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**Record of Shared Care: About the Form**

**Purpose of this Form**

In a shared care model, care for the patient is shared between Level II and Level III neonatal follow-up program (NFUP) clinics. The criteria and guiding principles for a shared care model, listed below, are intended to promote patient-centred care, enhanced compliance to the NFUP visit schedule, enhancement of the patient/family experience through easier visits and consistency of messaging, avoidance of redundancy, and best use of available resources. This form can be used to facilitate information sharing between two clinics to improve the coordination of care for patients and families.

**Shared Care Guiding Principles**

The proposed guiding principles for shared neonatal follow-up care are as follows:

1. Communication/collaboration is essential between NFUP clinics in any shared care model.

* A contact/point person for each clinic is required and should be available to one another by email/phone/fax.
* The point people will make contact upon the initiation of shared care between two clinics, i.e. the Level II centre is to initiate contact with Level III centre and plan for the patient together.
* The site providing the primary responsibility for surveillance and care should be clear to both NFUP clinics and understood by the families.

1. Prior to the patient’s discharge from the NICU, a discussion between Level II and Level III NFUP clinics should occur to determine where the patient should start their care.

* If possible, introduction to both teams should occur early so that families understand the teams and the roles as well as available resources.

1. For patients meeting Level III criteria, the 18-month visit should take place at a Level III NFUP clinic.

* Education for the parents is required to ensure they are aware of the importance of going to the Level III NFUP clinic for the 18-month visit.
* Facilitation of the visit should be undertaken by both teams to maximize compliance.

1. If there are discrepancies in the frequency of visits or services provided between the clinics, the family has the right to choose what they would like from each of the NFUP clinics, thereby maximising the services they can receive from their assigned level. This should occur with both teams understanding so as to avoid duplication of services.
2. Using OTN/video conferencing is a viable option to address discrepancies in care across levels or if there is a likelihood of a patient not being able to attend a Level III visit.

**How to Use this Form**

Complete the appropriate fields in the form below for every visit a child has at your NFUP clinic. Please fax the completed form to the partner clinic to update their records accordingly. Please be sure to include the child’s name in the header of the form to ensure that the various pages of the record are kept together. Be sure to get the family’s consent to share information between the NFUP clinics.

**Record of Shared Care**

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Birthdate** | Click here to enter text. |

| **Neonatal Follow-Up Program Recommended Visit Schedule** | | | **Level II Center** | **Level III Center** | **Comments/ Concerns** |
| --- | --- | --- | --- | --- | --- |
| **Visit Timing**  **(Approximate date)** | **Goals**  **(Circle areas of concern)** | **Coaching and Intervention Goals** |  |  |  |
| **4 – 8 weeks post-discharge** | * Attachment * Regulation (feeding, sleeping) * Positioning (safety and beginning of intervention) * Maternal/family health wellbeing/depression/anxiety and link to primary care if needed | Coaching:   * Signs and symptoms of depression and help available * Safe sleep * Normalizing infant’s need for external support for regulation * Developmental cues for feeding |  |  |  |
| **4 months** | * Attachment * Gross Motor Development as a reflection of overall development with the main goal being identification of early concern (vision, hearing, cognition, motor) * Introduce concept of coaching * Provide feedback to parents re: feeding, motor development | Coaching:   * Motor strategies |  |  |  |
| **8 months** | * Change from stationary to dynamic movement as a marker for overall development (gross and fine motor development)   + Assessment and coaching, not diagnosis * Feeding to eating – shift to becoming an independent eater * Temperament * Attachment * Sleep regulation | Coaching:   * Movement as it relates to temperament * Transition postures * Mealtime strategies * Sleep hygiene |  |  |  |
| **12 months** | * Social development as child becomes upright * Motor development * Communication * Regulation-eating, sleep hygiene | Coaching:   * Limit screen time * Engage child on topics of their interest and expand that topic rather than redirect * Red flags * Sleep hygiene * Mealtime strategies |  |  |  |
| **18 months** | Comprehensive Developmental Assessment:   * Motor Development * Behaviour& management strategies * Cognition * Language * Social development * Coaching | Coaching:   * Discipline introduced * Behavior management strategies reviewed * Community group activities available (library, early years, daycare) and benefits of peer exposure |  |  |  |
| **36 months** | School readiness preparation   * Behaviour & management * Social development * Health checks in place (eyes, dental) | Coaching:   * Behavior management reviewed and reinforced * Emphasize need for peer exposure and group activities as school preparation * Sleep hygiene as it relates to behavior |  |  |  |

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| --- | --- | --- |
| **Approvals** | | |
| Level III: Click here to enter text. | Level III Approval:  Signature | Level III Fax Number: Click here to enter text. |
| Level II: Click here to enter text. | Level II Approval:  Signature | Level II Fax Number: Click here to enter text. |
| Family consents to sharing information between clinics:  Signature | | |

Additional Notes:

**OPTIONAL**

The 6-7 years visit is not completed by all clinics. Please include this page only if this visit is part of your shared care model.

| **Neonatal Follow-Up Program Recommended Visit Schedule** | | | **Level II Center** | **Level III Center** | **Comments/ Concerns** |
| --- | --- | --- | --- | --- | --- |
| **Visit Timing**  **(Approximate date)** | **Goals**  **(Circle areas of concern)** | **Coaching and Intervention Goals** |  |  |  |
| **6-7 years** | * School Assessment * Motor Development | Coaching:   * School resources, process and legal rights * Resources for learning and attention |  |  |  |