

The background features a teal-to-blue gradient with faint, overlapping circular patterns and a scale on the left side. The scale has markings from 140 to 260 in increments of 10. The text is white and centered on the right side of the image.

SYNERGISTIC CARE

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A NEED FOR LOVE



- This is where we say “All of our Patients need Love”.

PATIENT AND FAMILY-CENTERED CARE

Since the landmark report from the Institute of Medicine on *Crossing the Quality Chasm*, increasing attention to patient and family-centered care, with the goal of increasing partnership among providers, families, and patients, has been prioritized as a core component of quality care.

PATIENT –FAMILY CENTERED CARE

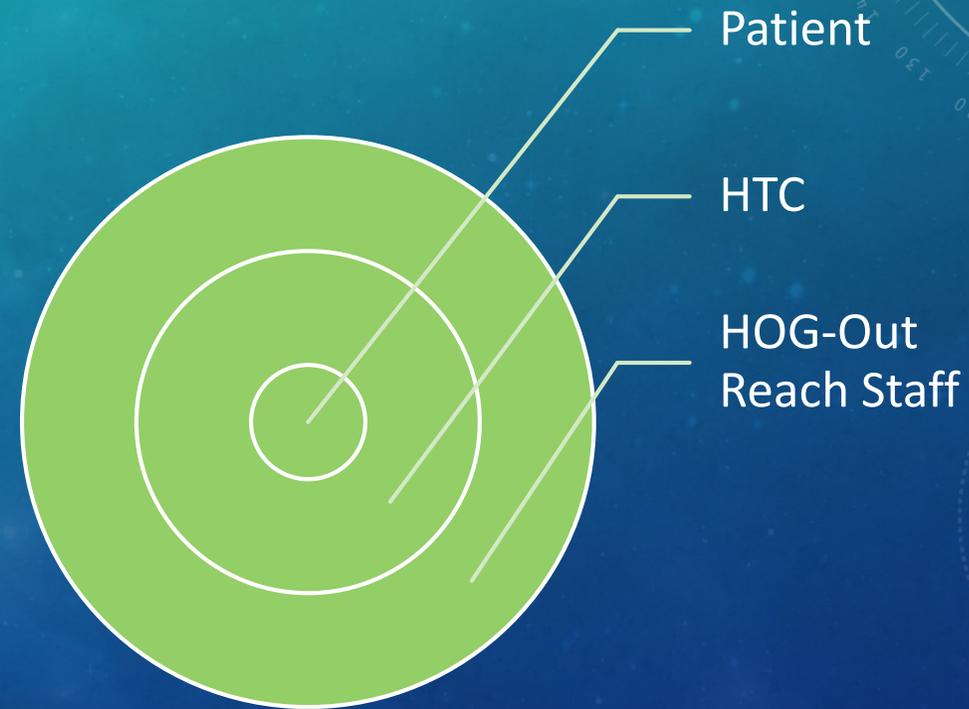


Augusta University is a pioneer in the concept of Patient-and Family Centered care(PFCC) : We Believe

- **PFCC is an approach to remove barriers to having collaborative partnership between healthcare providers, patients and families.**
- **We put patients and families first**
(listening to the child and family while honoring and incorporating family background into health care planning and delivery)
- **The more involved a family is, the more our quality and safety improve**
- **We have healthcare partners and they are an important part of the healthcare team.**

SYNERGY: EFFECTIVE TEAMWORK IN HEALTHCARE

- A critical component in providing high quality care
- Ensures patient safety
- Strengthens Communication Channels
- Strengthens Educational Channels
- Fosters Opportunities for Collaboration with patients, families, and providers at all levels of healthcare



WHAT HAPPEN WITH DV?: A CHANGE IN HOME DYNAMICS

- Missed appointments
- Lapsed in insurance for the 3rd time
- Increased ER visits
(head injury from falls, bleeds to buttock area, breakthrough bleeds)
- Mother withdrawn, and only speaks when the father give her permission to speak
- Parental Skill Deficit

The father released from jail

INTERVENTIONS

- Utilized the Drug Assistance Program
- HTC Social Worker – Constant Phone interaction with Insurance
- Social Worker- Continuous Communication/ Education with parents regarding the renewal process of Insurance
- Nurse Coordinator- Communication with Physician, Clinic Nurses, HTC Social Worker, & HOG Social Worker regarding medical neglect issues.
- DFACS Involved
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DV'S JOURNEY AT THE AGE OF 3 YEARS: FAMILY DYNAMICS CHANGED



- Family home dynamics changed
- Reassessment started with peak/trough levels
- Changed treatment therapy to Eloctate
- Eloctate is given 2 times per week
- The mother continued to have problems with accessing DV's veins.
- Synergistic care + PFCC= Partnership-
The nurse coordinator at the HTC worked with the HOG nurse to formulate a plan for the mother to learn home infusions.

POSITIVE OUTCOME



- The Mothers confidence level heightened
 - She takes the initiative (supplies, mixing, accessing the vein, and infuse)
- DV is no longer running from the procedure- he is calmer
- DV comes to clinic saying “ I get a infusion today”
- DV comes to clinic saying “ mommy infusion me?”
- After the infusion, I taught him to say “ Good job mommy.”
- HTC Social Worker- Reassesses Insurance status, Provides emotional support, resources

THANK YOU

The background is a blue gradient with faint technical diagrams and circular patterns. On the right side, there are several circular diagrams with concentric lines and arrows, resembling a gauge or a technical drawing. The text "THANK YOU" is centered in the middle of the image in a white, sans-serif font.

REFERENCE

- Gallo, K. P., Campbell, H., Hoagwood, K. E., & Olin, Su-Chin S. (2016). A Narrative synthesis of the components of and evidence for patient-and family-centered care. *Clinical Pediatrics*, 55(4), 333-346.