

## Suggested: Post Discharge Phone Script: Pediatrics

Hello, (Name), my Name is (X) I work closely with your provider (name). (Provider Name) wanted me to reach out to you after (Childs name) recent hospital admission.

Q: Have you received phone calls from anywhere else?

**If Yes:** I apologize for the multiple calls, there are a lot of people who care about how you and (Childs name) are doing! Because (provider name) is your PCP and (office name) is your Patient Centered Medical Home, we really want to make sure you and (Childs name) have everything you need and assess if there are ways we can help. When you or your child are discharged from the hospital there is a 1 in 5 chance you or your child could be readmitted. We all at (practice name) and your (provider name) really want to make sure that doesn't happen to you or your child and make sure you know we are a resource to call if you have any question or concerns that arise. Is it ok if I ask you some questions?

**If No:** (provider name) is your PCP and (office name) is your Patient Centered Medical Home, we really want to make sure you and (Childs Name) have everything you need and assess if there are ways we can help. When you or your child are discharged from the hospital there is a 1 in 5 chance you or your child could be readmitted. We all at (practice name) and your (provider name) really want to make sure that doesn't happen to you or (Childs name) and make sure you know we are a resource to call if you have any question or concerns that arise. Is it ok if I ask you some questions?

Q: Did you know that you can call us for same day appointments? *Provider Information and encourage patient to write down.*

Q: Did you know that you can call us after hours? *Provide Information and encourage patient to write down.*

Now for the questions on your hospital stay:

Q: How are Is (Childs name) doing?

Q: How are you doing?

Q: How is (Childs name) feeling?

Q: How are you feeling?

Q: Tell me about your hospital experience?

Q: Was that tough on you and (Childs name)?

Q: Is this type of care something you'd like to avoid for you and (Childs name) in the future?

Q: Is there something we can do to help treat you and (Childs name) at home?

Q: Can you tell me in your own words why (Childs name) ended up admitted to the hospital so I can make sure you understand?

Q: Now that you are out of the hospital what matters most to you about (Childs Name)? *If child old enough also ask what matters most to the Child if parent knows, if parent is not sure and child is present, encourage them to ask the child and tell you. If the child is not present, still encourage the patient to ask the child later with no need to call you back.*

Q: What can I help you and (Childs name) with?

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Q: What can I convey to (Child's name) providers?

Q: Did (Child's name) receive any new diagnosis that you are aware of? *Educate them if new diagnosis given and they are unaware.*

The next question I ask may seem unnecessary, but it is something we here at (Office Name) like to ask all patients regardless of age as it is important to consider at all ages and normalizing these types of conversations is important. *If the office uses ACP Decisions website, there is a "Exploring Advanced Care Planning in Young Adults: Cancer" and "Exploring Advanced Care Planning In Young Adults: Serious Illness" videos available that can be sent to the patient and encourage them to share with family and friends. If this is offered to a parent/ caregiver and Child, let them know they can schedule time with their provider to discuss any questions or concerns they may have after watching the video. Bill S0257 for this section*

Q: Who will make decisions for you in the event that you or (Child's name) cannot make them? *ie. Car accident*

Q: What if the other parent can not make the decision either? *If this is the answer. ie Car accident*

Let's go over (Child's name) medications. I want to make sure you (and Child's name if age appropriate) understand any changes so that you don't end up with any problems. (Provider name) will also review these medications. **Bill 1111F**, See *"Medication Reconciliation, Transitional Care Management Tips," Handout*

Q: Do you know what a red flag symptom is? *(Definition: A red flag symptom is something abnormal about your body or mind, that may indicate something is significantly wrong. 'Red flag' means potentially serious (and potentially treatable). See your doctor soon (even today) if you think you have one.)*

Q: Do you know what (Child's Name) Red Flag symptoms are? *(Diagnosis dependent and OR Medication, see some examples below; should also be in discharge instructions. Be prepared to go over these before calling the patient, can use offices patient education as well)*

**Some Diagnosis:**

**Asthma: Call you Dr. for instruction:** Whistling or wheezing sound when breathing out, Shortness of Breath, Rapid Breathing, Chest congestion or tightness, Frequent coughing that worsens when child has illness, is sleeping, in the cold or exercising

**Child with Asthma may say things like:** "My chest feels funny", "I am always coughing."

**Seek Immediate Help Call 911:** Child must stop mid-sentence to breathe, Child is using abdominal muscles to breathe, Child has widened nostril when breathing in, Child is trying so hard to breathe that the abdominal muscles are sucked under the rib cage.

Q: Do you have an asthma action plan?

Q: Do you know where your asthma action plan is? *Send to them if needed.*

Q: Tell me about your Asthma Action Plan?

Q: How confident do you feel in carrying out this plan?

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Q: We are going to schedule an appointment with (Provider Name) before this call ends. **If new DX:** (Provider Name) will create one with you at the appointment or review the one given from the hospital. The asthma action plan will be similar to the Red Flag symptoms we just went over but will also include medications and interventions specific to (child's name). **if old DX** you provider will review this with you in case any changes are needed.

**Respiratory Conditions (RSV, Bronchitis, Pneumonia, FLU): Call you Dr. for instruction:** Fast/ Rapid Breathing, Trouble Breathing, working hard to breathe, more irritable than normal, not eating well, less active than normal, Fever (Check age recommendations for calling Dr.), vomiting or abdominal pain, chills, headache, and body aches.

**Seek Immediate Help call 911:** Skin and Bottom of neck or ribs being sucked in, Whistling or wheezing sound when breathing out, Child has widened nostril when breathing in, Skin lips or nails turning blue, High Fever (Check age recommendation for 911), Chest pain, Severe Dehydration (no urine 8 hours, dry mouth and no tears when crying).

**Some Medications:** See XYZ "Coming soon from NPO Pharmacist"

Q: If you experience any of these red flag symptoms, who are you going to call?

Q: Who will you ask for when you call?

Q: What is the phone number?

Q: If we can offer you an alternative form of caring for (Childs Name) so you don't have to go into the hospital, what can we do?

Q: Let's schedule (Childs name) a follow-up appointment in (x) days. *Schedule patient when deemed appropriate at least within 30 days of discharge.*"

Q: Tell me how you are going to get to the appointment? Is there anything I can do to help with that?

Q: Did you receive the proper equipment you were supposed for to receive for (Childs name) post-discharge?

I am a MA or Care Manager in the practice...

**If MA:** We have a great Care Manager program in our office. Our Care Managers work with patients for all different reasons including resource help, disease management and helping patients to learn to cope with and handle their diseases, and they can function as accountability partners if you have any goals, you or (Childs name) are trying to achieve. Another thing they can help with is touching base with patients after hospital discharges. Would it be ok with you if I have our Care Manager (Name or Possible names) reach out to you and the both of you can go from there?

**If Care Manager:** I am a Care Manager in the office. Care Managers work with patients for all different reasons including resource help, disease management and helping patients to

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learn to cope with and handle their diseases, and we can also function as accountability partners if you have any goals, you or (Child's name) are trying to achieve. Another thing we can help with is touching base with patients after hospital discharges to make sure you continue to do ok and that you don't have any questions. Would it be ok with you if I called you once a week for 4 weeks just to see how you are doing? *Set-up phone calls or virtual visits if the patient agrees.*

I really appreciate you taking the time to talk with me today. Please remember you can call our office at any time if you have any questions or concerns, we want you to call us! Also, please remember our after-hours service.

Q: Do you have the number and instructions written down?

Q: I would like to send you a summary of what we discussed today. How should I send that? (portal, mails etc.)

- *Make sure to include Red Flags to look out for, Instructions on calling office for questions and concerns, Instructions for after hours, Follow Visit information with PCP, Care Manager, Specialists if applicable including location and contact information, Resource help (home care, advanced Care planning etc.) if applicable including location and contact information and any other pertinent information.*
  - *If this is done in the portal and the person has taken Team Based Care training, **Track portal time for Care Coordination Codes 99487, 99489** to bill at end of month. \* Provider portal time also counts! <https://micmt-cares.org/99487-99489-care-coordination>*

We look forward to seeing you at your scheduled Visit (Date) and the Care Manager will be contacting you (when). *If they agreed to visit and Care Manager*

Q: Is there anything else I can help you with today?

*If you person making the phone call has taken Team Based Care training, **Bill PDCM Phone Code 98966-98968** depending on length of phone call unless. \*Phone codes for BCBSM and PH hospital follow-up patients, Not CMS Medicare or in other words TCM patients and Timely Follow-up patients. \* <https://micmt-cares.org/98966-98967-98968-telephonic>*

*For ED follow-up, the Care Manager may also bill a **G9007** if updating the provider face-to-face regarding this encounter.*