



AARON WRIGHT, NP

NP publishes book with a glimpse into public special education

Daisy Has Autism authored by Trauma Program manager and nurse practitioner Aaron Wright, was released in February. The authors' first published work has received positive reviews as a "must read" for public education administrators and an illuminating view into the challenges of our special education public school system. The story of the Russells and their child with autism is a heart rendering portrait of one families experience navigating public special education. The story is all too familiar for families with special needs children.

Autism and Public Special Education

While federal law mandates that public education be available to all children, regardless of intellectual or physical disabilities, it does not provide guidance on what resources must be made available. This leaves individual school systems to determine how to develop top-notch special education programs that compete with athletics budgets. Autism and many other disabilities require a one on one approach tailored to the child's learning needs and disability. Model programs use a combined approach of a behavioral analyst, speech therapist, physical therapists, occupational therapists and teachers highly

trained in special education. While expensive, early intensive intervention has proven rewards. Research confirms that if we give the best available special education, children are more likely to grow up to be productive and independent. Intervening when a child is 2 as opposed to 6 years old provides a cumulative lifetime savings of more than \$1.2 million in social services.

Daisy has Autism underscores the challenges that many families face with special needs children. It provides an inside look into the lives of a family who heroically fight for the quality public education services they are entitled to. It raises awareness of how our education system is failing the nearly half million children with autism and reminds us that **all children have a right to a public education.**

Book author Aaron Wright is a UCD Nurse Practitioner and the parent of two children, one with autism. Outside of work he has been a staunch advocate for disabled students in public education and youth sports. Join him for a public reading March 3rd at 2:30 PM, Chapel room, Springstone school, Lafayette, CA. The book is available on Amazon. Learn more: <https://www.daisyhasautism.com>

UC Health Advanced Practice News

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IN THIS ISSUE

Advanced Practice Grand Rounds
Register today!

<https://www.eventbrite.com/e/march-advanced-practice-grand-rounds-tickets-56072880495>



Please join us for the March Advanced Practice Grand Rounds featuring guest speaker Associate Clinical Professor Gordon Worley, NP

This months' topic is
Out of the woods: Applying wilderness medicine to rural healthcare.

Gordon Worley is an Assistant Clinical Professor in the Family Nurse Practitioner and Physician Assistant program at the UC Davis Betty Irene Moore School of Nursing. He is an internationally recognized speaker with over 30 years experience as an emergency department nurse, nurse practitioner, flight nurse, author, and educator. He maintains a part-time clinical practice as a nurse practitioner at the Western Sierra Medical Clinic in Grass Valley, CA and in the emergency department at Sutter Amador Hospital in Jackson, CA. His professional interests include wilderness medicine, rural healthcare, global health, disaster response, and pre-hospital care. Gordon has had a long-standing interest in wilderness medicine and is a member of the Wilderness Medical Society and a Fellow of the Academy of Wilderness Medicine.

BILLING TIP OF THE MONTH



A look at the global period billing interval and reimbursement

Advanced practice providers often deliver services bundled with the surgical procedure defined as a global period payment. The duration of the “global period” is based on the procedure type. Minor surgical procedures may have a “10 day” post op global period while most major surgeries will bundle payment for all pre and post op care within 90 days of the procedure. Developing smart phrases for routine post op care that captures the essential clinic visit information can reduce workload and stream line care. To learn more about Medicare global period rules: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GlobalSurgery-ICN907166.pdf>



It's Survey time: Are you ready?

If you haven't heard, we expect the joint commission hospital survey within the next weeks. Accreditation is considered a symbol of quality in the health-care industry, and the Joint Commission is considered the nation's predominant health standards-setting body. Below are a few TJC readiness tips that you should know about:

- ✓ APP's are all required to complete credentialing and privileging. Our providers re-credential every two years. NP's all practice under one to three core standardized procedures and may obtain privileging for procedural care. Procedure logs must be maintained. OPPE is now electronic and performed with a peer every 9-11 months.
- ✓ Be aware of suicide and ligature risk. Suicide risk must be assessed in those presenting with a mental health complaint (included in nursing admission survey). If positive, discharge instructions should include information on community mental health resources.
- ✓ Infection control is an area of concentration. Hand hygiene should be practiced when entering and exiting a room. Be knowledgeable about central line and CAUTI infection prevention.
- ✓ Sink areas should be free of any supplies.



Technology based care: leading the way with EPIC and telehealth

UC Davis has been a leader in adoption of technology and the EMR for more than a decade. EPIC based EMR systems now number in the thousands but UC Davis was the 5th hospital system to integrate it into practice. With early adoption, we made significant system changes to meet our needs. These customizations made it challenging to accept EPIC updates that provide more functionality. The EPIC refuel will help make our EPIC build more current and more consistent with the Epic foundational system, which will benefit everyone.

If you haven't completed the education sent by Dr. Kirk, please take the time to watch the brief update detailing the changes in functionality. Please visit the [Refuel - Quarterly I Release](#) webpage for links to all the required e-Learning and role-based specific impacts.

The Center for health and technology and Telehealth

The Center for Health and Technology (CHT) at UC Davis Health offers a unique group of services including telemedicine, simulation, education, research, and media production. The CHT is located just across from the Cancer Center in a state-of-the-art facility to support virtual training and is one of the University of California's premiere facilities for developing innovations in telemedicine, clinical care, health research, and medical education.

Throughout the entire facility, video-conferencing capabilities and novel design

elements specifically built for technology-enabled learning and health care serve as a center for telemedicine, education, innovation and research. The uniquely designed facility offers a customized classroom and fully equipped telemedicine and simulation training laboratories, and an ideal laboratory environment where learners can embrace new technologies in a safe environment before application in actual patient care.

The CHT is already in use by APP's in hospital-based departments to maintain or establish their skills in procedural techniques such as arterial line insertion, chest tube insertion, complex suturing, procedural ultrasound and intubation.

The CHT telemedicine program has conducted more than 43,000 telehealth specialty consultations to remote outpatient clinics since its inception in 2003. With shifts from traditional reimbursement to accountable care payment systems, telemedicine offers distinct advantages to improve access to care while controlling overall costs. Expansion of telehealth services throughout UC Davis Health is expected to begin in FY 2020 with a focus on clinical areas with the highest impact to efficiency and access to care. This pioneering work will connect UC Davis with rural hospitals, community physicians and patients who need our specialty care.

