



Meet Shelby

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How technology enhances PHS care

Information all in one place

Great care keeps getting better

PHS uses a customized electronic health record (EHR) to create efficiencies in the office, provide comprehensive documentation for payors, promote collaboration among clinical services, and deliver a seamless service experience to our customers. Third in a four-part series, this article describes how, most importantly, the PHS EHR ensures a safe care plan for each child.

The Pulse spoke with Cameo Zehnder (In-house Counsel), Rick Mueller (Information Technology Manager), and Rand Aksamit (Senior Business Analyst) about the company's CPR+ Electronic Health Records (EHR).

The challenge: finding software as comprehensive as our services

PHS is a unique company, both in the array of services we provide and the special population we serve. Finding a software system equipped to meet our needs wasn't easy. Many software vendors focus on one aspect of home care – such as durable medical equipment or infusion therapy. PHS wanted a single system that would support all of our business lines and support services - from high tech respiratory equipment to compounding pediatric medications, and from clinical visits to extended hours of nursing. "PHS is a comprehensive service provider when it comes to homecare," explained Cameo. "We needed the same thing when it came to our EHR software vendor."

Plus, most software vendors are designed to automate with Medicare. Instead, PHS needed a system that could customize to meet the requirements of our state Medicaid plans while recognizing the nuances among other insurance plans.

Although making the right choice and getting every department on the system took a long time, PHS believes its methodical approach to selection and implementation resulted in the best possible service for our patients and partners.

Today: all in one system

Implemented in stages, the new EHR was first used by the PHS Infusion department, including our pharmacy and nurses, in 2007. After several system enhancements and countless hours of testing, other departments followed, with all clinical services (meaning the addition of respiratory, nutrition, and social work) documenting in the new system in 2011.

"Clinicians chart multiple times a day and provide so much information to our patients and other care providers, that we needed to make sure that the system was as perfect as it could be before we went live," said Rick.

Finally, our implementation was complete when our operational departments – including customer service, billing, warehouse, and biomedical – transitioned onto the new EHR in April 2012.

How PHS patients, families, providers, and payors benefit

- **ALL information in ONE place available to those involved in a child's care:** Everyone is in the know with accurate, timely information about any given PHS patient. Whether it's complex patient care or complicated insurance requirements, everyone needs to be communicating. CPR+ allows us to do that, from the office to the home and everywhere in between.
- **Real time data:** PHS private duty nurses chart directly into the EHR using the PHS laptop while providing care in the home.
- **Safety and streamlined collaboration:** A request from a customer (patient, parent, caregiver, or prescriber) is processed through the same system that will ultimately bill for that product, medication, or service. It will also appear immediately in the patient's EHR, accessible to any PHS employee working with that child.

In addition, "real time" charting done by our field nurses provides the child's PHS RT, IV

For more on PHS's EHR, look on page 2.



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PHS Services

- Respiratory Therapy
- Infusion Therapy
- Infusion Pharmacy
- Private Duty Nursing
- Clinical Support Services

Pediatric Home Service (PHS)

is an independent pediatric homecare company that provides specialized health care services to medically-complex, technology-dependent children — in their homes, with their families.

We recognize and understand the different needs of infants, children, and adolescents.

We ensure continuity of care by working together with health care professionals, payers, and family caregivers.

The Pulse is published quarterly by Pediatric Home Service for clients, professional partners, the health care community and other friends of PHS. We welcome your suggestions and story ideas. If you have comments or questions or would like to be placed on the mailing list, please contact:

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nurse, pharmacist, or dietitian with timely information to provide the best, safest care possible.

- **Monitoring equipment performance:** With complete troubleshooting, testing, and repair documentation in one place, our Biomedical staff can trend reports to identify repeated concerns related to a single serial number or an entire fleet of equipment.
- **Enhanced security and privacy:** Working electronically in one system allows PHS to put the strongest privacy and security measures in place to protect patient privacy.

Continually improving the system

“You can always continue to make things better,” says Rand, so he and Leah Gosch from Regulatory Affairs have teamed up to ensure PHS makes the best possible use

of the new system. When PHS users see something that needs improvement or a need that isn’t being filled, they bring it to Rand, who works directly with CPR+ developers for system enhancement.

In addition to system enhancement, Leah also works hard to establish consistency throughout the CPR+ system as our “charge master analyst”. This role, not commonly found in homecare companies, is considered highly valuable at PHS, supporting our belief that consistency brings accuracy, efficiency, compliance and safety.

CPR+ allows PHS to be the hub of communication – for our staff, your family, and our partners in care – and is crucial in providing multi-faceted care for each child we serve. ■

CPR+ in action



Let’s call our hypothetical patient Ana. Ana has PDNS, RT, and IV with PHS. Ana gets monthly lab draws from an IV nurse.



The labs are first scheduled into CPR+ when the physician calls us or sends an order for lab draws. So the Health Unit Coordinators (HUC) at PHS look each day at the scheduled lab draws in the system.

Some hospitals requesting the labs require us to call before our IV nurse brings the draw in for analysis, so the HUC now knows the lab draw is scheduled to take place without having to talk to the IV nurse; they call the hospital first thing in the morning and let them know we will be admitting a draw to the lab.

Once the lab results are in, they are faxed to PHS. PHS HUCs receive the results, enter all of the data into CPR+, and immediately either email or call the family, the ordering physician, and the PHS team that follows that child.





Message from our Medical Director

Dr. Roy C. Maynard

Who are children with special health care needs?

Processes are being incorporated into current medical training to educate new doctors in the care of children with special needs, and for good reason. This growing population is estimated at 13% to 15% of all children in the United States.

Definitions and demographics

The synonymous terms children and youth with special health care needs (CYSHCN) and children with special health care needs (CSHCN) are broadly defined as: “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”¹ This encompasses a wide spectrum of health conditions including asthma, autism, congenital anomalies, and many others such as those associated with prematurity.

Advances in science and medical technology in cardiology, neonatology, surgery and genetics have contributed to increased survival and quality of life for most children with more complex medical problems, although these interventions and therapies are not necessarily curative. Many of these children thrive at home and in the community, but with lifelong disabilities.

The terminology to describe children with more complex medical problems changes with an escalation in the care and services

needed to sustain the child. The CSHCN subgroup has been described in the medical literature as children with complex chronic conditions (CCC) or children with medical complexity (CMC). These children may have a diversity of medical problems and multisystem diseases often leading to frequent hospitalizations at tertiary centers. They often require multiple medications, care from numerous subspecialists, and their optimal care requires coordination across both inpatient and outpatient settings.

Rising health care costs

Children with medical complexity (CMC) represent less than 1% of all children, yet they utilize a disproportionate amount of pediatric health care expenditures. A recent review suggests the CMC population has nearly doubled in the past decade and accounts for 24% of pediatric hospital days as well as 40% of pediatric hospital charges.²

A subgroup of CMC requires technology assistance (TA). This group is defined by the use of medical devices without which, if they were to fail or be discontinued, adverse health consequences or hospitalization would likely occur. Examples of life sustaining medical devices/treatments include IV nutrition, dialysis, tracheostomy tubes and ventilators. One report³ identified that 11.8% of CMC utilize technology assistance. This cohort is also more likely to require homecare services.

Homecare as part of the solution

Health care systems and providers must recognize and strategize for the future provision of this small but expanding population of children that will continue to consume disproportionate health care dollars. Family-centered homecare and the medical home model may reduce hospital readmissions, health care costs and use of other health care resources used by CMC. Home nursing is an integral component to help manage this population with increasing complexity and ultimately provide safe care and better outcomes, prevent parental burnout and decrease the most expensive element of health care, hospitalization. ■

¹ McPherson M, Arango P, Fox H, et al. *A new definition of children with special health care needs.* Pediatrics. 1998; 102:137-140.

² Simon T, Berry J, Feudtner C, Stone B, Sheng X, Bratton S, Dean M, Srivastava R. *Children with Complex Chronic Conditions in Inpatient Hospital Settings in the United States.* Pediatrics. 2010; 647.

³ Choen E, Berry J, Camacho X, Anderson G, Wodchcia W, Guttman A. *Patterns and Costs of Health Care Use of Children with Medical Complexity.* Pediatrics. 2012; e1463.

Choice to Thrive

We're spreading the word about PHS... and letting people know they have a *choice* when it comes to homecare services. Keep an eye out for new print, online, and television spots.

Make a choice to **THRIVE.**

PHS pediatric home service [Learn More](#)

Make a choice to thrive.

Extraordinary care is an ordinary day for the professionals at Pediatric Home Service. Perhaps it's why more families in Minnesota choose PHS. So their medically-complex child can simply enjoy an ordinary day. Learn more at www.AChoiceToThrive.com/MNMonthly

PHS pediatric home service *thrive.*
Respiratory Therapy | Infusion Therapy | Infusion Pharmacy | Private Duty Nursing | Clinical Support Services

Make a choice to **THRIVE.**

[Learn More](#) **PHS** pediatric home service *thrive.*



Doing our part to help others breathe easier.

Fight for Air Climb – American Lung Association

Ten PHS volunteers climbed 30 flights of stairs at the Accenture Tower in Minneapolis for the American Lung Association Fight for Air Climb. This event, which raised more than \$240,000 in the metro area, happens around the country to raise money for improved lung health and lung disease prevention through research, clean air initiatives and educational programs. We were happy to get involved in this cause and climb along with more than 800 participants from across the state.

Groove Gala – Spare Key

PHS has been a long-time supporter of Spare Key, an organization dedicated to ensuring families are able to maintain their homes through housing grant assistance while a child has an extended stay in the hospital. PHS was proud to sponsor the Groove gala in March, when Spare Key celebrated successes from the past year and announced plans for the upcoming year while raising \$250,000 through silent and live auctions and donations. This deserved a celebration, and a performance by Martin Zellar was just the way to do it.



Raising money to pay the mortgage in troubled times.

Make Them Shine Gala – St. David’s Center

We were happy to be a sponsor at the St. David’s Make Them Shine gala, an evening that raised funds for critically needed early intervention services for Twin Cities-based children and their families. This 24th annual event, which included silent and live auctions as well as dinner and jazz entertainment, was held at the International Market Square and supported the non-profit organization’s mission to build relationships and nurture the development of every child and family.

Cook for Kids – Ronald McDonald House

We returned to the Ronald McDonald House in March to cook dinner for the families staying there, but this time we switched up the menu and tried our hands at a taco bar. We had a blast and found a delicious homemade salsa recipe – a success all around. We’re already excited to go back.



Cooking up comfort food.



PHS volunteers enjoy the music at Hope Thrives.

Hope Thrives – Faith’s Lodge

PHS was proud to present Hope Thrives, a concert benefitting Faith’s Lodge, at the Fine Line Music Café. The evening featured the music of the Ben Johnson Band and was a chance to hit the dance floor while supporting the amazing work that Faith’s Lodge does to help families cope with the serious illness or loss of a child.





Hot Topics

Minnesota 2013 legislation enters final sprint

By Bill Amberg

Regardless of the year, there are always unexpected twists and turns to any session of the Minnesota Legislature. The 2013 session of the Minnesota Legislature is no exception. With changes in the majority party from Republican to Democratic in both the state House and state Senate after the fall elections, many people involved in the Health and Human Services (HHS) provider network hoped that after a decade of brutal cuts to HHS funding, that this year would be different. Unfortunately, the House and Senate have both set a target for \$150 million in cuts to HHS funding.

Now is the time for Minnesotans who care about our most vulnerable citizens to take action. The details remain to be filled in on the major appropriations bills. There is hope that with increased revenues on the table and a slowly-improving economy, there will be enough new revenue so that harsh cuts in HHS will not occur when the session wraps up at the end of May.

Contact your legislator

We encourage PHS patients, their families and partners in care to reach out to legislators during the critical last two months of the session. If you do not know your legislators are, you can find out

by following this link: www.gis.leg.mn/OpenLayers/districts/.

PHS and our allies in the field have been promoting and tracking specific legislation throughout the legislative session:

- On the durable medical equipment (DME) side, our top objective this session is to repeal an uncollectable sales tax on some DME items. Currently, sales tax imposed on several disposable supplies and equipment accessories, even when prescribed by a physician and billed to a third-party health plan, are uncollectable. Unfortunately, DME providers cannot collect the sales tax because health plans and Minnesota Medical Assistance (MNMA) are not required to pay it. We have had a meeting with the Revenue Commissioner and key revenue department staff this session, and we have the full support of Governor Dayton's office, as well as the Senate Tax Committee's chairs and staff. We are hopeful the issue will be resolved this session after four years of working on the problem.

- There is also legislation moving that would increase the state reimbursement rate for private duty nursing services.

Working to keep your child at home

As the HHS finance committees put together their appropriation bills for the next two years' state budget, PHS and our allies will be working hard to protect access to quality home-based services and prevent the type of rate cuts that have occurred over the last decade. However, with a more than \$600 million budget deficit, the work will not be easy.

Finally, PHS will continue to support regulation that enforces standards of clinical care and ethics in business practice. Significant decisions are made at the Capitol every day — each with the potential to impact the services that keep your child at home and your family together — so PHS is very engaged with our government at all levels.

If you would like to learn more about PHS's legislative activities, or get involved, please contact Bill Amberg, our Government Relations Counsel, at wjamberg@pediatrixhomeservice.com. ■

Attention health care professionals

You can now refer a patient to PHS online

Follow 3 easy steps to make a referral online:

1. Go to the 'Refer a patient' link on the right-hand side on the PHS home page at <http://www.pediatrixhomeservice.com/healthcare-professionals-referral.php>.
2. On the online form, enter required and optional information as indicated.
3. Select the services the patient will need and click the "submit" button.

The form is sent to PHS Customer Service and Management. We will follow up within one hour to all online referrals received Monday through Saturday 8 a.m.-5 p.m. Outside of these hours, we'll respond the following business day.

It's that simple. Referring online allows PHS to get the paperwork going and follow up as quickly and efficiently as possible.

Of course, you can still fax the information or call PHS if that's your preference. ■



Staff Spotlight

Meet our lead CPR+ guy

Rand Aksamit - Senior Business Analyst

What started with CPR+ has also given new life to PHS's information technology systems. Rand Aksamit, our Senior Business Analyst, was initially brought on to work with PHS's previous software. The first thing he discovered? PHS needed a system that better fit our services.

"As a team, we selected the CPR+ brand of software systems," Rand says. "That was seven years ago, and we've been upgrading and implementing processes, procedures and new CPR+ functionality ever since. For instance, CPR+ added durable medical equipment functionality which is a perfect fit for us, so we upgraded our software, too."

Best day (so far)

Rand still designates March 1, 2007, as his best day at PHS. "We went live with CPR+ for Infusion Therapy," he says with a proud smile.

Prior to his time here, Rand worked for other organizations in systems implementation and Information Technology management. One of his former colleagues is married to a PHS employee, so that forged a connection that led Rand to PHS.

He works in many facets with nearly every PHS department, developing processes

and reports, creating new solutions, and expanding our use of CPR+. His key focus: "Make good decisions to manage our patients' health information so we can best take care of them. Technology is a key part of how we can best deliver care, especially when we best manage the data and systems.

"In our area, there are always new opportunities, and we get to collaborate with every other PHS department. Some challenges keep us growing, and there's always something new to consider. I most enjoy bringing solutions to issues, and I do a little bit of everything, which is the best way to work," Rand says.

Revved up

Away from the PHS, Rand is passionate about cars and auto racing. "My first career was fixing cars, but I didn't like doing that all the time," Rand says. "I also did drag racing recreationally for about 10 years, but 'retired' after I had kids.

"I did buy a Mustang last year that I love driving around. I joined the Twin Cities Stangs forum and last fall a group of us went for a fall drive into Wisconsin. It's a gorgeous time of year, and it was fun to meet new people and see other Mustangs.

"My oldest son, age 13, is also into cars. We go cruising and to car shows together. I



Rand with his three kids, James, Kaelyn and Evan.

still like tinkering with cars and things I've purchased or made for my son's interest in Strongman competitions, such as those huge tractor tires."

Out and about — or staying in

Rand, who grew up in Edina and attended Hennepin Technical College, Northwestern Electronic Institute, also has 11-year-old twins (one boy, one girl). His son is into video games, his daughter is into art.

Other tidbits about Rand: he most admires Howard Hughes; favorite ethnic food is Chinese; Phoenix is his preferred vacation spot and his place to relax is at home, watching races (preferably road races, not oval), Diners Drive Ins and Dives, or pretty much anything on the Discovery, TLC, and History channels. ■



Kids Being Kids

Amber on the go

Been to 27 states and she's only 11



Amber was on her way home from a trip out east when she stopped in Indianapolis with her mom, dad and brother, Lucas, to visit the Indianapolis Motor Speedway Hall of Fame Museum and try to get a look at the track. The whole family got a surprise when a stranger asked them to watch the Brickyard 400 in a VIP suite, where Amber sat outside the balcony and watched 90 laps of the race. They were so close to the track she could feel the breeze and rumbling of the cars as they sped by – it was an unforgettable end to the family's 11-state trip.

We're on the lookout for photos of "kids being kids" to consider using in future issues of *The Pulse*. Photos can be of any kid activity, from drawing a picture to skiing to playing with pets. Submit photos via email to kkhalena@pediatrichomeservice.com. If we choose your photo, we will contact you.



Thriving at Home

Meet Shelby

Tiny baby to amazing two-year-old



Happy Halloween – at home.

Two-year-old Shelby likes to do everything other kids her age do.

She plays with her pets and big sister Annika, goes shopping with the family and gets treated to fast food now and then — although her food is blended and fed to her through a large syringe in her g-tube. That’s because Shelby is just learning to eat.



“You would never know Shelby was a sick kid by the way she runs around this house,” says Suzanne, “That wasn’t always true.”

She is also trached and on a ventilator in addition to being g-tube fed, yet she lives a life that is remarkably normal, something her parents Dan and Suzanne work hard to make happen.

Tough start

Born extremely premature at 23 weeks, Shelby was a tiny baby facing some pretty

Such amazing people work for PHS. We know we are only getting the very best care through PHS every time they come through our door.

– Shelby’s mom, Suzanne

big challenges. Diagnosed with pulmonary hypertension, chronic and acute respiratory failure, and on the most severe end of bronchopulmonary dysplasia, she spent 10 of her first 12 months in the hospital.

Her condition put Shelby at a higher risk of pulmonary infection. Getting her home and keeping her there was important in reducing her exposure to germs. Plus, she needed to gain weight. Dan and Suzanne were always worried about the unknown. “In a given year,” said Dan, “we’ve called an ambulance six times.”

“We moved from Montana,” said mom Suzanne, “and we didn’t know anybody in Minnesota. In the hospital, we were told insurance had designated Pediatric Home Service to supply Shelby’s oxygen at home. The hospital staff assured us we would love PHS, so we didn’t look anywhere else.”

Big progress

The family started service with PHS in 2010, beginning with oxygen supplies. PHS respiratory therapists became involved after Shelby had a tracheostomy. She gets visits from PHS IV nurses from time to time, and our dietitians and pharmacists

work with the family to make sure she gets the nutrition and medications she needs. After being trached and coming on service, Shelby began to improve immediately.

She’s still on the ventilator at night and oxygen 24 hours a day, but PHS respiratory therapists are working with physicians to wean her off the vent. Currently g-tube fed real food and formula, she is working

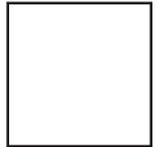
toward oral foods and should be able to eat and drink in the future. Shelby is learning developmental play and trying to talk, something that will be much easier when the trach is gone. While Shelby is growing taller, dietitians continue to come up with meal ideas that include food with a higher calorie value to help her gain weight.

Now that PHS offers private duty nursing, the family utilizes that service as well. “We like the idea of having access to all the services Shelby needs in one place,” said Suzanne. “And it’s not just that,” she added. “We trust PHS. They keep our child alive every day. They’re part of our family.”

Bright future

“Seeing what an amazing little two-year-old Shelby is now,” said her PHS nurse, Megan Connoy, “I think she’s got a big, big future ahead of her.” For now, she is right where she needs to be — safe at home, with access to all the care she needs, and surrounded by her family and a host of loving caregivers. ■





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The Pulse

news for our health care partners

Tech helps make PHS care tops

Amber gets VIP treatment

Who are kids with complex needs?

The man behind the wheel

Last call to contact your legislators