**Shared Care Plan Summary**

It has been a pleasure seeing (First name of patient) on (today’s date) in the complex care clinic.

**Problem List:**

-(Links to include the patient’s list of active diagnoses)

**Goals:**

Goals for you and your Child:

* (goals updated here)

Goals for working with the Pediatric Complex Care Program:

* Facilitate access to insurance benefits and community resources.
* Assist with scheduling needs
* Facilitate medication and feeding management
* Provide medical co-management in communication with PCP and specialists
* Coordinate care with all members of your child’s care team.
* Facilitate and provide education, guidance, and support related to the care of your child in and out of the hospital.
* Support you/your child through transitions like hospital to home, pediatric to adult care, and care outside of our health system.

**Instructions/Follow Up:**

Provider will:

* Complete a chart review and develop a clinical summary of your child’s history and care needs.
* Refer you to
* (other items as needed)

Nurse will:

* Assess and monitor medication management and labs
* Provide ongoing assessment and education of medical care needs

Care Coordination Assistant will:

* Work with family to assist with transportation needs
* Work with family to determine scheduling needs
* Schedule follow up appointment and care plan update within six months

Nurse and Care Coordination Assistant will also:

Social Work will:

* •Assess and provide need for mental health resources as needed

Family will:

**Please communicate with us at least monthly.** To provide the best care for (first name of patient) it is very important that we talk in person, by phone, or electronically at least once a month.

**PROVIDERS AND FACILITIES**

Primary Care Provider

**(link with Primary Care Provider name, phone)**

Physicians:

**(link with Care team at institution, name, phone)**

**Primary Pharmacy: (Link with Pharmacy name, number, and address)**

**Prescription Refills:** Please contact your pharmacy first, at least 48 hours before you need the refill. They will fax the prescriber's office a refill request.  We need at least a 48 hours advanced notice, please allow more time if it is a mail order prescription.

**Important Numbers:**

**If you are experiencing an emergency call 911 or go to your local Emergency Department**

**Alternatives to Calling:** My Chart is a great way to keep in touch via computer or smart phone for non-urgent questions or requests.

|  |  |
| --- | --- |
| **CALL 911 IN CASE OF AN EMERGENGY** | |
| (Patient’s first name) Complex Care provider is: {NP or MD name} | |
| Contact Information | Who to call |
| {Nurse’s Contact information} | * Non-emergency medical issues * Prescription refills, call at least 2 days in advance for needed refill requests * Equipment needs * Questions or concerns about medications, activity, changes in behavior * School issues * Insurance issues * Letters of medical necessity * Not sure who to call or what to do   Office hours Monday thru Friday (8-4:30) |
| {CCA Contact Information} | * Community resources * Coordination of appointment and procedure needs * Transportation needs * To cancel Special Needs Program appointments * *\* all same day clinic cancellations needs to go through appropriate clinic*   Office hours Monday thru Friday (8-4:30) |
| 414-266-2006 On Call Number Leave a message on the voice mail, and we will call back in 1 hour.  *If you have not heard back from us, please call 414-266-2000 and ask for Special Needs Program provider on call* | * Need for urgent medical advice * If you feel like your child needs to be seen in the Emergency Department * {Please add Patient specific reasons to call}   Available 24 hours a day and 7 days a week |