

Standardizing the Field of Hospital Educator & Academic Liaison Practice

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Disclosures & Conflicts of Interest

- No relationships with proprietary entities related to content.

Agenda

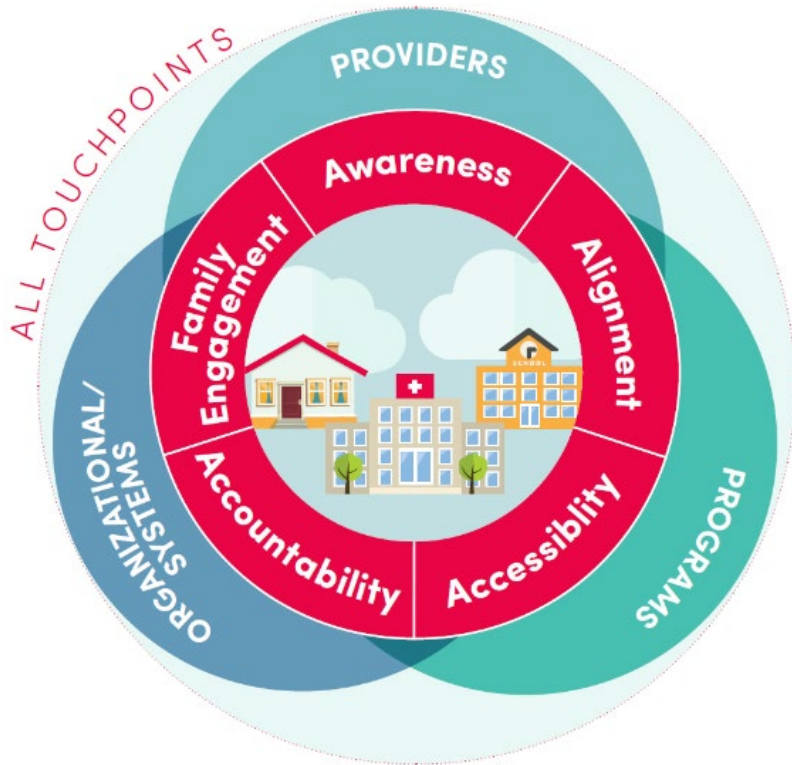
1. **School-Friendly Health Systems (SFHS) Framework**
2. **HEAL Standards of Practice**
3. **Clinical Data Registries**
4. **Excellence in Quality Improvement Principles (EQulP)**
5. **Small Group Activities**
6. **Large Group Discussion – Possible HEAL Workgroup**

School-Friendly Health Systems (SFHS) Framework

Are you aware of the SFHS Framework?
(Stand up)

SFHS Framework

Core Principles & Practices to Guide Health Systems to Help Children Reach Their Full Potential (2023)



- “A School-Friendly Health System is a health system working to ensure all children achieve optimal health and reach their full potential.”
- “Education is a critical social determinant of health, and addressing health needs is essential to effective educational outcomes.”
- “It’s clear that supporting education is a health intervention.”

Do you know if your hospital or health system is a member of the SFHS Collaborative?

(Stand up)

De la Torre D, DeAngelo J, Dooley D, Kinlow T, et al. School-friendly health systems: core principles and practices to guide health systems to help children reach their full potential. Children’s National. Published online September 2023. Accessed October 2, 2023. https://www.cmhnetwork.org/wp-content/uploads/2023/09/SFHS_PrinciplesPracticesReport_September-2023.pdf.

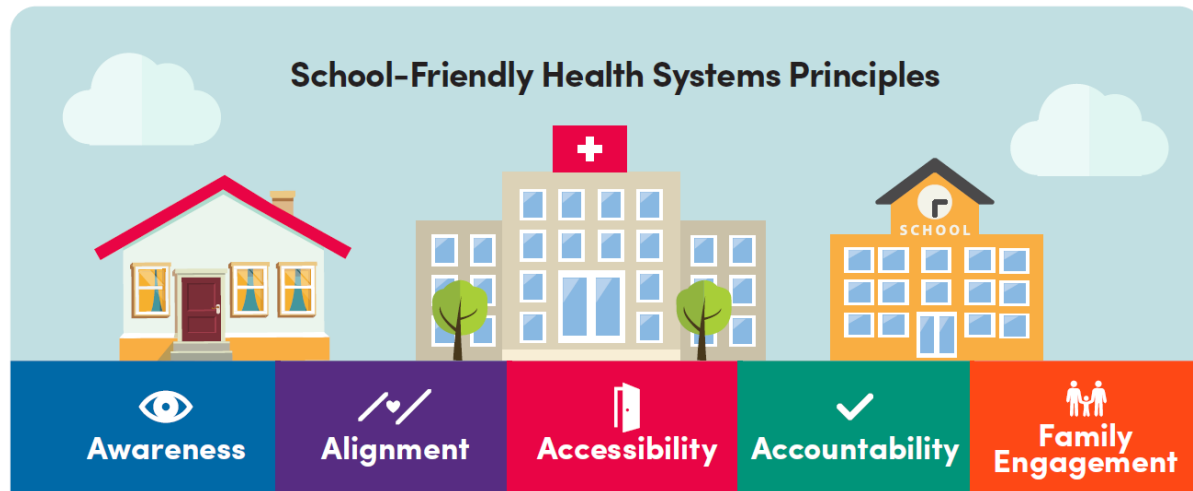
SFHS Learning Collaborative – 8 Pediatric Institutions

“A consortium of pediatric hospitals and health organizations have undertaken an initiative to help health systems become school-friendly, supporting children and families from early childhood through high school and beyond.”



De la Torre D, DeAngelo J, Dooley D, Kinlow T, et al. School-friendly health systems: core principles and practices to guide health systems to help children reach their full potential. Children's National. Published online September 2023. Accessed October 2, 2023. https://www.cmhnetwork.org/wp-content/uploads/2023/09/SFHS_PrinciplesPracticesReport_September-2023.pdf.

SFHS Core Principles



- “The SFHS framework consists of 5 principles, each accompanied by practices that help illuminate how a health system can put them into action at *all touchpoints*.”
- “How a health system can most effectively embody each SFHS principle will depend on its unique context and that of the surrounding community.”

- 1 AWARENESS:** School-friendly health systems are familiar with, and responsive to, the culture, policies and needs of the school systems and students they serve.
- 2 ALIGNMENT:** School-friendly health systems have a cohesive strategy for collaborating with schools and communities that aligns with those partners’ needs and goals.
- 3 ACCESSIBILITY:** School-friendly health systems make themselves accessible to school partners and collaborate with those partners to optimize students’ learning experience.
- 4 ACCOUNTABILITY:** School-friendly health systems set organizational goals that support children’s learning and set metrics and incentives that reinforce those priorities.
- 5 FAMILY ENGAGEMENT:** School-friendly health systems collaborate and share power with families,⁴ understanding that they are the most important conduits between health systems and schools.

De la Torre D, DeAngelo J, Dooley D, Kinlow T, et al. School-friendly health systems: core principles and practices to guide health systems to help children reach their full potential. Children’s National. Published online September 2023. Accessed October 2, 2023. https://www.cmhnetwork.org/wp-content/uploads/2023/09/SFHS_PrinciplesPracticesReport_September-2023.pdf.

SFHS Core Principles – at All Touchpoints

School-Friendly Health Systems practice these principles at all touchpoints by...

ALL TOUCHPOINTS	PROVIDERS	<ul style="list-style-type: none"> Asking questions about school Understanding school policies, requirements & climate Understanding SDoH Understanding and applying HIPAA & FERPA 	<ul style="list-style-type: none"> Collaborating with education professionals 	<ul style="list-style-type: none"> Forming a “common language” with parents & schools Being flexible in their care delivery 	<ul style="list-style-type: none"> Working with students, families and schools to help meet academic goals 	<ul style="list-style-type: none"> Involving family members as partners in achieving health and academic goals
	PROGRAMS	<ul style="list-style-type: none"> Reflecting the diversity of schools 	<ul style="list-style-type: none"> Co-designing with schools Being based on partner and community needs 	<ul style="list-style-type: none"> Integrating into regular school activities when possible (nondisruptive design) 	<ul style="list-style-type: none"> Having sustained, reliable funding Capturing reimbursement for services provided in schools 	<ul style="list-style-type: none"> Providing multi-generational support Engaging families in data-sharing arrangements
	ORGANIZATIONS/SYSTEMS	<ul style="list-style-type: none"> Capturing data related to patients’ school experience Knowing school partners’ priorities Enabling information exchange with education sector & community 	<ul style="list-style-type: none"> Ensuring coordination among its education-related programs Promoting information about school programs and related resources Using bi-directional data sharing to inform goal setting 	<ul style="list-style-type: none"> Supporting school-based care models and professionals Enabling clear entry/pathways for schools and families Offering telehealth services & services outside of regular school hours Enabling in-patient learning 	<ul style="list-style-type: none"> Adopting education-related performance measures Developing data sharing arrangements with school systems Having dedicated school-friendly staff with supported resources and polices Engaging education sector in public policy agenda-setting 	<ul style="list-style-type: none"> Making themselves easy for families to navigate Building trust and open communication with families

A framework built on Equity and Shared Power with families.

For more information, visit childrensnational.org/school-friendly.

De la Torre D, DeAngelo J, Dooley D, Kinlow T, et al. School-friendly health systems: core principles and practices to guide health systems to help children reach their full potential. Children’s National. Published online September 2023. Accessed October 2, 2023. https://www.cmhnetwork.org/wp-content/uploads/2023/09/SFHS_PrinciplesPracticesReport_September-2023.pdf.

HEAL Standards of Practice

Are you aware of the HEAL standards of practice?

(Stand up)

HEAL Standards of Practice – What Exists Today

Association of Pediatric Hematology Oncology Educational Specialists (APHOES)

Practice Recommendations for Managing the Educational Needs of Pediatric Hematology and Oncology Patients

- **Purpose** – best practices and recommendations for the provision of comprehensive hospital-based school support services.
- **Authors** – APHOES members from more than 20 pediatric institutions across from across the nation, including professional expertise from the lens of medicine, nursing, social work, child life, education, special education, and psychology.
- **Time** – version 3.0 published in 2015
- **PREFACE**
 - **“APHOES has developed practice recommendations to provide professionals and other organizations with a framework for developing school intervention programs to meet the needs of students with cancer or chronic hematologic disorders.”**
 - “Developing these practice recommendations was particularly challenging. There are few empirical studies of the educational difficulties experienced by pediatric hematology-oncology patients and of interventions targeting these challenges. Additionally, there are few published recommendations or guidelines for school intervention programs and professionals addressing the educational needs of children diagnosed with cancer or hematologic disorders.”
 - **“Therefore, the APHOES practice recommendations reflect primarily the consensus-based clinical experiences and expert opinions of the APHOES membership.”**

APHOES Contents

- 1. Mapping the Course** – introduction to school intervention programs
- 2. Getting Started** – making the initial contact with patients, families, and schools
- 3. Staying on Track** – monitoring academic progress and performance
- 4. Ready, Set, Go...School Re-Entry** – faculty and classroom presentations
- 5. Moving Forward...Childhood Cancer Survivorship** – educational issues and cognitive late effects
- 6. Obstacles and Hurdles** – an intervention program assisting students with blood disorders
- 7. Time** – support during palliative and bereavement care
- 8. Back of the Pack** – supporting siblings in school

APHOES Appendices

- A. Sample Consent to Contact School**
- B. Sample Intake Form**
- C. Books for Children, Parents, and Teachers**
- D. Questions that May Arise During a Classroom Visit for a Child Who has Died, with Suggested Responses**
- E. Cancer Resources**
- F. Blood Disorder Resources**
- G. Scholarships**
- H. Glossary of School-Related Terms**
- I. Annotated Bibliography of School Issues for Students with Cancer**
- J. Annotated Bibliography of School Issues for Students with Blood Disorders**
- K. Sample School-Related Letters and Forms**
- L. Annotated Bibliography of School Issues for Siblings**

Limitations of the APHOES Practice Recommendations

- 1. Specific to Childhood Cancer & Blood Disorder** – practices and guidelines may need adaptations to apply inclusively to all pediatric chronic illness patient populations
- 2. Comprehensive vs. Tiered Services** – practice guidelines are limited to comprehensive services, which do not always match families' needs or centers' service-bandwidth given staffing and caseload limitations. Many centers have adopted multi-tiered services and practice guidelines are needed for all levels of service intensity.
- 3. Staff Time & Caseload Volumes** – little guidance
- 4. Credentialing & Funding** – no liaison certification or credentialing; no guidance on funding or identified payor, or reimbursement models
- 5. Hospital Teachers vs. Education Liaison** – no clear delineation of roles or workflows between hospital/bedside teachers (inpatient) and education liaisons (outpatient)
- 6. Measuring Service Results & Reporting Outcomes** – limited guidance

Clinical Data Registries

**Do you have experience
working with data registries?
(Stand up)**

American Medical Association – Data Registry Highlights

1. **“Clinical data registries record information about patients’ health status and the care they receive over time”**
2. **“Different types of registries track specific aspects of care”**
3. **“Data are used in treatment analyses”**
4. **“Data are collected via secure online portals or electronic health record (EHR) systems”**
5. **“Registries help improve health care quality and safety”**

<https://www.ama-assn.org/practice-management/digital/5-things-know-about-clinical-data-registries>

Clinical Data Registry Example

Cardiac Neurodevelopmental Outcome Collaborative (CNOC)



Cardiac Neurodevelopmental
Outcome Collaborative

- **Mission** – “develop and implement best practices related to neurodevelopmental outcomes for people with pediatric and congenital heart disease through clinical, quality improvement, and research initiatives.”
- **Cardiac Networks United** – “a partnership that “facilitates efficiency and ease for linking neurodevelopmental outcome data to medical and surgical data...”
- **CNOC’s Clinical Registry** – “a centralized clinical data registry for standardization of data collection across our member institutions.”
- **Goal** – “foster collaboration for multicenter research studies and quality improvement initiatives that will benefit people affected by [congenital heart defects] CHD and improve their quality of life.”
- **Future Directions** – “gain greater insight into the factors that influence patient and family outcomes, and to ultimately improve the quality of care and health outcomes for all.”

<https://cardiacneuro.org/clinical-registry/>

Sadhwani A, Sood E, Van Bergen AH, et al. Development of the data registry for the Cardiac Neurodevelopmental Outcome Collaborative. *Cardiol Young*. 2024;34(1):79-85. doi:10.1017/S1047951123001208.

Excellence in Quality Improvement Principles (EQuIP)

**Have you participated in an EQuIP
training program or project?**

(Stand up)

Types of Measures

“Measurement implies the approach being used is: **systematic**, **rigorous**, and **quantifiable**.”

“A balanced measure set includes: **outcome**, **process**, and **balancing** measures.”

Outcome

- What are you trying to accomplish (your aim)?
- Impact of the care on health status
- Refers to the end points of care such as improvement in functioning, recovery or survival
- Changes (desirable or undesirable) in individuals or populations that are attributed to healthcare

Process

- Are the parts/steps in the system performing as planned?
- Are we on track in our efforts to improve the system?
- Whether or not good medical practices are followed
- Examines how care has been provided in terms of appropriateness, acceptability, completeness or competency
- Interactions between healthcare practitioner and patient, a series of actions, changes or functions bringing about a result

Balancing

- Looking at a system from different directions/dimensions
- Measures to ensure an improvement in one area isn't negatively impacting another area

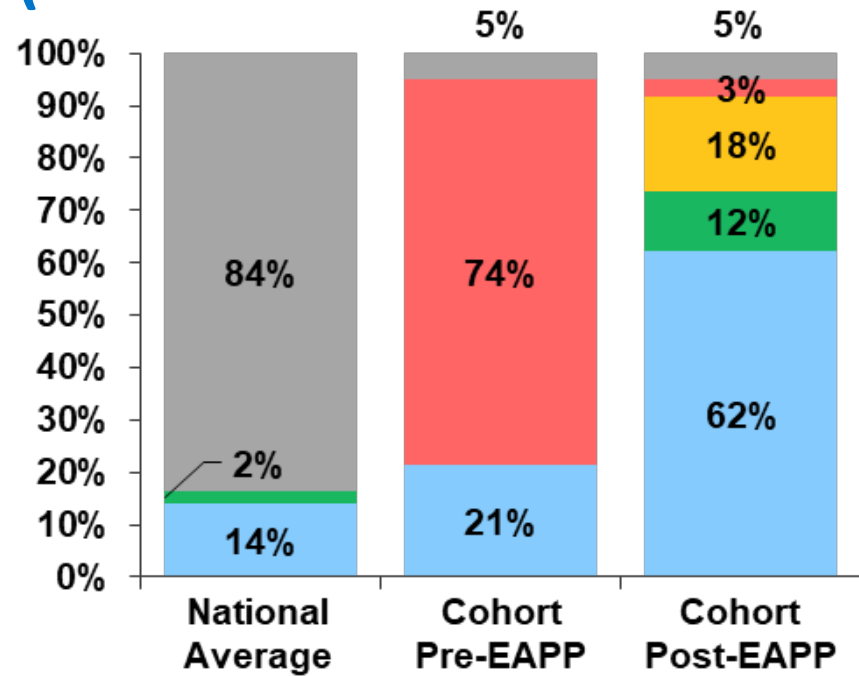


EQUIP

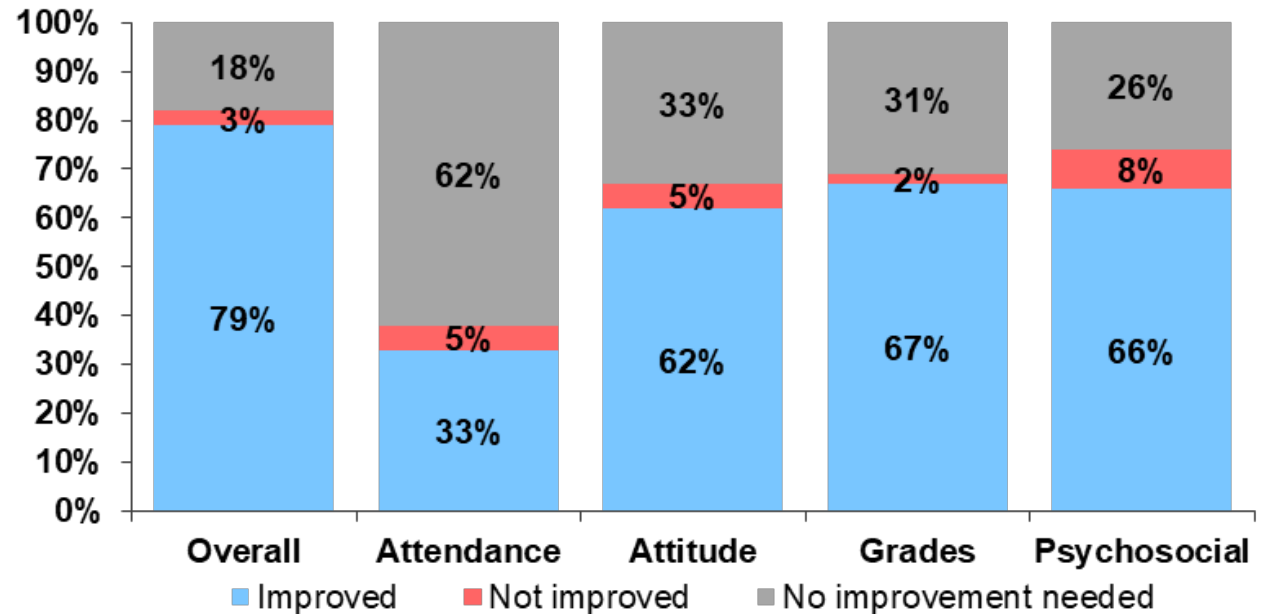
Excellence in Quality Improvement Principles

Outcome Measures – EAPP Example

(Educational Achievement Partnership Program – Children’s Wisconsin)



- No education plan needed
- IEP/504/RTI recommended, not received
- Response to Intervention (RTI)
- Section 504 Plan (504)
- Individualized Education Plan (IEP)



2017 Retrospective Study (N = 61)

2017 Retrospective Study EAPP Cohort (N = 61)*

*Patients referred to the EAPP have higher school support needs than the general pediatric heart disease population

Ruehl C, Landry K, Stoiber K, Brosig C. Building a Cardiac Educational Achievement Partnership Program: Examination of Implementation. *Circ Cardiovasc Qual Outcomes*. 2022;15(4):e008531. doi:10.1161/CIRCOUTCOMES.121.008531.

Process Measures – BSNI Example

Brief School Needs Indicator – Cincinnati Children’s Hospital Medical Center

TABLE 2 Education risk composition

Education Risk Level	Version 1.0 (N = 48)	BSNI (N = 50)	Total (N = 98)
Low-E1	23	37	60
Moderate-E2	23	11	34
High-E3	2	2	4

TABLE 4 Practitioner report of intensity of services

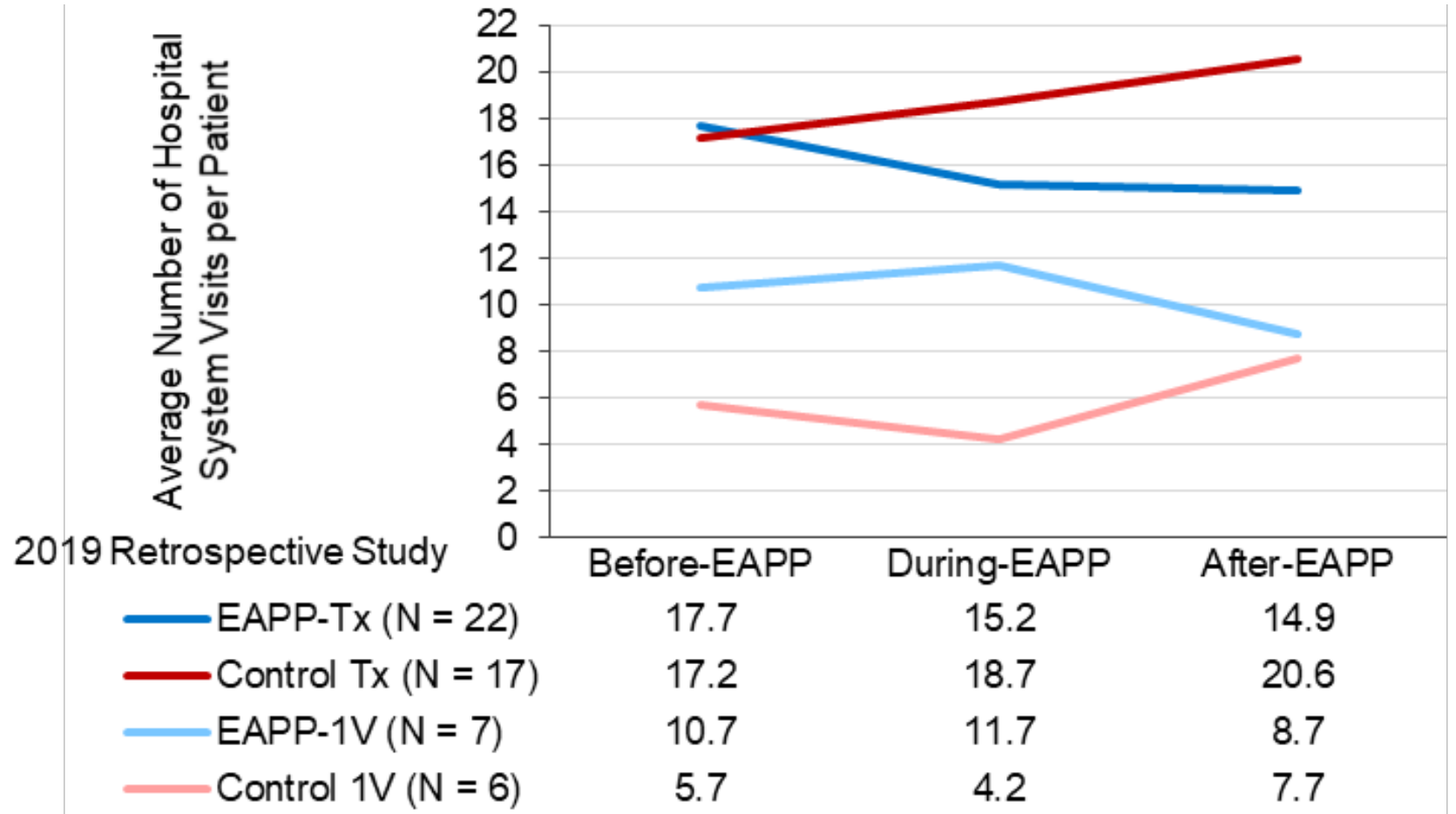
Tool Version	E1	E2	E3
Version 1.0	13.78	77.01	52.50
BSNI	19.86	64.55	262.50
Intensity rating (BSNI)	0.278	2.36	4.50

Note. Time, in minutes.

Abbreviation: BSNI, Brief School Needs Inventory.

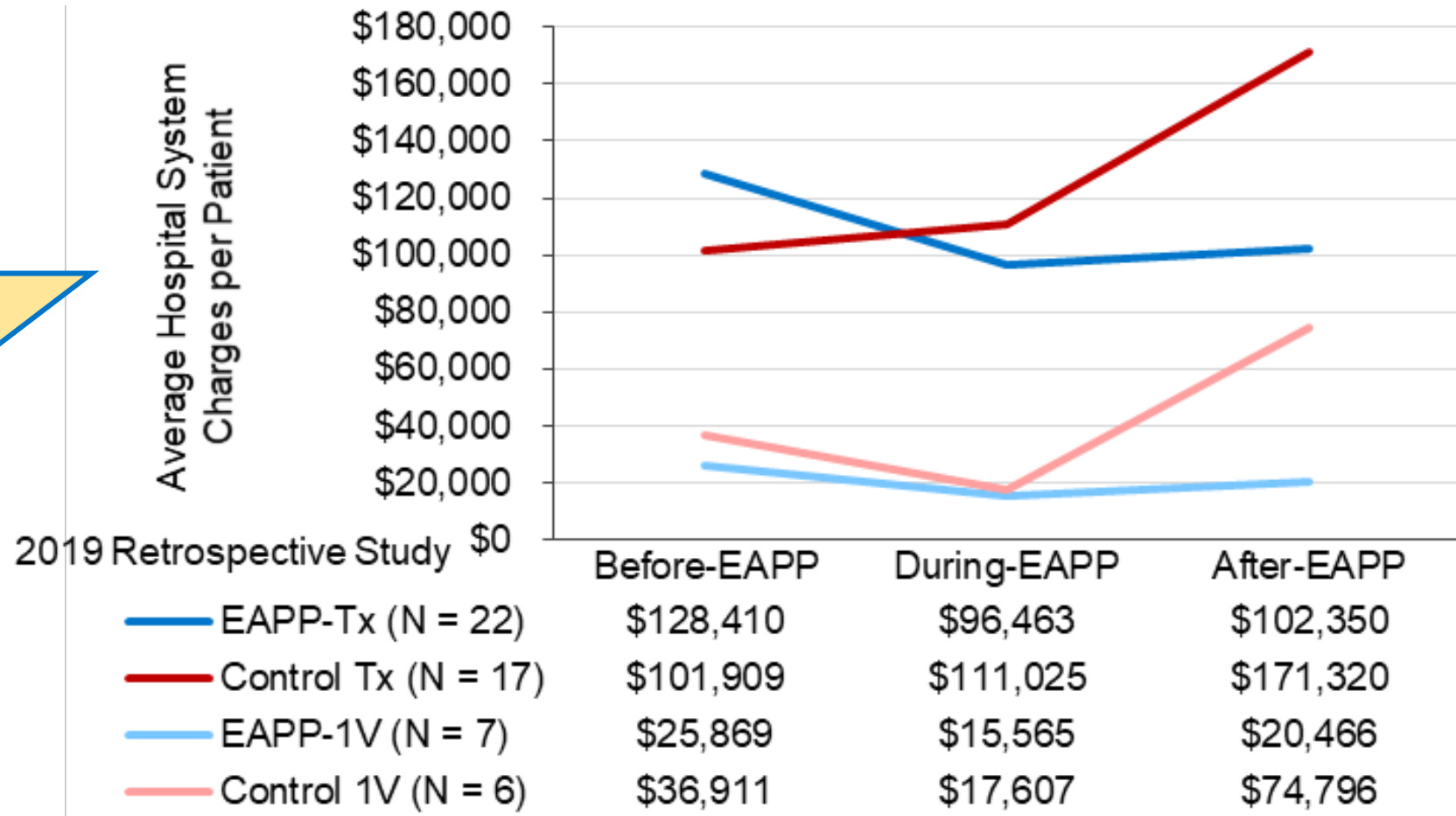
Elam M, Murphy C, Irwin MK. Validity, reliability, and feasibility of the Brief School Needs Inventory: Evaluating educational risk for students with chronic health conditions. *Psychooncology*. 2019;28(7):1483-1489. doi:10.1002/pon.5104.

Balancing Measures – Annual Hospital System Utilization



Balancing Measures – Annual Hospital System Charges

**\$43-95K
Less
Charges**



Measurement Planning Overview (6 Steps)

1. Choose your measures

2. Define your aim

3. Define measures

4. Collect data

5. Analyze and present data

6. Review Measures



Excellence in Quality Improvement Principles

Measure Name:
Type: ___ Outcome ___ Process ___ Balancing <i>Outcome – What you are ultimately trying to accomplish. Your aim(s).</i> <i>Process – Key steps that you need to do to achieve the outcome.</i> <i>Balancing – Ensuring that changes are not causing problems elsewhere.</i>
Why is this measure needed? <i>(Explain the importance of the measure for this project.)</i>
Operational Definition <i>(Specifically define all relevant components of the measure, including but not limited to the numerator and denominator, timeframe, etc.)</i>
Exclusions <i>(Any items that should be left out of the numerator, denominator, or other parts of the measure.)</i>
Useful Stratifiers <i>(If applicable, describe how you are looking at your data in subgroups)</i>
Data Source <i>(Identify all data elements required, including where they will come from. If you are unsure about the source of your data, contact Abby Dexter and the analytics team.)</i>
Data Collection <i>(Identify who's collecting it, how it's being collected, and when or how often it's collected)</i>
Display <i>(Describe how the measure will be displayed, typically run chart.)</i>
Goal <i>(What is the target for the measure, including any rationale for the goal such as a benchmark, standard, or guideline)</i>

*Adapted from the Institute for Healthcare Improvement (ihi.org)

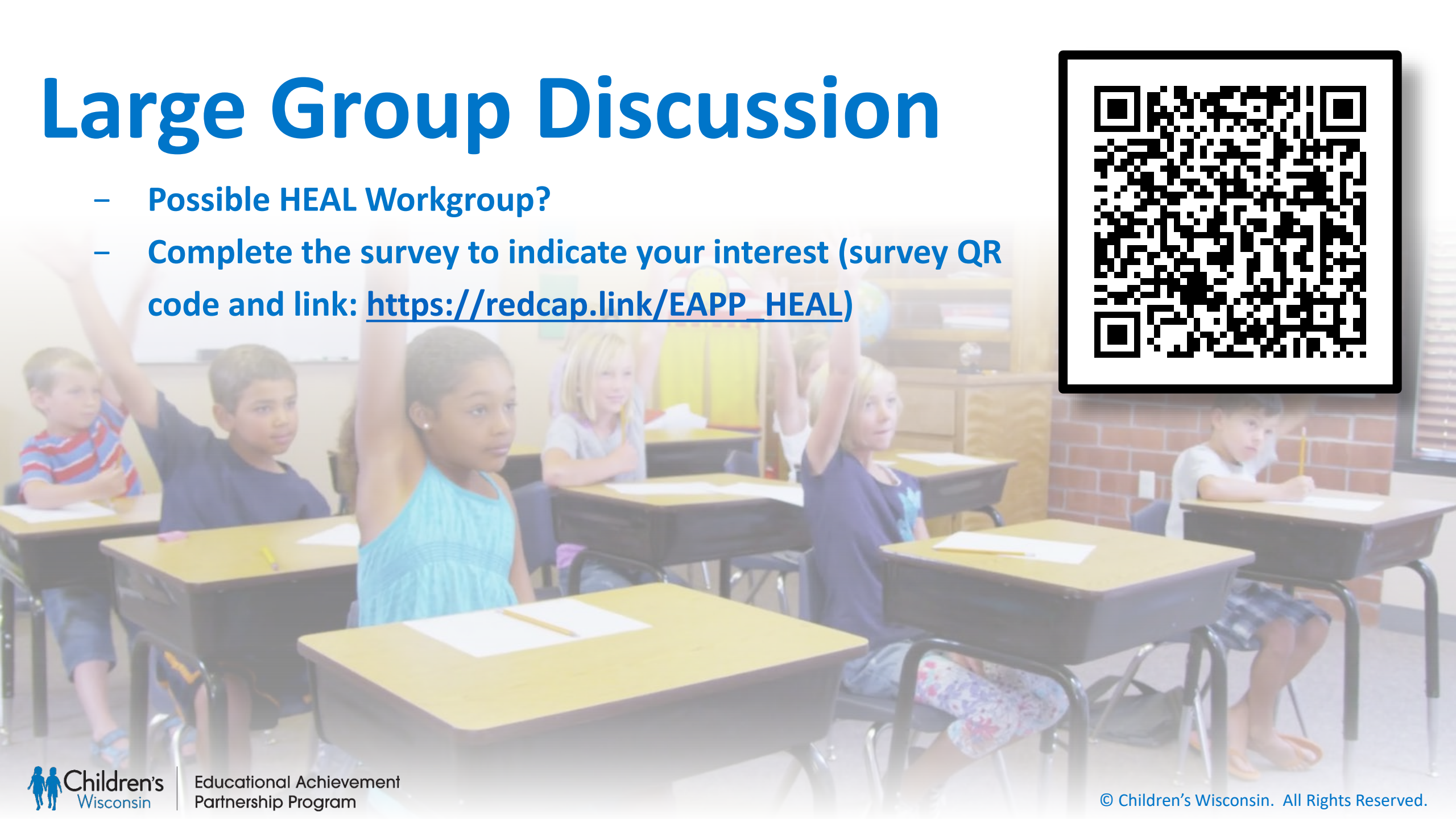
Small Group Activities

- Share Current Measures (x3)
- Brainstorm Possible Future Measures (x3)
- Gallery Walk

3-minute rotations
20-25 minutes total

Large Group Discussion

- Possible HEAL Workgroup?
- Complete the survey to indicate your interest (survey QR code and link: https://redcap.link/EAPP_HEAL)





Educational Achievement
Partnership Program

Thank you for attending!



Contact Information

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Remember to complete the survey to connect after the conference.