Building Clinician-Parent Partnerships to Improve Care for Chronically Critically Ill Children (CCI)

Tips for Treating CLINICIANS

Diagnosis

- ☐ Talk about the BIG PICTURE to the family
- ☐ Identify INTERDISCIPLINARY LEADERS - CONTINUITY ROLE
- ☐ Identify a CONTINUITY TEAM/ ATTENDING
- ☐ Prepare families as a COORDINATOR of their child's care
- ☐ Mention possibility of TEAM RELATIONSHIP GAPS
- ☐ Offer CONTINUITY FAMILY MEETINGS
- ☐ Bring DISCHARGE up early

Intrahospital Transfer

- ☐ Prepare family for POTENTIAL TRANSFER; organize a UNIT TOUR; and talk about differences in UNIT ROUTINES
- ☐ Anticipate FAMILY STRESS over changes; provide RESOURCES to families
- ☐ TEAM HANDOFFS to include: BIG PICTURE INFORMATION; established COMMUNCATION ROUTINES with the family; FAMILY as a RESOURCE; BARRIERS FOR DISCHARGE
- ☐ Update CASE MANAGERS about home needs
- ☐ Expect MULTIPLE CONVERSATIONS

Discharge

- ☐ Prepare families for changing ROUTINES
- ☐ SYNTHESIZE major issues, current management, discharge planning, care goals, and family updates
- ☐ Help families to become an ADVOCATE of their child: Encourage the use of a BINDER; they will become CENTRAL to clinical COMMUNICATION.
- ☐ Check eligibility of a post-discharge CASE MANAGER
- ☐ Discuss family's own WELL-BEING and resources

Outpatient:

- ☐ Synthesize MAJOR ISSUES for handoff
    - Consider a STANDARDIZED TOOL
- ☐ Help families organize MEDICAL INFORMATION/ COORDINATE CARE
- ☐ Check eligibility for a CASE MANAGER and track and prepare for SERVICE GAPS
- ☐ Discuss family's own WELL-BEING and resources for relief
- ☐ Consider creating a POST-HOSPITALIZATION CHECKLIST
- ☐ Ask families to inform the outpatient team of a REHOSPITALIZATION