



Pediatric Complex Care Program (PCCP)

Pediatric Complex Care Program (PCCP) at Floating Hospital for Children partners with families and their providers to offer comprehensive and coordinated care for infants, children, and adolescents with complex medical conditions. In an effort to better support our providers and families, the program has instituted a Referral Form that providers can complete and submit directly to us when your office has determined that a patient may benefit from the family-centered health care services we offer.

Please complete the referral form and obtain consent signature from legal caregiver. Send completed forms by email TuftsMCPCCP@tuftsmedicalcenter.org or fax (617)-636-4499.

The Floating Hospital for Children Pediatric Complex Care Team will provide consultation and co-management for patients identified as children (up to 21 years old) with:*

Complex Chronic Disease (C-CD):

Patients meet at least one of the condition descriptions

Condition Description

- › Significant complex conditions followed by 2 or more specialists
- › Dependence on medical technology

Examples:

- Genetic disorders and pre-maturity issues
- Congenital heart disease and seizures
- Tracheostomy ± ventilator assistance
- Gastrostomy tube
- Central venous access

OR

Noncomplex Chronic Disease (NC-CD):

Condition Description

- › Chronic Conditions that last at least 1 year with secondary significant behavioral health or social concerns

- Type 1 Diabetes with non-compliance & secondary anxiety
- Juvenile rheumatoid arthritis with comorbid depression
- Crohn's disease who is in DCF custody
- Asthma patient living in a family shelter

Definitions of Care Needs

	Level 1	Level 2	Level 3
Subspecialty Medical Care	Family well-coordinated and/ or outside agency already working with family (i.e. ACO team from outside PCP, State agency)	Intermittent care coordination needed historically, has had intermittent no shows/cancelled appointments with specialist(s)	Requires continuous care coordination and support, unable to schedule specialist appointments independently (i.e. Family not returning calls from clinic outreach attempts)
Acute Care and Transitions	Lives at home, or outside of hospital, with no admissions/ER visits in past year	Has had 2 admissions over past year, or 3 ER visits	Has had >2 admission to acute care facility, or >3 ER visits in past year, and/or has had inpatient admission to post-acute care facility
Psycho-Social	Family has basic needs met, strong home and community support, good understanding of patients medical needs	Family has some basic needs met, some home and community support, and some education of complex care	Family has challenges meeting basic needs, little or no home or community support, and lack of understanding of complex care
Home Care Coordination	Care management not required (DME, home services, VNA)	Intermittently requires care management for home services, DME (requires twice month check in)	Medical technology dependent OR continuous care management needs (needs weekly check in)

*For pediatric oncology patients, the oncology multidisciplinary team at Floating Hospital for Children will continue to serve as their main care coordination and management team for medical and social needs.

Referrals will not be accepted for the sole purpose of appointment coordination.

Criteria for the identification of children with complex disease were adapted from The Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN, 2014)



Pediatric Complex Care (PCCP) Form

Providers can email or fax this form to: TuftsMCPCCP@tuftsmedicalcenter.org or (fax) 617-636-4499.

Patient Name: _____ DOB: _____

Patient MRN: _____ Date of Referral: _____

Parent/Guardian Name: _____ Primary Language: _____

Referring Provider: _____

Referring Provider Phone _____

PCP/Practice: _____

Was the family notified that the Complex Care team would reach out to them?

YES NO

Referral

Check off any of the following that apply:

- Significant complex conditions followed by 2 or more specialists
- Dependence on medical technology
- Non-complex chronic disease with secondary significant behavioral health or social concerns

Please tell us a little bit about your patient and why you are referring to Floating's Pediatric Complex Care Program (i.e. primary and other diagnoses):

Care Needs:

For each category check off the level of care coordination needed:

Level 1

Care coordination NOT required; Family well coordinated

Level 2

Intermittently requires care management and guidance

Level 3

Continuous care management and support required

Subspecialty Medical Care

- Coordination of subspecialty care
- Management of diagnosis

Acute Care & Transitions

- Hospitalizations/ Readmissions
- ED visits

Psycho-Social

- Home and community support
- Family understanding of complex care

Home Care Coordination

- Durable Medical Equipment (DME)
- Medications
- VNA/ Home nursing

PCCP Team Only

Date Reviewed: _____

PCCP Reviewer: _____

Total Score: _____

Level 1 (4-5) Level 2 (6-8) Level 3 (9-12)

Approved: YES NO