

**In-person**  
March 13-16, 2024

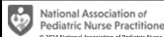
**Virtual**  
May – July 31, 2024

**45th National Conference  
on Pediatric Health Care**

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**Pathway to Suicide Prevention  
in Primary Care**

Sherry Burkhard, BSN, RN



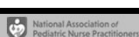
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Experts in pediatrics. Advocates for children.

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**Speaker Disclosure**

The speaker has no interests to disclose

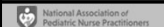


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**Learning Objectives**

- 1) Understand the importance of expanding the network of providers identifying and intervening with youth experiencing suicidality.
- 2) Describe a suicide care pathway and evidence- informed practices to implement for patients at-risk for suicide in outpatient medical settings.
- 3) Describe implementation considerations when screening for suicide in an outpatient setting.
- 4) Describe preliminary results from the Pathway to Suicide Prevention in Primary Care Program




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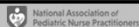
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**PARTNERS FOR CHILDREN'S  
MENTAL HEALTH**

PCMH is a center focused on  
improving the youth mental and  
behavioral health system in Colorado.

PCMH works to identify, scale, and  
sustain best practices to help connect  
youth and families to effective mental  
health treatment and, ultimately,  
save lives.






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**#2**

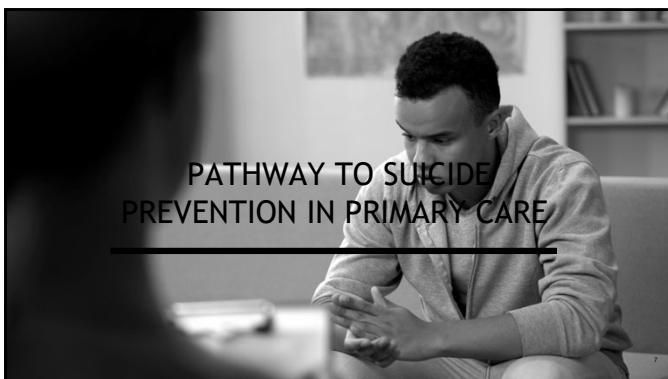
Suicide is the 2nd leading cause of death among youth ages 10-24 in the United States. (CDC WISQARS<sup>1</sup>)

**80%**

Up to 80% of adolescents visited a healthcare provider within a year prior to their death by suicide. (Ahmedani, 2014<sup>2</sup>)

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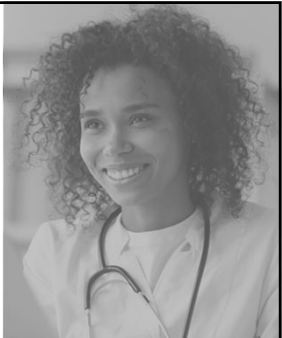
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**PATHWAY TO SUICIDE PREVENTION IN PRIMARY CARE**

Evidence-informed program based in the Zero Suicide framework

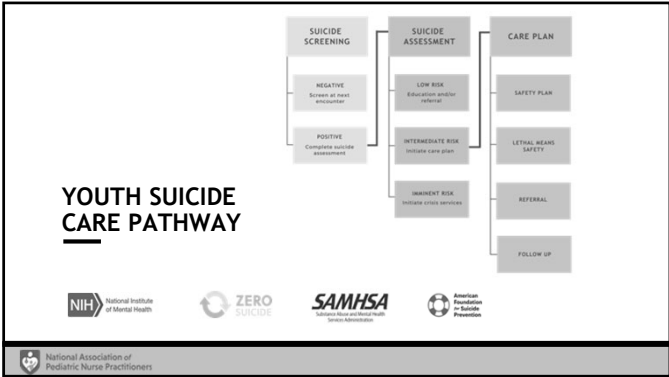
Provides training, consultation, and implementation support to pediatric and family medicine clinics in Colorado

Supported through funding from the University of Colorado School of Medicine and Children's Hospital Colorado

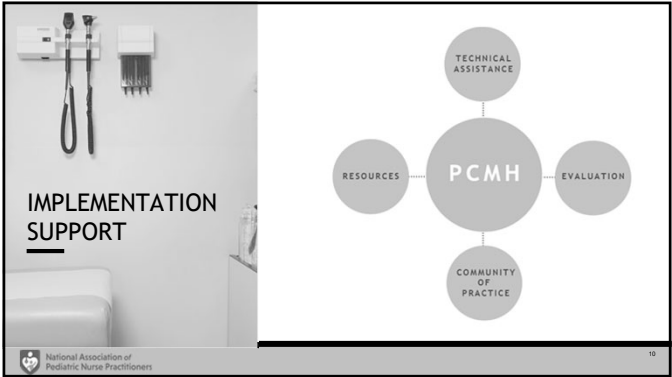


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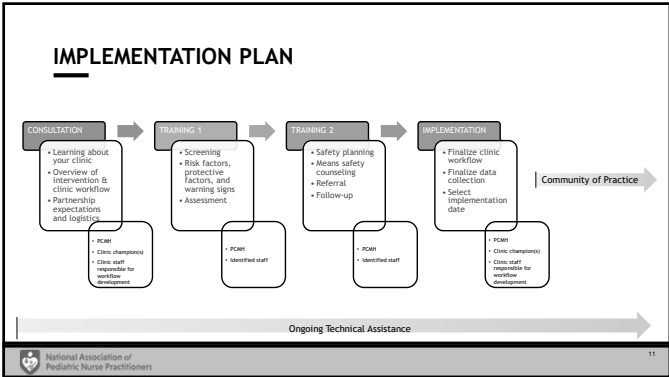
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## Practice Characteristics

- Seven Colorado practices completed training and implementation since 2019

Practice Type	Location	Average Number of Clinics Within Practice	Average Number of Primary Care Providers within Practice	Integrated Behavioral Health	Average Medicaid Panel
6 pediatric primary care 1 family medicine	6 urban 1 rural	1.4	9	42.9% had integrated behavioral health	34.1%

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## Program Implementation

### Six-Month Fidelity Measures

(n=3 clinics)

\*Positive asQ is YES on any question 1-4 or refusal to answer.

Eligible patients **1,382**

Patients screened **89.3%**

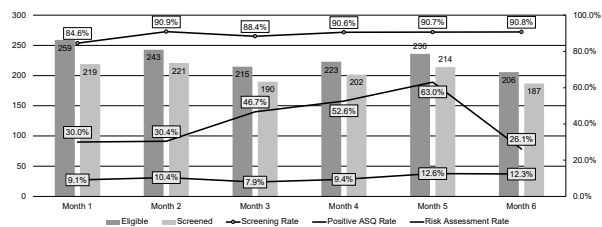
Positive screens\* **127**

Risk assessment (BSSA) **41.7%**

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### PSP Program Clinic Fidelity by Month

n=3 clinics



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## Program Improvement


### Chart Review

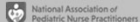
- Focused on positive ASQ without proper flowsheet documentation
- Flowsheet functionality
- Improved assessment rates when including risk levels documented in notes

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### Next Steps

- We will continue recruiting new practices into the program
- Integrate feedback from youth focus groups
- We recently received a grant through the NIMH to investigate:
  - Differences between training only and training plus practice facilitation
  - Patient-level outcomes
- Quarterly ECHO Trainings
  - April 16th





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### STAY UPDATED

If you are interested in getting involved, email us at [info@pcmh.org](mailto:info@pcmh.org)


Join our newsletter here:  
<https://pcmh.org/pcp-newsletter/>





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### Questions?



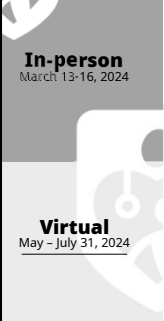
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### References

- 1) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2012-2021) [cited 2024 January 5]. Available from URL: [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)
- 2) Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., Lynch, F., Owen-Smith, A., Hunkeler, E. M., Whiteside, U., Operskalski, B. H., Coffey, M. J., & Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of general internal medicine*, 29(6), 870–877. <https://doi.org/10.1007/s11606-014-2767-3>



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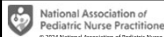
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## 45th National Conference on Pediatric Health Care

### Collaboration Of Acute and Post-Acute Care Pediatric Nurse Practitioner Teams

*Amy Delaney, PhD(c), MSN, RN, CPNP-AC/PC*  
*Assistant Professor of Nursing, Providence College, School of Nursing and Health Sciences*  
*Franciscan Children's, Brighton, MA*



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## Speaker Disclosure

- I have no disclosures




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## Learning Objectives

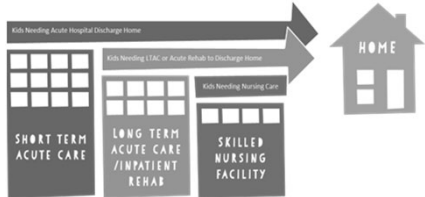
- Describe services and care delivery that is provided in pediatric post-acute care settings
- Identify approaches to improve care continuity between acute and post-acute care settings for pediatric patients with high medical complexity
- Discuss challenges and future directions of care coordination with transitions of care for high risk, complex pediatric patients




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## What is Pediatric Post-Acute Care?





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## Criteria for Settings Post Hospital Admission

•**Long-term Acute Care:** Patients must have ongoing inpatient level of care need and require daily evaluation by a provider. This can be respiratory weaning, nutrition, IV medication, wound healing, monitoring during medication wean.

•**Inpatient Rehabilitation:** Patients must have a prognosis for improvement in areas of self care, mobility, safety, communication, cognition and behavior and have the potential to participate in 3 hours of therapies per day.

•**Skilled Nursing Facility:** patients must need skilled nursing care to manage observe and evaluate the care. Patients do not need daily evaluation by a provider.

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At discharge from post acute care infants are less medically complex and less fragile (Singh et al 2018)

Admission Goal	Goal Identified	Fully Achieved
Parental education	71%	88%
Full PO feeds	66%	82%
Ventilator Wean	40%	57%
Oxygen Wean	40%	79%

• Singh, S, Parvez, B., Banquet, A., & Kase, J.A. (2018). Habilitation of very preterm infants at a Post Acute Care Inpatient Rehabilitation (PACIR) center after neonatal intensive care unit (NICU) discharge. *Developmental Neuropsychology*, 22 (1), 53-60. DOI: 10.1080/17513758.2018.1437841

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## Inpatient Pulmonary “Habilitation”

### Types of conditions

- Chronic lung disease from prematurity
- Tracheal Bronchomalacia
- Subglottic stenosis
- Sleep Apnea
- Neuromuscular diseases,
- Acute on chronic respiratory disease
- Respiratory Failure
- Congenital Diaphragmatic Hernia



**Goals of care:** Wean support when possible, teach knowledge and skills for parents to care for child at home, acclimatization to BiPap, clinical stability and growth and nutrition

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## Types of Conditions: Inpatient Pediatric Rehabilitation

- Traumatic Brain Injury
- Orthopedic Conditions and Injuries
- Brain Tumor
- Encephalitis
- Stroke
- Meningitis
- Guillain-Barre Syndrome
- Neuromuscular Disorder




**Goals of Care:** Make progress strength, mobility, balance self care and function, Reintegration to community and school, safe discharge

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## Inpatient Medical Unit

**Types of Conditions:**

- Wound healing
- Hardware infection
- Short Gut
- Multiple congenital anomalies
- Trauma
- Pre and post Transplant
- Severe pneumonia



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## Multidisciplinary Plans/Communication Amongst PNP Team and Family

- Medical team, Respiratory therapy, Physical therapy, Occupational therapy, Speech therapy, Nutrition, Social work, Patient/family advocate, Care management, Child life, Psychology
- Multidisciplinary rounds weekly
- Transition meetings
- Patient care coordination meetings
- Discharge planning meetings
- Admission meetings from intake liaison
- Outpatient appointments

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## APRN Team in Post-Acute Care at Franciscan Children's

- 7 full time primary APRNs
- Per diem-5 APRNs
- Coverage: 7 days/week (Monday-Friday: 8am-6 pm, Weekends: 7 am-2 pm)
- Morning Family Centered Rounds daily (MDR once/week/unit)
- Teaching/Lunch and Learns
- PACT team, Shared Governance Model
- Collaboration with APRN teams at acute care centers

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## Goals of Transfer of Care between APRN teams

- Continuation of trach/vent management and working towards appropriate home settings
- Diuretic management
- Sedation wean
- Rehab services: PT, OT, Speech
- Teaching: medical equipment ( trach/vent/BIPAP and enteral feeding tubes), medication, chronic disease management
- Family support
- Interstage/Inter-admission planned stays (i.e. organ transplant)

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### Strength of APRN partnership

- Strong communication
- Identify needs of nursing and medical staff
- Education for Franciscan's staff (nursing, multidisciplinary and medical staff)
- Able to provide family continuity of care and family-centered goals

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### CHALLENGES in Post-Acute Care:

#### Pediatric Post-Acute Hospital Care: Striving for Identity and Value (O'Brien, JE, Berry, J, Dumas, H, 2015)

- PACH admit children from acute care hospitals and provide long-term (>25 days average LOS) inpatient care for children
- Estimate: 36 in 21 states and Washington, DC
- Majority "stand alone" and no affiliation with tertiary medical center (<50% are affiliated with acute care children's hospital or adult facility)
- Reports indicate that cost of providing PACH is less than cost of acute care/ICU care, BUT reimbursement lower
- In setting of capacity constraints, PACH relieve pressure for those requiring active rehabilitation, weaning from technology/medications, care > or = 1 chronic condition

O'Brien, JE, Berry, J, Dumas, H (2015), Pediatric Post-Acute Hospital Care: Striving for Identity and Value, *Hospital Pediatrics*, 5 (10), p.548-551. DOI: 10.1542/hpeds.2015-0133.

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### Future Directions



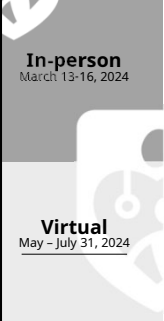
- Research Gap
- Payor Systems
- Affiliations
- Education



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Questions?

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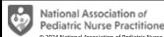
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## 45th National Conference on Pediatric Health Care

### Don't take a NAPNAP on Pediatric Mental Health Care Access (PMHCA) Programs

Lindsay J. Ward MS, BSN, CPNP-PC, IBCLC  
Taylor Swing, DNP, BSN, CPNP-PC



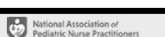
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## Speaker Disclosure

- The speakers have no financial disclosures or conflicts of interests with the materials presented today.
- This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$1,700,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the US Government.




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## Learning Objectives

By the conclusion of the presentation the attendee will be able to:

- Understand how PMHCA programs support primary care providers
- Describe how the planned PMHCA program intervention:
  - Increased awareness
  - Provided education and training to healthcare stakeholders
  - Strengthened healthcare interprofessional partnerships
  - Sustained interest in MD's PMHCA program
  - Built capacity to support mental healthcare needs of pediatric patients




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## Maryland's PMHCA Program "MD BHIPP"

- Promotes Behavioral Health Integration in Pediatric Primary Care (BHIPP)
- Goal: Early identification, diagnosis, treatment, and referral
- Funded by the Maryland Department of Health, Behavioral Health Administration
- Partnership between
  - University of Maryland School of Medicine
  - Johns Hopkins School of Medicine
  - Salisbury University
  - Morgan State University



**BHIPP**  
Maryland Behavioral Health Integration in Pediatric Primary Care

<https://mdbhipp.org/index.html>



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## How does BHIPP Support Providers?



<https://mdbhipp.org/index.html>

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## "BHIPP to Pediatric Mental Health" Project Goals

- Increase awareness about MD BHIPP
- Increase utilization of MD BHIPP
- Enhance our collaborative relationship with MD BHIPP
- Increase provider comfort, knowledge and clinical competency in treatment of common pediatric mental health disorders

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## Implementation

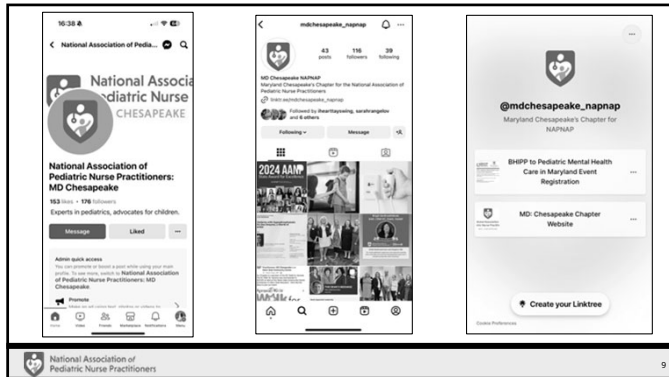
- Publicized MD BHIPP
  - Chapter website
  - Social media posts
- In-person educational event
  - MD BHIPP overview
  - Self harm and suicide ideation training



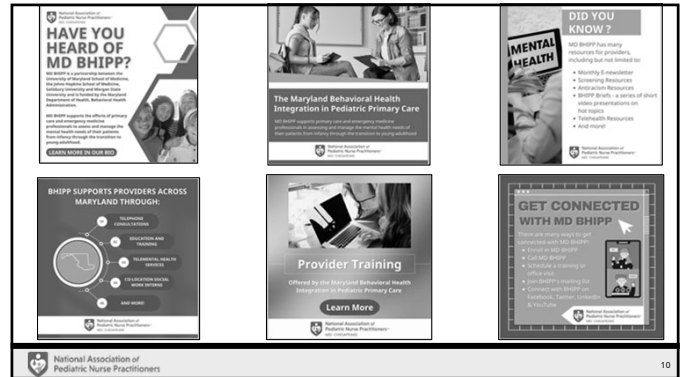
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### Facebook Boosted Social Media Campaign

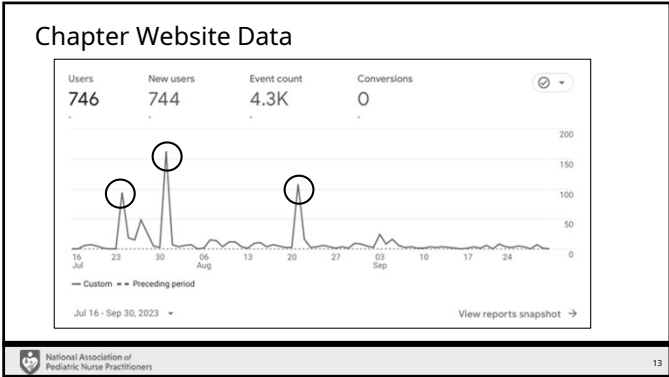
Boosted Ad	Reactions	Comments	Shares	Post Engagement	Link Clicks	Post Saves	Follows/page likes	Reach (Estimated)
Have you heard?	385	5	5	381	4	4	1	1147
To learn more	87	1	9	213	16	0	0	2,423
BHIPP Resources	292	4	5	320	15	3	0	2583
Did you Know?	381	0	2	393	9	0	0	3018
Provider Training	270	0	0	274	3	1	0	879
Get Connected	416	2	0	428	8	2	0	2050
<b>Overall</b>				<b>2,009</b>	<b>55</b>	<b>10</b>	<b>1</b>	<b>10,542</b>

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### Instagram Social Media Posts

Instagram Posts	Reactions	Comments	Shares
Have you heard?	9	0	0
To learn more	6	0	0
BHIPP Resources	8	0	0
Did you Know?	6	0	0
Provider Training	5	0	0
Get Connected	5	0	0
<b>Overall</b>	<b>39</b>	<b>0</b>	<b>0</b>

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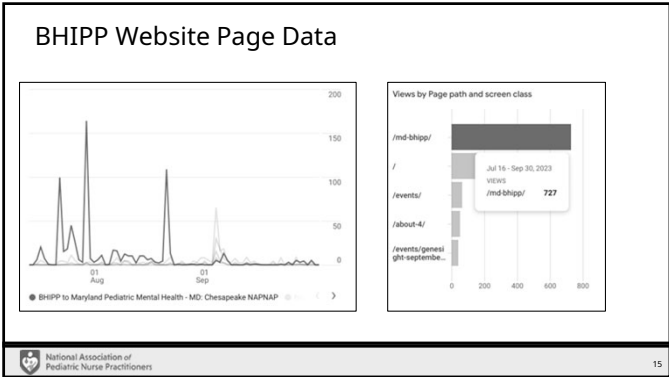
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### Chapter Website Data

Page title and screen class	↓ Views	Users	Views per user	Average engagement time	Event count All events
	1,350 100% of total	746 100% of total	1.81 Avg 0%	21s Avg 0%	4,260 100% of total
1 BHIPP to Maryland Pediatric Mental Health - MD: Chesapeake NAPNAP	727	600	1.21	10s	2,335
2 homepage - MD: Chesapeake NAPNAP	301	174	1.73	19s	952

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### In-Person Event Advertising Efforts

- Facebook/Instagram
- Chapter Mail
- School of Nursing
- MD BHIPP
- Health care organizations

**BHIPP to Pediatric Mental Health Care in Maryland Event**

Register Now!

DoubleTree Annapolis 210  
Holiday Ct., Annapolis, MD 21401  
Aug. 22 | 6 p.m.

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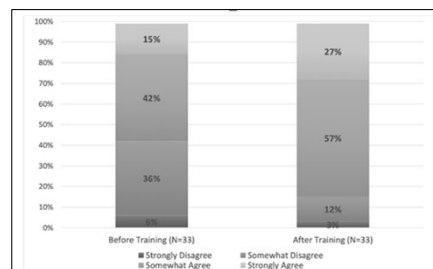
## Attendee Data

Credentials (N=38)	# (%) of attendees
MD/DO	2 (5.3%)
NP	25 (65.8%)
RN	5 (13.2%)
Educator	1 (2.6%)
Other	5 (13.2%)



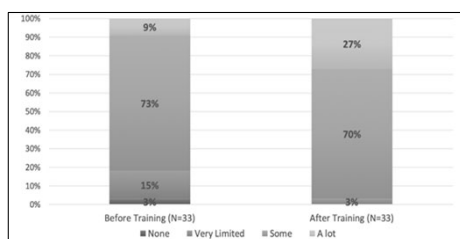
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## Provider Comfort Level with Treating Mental Health



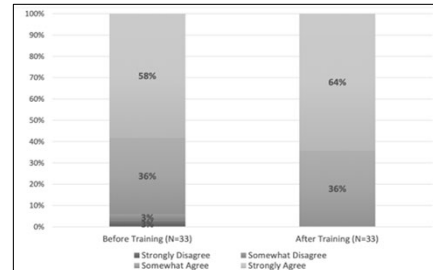
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## Provider Knowledge of Managing Self Harm/Suicidal Ideation



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## Provider Comfort Level of Treating Mental Health Concerns with PMHCA Support



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## Provider Feedback

Feedback Questions (N=37)	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I will enroll in BHIPP	2 (5.4%)	0 (0%)	17 (45.9%)	18 (48.6%)
I will utilize the BHIPP telephone consultation warm line.	1 (2.7%)	1 (2.7%)	10 (27%)	25 (67.6%)
I will attend future BHIPP training sessions	0 (0%)	0 (0%)	6 (16.2%)	31 (83.8%)
I will tell my colleagues about BHIPP	0 (0%)	0 (0%)	3 (8.1%)	34 (91.9%)

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## Provider Plans to Change Practice

Response (N=37)	# (%) of attendees
Yes	36 (97.3%)
No	1 (2.7%)

- Implement validated screening tool(s)
- Improve history taking and evaluation
- Have more thoughtful conversations about SI/NSSI
- Incorporate more detailed safety plans
- Increase family involvement
- Train staff

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## Recording Data

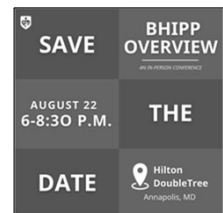
- YouTube Recording
  - 6 views
- Facebook Post Recording
  - 139 post impressions
  - 127 post reaches
  - 10 post engagement



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## Lessons Learned

- Boosted SM campaign challenges
- Stakeholders surprises
- Attendance



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## PMCHA Awareness Program Conclusions

- Increased awareness
- Provided education and training to healthcare stakeholders
- Strengthened healthcare interprofessional partnerships
- Sustained continued awareness of MD's PMCHA program
- Built capacity to support mental healthcare needs of pediatric patients

## References and Acknowledgements

- References
  - Maryland Department of Health. (n.d.). *Maryland Behavioral Health Integration in Pediatric Primary Care*. MD BHIPP. <https://mdbhipp.org/>
- Acknowledgements
  - Maryland BHIPP
  - NAPNAP National Chapter
  - MD Health Care Stakeholders
  - MD Chesapeake Chapter Members