

Please Fax Completed Form to: 403-668-2150

**REFERRAL FOR NEURODEVELOPMENTAL DISORDERS (NDD)
CARE COORDINATION PROJECT**

Date: _____

Patient Information		Referring Source		Referral Date:
Name:		Name:		
Date of Birth:		Profession:		
Personal Care #:		Phone:		
Phone:		Fax:		

 Is the Community Pediatrician or Family Physician aware of and supportive of this referral? Yes No

INCLUSION CRITERIA: INTAKE NOTES

Who to refer for Care Coordination? Patients who have been diagnosed with either ASD or ADHD (or both) and are followed by a subspecialty clinic at the Alberta Children's Hospital (ACH) for medical complexity and/or the CAAMHPP (Child and Adolescent Addiction, Mental Health & Psychiatry Program). Care Coordination targets patients who are high users of services – e.g., frequent speciality clinic visits, recurring ED visits and/or hospitalizations. Also consider patients with multiple, unmet needs that span health, education and social issues. (see Complexity Factors below)

	Medical/Subspecialty Clinic	Developmental	Mental Health
Health Condition: Diagnoses / Symptoms	Diagnosis: Clinic: When: Current provider:	ASD <input type="checkbox"/> Where/Who Dx: When:	Severe anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Severe irritability /agitation <input type="checkbox"/>
		ADHD <input type="checkbox"/> Where/Who Dx: When:	Other:
	Connected to a Primary Care Physician or Community Pediatrician? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____	Global Developmental Delay <input type="checkbox"/> Intellectual Disability <input type="checkbox"/>	Other Diagnoses:

	School / Community Supports	Complexity Factors
	FSCD Supports? <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	Multiple ED visits: > 2 in past 6 months <input type="checkbox"/> Hospitalizations: > 1-2 in past 6 months <input type="checkbox"/> Impairments in daily functioning <input type="checkbox"/> <i>E.g., Due to unmanaged symptoms, challenging behaviours, complex health issues, impairments in social skills etc.</i> Severe Mental health issues and/or behavioural needs <input type="checkbox"/> Restricted participation in school/preschool/daycare <input type="checkbox"/> <i>E.g., Frequent missed days of school/daycare, issues related to school placement or classroom functioning</i> Issues related to family functioning <input type="checkbox"/> <i>E.g., High family stress, parental mental health issues, substance misuse, domestic violence</i>
	Specialized School Supports? <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	
	Community or In-Home Supports (e.g., speech, OT etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	

Is Children's Services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of worker:	Parent/guardian is aware of and agrees to this referral <input type="checkbox"/> Yes <input type="checkbox"/> No
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Clinical Perception: It is important that you complete this section as this information will be used by the care coordination team for triage and to initiate the patient/family intake assessment process. Thank you!

Why do you feel this patient/family would benefit from care coordination? What do you see as the primary need for care coordination?

Based on the need identified above, how could we evaluate the success of care coordination? What would you consider to be a marker of success (in this care or more broadly)?

Psychosocial Circumstances

What impact has the family's psychosocial circumstances had on your decision to refer this child?

No Impact
 Some Impact
 Moderate impact
 High Impact

Identified circumstance:

Parental Mental Health
 Low Socioeconomic Status
 Cultural Isolation
 ELL (English Language Learner)

If ELL, is an interpreter required? Yes No – Language: _____

Other:

Continuous Quality Improvement Please help us continuously improve by providing feedback on the following project questions. Thank you!

Referral Form Feedback

We would appreciate any feedback you might have about how we can improve this form:

Project Awareness

Please let us know how you became aware of the NDD Care Coordination project:

<input type="checkbox"/> Poster or postcard	<input type="checkbox"/> Project update or presentation	<input type="checkbox"/> Colleague or word of mouth
<input type="checkbox"/> Project website	<input type="checkbox"/> Patient/Family	<input type="checkbox"/> Other: _____

Internal Use Only:

DECISION: Recommend acceptance into care coordination?

YES
 NO
 MORE INFORMATION NEEDED

Notes:

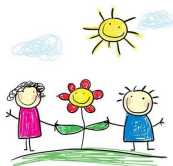
If you have any questions, please contact:

Care Coordinators

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cathy.richard@ahs.ca

Meridith Yohemas: (403) 955-5894
meridith.yohemas@ahs.ca

NDD Care Coordination Project



A project aimed at improving health service delivery for children with complex health and social needs through care coordination and enhanced family supports.

What is care coordination?

Pediatric care coordination is a family-centred, team-based approach designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. The aim is to address interrelated medical, social, developmental, behavioural, educational, and financial needs to achieve optimal health and wellness outcomes.

Over the past 2 years, this project has tested and adapted an established care coordination model on a targeted population with complex neurodevelopmental and medical diagnoses who may also experience associated mental health difficulties.

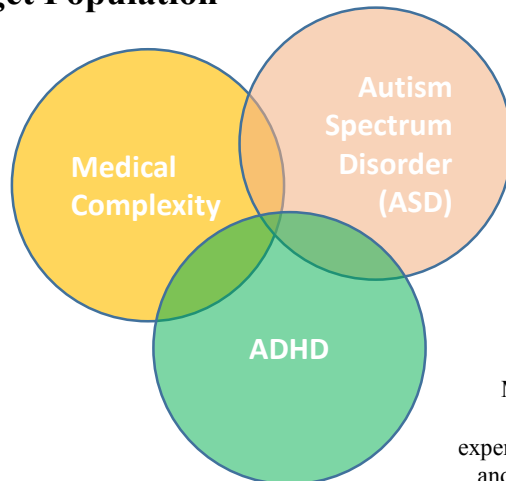
Patients who have been diagnosed with ASD and/or with ADHD and who are followed by an ACH Specialty Clinic, CAAMHPP (Child and Adolescent Addictions, Mental Health & Psychiatry Program) or other pediatric specialty clinic may be eligible to participate in the project.

Families identified through the referral form will be contacted by the Care Coordinator, who will complete a Family Needs Assessment to determine appropriateness for the project.

The Care Coordinator acts as an information hub, connecting with other care team members to develop and assist with meeting the identified goals of the family and care team.



Target Population



Many of these children also experience anxiety and other mental health concerns.

* e.g., epilepsy, genetics, sleep disorder, GI, etc.

What to expect from Care Coordination and your involvement as a referring provider:

- Referring provider identifies and refers appropriate families (referral form)
- Initial and ongoing communication with the Care Coordinator as it relates to meeting family/care team needs
- Referring provider kept apprised of care coordination plan/progress
- As needed, participate in communication/ information sharing with other services or sectors (e.g., education)
- Work with the Care Coordinator to support the self-management goals of the family

How does this benefit families and the care team?

- Enhanced communication across clinics, care teams & community services
- Fewer missed appointments; fewer duplicate tests & services
- Improved efficiencies and time savings
- Improved health outcomes
- Better self-management skills for patient/family
- Shorter stays and reduced health costs
- Increased parental satisfaction with care