



**CHOC – Children’s Health Orange County**  
***Best Evidence and Recommendations (BEaR)***

**Best Practices for Multispecialty Care Coordination**

**Kayleigh Fujisaki, BSN, RN**  
[kayleigh.fujisaki@choc.org](mailto:kayleigh.fujisaki@choc.org)

**Abstract**

Patient “care conferences” are typically arranged for complex patients and their families to address the plan of care and assist in critical decision-making processes. The pediatric care team, consulting specialty team members, nurses, and parents attend these pre-arranged care conferences. Often, care conferences do not result in the desired outcomes because emotions are high and create barriers to effective decision-making. This evidence-based review aimed to identify the best practices for multispecialty care coordination in pediatric patients between three or more consulting specialties and the primary care team and family and to determine the effect of employing best practices on patient satisfaction and parent engagement in the plan of care. The evidence revealed no standardized method for initiating or conducting care conferences. The literature reviewed consistently showed parents’ desire for ongoing education about their child’s condition, the need for a sense of empowerment, and the desire to be included in the plan of care. Recommendation for practice includes using a care conference algorithm to proactively initiate care conferences, developing a tool to explain care conferences and their purpose to parents, and providing more accessible educational materials regarding diagnosis, medications, and possible procedures for parents to review independently.

**Keywords**

Care conferences, multidisciplinary care, multidisciplinary communication, interdisciplinary care, family meeting, family-centered care, and parent empowerment.

**PICOT**

What are the best practices for multispecialty care coordination in pediatric patients with three or more consulting specialties and its effect on patient satisfaction and parent engagement and support of the plan of care?

**Background and Significance**

For the 2020-2021 fiscal year, the pediatric multispecialty care unit aimed to identify barriers to patient satisfaction and increase satisfaction scores. For families of chronic patients or medical mysteries, the care is often complex and involves many dynamic and changing approaches and interventions. It was observed that parents were upset



regarding the lack of communication between specialty care teams. Care conferences, meetings that include the pediatrics team, the consulting specialty teams, nurses, and parents, were held when emotions were high. This resulted in multiple meetings needing to de-escalate tension to achieve desired outcomes. This project aimed to identify ways to improve care conferences and empower families to participate in shared decision-making and care planning actively.

Family-centered care (FCC), as endorsed by the Society of Pediatric Nurses (SPN), the American Academy of Pediatrics (AAP), and the Institute for Family-Centered Care, is the primary framework to guide pediatric health care services (Kuhlthau et al., 2011). The goal of FCC is to work with families to develop a provider-family relationship by acknowledging the pivotal role families play in the care of their children. Research indicates that FCC is associated with enhanced communication with the family, an improved sense of family empowerment, and improved patient outcomes as all members of the child's team work together towards mutually desired care goals (Kuhlthau et al., 2011). It can be challenging to ensure family participation and care coordination when multiple specialties are involved, and family members are not consistently at the bedside. Care conferences are employed to bring everyone together, effectively communicate the plan of care, engage in critical decision-making, and answer questions for families. However, challenges related to initiating a care conference, the complexity of physicians' work and family schedules, and the lack of compensation for healthcare providers to participate in extended family meetings proved to be obstacles in scheduling care conferences. Furthermore, there is currently no standardized practice for conducting care conferences and meeting parents' needs best once the meeting has begun. The significance of this project is to identify areas of improvement regarding care conferences and create innovative ways to meet the needs of parents and patients.

## **Framework**

The framework utilized in this EBP project was the "Translating Evidence into Practice: CHOC Children's Approach to EBP" model, adapted from the EBPI Model © 2007 Brown & Ecoff (Ecoff, Stichler & Davidson, 2020).

## **Search for the Evidence**

Databases searched for this review included: Google Scholar, EBSCO, PubMed, and CINAHL. The search yielded more than 100 review articles, including qualitative, quantitative, systematic review, concept analysis, and quality improvement. Nine articles were found to have the applicable information. Key search phrases used were multidisciplinary care in pediatrics, pediatric care conferences, family-centered care in pediatrics, and interdisciplinary care in pediatrics.

Online resources included: Health Tech Magazine, Seattle Children's, Etch, Fierce Healthcare, Virginia Med, Children's Omaha, and Leeds Children's Hospital.



## Critical Appraisal and Synthesis of the Evidence

- The literature showed there is no identified standardized practice for starting or conducting patient care conferences. Furthermore, it was found that more research needs to be completed to better identify the ideal time to start a care conference (Michelson et al., 2013).
- Literature consistently showed parents' desire for education (Laudato et al., 2020), empowerment (Ashcraft et al., 2019), and inclusion in the plan of care and decision-making (Wool et al., 2021).
- Current projects at this organization, such as the Multidisciplinary Care Committee (MCC), Discharge Navigators, and a PICU QI project, address individual pieces of the puzzle but need to be brought together to complete the big picture.
- Online resources from children's hospitals throughout the United States regarding their use of iPads were completed. Five of the eight children's hospitals included in this search had iPads for every patient. Some were already available in the room, while others partnered with third-party foundations for patients to check out loaner iPads. Overall, each hospital noted increased patient and parent satisfaction regarding implementing iPads.
- A review of current practices at CHOC related to multispecialty care coordination was completed. The chart below summarizes current projects in process.

Project	What it Does	Who is Involved	Gaps it Fills
MD to RN	Identifies areas of improvement between MDs and RN's	MD and RN representatives from each floor	Gaps in communication
NICO Board	Application on iPad in each room that pulls information from the patient chart and links CHOC-approved articles	NICU	Parent education, Parent empowerment
CVICU Discharge	Admission packets based on the reason for admission, journey maps, education handouts, and discharge checklists	CVICU	Parent education, Discharge preparation
Multidisciplinary Care Committee	Algorithm and workflow on when to proactively trigger a care conference	Patient Satisfaction and Social Work	Proactive care conference
Care Conference Documentation QI Project	The family will write down questions prior to the meeting, PICU residents will write questions on the whiteboard and document the answer to	PICU Fellow	Documentation of what was resolved and discussed in the care conference,



	each question for families, and final answers will be uploaded to EHR		identifies who should document
Child Life Sheets	Tips on how to age appropriately introduce new medical equipment to patients and their siblings (Ex: PICC, gtube, trach)	Child Life	Patient, parent, and sibling education
Medical Memory Videos	Step-by-step videos that model HELPS classes (ex: gtube cares, PICC cares, seizures)	Parent Family Education	Parent education, Parent empowerment
Virtual Reality Parent Education Videos	VR experience for parents on how to care for a gtube	Gastroenterology Attending	Parent education, Discharge preparation

### Practice Recommendations

- Partner with MCC to educate nursing on the care conference algorithm GoLive.
- Implement care conference handouts that communicate the purpose and expectations of the conference and give families a space to identify questions and desired outcomes.
- Centralize iPads for games, educational videos, articles related to diagnoses, and parent diaries with the goal of iPads in every room
- Collaborate with a third-party company to develop an application to help families gain access to patient’s electronic health records while inpatient

### Acknowledgements

- The Evidence-Based Scholars Program was supported by a grant from the Walden W. and Jean Young Shaw Foundation
- Jennifer Hayakawa, DNP, PCNS-BC, CNRN, CCRN, Nurse Scientist and Director of Nursing Research and Innovation, CHOC
- Vicky R. Bowden, DNSc, RN, Nurse Scientist, CHOC
- Lisa Murdock, MSN, RN, CNE, EBP Scholar Program Mentor
- Susan See MSN, RN, CPHON, Nurse Manager Multispecialty Unit, and Neuroscience Unit
- Sharief Taraman, MD, DABPN, DABPM, FAAP, Physician Informaticist – Medical Intelligence & Innovation Institute (MI3)
- Phil Martie, CEO, and Founder of the NICO Board

## References

- Ashcraft, L. E., Asato, M., Houtrow, A. J., Kavalieratos, D., Miller, E., & Ray, K. N. (2019). Parent empowerment in pediatric healthcare settings: A systematic review of observational studies. *Patient, 12*(2), 199–212. <https://doi.org/10.1007/s40271-018-0336-2>
- Ecoff, L., Stichler, J.F., & Davidson, J.E. (2020). Design, implementation and evaluation of a regional evidence-based practice institute. *Applied Nursing Research, 55*(2), 151300. Doi: 10.1016/j.apnr.2020.151300
- Kuhlthau, K. A., Bloom, S., Van Cleave, J., Knapp, A. A., Romm, D., Klatka, K., Homer, C. J., Newacheck, P. W., & Perrin, J. M. (2011). Evidence for family-centered care for children with special health care needs A systematic review. *Academic Pediatrics, 11*(2), 136–143. <https://doi.org/10.1016/j.acap.2010.12.014>
- Laudato, N., Yagiela, L., Eggly, S., & Meert, K. L. (2020). Understanding parents' informational needs in the pediatric intensive care unit: A qualitative study. *Progress in Pediatric Cardiology, 57*, 101172. <https://doi.org/10.1016/j.ppedcard.2019.101172>
- Michelson, K. N., Clayman, M. L., Haber-Barker, N., Ryan, C., Rychlik, K., Emanuel, L., & Frader, J. (2013). The use of family conferences in the pediatric intensive care unit. *Journal of Palliative Medicine, 16*(12), 1595–1601. <https://doi.org/10.1089/jpm.2013.0284>
- October, T. W., Hinds, P. S., Wang, J., Dizon, Z. B., Cheng, Y. I., & Roter, D. L. (2016). Parent satisfaction with communication is associated with physician's patient-centered communication patterns during family conferences. *Pediatric Critical Care Medicine, 17*(6), 490–497. <https://doi.org/10.1097/PCC.0000000000000719>
- October, T. W., Watson, A. C., & Hinds, P. S. (2013). Characteristics of family conferences at the bedside versus the conference room in pediatric critical care. *Pediatric Critical Care Medicine: A Journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 14*(3), e135–e142. <https://doi.org/10.1097/PCC.0b013e318272048d>
- Smith, M. A., Clayman, M. L., Frader, J., Arenson, M., Haber-Barker, N., Ryan, C., Emanuel, L., & Michelson, K. (2018). A descriptive study of decision-making conversations during pediatric intensive care unit family conferences. *Journal of Palliative Medicine, 21*(9), 1290–1299. <https://doi.org/10.1089/jpm.2017.0528>
- Trujillo, J. A., Fernandez, Y., Ghafoori, L., Lok, K., & Valencia, A. (2017). Interdisciplinary family conferences to improve patient experience in the neonatal intensive care unit. *Health & Social Work, 42*(4), 241–245. <https://doi.org/10.1093/hsw/hlx039>
- Watson, A. C. (2016). Clinical nurse participation at family conferences in the pediatric intensive care unit. *American Journal of Critical Care, 25*(6), 489–497. <https://doi.org/10.4037/ajcc2016817>
- Wool, J., Irving, S. Y., Meghani, S. H., & Ulrich, C. M. (2021). Parental decision-making in the pediatric intensive care unit: An integrative review. *Journal of Family Nursing, 27*(2), 154–167. <https://doi.org/10.1177/1074840720975869>