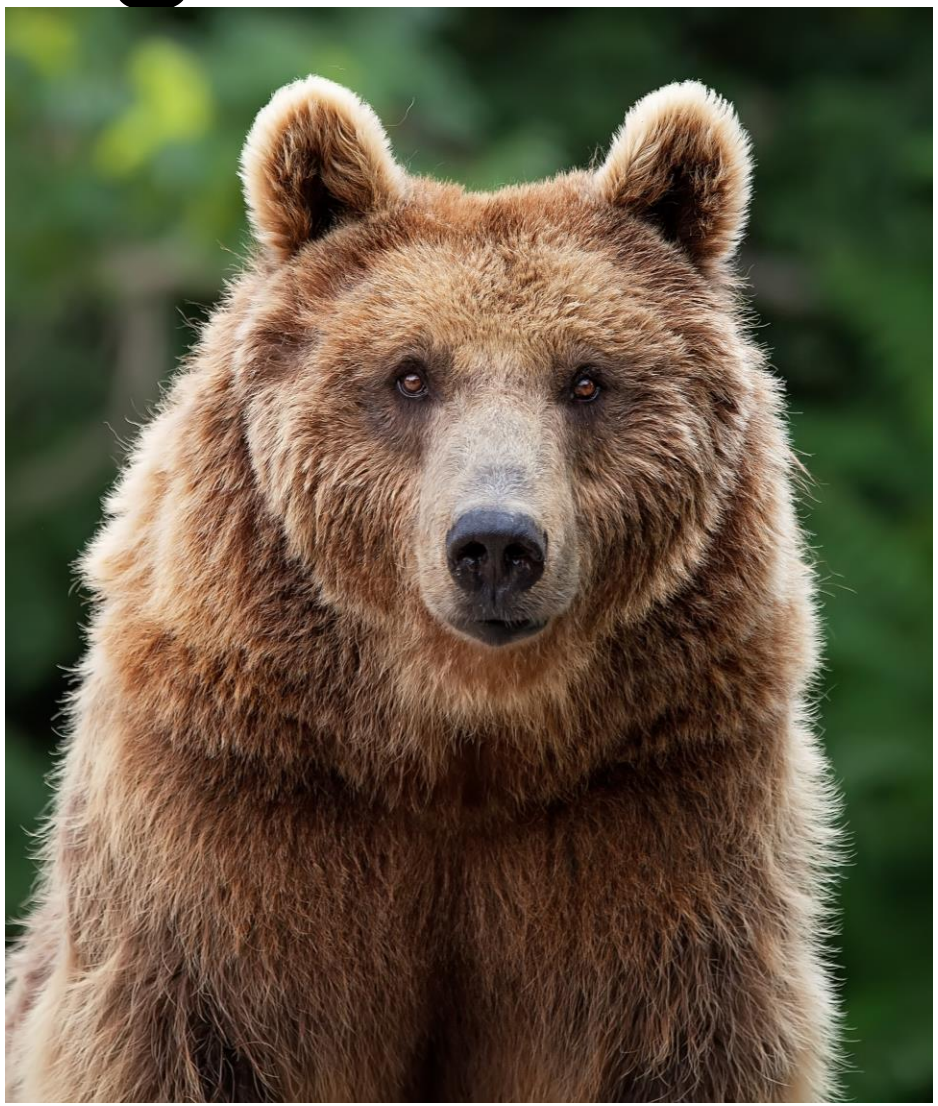
- Anything that doesn't lock
- Under desks or tables

Ethical Dilemma #2



I'm in a great hiding place, feeling safe, and I hear a knock at the door…What do I do?

It Might Be Grizzly



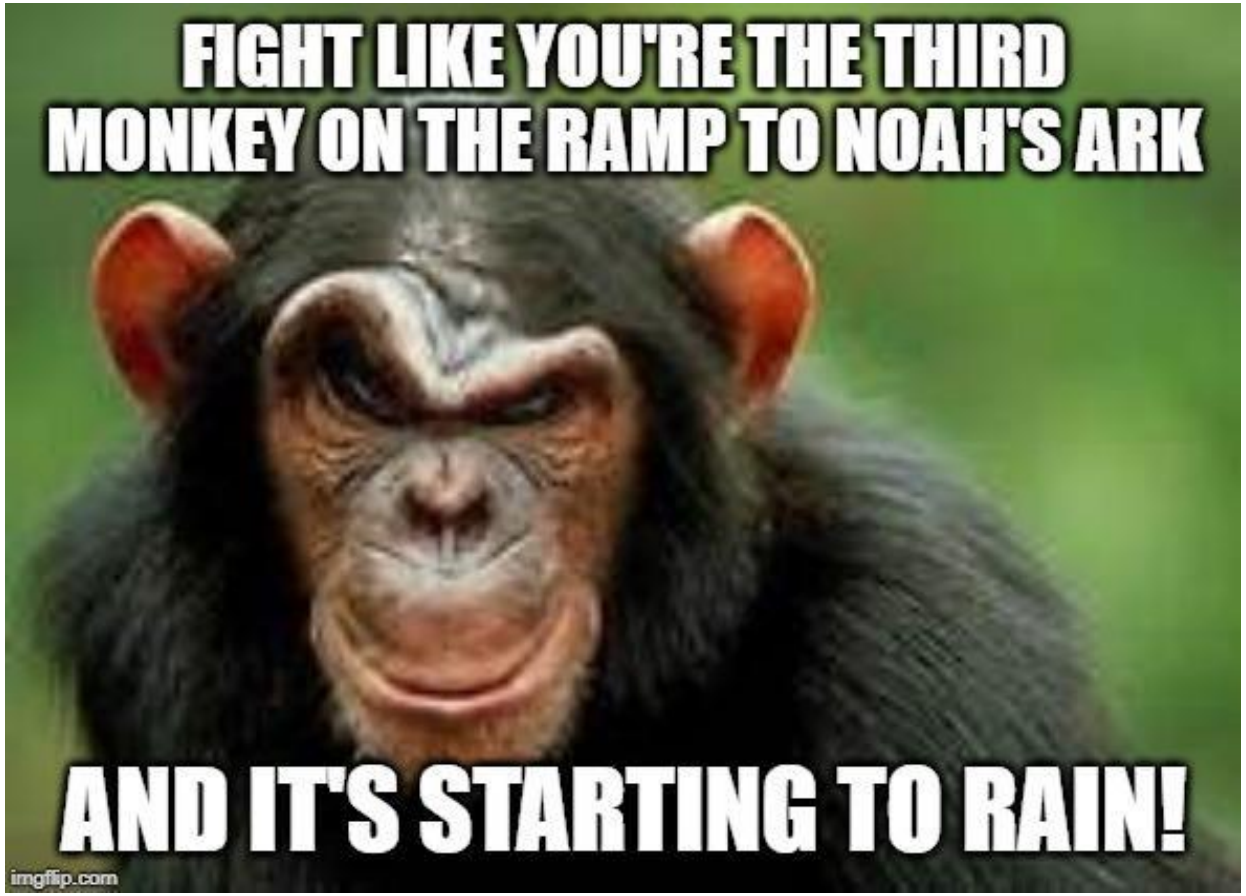
Fight

Why would we fight?

Fight An Armed Gunman?

(Screenshot courtesy Ready Houston)

How Do We Fight?



How Long Do We Fight?

Until the active threat
is no longer a threat.

What If I End Up With The Gun?

- Run away from the active shooter
- Don’t point the gun at anyone
- Point the gun at the floor
- Throw it in the largest trash receptacle you can find
- Follow all commands from Public Safety or Law Enforcement

All Clear

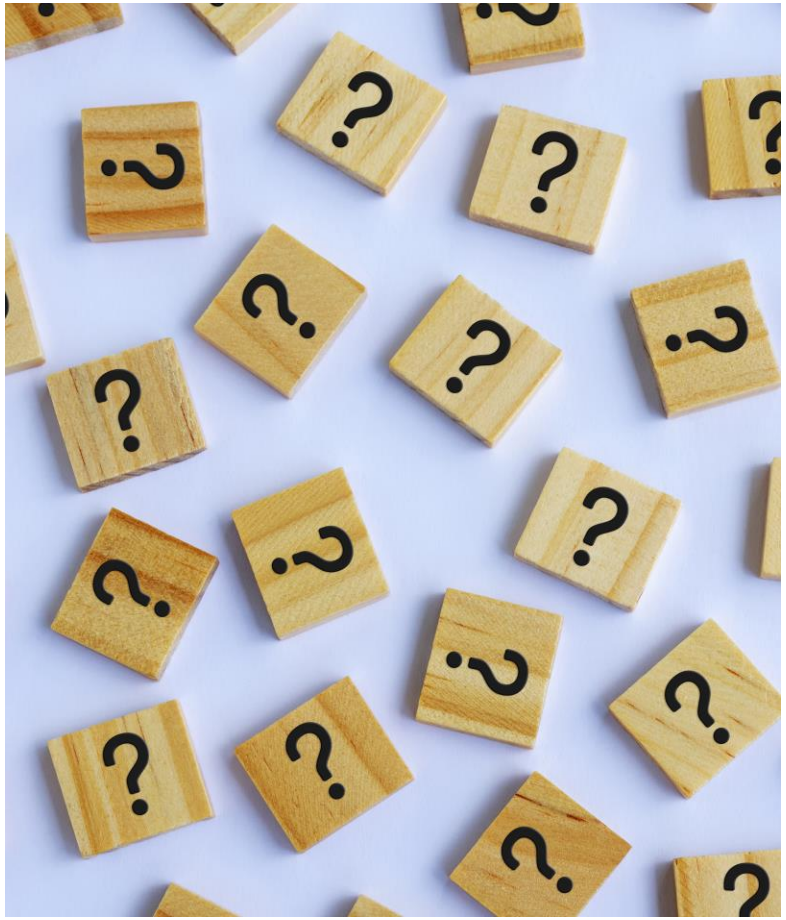
"All Clear"

Public Safety and/or
local Police Department
and/or your manager

Summary

What three action words, in order, must you remember if you hear gunfire?

Questions



Mark Moore
Chief Security Officer
Dayton Children's Hospital

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PFK
Quality Improvement

2025 QI Awards Presentation

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QI By the Numbers

Central Region, 9 QI Advisors, 1 Patient Outreach Coordinator

- 2024
  - 32 Practices
  - 45 Projects
  - 41 provides MOC Part 4
- 2025
  - 41 Practices
  - 45 Projects

West Region, 1 Director, 3 QI Coaches, 1 Patient Outreach Coordinator

- 2024
  - 11 practices
  - 11 projects
  - 36 Providers MOC Part 4
- 2025
  - 25 Practices
  - 25 Projects
    - Well-Child Visits 0-15 months
    - Well-Child Visits 12+ years
    - Behavioral health follow-up
    - ED Utilization

We Get Results / Ownership

- We’re accountable (we do what we say we’ll do).
- We’re determined (we get the desired result).
- We’re committed to constant improvement.
- We leverage our diverse strengths.
- We are the pediatric care experts and act knowing that every patient, visitor and the hospital is our collective responsibility.

We Get Results / Ownership Nominees

MVHC

ZANESVILLE PEDIATRICS

UMCH Family Services

And the Winner is.....

We Do The Right Thing / Collaboration

- We always act with integrity and honesty.
- We are collaborative, respectful and inclusive of everyone.
- We work collaboratively to care for children, their families, and each other.

We Do The Right Thing / Collaboration Nominees

Pediatric Associates of Dayton

Integrated Services for behavioral health

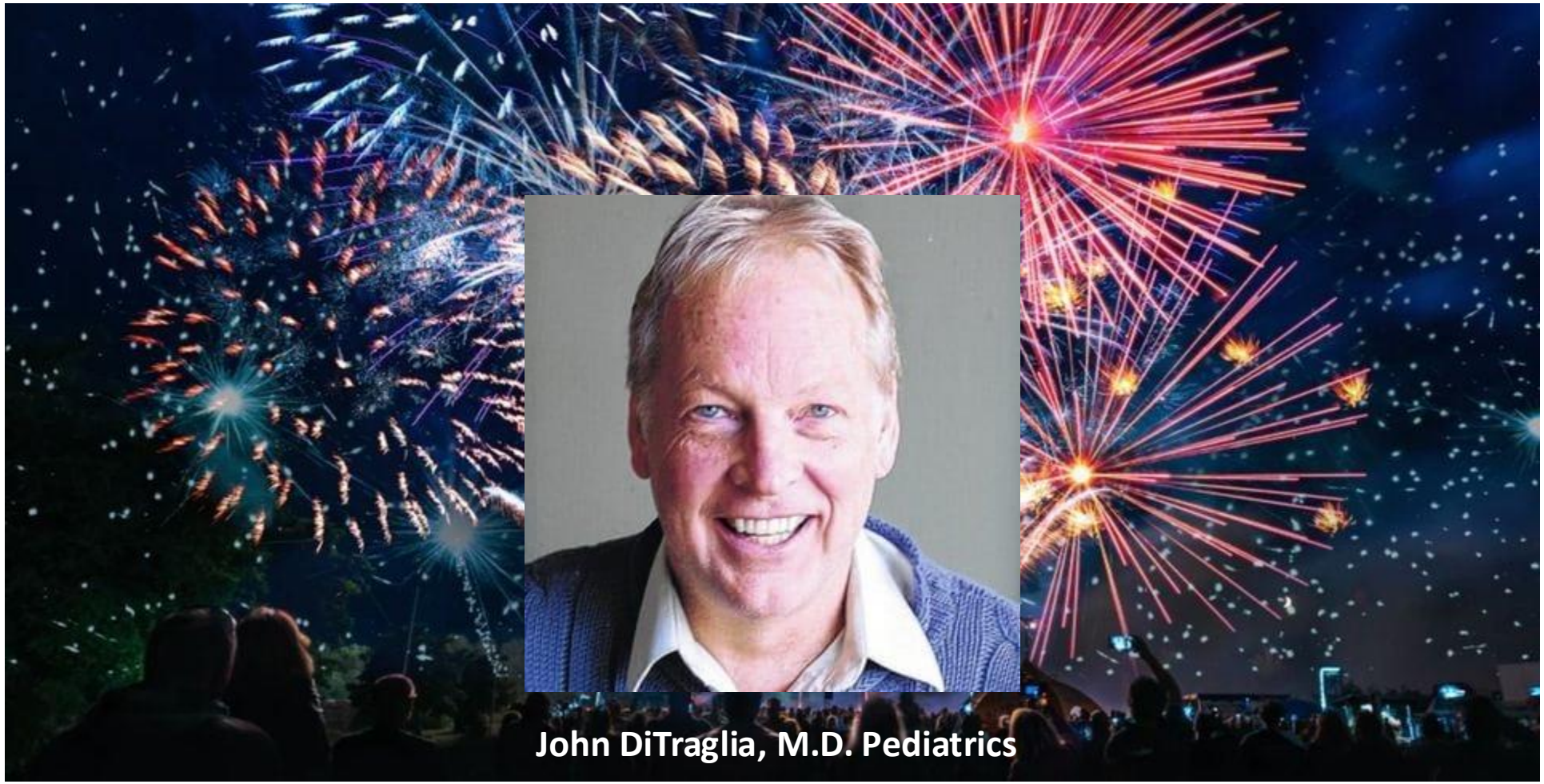
Kettering Pediatric & Family Care

And the Winner is.....

We Promote Health and Well-Being / Equity

- We balance work and life demands.
- We generate compassion, optimism and energy in one another.
- We advance our health, and the health of our community.
- We strive for an environment in which all feel welcomed, valued, and fairly treated in order to reach their full potential.

And the Winner is.....



Thank you for your commitment to improving patient outcomes!

How did we do?

Thank you for coming to the Partners For Kids 7th Annual Administrative Staff Retreat!

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