



# Pediatric Nurse Care (PNC) Program



**Heather Goshorn, BSN, RN, Director of Enabling Services**

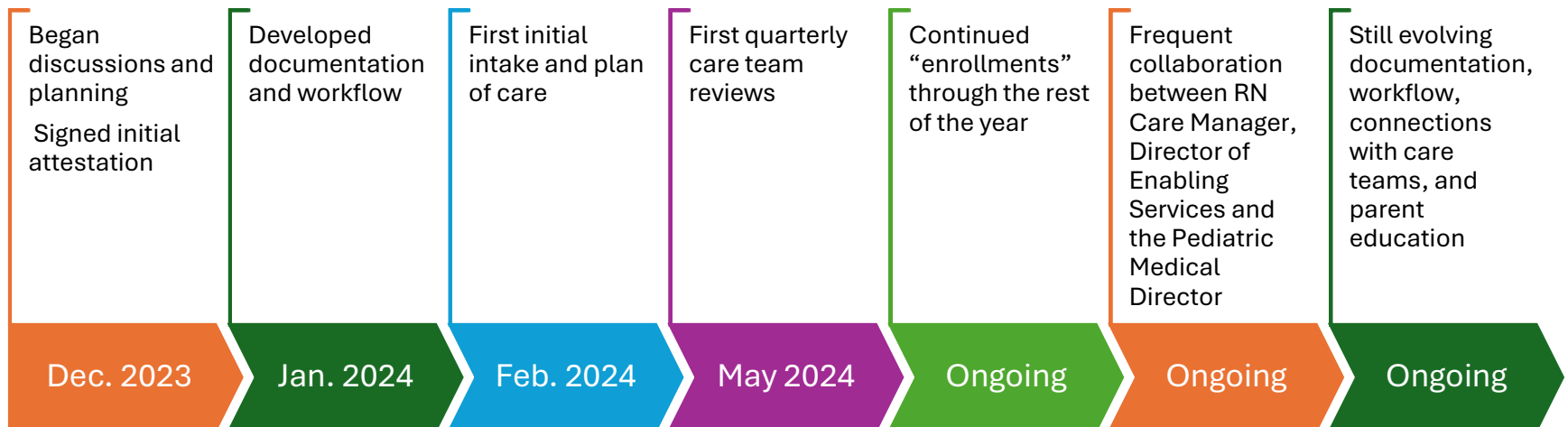
# Staffing for the PNC Program

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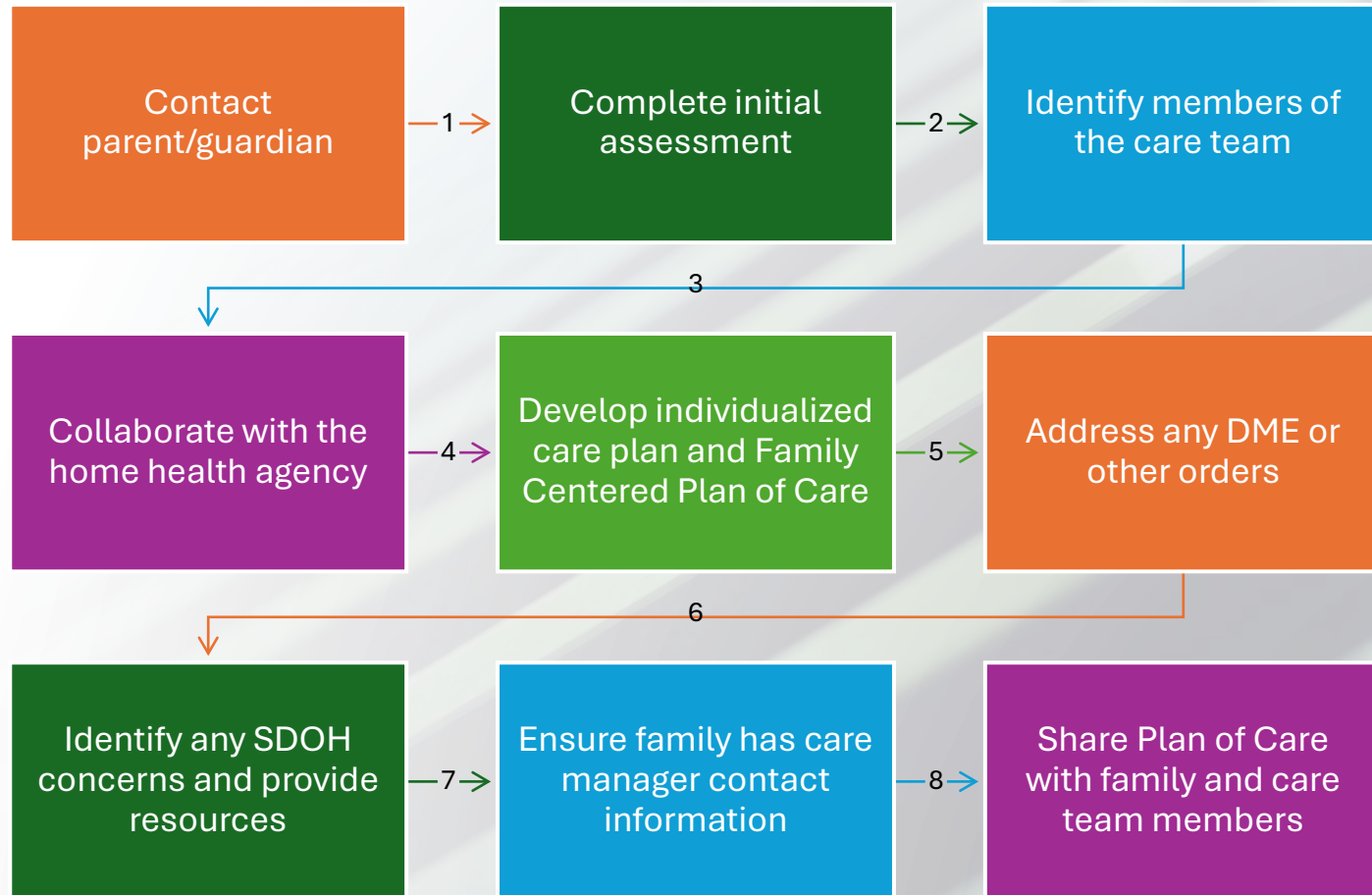


- Embedded full-time RN Care Managers in Pediatrics and Family Medicine
- Other RN team members cross trained to cover as needed
- Community Health Workers to assist with SDOH resources

# Timeline



# Workflow – Initial Call



# Documentation: Initial Plan of Care

## Keystone Health Pediatric PCMH-PNC Plan of Care

February 14, 2025

☒ Initial Plan of Care ☐ Annual Review ☐ Other:

Howie Dodgeball  
DOB: 6/4/1973  
1979 Iron Valley Road  
Ephrata PA 17522  
608-271-9000 (home) 608-271-8000 (work)

Payor: Amerihealth Medicaid

### Patient Care Team:

McQueenie, Diana, MD as PCP - General (Family Medicine)  
Dodgeball, Nikki, RN as Case Manager (Family Medicine)  
Cycling, Nikki, RN as Registered Nurse (Family Medicine)

Additional Care Team Members: Tracy Shoop, RN Care Manager, Dr. Bowling, HMC Pediatric GI;  
Dr. Smith, HMC Pediatric Pulmonology; Sherry Smith, RN Aveanna Health Care

### FAMILY/CAREGIVER DETAILS

Parent/Caregiver Name/s and Relationship/s to Patient: John Dodgeball - father, Sally Dodgeball - mother

Preferred Language: English

Preferred Contact Information: (717) 222-2222 - Sally's cell phone

Work Schedules: John - Mon to Fri 8am to 5pm; Sally - Tuesdays and Thursdays 10am to 2pm

Cultural Preferences: None

Emergency Contacts: Parents - listed above; Sarah Miller - grandmother - (717) 333-3333; verified she is on the permission to communicate

### SHIFT CARE COVERAGE

Company: Aveanna

Contact: Sherry Smith (717) 444-4444

Hours Authorized: Mon to Fri 8am to 5pm

Skilled Nursing Schedule: Mon to Fri, weekends as needed

Reason for Service: ADLs, trach care, g-tube care and tube feedings

Date of last LOMN: 10/8/24

Next reauthorization due: 4/8/25

Next LOMN due:

Family/Caregiver Goals and/or Expectations for nurses/HHAs: assist with Howie's care, help to communicate with the providers

Emergency Protocols: No

If yes, describe:

### SOCIAL AND COMMUNICATION ABILITIES:

(select the appropriate communication preference for the child)

- ☐ Full verbal comprehension
- ☒ Limited verbal comprehension
- ☒ Non-verbal
- ☐ Hard of hearing
- ☐ Wears a hearing aid (note R/L/both)
- ☐ Uses Sign Language
- ☐ Limited Vision
- ☐ Blind

Tools that are used for communication: ipad with drawing app

Parent/Caregiver request or recommendations for communication with the child: use pictures, touch, very simple instructions

# Documentation:

## Initial Plan of Care (continued)

### ACTIVITIES OF DAILY LIVING

(select the appropriate level of care required for the following:

#### 1. Bathing

- ☐ Independent ☐ Needs minimal assistance or supervision  
☐ Needs moderate assistance or constant supervision ☒ Fully Dependent for care

#### 2. Toileting

- ☐ Independent ☐ Needs minimal assistance or supervision  
☐ Needs moderate assistance or constant supervision ☒ Fully Dependent for care

#### 3. Grooming

- ☐ Independent ☐ Needs minimal assistance or supervision  
☐ Needs moderate assistance or constant supervision ☒ Fully Dependent for care

#### 4. Eating

- ☐ Independent ☐ Needs minimal assistance or supervision  
☐ Needs moderate assistance or constant supervision ☒ Fully Dependent for care

#### 5. Exercise

- ☐ Independent ☐ Needs minimal assistance or supervision  
☐ Needs moderate assistance or constant supervision ☒ Fully Dependent for care

Additional Notes:

### SCHOOL DETAILS

**Name of School:** Reach Cyber Charter School (home school)

**Method of Transportation:** N/A (virtual)

**Hours in School:** 8:50 to 3:30 Mon to Fri

**School Nurse Contact:** N/A

**School Nurse Instructions:** N/A

### DME INFORMATION

**Supplier:** Lincare

**Equipment/Supplies:** Trach and G-tube supplies, tube feeding formula

**Ordering Provider:** HMC Pediatric GI and Pulmonology specialists

**Order Instructions:**

### BEHAVIORAL HEALTH

**Provider:** N/A

**Diagnoses:**

**Treatment Plan Details:**

### SDOH ASSESSMENT

**SDOH Screening Completed:**

**Transportation Needs:** Yes

**Other Needs identified:** no

**Resources provided:** Assisted family with completion of Rabbit Transit application. Application faxed.

- ☐ Referral to Case Management ordered  
☒ Referral to Health Educators ordered


### MEDICAL DETAILS

**DNR Status:**

**Last Vital Signs:**

**Preferred Pharmacy:** Keystone Pharmacy

**Preferred Lab:** Health Network

Problem List 

Patient Active Problem List

Diagnosis

- Mixed hyperlipidemia
- Diabetes mellitus, type 2 (CMS/HCC)
- Hypertension
- Seasonal allergies
- Insomnia
- Chronic back pain
- Chronic congestive heart failure (CMS/HCC)

**Allergies:** Sulfa (sulfonamide antibiotics)

Current Medications 

Current Outpatient Medications

Medication	Sig	Dispense	Refill
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# Care Plan

## **Care Plan: Keystone Pediatric PNC Program**

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Updates made by Cycling, Nikki, RN since 2/14/2025 12:00 AM

### **Problem: Family needs assistance with care, including Howie's trach care and tube feedings**

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Onset Date: 2/14/2025

### **Goal: Howie will receive home health services 5 days a week for 8 hours a day**

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Start Date: 2/14/2025

This Visit's Progress: On track

**Task: Care Manager will collaborate with the assigned nurse at Aveanna to ensure adequate home services are in place, acquire required documentation from the PCP, and address any home health concerns with patient's care.**

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Responsible User: Cycling, Nikki, RN

### **Problem: Family has difficulty with transportation to medical appointments**

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Onset Date: 2/14/2025

### **Goal: Family will have transportation services in place for medical appointments within the next one month**

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Start Date: 2/14/2025

This Visit's Progress: On track

### **Task: Family will complete and submit the application for Rabbit Transit**

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Due Date: 2/21/2025

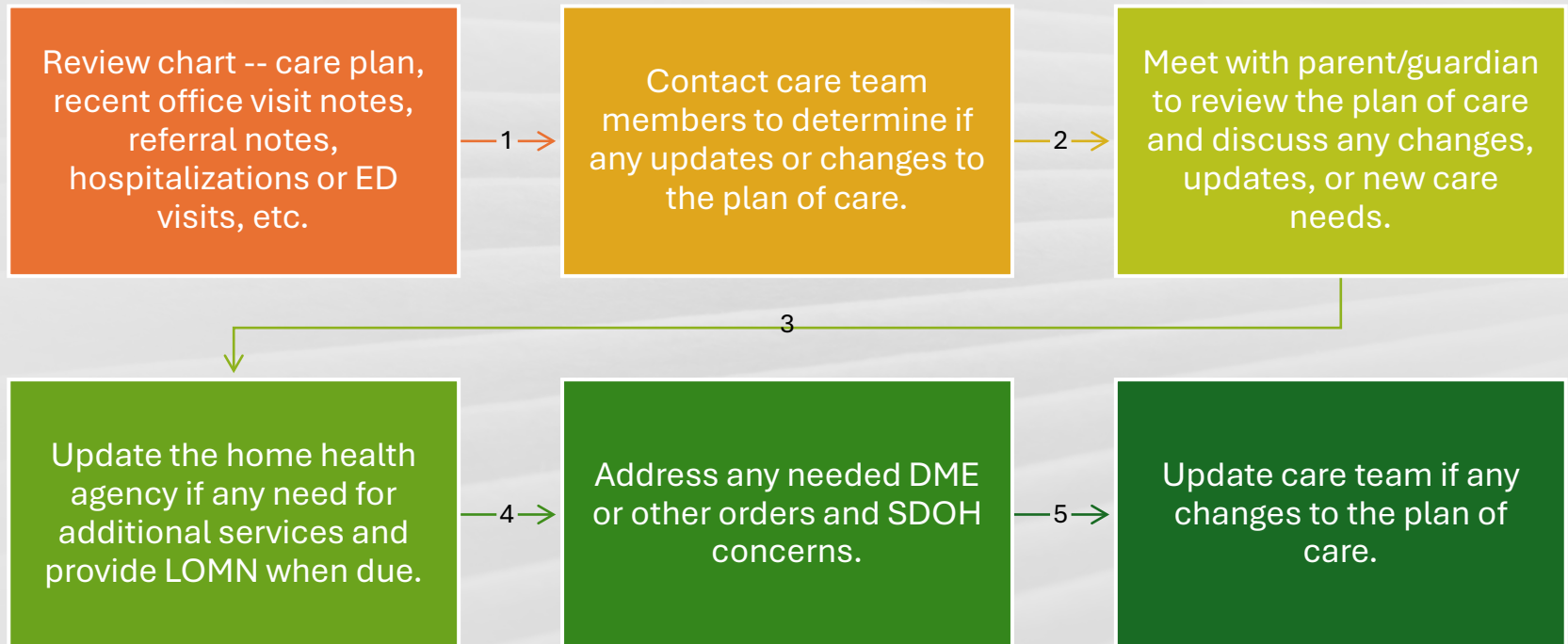
### **Task: Care Manager will follow up with Rabbit Transit to ensure application is received and approved.**

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Due Date: 2/28/2025

Responsible User: Cycling, Nikki, RN

# Quarterly Review





# Documentation – Quarterly Review

## Keystone Pediatric PCMH-PNC Quarterly Care Team Meeting

Howie Dodgeball  
DOB: 6/4/1973

Date of Care Team Meeting: 2/14/25  
Last Care Team Meeting: 11/14/25  
Enrollment Date: 11/14/25

**Care Team Members:** Tracy Shoop, RN Care Manager, Dr. Bowling, HMC Pediatric GI; Dr. Smith, HMC Pediatric Pulmonology; Sherry Smith, RN Aveanna Health Care

Attendees	Contact Information	Attendance Type	Recommendations/Comments:
Parent/Caregiver: Sally, mother	(717) 222-2222	<input checked="" type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Chart Review <input type="checkbox"/> Other: <input type="checkbox"/> Unable to reach - see notes	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:
RN Care Manager: Tracy Shoop		<input checked="" type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Chart Review <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:
PCP: McQueenie, Diana, MD	(717) 777-7777	<input type="checkbox"/> In person <input checked="" type="checkbox"/> Virtual <input checked="" type="checkbox"/> Chart Review <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:
Home Health Agency: Sherry, RN, Aveanna	(717) 444-4444	<input type="checkbox"/> In person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Chart Review <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:
Specialist: Dr. Bowling, HMC Pediatric GI		<input type="checkbox"/> In person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Chart Review <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:
Specialist: Dr. Smith, HMC Pediatric Pulmonology		<input type="checkbox"/> In person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Chart Review <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Continue current plan of care. No changes at this time. <input type="checkbox"/> Current recommendations:

### SHIFT CARE COVERAGE

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**Date of last LOMN:** 10/8/24  
**Next reauthorization due:** 4/8/25  
**Next LOMN due:**

**Family/Caregiver Goals and/or Expectations for nurses/HHAs:** assist with Howie's care, help to communicate with the providers

- ☐ Additional services needed:  
☒ No changes in services needed at this time

### DME INFORMATION

- ☒ No supplies or orders needed at this time  
☐ Current need for supplies or order: (note details)

Notes:

### SDOH Concerns

- ☒ No current concerns  
☐ Current concerns noted. Parent/guardian declines need for resources.  
☐ Current concern noted and resources provided.

Notes:

### **Reviewed plan of care initiated on 1/2/25.**

- ☒ No changes noted  
☐ Changes documented  
☐ Annual review completed

### **Plan of care shared with:**

- ☒ PCP  
☒ Home Health Agency:  
☒ Specialty Providers:  
☐ School Nurse  
☐ Other:

### **Amerihealth Care Management Team notified of:**

- ☐ Initial intake completion  
☐ Changes in the plan of care  
☐ Transitions of Care  
☐ Other:

Notes:

**Next Care Team Meeting:** 5/14/25

## Additional Care Manager Responsibilities

- Review the care plan quarterly and as needed
- Review the full Family Centered Plan of Care annually or if there are any changes
- Parents/guardian support - individualized care coordination and direct contact for concerns
- Provider support
- Point of contact for home health agencies and specialty offices
- Communicates with the Special Needs Unit as appropriate
- Transitions of care follow up
- Participates in warm hand-off referrals to services as needed
- Assists families through a structured transitional process to adult health care

# Challenges

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- Difficulty reaching some families for initial assessment and quarterly reviews
- Shortage of home nursing care staff to provide adequate in-home care
- Receiving and viewing specialty notes outside of our EHR
- Identifying contacts in the specialty offices
- Significant increase in requests for the parent caregiver program

# Successes

- Families and providers receptive and appreciative of the care management service
- Improved coordination of care for complex patients
- More timely identification of unmet needs or concerns
- Able to identify and arrange home health services for families who were struggling to find adequate coverage
- Improved process to connect families to DME services
- Improved collaboration with specialty offices
- Improved process to proactively address LOMNs for in-home care

## Lessons Learned

- Identify a designated and experienced care manager
- Take time prior to the initial or quarterly calls with the family to thoroughly review the chart
- Be intentional with wording/education of parents regarding the program
- Provider education and buy-in is vital
- Develop a process for the care manager to be able to set up LOMNs for the providers



Questions?

# Contact Information

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