B. PROJECT OVERVIEW

Project Name: Patient at Risk: Wisconsin’s EIF Repository Program for Children with Special Healthcare Needs

HWPP Project Number: 2010D-40

Without exceeding this one (1) page, briefly describe your project and partnership.

Our goal is to further develop Wisconsin’s web-based Emergency Information Form (EIF) Program for Children with Special Healthcare Needs (CSHCN) known as the Patient at Risk Program (PAR) and to promote and train a critical mass of families, support organizations, and medical personnel in its’ use.

In an emergency medical situation, information can make a difference. This is true for > 200,000 CSHCN across Wisconsin. The EIF is a personal health record that is a concise medical summary designed to provide the essential information needed initially to treat a CSHCN. Having summarized timely information can improve care, decrease delays, reduce unnecessary tests, prevent unintentional injuries, and transform and expand both the workforce able to competently manage these children and the capacity of the entire emergency medical system in Wisconsin. PAR transforms this concept into a computerized, web-accessible version available 24/7. It is a repository for EIFs.

When a CSHCN accesses emergency medical services (EMS) or seeks emergency care in a busy emergency department (ED), it is often difficult and time intensive for these families to convey and providers to take their complicated histories or acquire medical records. Even if they do get the medical records, these complex patients often have voluminous records that require time to sift through to find the critical and germane information. Providers are often forced to act quickly on limited and incomplete information. This is the reason that EIFs are recommended and why this program was created.

Our partnership consists of representatives from a consortia of 6 different hospitals systems, Medical College of Wisconsin, WIAAP Foundation, 5 regional centers for children and youth with special healthcare needs, Emergency Medical Services for Children, Oconomowoc Junior Woman’s Club, and 3 EMS departments. The partners will develop, produce and distribute patient enrollment kits (~6000) and provider enrollment kits (~500) across the state. The 5 regional CYSHCN centers and the 6 consortia hospitals who take care of and provide resources to these families will help distribute the kits to the target group, provide assistance to families to help them enroll in the program, and promote the PAR use. The WIAAP have recommend the use of EIF since its development and will leverage its leadership role and its membership of pediatricians to promote the use of EIFs and the PAR program.

A coordinator for the project will be hired by the WIAAP to coordinate the activities of the partnership. 3 distinct EMS departments (West Allis FD, Baraboo District Ambulance Services, and Waukesha FD) will serve as test environments on how PAR programs should be used in the prehospital setting in the first year of the grant. The process for use in prehospital will be refined and other EMS departments across the state will be recruited during the second year of the grant. All PAR group members will continue to promote open communication, shared credit, and continuous feedback. Information and promotional information about PAR will be disseminated through each of the partners (consortia hospitals, WIAAP, GFWC, EMSC, CYSHCN, state agencies) annual meetings, websites and newsletters. Research findings will be presented at the local, regional, and national forums and published in trade and medical journals.

We would consider >600 patients and >25 ED or EMS agency enrolled to be an initial success. We will survey (included in kits) families about their satisfaction with the enrollment process, educational material, web-application, ease of use. The number of patients enrolled, times patient’s EIF are accessed, how often EIFs are updated will be tracked and aggregate data will be reported. Automated surveys will be sent to medical personnel who access a patient’s EIF which will ask things like ease of use, utility of information, faith in the information, and whether information changed care. A success would be considered 75% satisfaction. We will survey the partners at annual meeting to discuss successes, challenges, and how the partnership is working.