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# “El Hogar Médico”: Un Camino Para Mejorar el Sistema de Salud

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COLUMBIA UNIVERSITY  
MEDICAL CENTER

 **New York-Presbyterian**  
Ambulatory Care Network

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No hay conflicto de intereses para declarar

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# Objetivos

- Definición del “hogar médico”
  - Discutir el fondo histórico
  - Discutir los elementos del hogar médico
  - Describir a un modelo local del “hogar médico de asma”
  - Describir un modelo local para un “hogar médico de niños con condiciones complejas”
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# ¿Qué es el “hogar médico”?

- ***“El hogar médico es el modelo de atención primaria del siglo XXI, con el objetivo de integrar la promoción de la salud de alta calidad, cuidado y manejo de condiciones crónicas en forma planificada, coordinada y centrada en la familia.”***

American Academy  
of Pediatrics



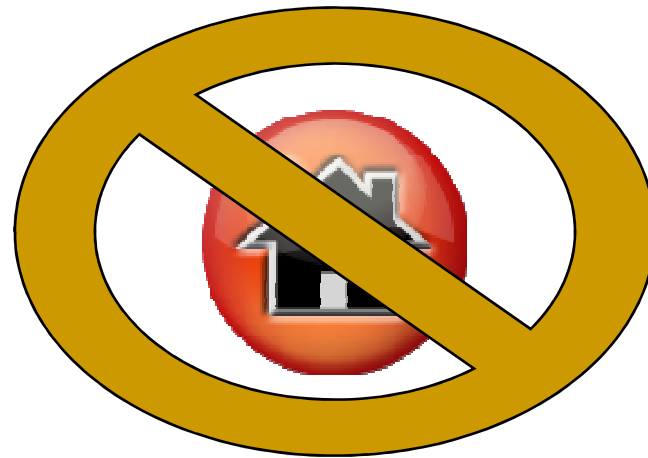
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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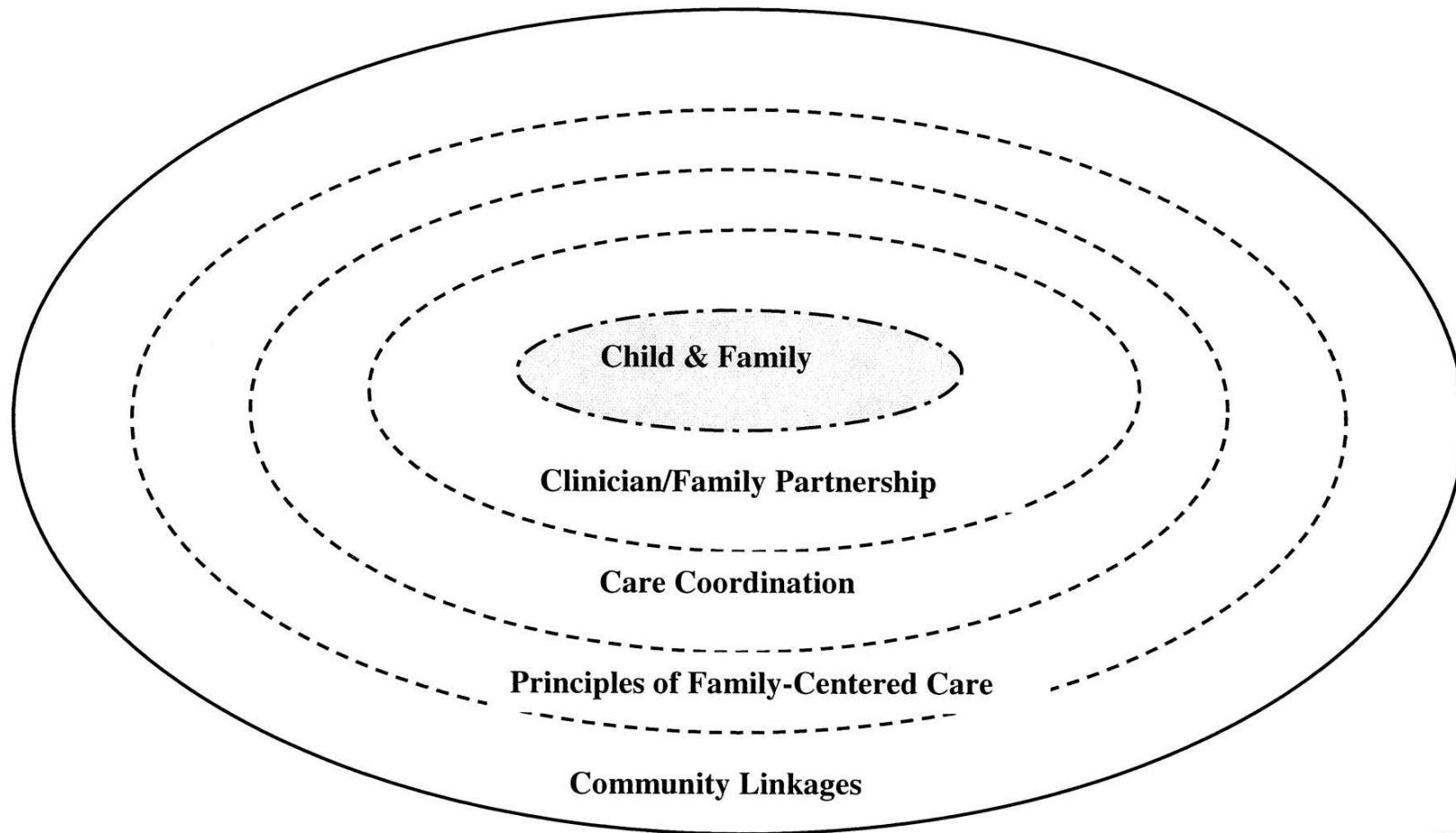
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# ¿Qué NO es el Hogar Médico?

- Un hogar médico centrado en la familia NO es un edificio, casa, hospital o servicio de salud, pero es una forma o método de proporcionar una atención primaria integrada.



**The medical home: child and family in partnership with professional clinicians.**



Cooley W C , and McAllister J W Pediatrics 2004;113:1499-1506

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# Línea de Tiempo Historial

- 1967
    - “Standards of Child Health Care” Academia Americana de Pediatría(AAP) -Council on Pediatric Practice
    - AAP Consejo Recomendaciones
  - 1970s – AAP incluye el concepto de hogares médicos en declaraciones de pólizas
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## 1990s – 2000s

- Primera declaración de póliza de la Academia de Pediatría Americana
  - La Oficina de Salud de Niño y Materna financió un proyecto que nacionalmente promovió el concepto de hogar médico
  - Programa del Hogar Médico
  - Fondos para Centro Nacional del Hogar Médico
  - 2002 Declaración de Póliza
    - 37 elementos para implementar un hogar médico
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# Cuidado en el Hogar Médico

- Accesible
- Continuo
- Integral
- Centrado en la familia
- Coordinado
- Compasivo
- Culturalmente eficaz
- Dirigido por un médico capacitado que brinda atención primaria
- Desarrollar una sociedad de responsabilidad mutua y con confianza



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## Caso del Paciente “X”

- Joven hispano de 15 años de edad
  - Obeso, TDAH, asma persistente, rinitis alérgica
  - Fluticasone INH, Albuterol prn, Cetirizine
  - Sala de emergencia : 2 veces por año
  - 2 cursos de esteroides orales
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## Visita

- ❑ Viernes a las 3:40pm ( oficina llena)
  - ❑ Última visita hace 6 meses pero él debió haber regresado aproximadamente 4 semanas después
  - ❑ Presenta con su mamá, discute con frecuencia con ella
-

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## Antes.....

- Visita apresurada
  - Cita pulmonar???
  - Evaluar control distraído (no tomas sus medicamentos TDAH)
  - Historia difícil de obtener
  - La realidad – 3 pacientes después de él y ya son las 4:15pm
  - Reconciliación de medicinas-azul, naranja
  - ???ESPACIADOR
-



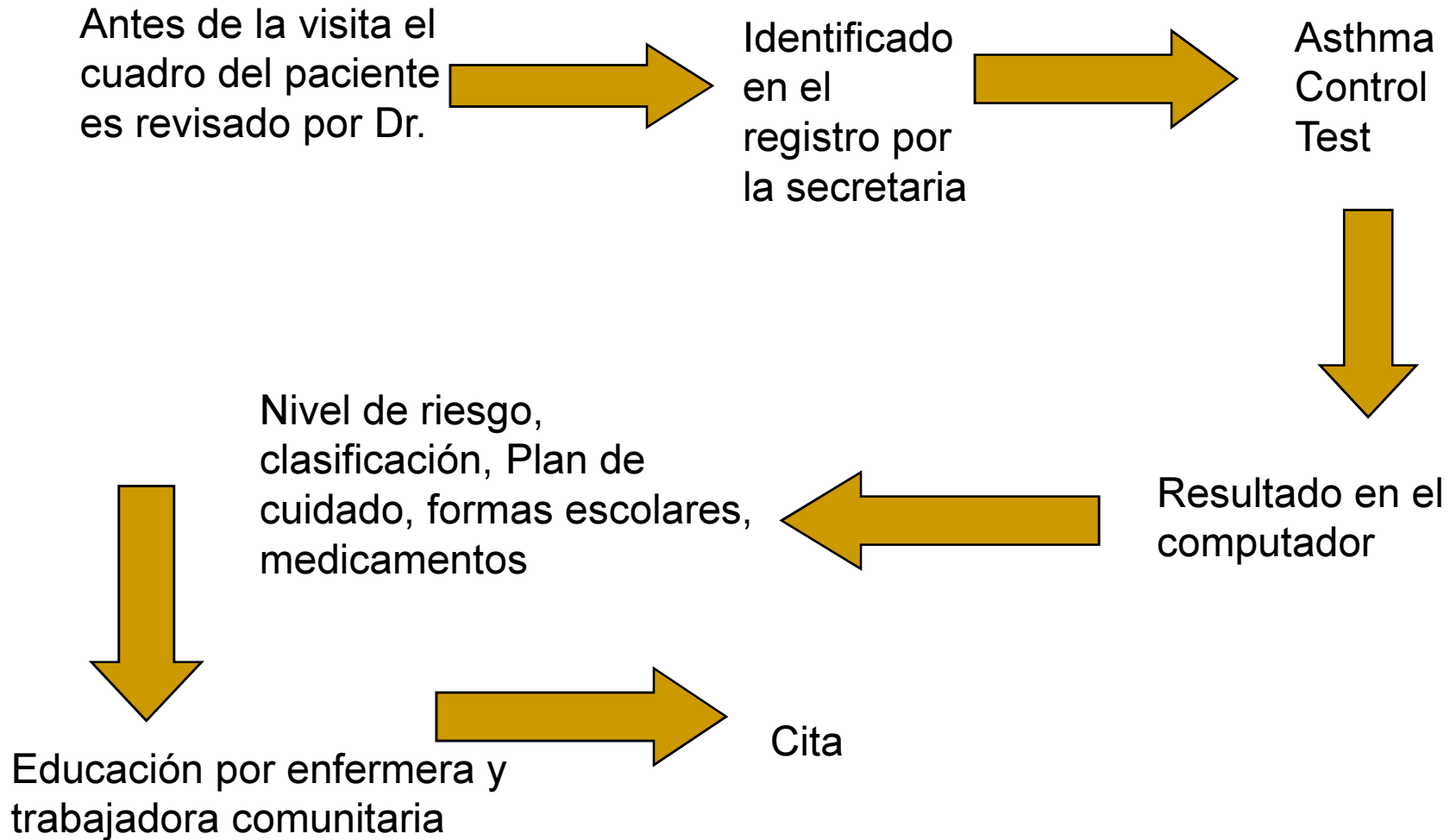
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# Modelo Hogar Médico de Asma

- Registro de estratificación del riesgo
  - “Control” de asma
  - Educación
    - enfermeras, trabajadora comunitaria de salud
  - Planes de cuidado de salud/acción
  - Fortalecer relaciones con las escuelas
  - Acceso
-

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# Paciente X en la Clinica





Pediatrics Follow-Up Note  
 Providers:  
 Primary Hx  
 Specialty Follow up  
 s  
 Management  
 Assessment  
 Severity Level  
 History  
 Results  
 Medications  
 (if applicable)  
 Charted Values  
 Default Values  
 Saved Data

### Asthma Assessment

Assessing asthma control in following age group:  4-11 years old  12 years or older

How is your asthma today?  (0) Very bad  (1) Bad  (2) Good  (3) Very good

How much of a problem is your asthma when you run, exercise, or play sports?  (0) It's a big problem. I can't do what I want to do.  (1) It's a problem and I don't like it.  (2) It's a little problem, but it's  (3) It's not a problem.

Do you cough because of your asthma?  (0) Yes, all of the time.  (1) Yes, most of the time.  (2) Yes, some of the time.  (3) No, none of the time.

Do you wake up during the night because of your asthma?  (0) Yes, all of the time.  (1) Yes, most of the time.  (2) Yes, some of the time.  (3) No, none of the time.

CAREGIVER: During the last 4 weeks, how many days did your child have any daytime asthma symptoms?  (5) Not at all  (4) 1 to 3 days  (3) 4 to 10 days  (2) 11 to 18 days  (1) 19 - 24 days  (0) Everyday

CAREGIVER: During the last 4 weeks, how many days did your child wheeze during the day because of asthma?  (5) Not at all  (4) 1 to 3 days  (3) 4 to 10 days  (2) 11 to 18 days  (1) 19 - 24 days  (0) Everyday

CAREGIVER: During the last 4 weeks, how many days did your child wake up during the night because of asthma?  (5) Not at all  (4) 1 to 3 days  (3) 4 to 10 days  (2) 11 to 18 days  (1) 19 - 24 days  (0) Everyday

ACT Score

ACT Score of 19 or Less  Indicates asthma is not as well controlled as it could be.

NYP IP Admissions, ED Visits, and Tx for Acute Exacerbation of Asthma

Number of Acute Exacerbations Treated at Non NYP Site in Past 12 Months  0  1  2  3+

Number of Non NYP IP Admissions in Past 12 Months  0  1  2  3+

Number of Missed School



## Childhood Asthma Control Test for children 4 to 11 years old.

### Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

#### How to take the Childhood Asthma Control Test

**Step 1** Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.

**Step 2** Write the number of each answer in the score box provided.

**Step 3** Add up each score box for the total.

**Step 4** Take the test to the doctor to talk about your child's total score.

**19**  
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

#### Have your child complete these questions.

1. How is your asthma today?

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good	score <input type="checkbox"/>
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2. How much of a problem is your asthma when you run, exercise or play sports?

 <b>0</b> It's a big problem, I can't do what I want to do.	 <b>1</b> It's a problem and I don't like it.	 <b>2</b> It's a little problem but it's okay.	 <b>3</b> It's not a problem.	<input type="checkbox"/>
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3. Do you cough because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.	<input type="checkbox"/>
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4. Do you wake up during the night because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.	<input type="checkbox"/>
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#### Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="checkbox"/>
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6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="checkbox"/>
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7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="checkbox"/>
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TOTAL

Please turn this page over to see what your child's total score means.

Structured Notes Entry - TEST, ADAM - Amb Peds Follow-up Note

Create Preview

Sections

- [-] Ambulatory Care Pediatrics Follow-Up Note
  - [-] Primary Care Providers:
    - [-] Informant/Interim Hx
  - [+] Chronic Care/Specialty Follow up
  - [+] Problem List
  - [+] Review of Systems
  - [+] Pain
  - [+] Allergies
  - [+] \*\*Medications
  - [+] Peds Note
    - [-] \*\*Asthma
      - [-] ACT Acknowledgement
      - [-] Asthma Assessment
      - [-] Asthma Priority Level
      - [-] Asthma Goals
  - [+] Adolescent
  - [+] Flowsheet
  - [+] Physical Exam
  - [+] Patient Education
  - [+] Anticipatory Guidance
  - [+] Laboratory Results
  - [+] Radiology/Culture Results
  - [+] Other Data
  - [+] Assessment/Plan
  - [+] \*\*New meds/refills
  - [+] Medication Reconciliation
  - [+] Orders
  - [+] Attending Note (if applicable)

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Months

Number of Missed School Days Due to Asthma in Past 12 Months

Does anyone who lives or works with the patient smoke?  Yes  No

Other Triggers

Medication Adherence  Poor  Fair  Good

Asthma Severity/Risk  Intermittent  Persistent

Asthma Control  Well controlled  Poorly controlled

Comments

Asthma Priority Level

PRIORITY LEVEL 1: All children with mild, intermittent, or well controlled asthma without a recent exacerbation.

PRIORITY LEVEL 2: All children with poorly controlled asthma, i.e., with an ACT score of less than 19 at this visit or with 1 or 2 requiring systemic steroids.

PRIORITY LEVEL 3: All children with poorly controlled asthma who have had 3 or more exacerbations or 1 or more hospitalizations possible if they have been in good control for 3 months.

Asthma Priority:  Level I  Level II  Level III

Asthma Goals

Show all available  Show selected only

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# Estratificación del Riesgo

**Nivel 1:** intermitente o bien controlada sin ataques recientes

**Nivel 2:** mal controlada (ACT puntos < 19 o 1 o 2 ataques en el último año que requirieron esteroides orales)

**Nivel 3:** más mal controlada (> 3 ataques o 1 o más hospitalizaciones en el último año)

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**\*\*\*CUALQUIER ESTRESOR PSICOSOCIAL PUEDE  
CONDUCIR A UN MAYOR NIVEL DE PRIORIDAD**



### Plan de Cuidado de Asma

**Medicinas de CONTROL para usar TODOS los días:**

Su hijo/usted debe usar esta medicina todos los días, aunque se sienta bien. Medicinas de control previenen los síntomas del asma.

Flovent HFA 44 mcg/inh inhalación aerosol es ; 2 inhalaciones inhalación diario una vez al día (al acostarse)- Indicación: Asma

**Medicinas de RESCATE para usar solo cuando se necesiten:**

Medicinas de rescate deben usarse cuando su hijo/usted tiene tos o pito en el pecho para ayudarlo a sentirse mejor.

albuterol 90 mcg/inh inhalación aerosol es ; 2 inhalaciones inhalación cada 4 horas Tome cuando necesario para: tos Indicación: Asma

**Proveedor:**

Primary, Matiz-Zanoni, Luz Adriana, MD

**\*\*Llame a su doctor inmediatamente si su hijo/usted continua teniendo síntomas\*\***

**Columbia Presbyterian Specialties Clinic**  
161 Fort Washington Avenue  
New York, NY 10032



<input type="text"/> Middle Initial		Date of Birth <u>12/09/2016</u> M M D D Y Y Y Y	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Attach Student Photo To This Sheet	OSIS # _____ DOE District ____ Grade ____	School Name, Number, Address, and Borough:	

The Following Section Completed By Student's HEALTH CARE PRACTITIONERS

<b>Diagnosis</b> <input type="checkbox"/> Asthma	<b>Control</b> (see NAEPP Guidelines) <input type="checkbox"/> Well Controlled <input type="checkbox"/> Not Controlled <input type="checkbox"/> Unknown	<b>Severity</b> (see NAEPP Guidelines) <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent
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Student Asthma Risk Assessment Questionnaire (Y = Yes, N = No, U = Unknown)

History of near-death asthma requiring mechanical ventilation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
History of life-threatening asthma (loss of consciousness or hypoxic seizure)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
History of asthma-related PICU admissions (ever)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U
Received oral steroids within past 12 months	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U _____ times last: ____ / ____ / ____
History of asthma-related ER visits within past 12 months	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U _____ times
History of asthma-related hospitalizations within past 12 months	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U _____ times
History of food allergy or eczema, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U

Quick Relief In-School Medication (Select ONE)

**Albuterol MDI** [Ventolin® MDI can be provided by school for shared usage (plus individual spacer): **[Parent must sign back]**

MDI w/ spacer  
 DPI

**Other:** Name: \_\_\_\_\_ Strength: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time Interval:  \_\_\_\_\_ hrs

In-School Instructions

**Standard Order:** Give 2 puffs/1 AMP q 4 hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath ("asthma flare symptoms"). Monitor for 20 mins or until symptom-free. If not symptom-free within 20 mins may repeat ONCE.

**If in Respiratory Distress\*:** Call 911 and give 6 puffs/1AMP; may repeat q 20 minutes until EMS arrives.

**Pre-exercise:** 2 puffs/1 AMP 15-20 mins before exercise.

**URI Symptoms or Recent Asthma Flare (within 5 days):** 2 puffs/1 AMP @ noon for 5 days.

Special Instructions: \_\_\_\_\_

Controller Medications for In-School Administration (Recommended for Persistent Asthma, per NAEPP Guidelines)

**Fluticasone MDI** [Flovent® 110 mcg MDI can be provided by school for shared usage]: **[Parent must sign back]**

MDI w/ spacer  
 DPI

**Other:** Name: \_\_\_\_\_ Strength: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time Interval:  \_\_\_\_\_ hrs

**Standing Daily Dose:**

\_\_\_\_\_ puffs/1AMP ONCE a day at \_\_\_\_ AM or \_\_\_\_ PM

Special Instructions: \_\_\_\_\_

Select the most appropriate option for this student:

- Nurse-Dependent Student: nurse must administer medication  
 Supervised Student: student self-administers under adult supervision  
 Independent Student: student is self-carry / self-administer ("Parent Initials Back")

Practitioner Initials

/ attest student demonstrated the ability to self-administer the prescribed medication effectively for school / field trips / school sponsored events.

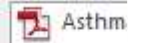
Home Medications (include over the counter)

- Reliever \_\_\_\_\_  
 Controller \_\_\_\_\_  
 Other \_\_\_\_\_

Health Care Practitioner Last Name (Please Print)	First Name	Signature	Date ____ / ____ / ____
Address			

Convert PDF online.

Select PDF



Convert To

Microsoft

Recognize Change

► Create

► Send F

► Store F

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# Citas

- Nivel 1 –cada 6 meses
  - Nivel 2 – máximo intervalo 3 meses
    - cada 2-4 semanas si sintomático o ajuste de medicinas
  - Nivel 3 - Máximo intervalo de 8 semanas
    - cada 2 a 4 semanas hasta llegar a buen control
  - Reciente hospitalización o sala de emergencia- en 1 semana - "acceso abierto"
  - “Citas del asma“ protegidas para uso especial
-

# Peds Amb ICU Dashboard



Sort By

Patient Name

Sort Order

Ascending

Descending

Updated 8/3/2017 11:06:06 AM

Patient Name	DOB	PCMH Primary	PCP	Care Manager	Last CSHCN	Last CSHCN Date	Pediatric APL	Peds APL Date	Last Primary Visit Date (12m)	Next Primary Visit Date
[REDACTED]		BWY Peds	Eis, Renie		Level 1	1/12/2017	Level I	1/12/2017	1/12/2017	
[REDACTED]		BWY Peds	Eis, Renie		Level 1	7/31/2017	Level I	7/31/2017	7/31/2017	
[REDACTED]		WHT Peds	Saslaw, Minna M				Level I	3/5/2015	11/22/2016	
[REDACTED]		BWY Peds	Eis, Renie		Level 1	1/25/2017	Level I	1/25/2017	1/25/2017	
[REDACTED]		WHT Peds	Sirota, Dana		Level 2	1/31/2017	Level II	1/31/2017	1/31/2017	
[REDACTED]		WHT Peds	Sirota, Dana				Level II	2/7/2017	2/7/2017	
[REDACTED]		WHT Peds	Matiz-Zanoni, Luz Adriana		Level 3B	7/18/2017	Level I	7/18/2017	7/18/2017	8/7/2017
[REDACTED]		BWY Peds	Beutler, Heidi E		Level 1	5/10/2017	Level I	5/10/2017	5/10/2017	
[REDACTED]		BWY Peds	Lane, Mariellen M		Level 1	1/30/2017	Level I	1/30/2017	1/30/2017	
[REDACTED]		WHT Peds	Meyer, Dodi D		Level 1	4/5/2017	Level I	4/5/2017	4/5/2017	
[REDACTED]		WHT Peds	Sirota, Dana		Level 1	5/23/2017	Level I	5/23/2017	5/23/2017	
[REDACTED]		WHT Peds	Matiz-Zanoni, Luz Adriana		Level 2	7/29/2016	Level I	7/29/2016	10/3/2016	9/1/2017

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# Registro de Asma

- N=530
  - Edad 4-18 ICD-10 para asma
  - Julio 2017
  - 81% clasificado de asma
  - 79% estratificación de riesgo
  - 41% ACT este año
  - Plan de cuidada (5% to 36%)
-



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# Volviendo de nuevo al paciente

- Planeada( registro es un nivel 3)
  - Cita especial para asma
  - Trabajadora comunitaria
  - Plan de cuidado escrito
  - ACT en cada visita
-

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Mas días.....



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## Caso

- Paciente "Y" nació y prenatalmente diagnosticado con TEF, VSD
    - Reparado TEF y a la edad de 3 meses sufrió ruptura esofageal
    - Curso crítico subsecuentemente y mayores complicaciones
    - Hospitalizado 9 meses y dieron de alta:
      - Estrictura del esófago
      - Gastrostomía y jejunostomía
      - Condicion pulmonaria cronica
      - Desarrollo lento
      - Presion alta
-

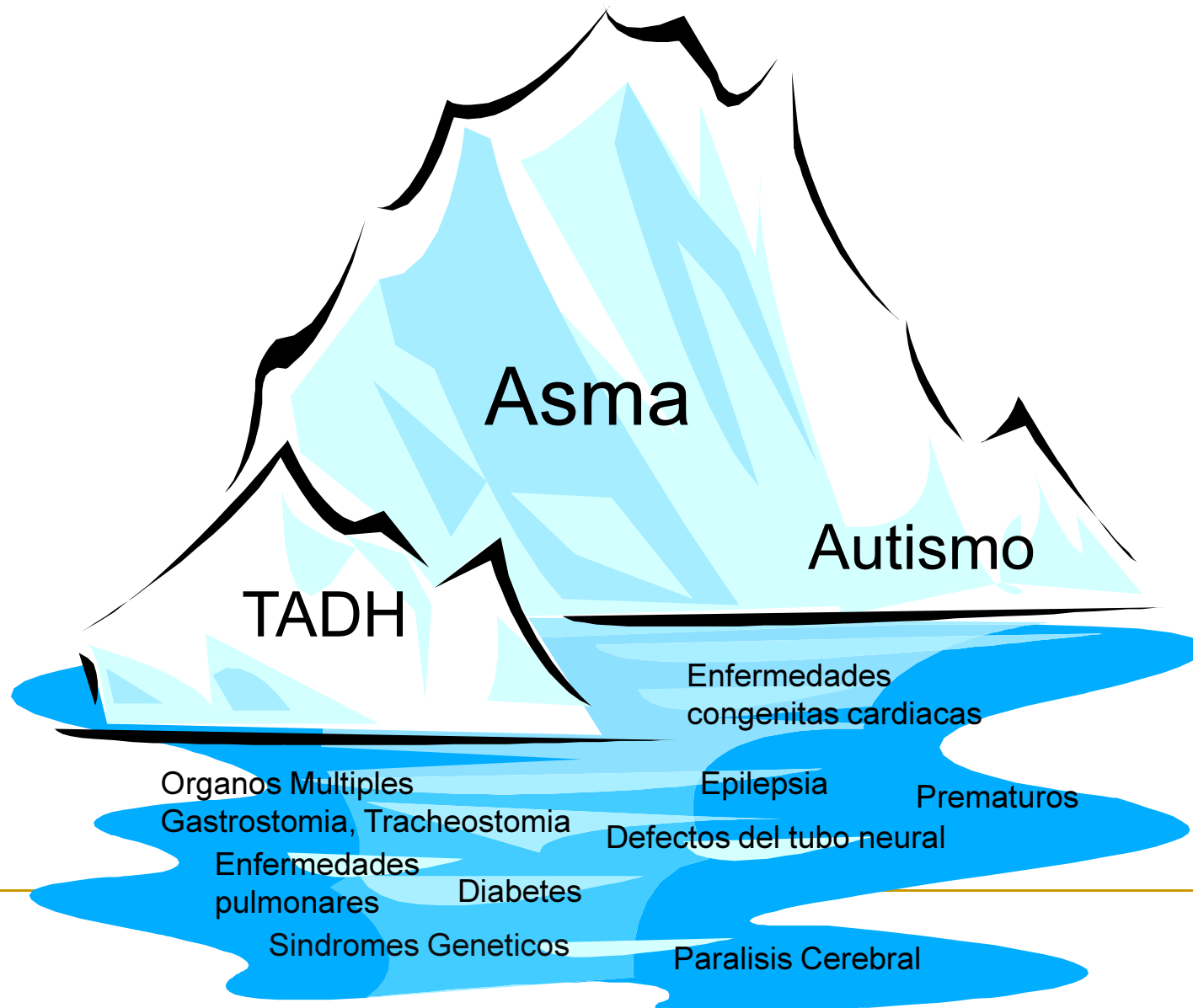


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# Niños con Necesidades Medicas Especiales

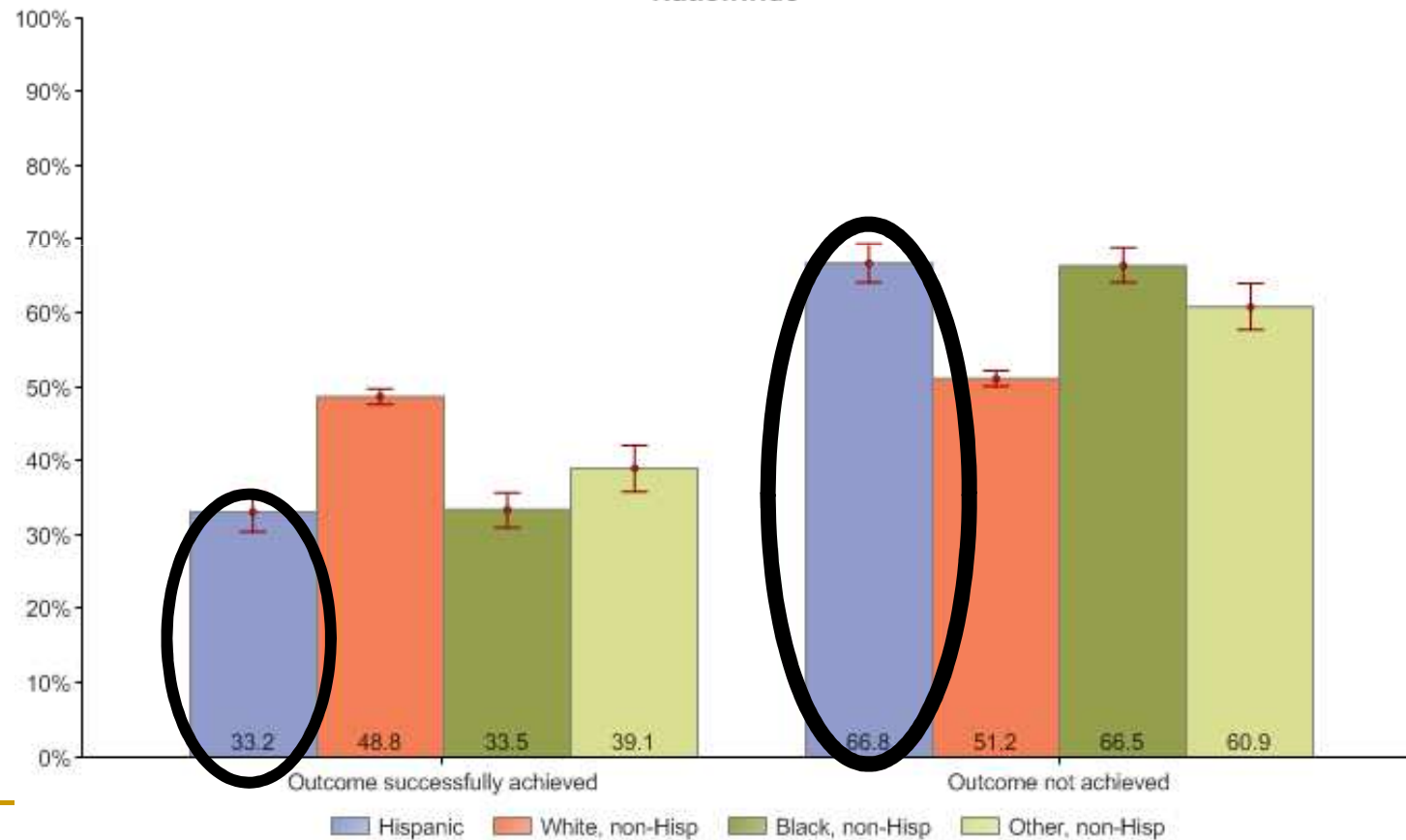
“aquellos que tienen o están en mayor riesgo de condiciones físicas crónicas, del desarrollo o condición emocional y que también requieren servicios de salud de un tipo o cantidad más allá de eso requerida por niños generalmente”

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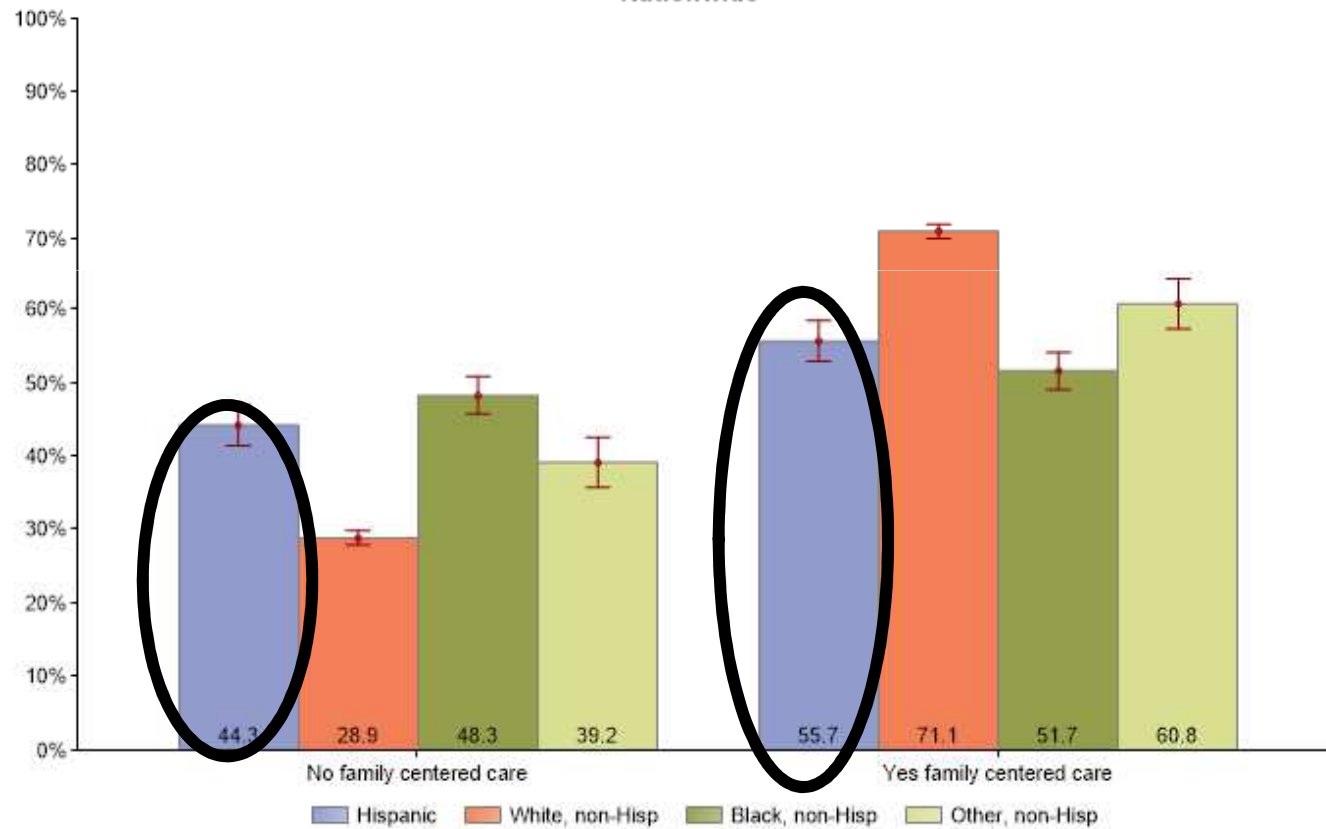
# National Survey of CSHCN, 2009/2010

MCHB Core Outcome #2: CSHCN who receive coordinated, ongoing, comprehensive care within a medical home  
CSHCN age 0 -17 years  
Nationwide



# National Survey of CSHCN, 2009/2010

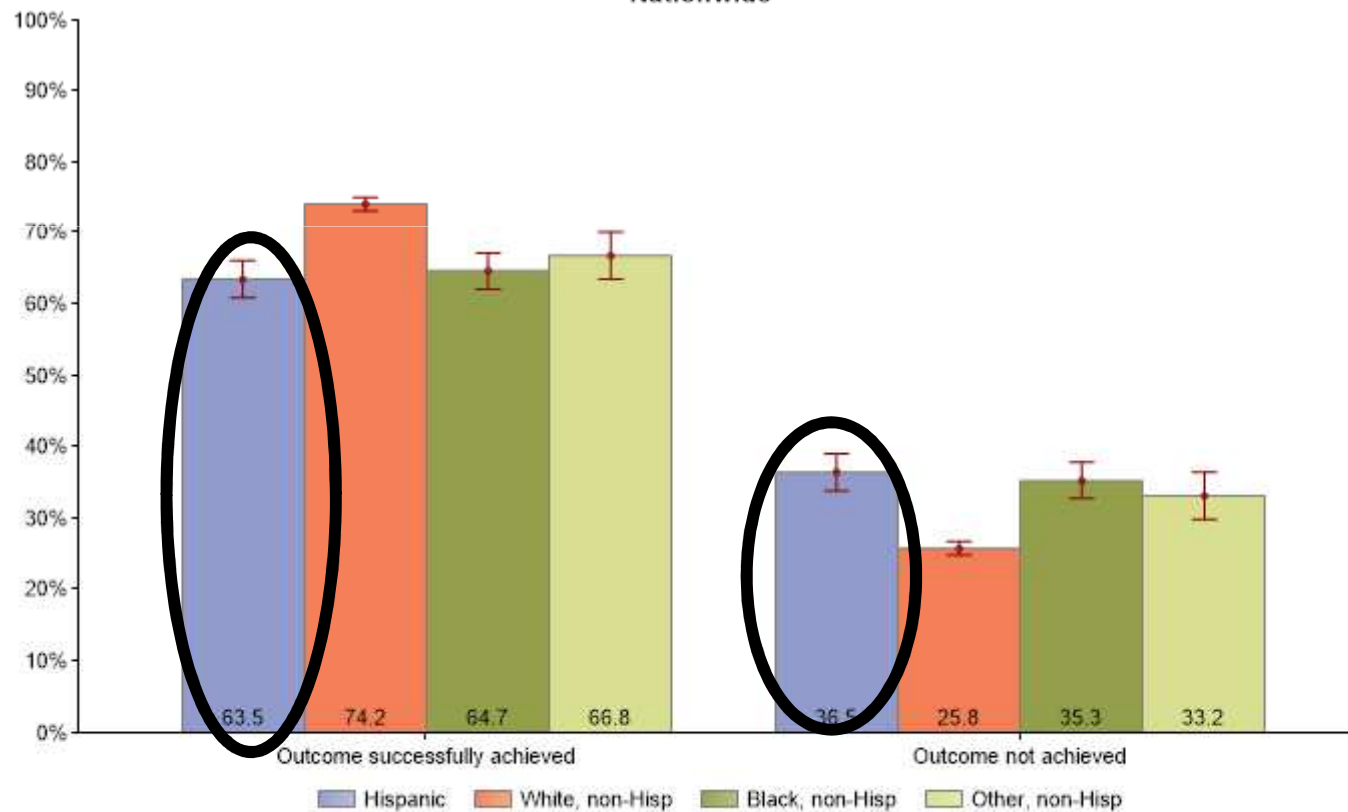
CSHCN with and without family-centered care  
CSHCN age 0-17 years with one or more doctor visits during the past 12 months  
Nationwide





# National Survey of CSHCN, 2009/2010

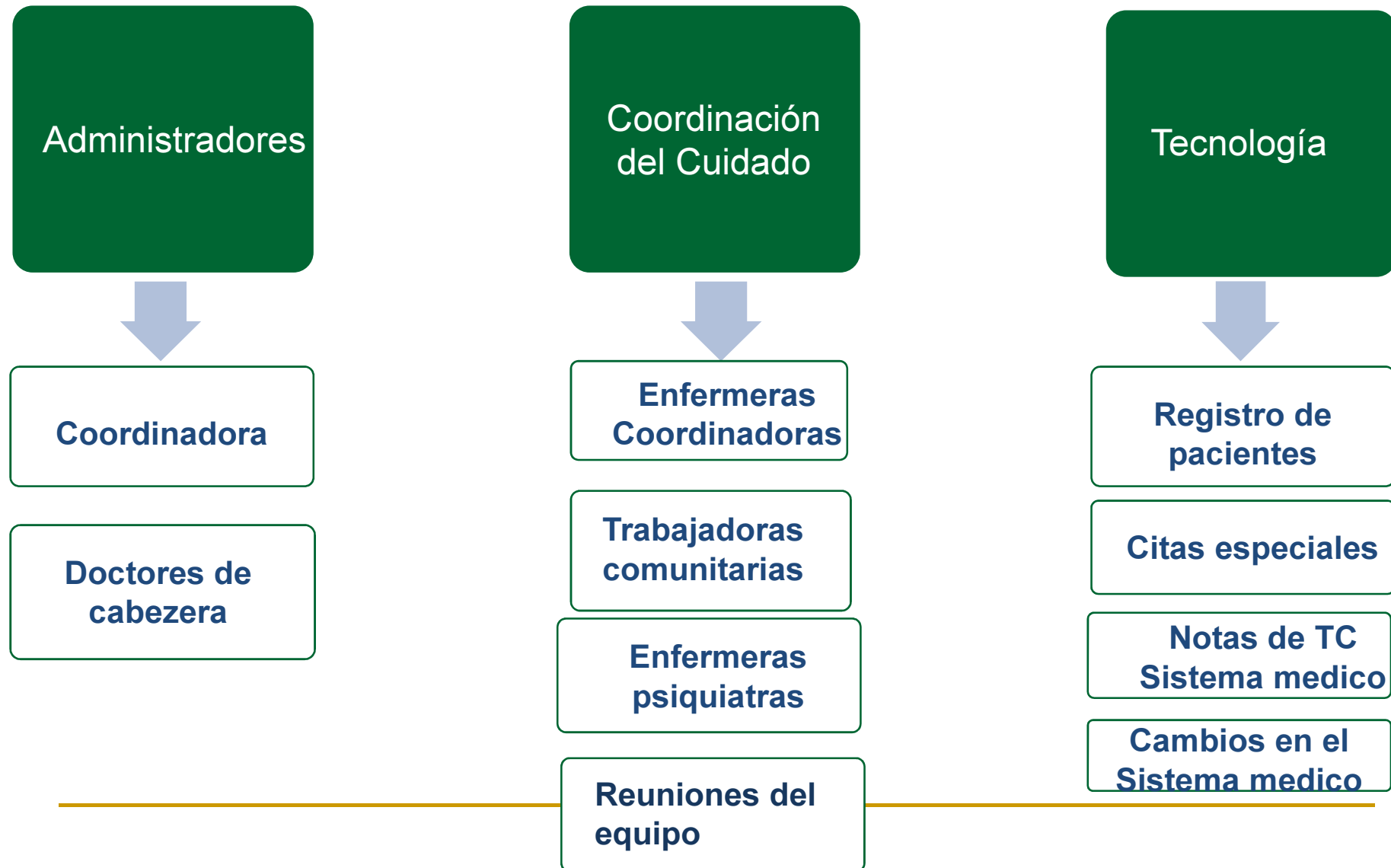
MCHB Core Outcome #1: Families are partners in shared decision-making for child's optimal health  
CSHCN age 0 -17 years  
Nationwide



# Special Kids Achieving Their Everything (SKATE) - DSRIP



# Programa para Reforzar el Hogar Medico



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# Hogar médico de niños con condiciones complejas/especiales

- Registro de estratificación del riesgo
  - Reviso previo de el cuadro en anticipo de la visita con el equipo
    - Reuniones semanales del equipo interdisciplinario
  - Apoyo
    - Enfermera coordinadora
    - Trabajadoras comunitarias
  - Planes de cuidado escritos
  - Mejorar el acceso a citas medicas
-

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# Registro

- Adaptacion de una sección en las notas medicas especial
    - Designación de Niño Especial
    - Estratificación del riesgo
      - nivel basado en complejo del paciente
-

Authored

Date  Now

14 - Jan - 2015 [C] [T]

Time:

07:59 PM

Authored By

Me  Other

Source:

Co - Signer(s)

[ ]

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Document Topic:

[ ]

- Primary Care Providers:
- Informant/Interim Hx
- Children with Special Needs (CSH)**
- Definition
- Priority Level
- Visit History
- Chronic Care/Specialty Follow up
- Problem List
- Review of Systems
- Pain
- \*\*Allergies**
- Medications
- Peds Note**
- \*\*Asthma**
- Adolescent
- Flowsheet
- Physical Exam
- Patient Education
- Anticipatory Guidance
- Laboratory Results

Retrieve Last Charted Values

Insert Default Values

Clear Unsaved Data

Definition

1) Does the child have a physical, emotional, behavioral or developmental condition that is expected to last at least 1 year?

2) Does the child take daily, prescribed medication other than vitamins?

3) Is the child unable to do things most children of the same age can do?

4) Does the child need or receive early intervention, special education, therapy such as physical, occupational, speech or counseling?

\*\*\*IF THE ANSWER IS "YES" TO ANY OF THE QUESTIONS ABOVE, PLEASE FILL OUT THE SECTION BELOW.\*\*\*

Priority Level

Level 1 : Meets the definition of CSHCN AND is stable

Level 2: Stable condition with 1 to 3 subspecialists involved in care

Level 3A: Unstable condition with 0-3 subspecialists involved in care

Level 3B: Has 4 or more subspecialists involved in care OR has 2 life-sustaining devices ( i.e. tracheostomy, feeding tube home vent, BIPAP/CPAP)

Choose appropriate level:  Level 1  Level 2  Level 3A  Level 3B

Visit History

Number of ED visits in last 12 months: [ ]

Number of hospitalizations in last 12 months: [ ]

ed Help? Mark Note As:  Results pending  Priority  Incomplete  Calculate after save  Charge Capture SuperBill Save

UZIEL LORENZO 0610230... 14-Jan-... Male 05-Jan-2014 09:25 DSC Meyer, D... 101 Phat...

Matiz-Zanoni, Luz (MD) 01/14/2015 20:00 PW1



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# Estratificación de Riesgo

- Nivel 3B (2 o más dispositivos de ayuda a la vida o 4 o más especialistas)
  - Nivel 3A (inestable con 0-3 especialistas)
  - Nivel 2 (estable 1-3 especialistas)
  - Nivel 1 (estable)
-

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# Enfermeras Coordinadoras

- Basadas en las clínicas
  - Referencias para otras citas
  - Comunican con equipo del hospital para niños admitidos
  - Autorizaciones para alimentación especial y productos como sillas de ruedas, pompas, camas etc.
  - Reuniones con los doctores y familias
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# Trabajadoras Comunitarias

- 2015- Hospital y Comunidad
    - Agencias sociales
    - Proporcionar apoyo y educación culturalmente sensible
    - Bilingües
      - Entrenadas en temas especiales (educación, beneficios sociales)
  - Ayudan con las necesidades sociales que compiten con la coordinación y la atención médica
    - Alfabetización, vivienda, inmigración, la inseguridad alimentaria
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# Intervención

- Visitas al hogar
  - Acompañan a citas (medicas, sociales, escuelas)
  - Mensajes:
    - conocer la condición de su niño
    - saber cómo obtener atención medica
    - mantener la condición de su hijo bajo control
  - Apoyo:
    - atención a los medicamentos de su hijo
    - transición desde pediátricos a adultos medicina,
    - organización, empleo, inmigración y otros servicios sociales
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**Basic Information**

Patient Name: [REDACTED]	MRN: [REDACTED]	DOB: [REDACTED]	Gender: Female
Emergency Contact: [REDACTED]	Phone: [REDACTED]		
Patient Address: [REDACTED]			
Primary Language: English			
Insurance: SELF-PAY	Policy Number:		
Insurance: MEDICAID	Policy Number: SZ99066Q		

**Care Team**

Primary Care Practice: Washington Heights Fm Hlth Ctr
Primary Care Provider: Matiz-Zanoni, Luz Adriana
Primary Nurse: Almeida, Susanna Maria

**Home Services**

Home Care or Nursing Agency: St Mary's Home Care	
Home Therapies (OT,PT,ST): PT and speech at school No longer with OT RN Yvonne 609 214 5856	
Pharmacy Name: Enexia Specialty Pharmacy	Pharmacy Phone: (718) 5560942
Pharmacy Address: 252 Port Richmond Avenue Staten Island, NY 10302	

**Problem List**

Epidermolysis bullosa
CN (constipation)
Failure to thrive
St Mary's coordinator M. Brissett-Wint 718 281 8653
Ankle contracture
Development delay
Low zinc level
Anemia of chronic illness
Vitamin D deficiency
CSHCN Level 3B
Fractured tibia

Devices and Baseline Settings: Leg braces

**Allergies:** levofloxacin; ibuprofen

**Medical Information**

Weight: 28.2	Height: 145.7
Baseline Vitals:	
Baseline Physical Exam: firm abdomen with stool usually	
Most recent imaging, labs or test (if relevant) :	
Foods, procedures, medications to be avoided and why :	
Common Presenting problems :	
Reason and date of last hospitalization:	
Other important things you would like the ED providers to be aware of :	

**About the Patient**

*Parent Comment Section*

I prefer to be called :	
If I am not verbal I communicate by:	
If I am in pain, I usually do:	
Things that calm me and comfort me are:	

**Preferred Pharmacy: Enxia Specialty Pharmacy 252 Port Richmond Avenue Staten Island, NY 10302 Phone: (718) 5560942**

Medication Name	How often to take medication	How to take medication	Morning / Breakfast	Noon / Lunch	Evening / Dinner	Bed Time	What is medication for?	Number of days to take medication
acetaminophen 160 mg/5 mL oral suspension	every 4 hours	by mouth	13 mL every 4 hours				fever or pain	Continuous
Comments: 13 milliliter(s) orally every 4 hours, As Needed - Indication: fever or pain								

Acetaminophen 160 mg/5 mL oral suspension 13 mL every 4 hours, As Needed - Indication: fever or pain

Book View

Thu 08/10/2017 Hide Non-Working Resource


Jun
Dec
4 5
1 12
8 19
15 26
2

Time	Resource
10:00 AM	MATIZLUZ01(100%)
10:20 AM	
10:40 AM	
11:00 AM	
11:20 AM	
11:40 AM	
12:00 PM	
12:20 PM	
12:40 PM	
01:00 PM	
01:20 PM	
01:40 PM	
02:00 PM	
02:20 PM	

OH - Not in Session

Patient Alert Message -- Webpage Dialog

[https://www.asp.siemensmedical.com/c0bj\\_prd/scheduling/sframe/sframeDlgW](https://www.asp.siemensmedical.com/c0bj_prd/scheduling/sframe/sframeDlgW)

 [Redacted] has the following patient alert message:  
SKATE-2 slots

OK

Appointment Data Available Time

Data entered here applies to activities

Category: Scheduled Patient: 0

Order Physician: [Redacted]

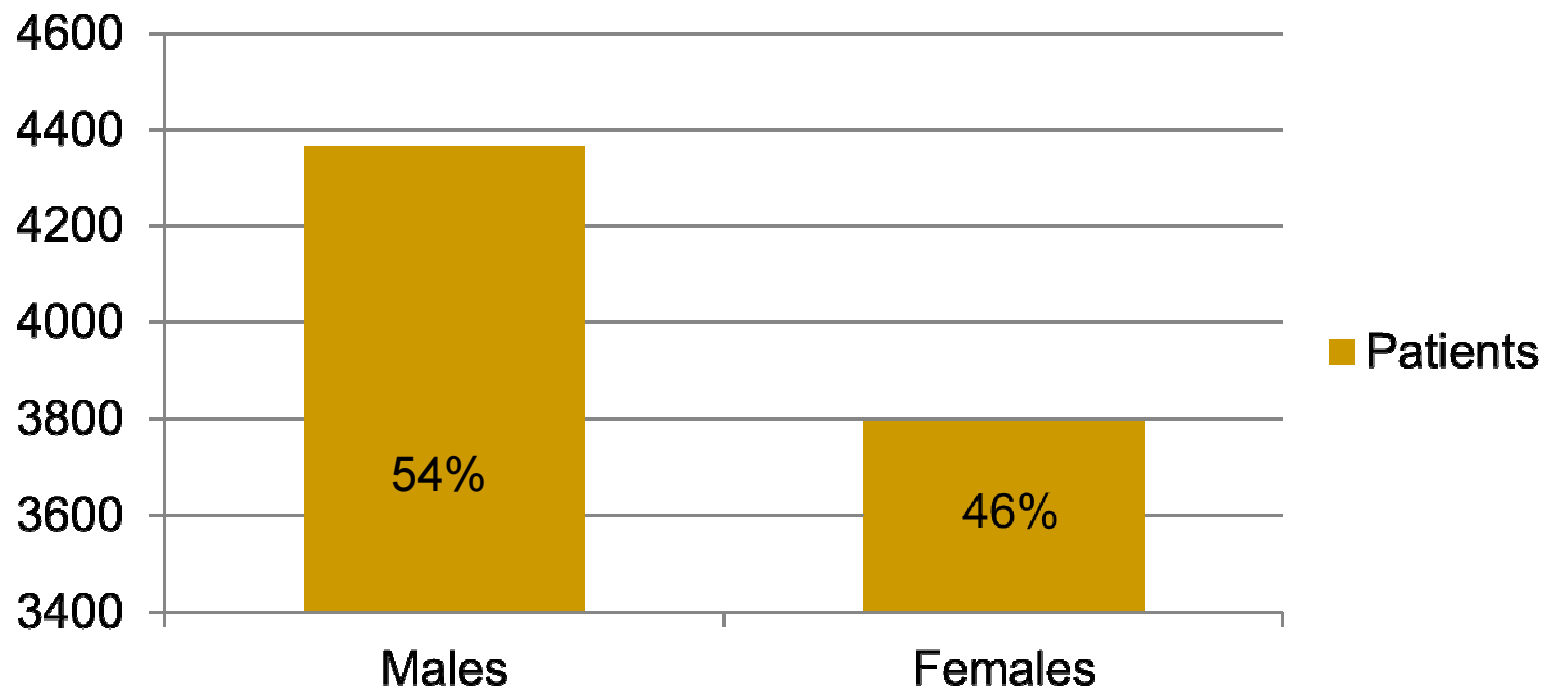
Diagnoses: [Redacted]

Referral/Authorization

Reason

Comment

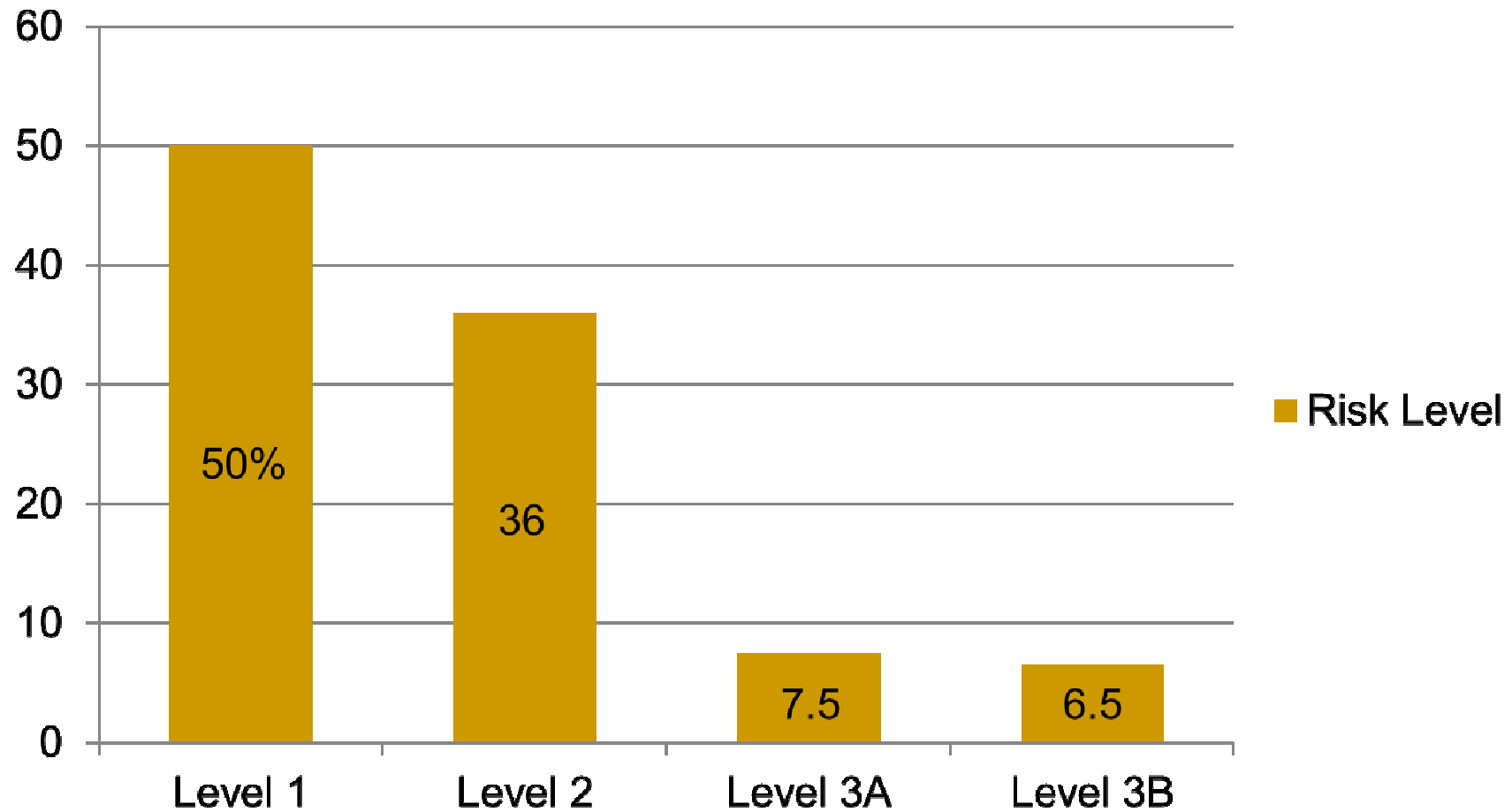
# Poblacion en el Registro



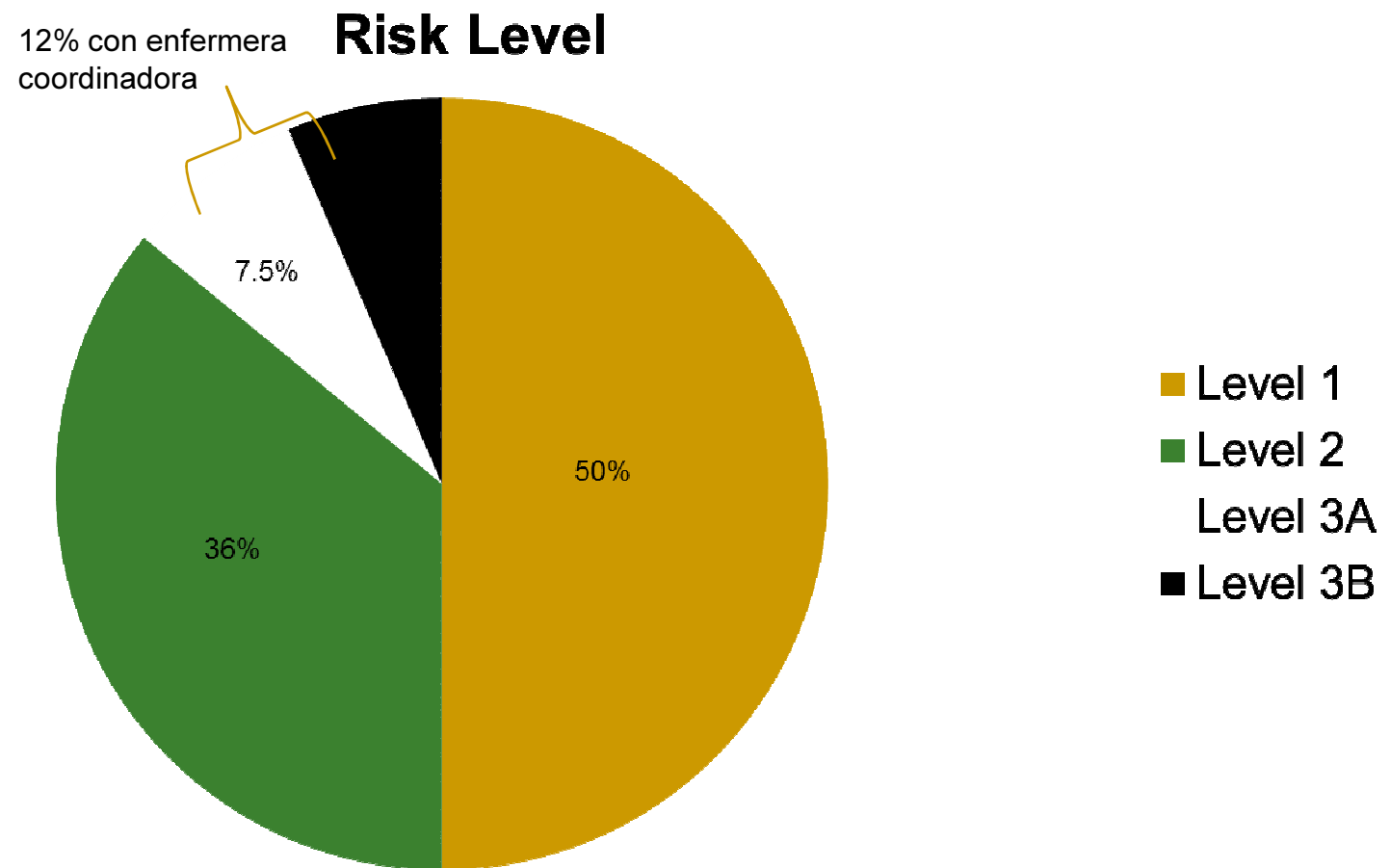
N=8162

March 2017

# Estratificación del Riesgo



# Estratificación del Riesgo



Numero de pacientes= 189



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# Enfermeras Coordinadoras

- Analisis (3A/3B)
  - Redujeron las visitas a la sala de emergencia ( $p < 0.05$ )
  - Incrementaron las visitas al pediatra ( $p < 0.05$ )
  - Redujeron las visitas a los especialistas ( $p < 0.05$ )
  - Redujeron las hospitalizaciones  $p = 0.05$

Comparacion 2015-2016

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# Trabajadoras Comunitarias

<b>Referidos</b>	<b>126</b>
Pacientes que completaron	33

- **Tipo de referidos a servicios sociales**

<b>Tipo de servicio social</b>	<b># de referidos</b>
Vivienda	56
Centro de Alimentacion	51
Beneficio de comida	31
Education/ Aprender ingles	28
Control de cucarachas/ raton	23
Seguro medico/ asistencia publica	22

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## Información para mas contacto

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