Psychiatry Inpatient Unit Locations

Transportation: How do we get there?

Your child must be transported from the emergency room to the inpatient mental health unit by ambulance for safety reasons. The parent/guardian must go to the unit to complete admitting paperwork and sign consents. Parents may follow in their own car to the campus of the child’s admission.

Cincinnati Children’s College Hill Campus (Location P)
5642 Hamilton Avenue
Cincinnati, OH 45224
PHONE: 513-636-0800

Building A Inpatient Unit Phone Numbers:
A2 East: 513-803-9070
A2 Southwest, Neurobehavioral Inpatient Unit: 513-803-0825
A2 West: 513-636-5910
A3 North: 513-636-0878
A3 East: 513-803-2600
A3 South: 513-803-8936
A3 Southwest: 513-636-5565
A3 West: 513-636-0883

Building B Inpatient Unit Phone Numbers:
B 2.200: 513-636-1934

Driving Directions to College Hill Campus:
From Burnet Campus: Turn left onto Burnet Ave. Turn right onto Vine St. Keep left to continue on Glenmary Ave. Turn left onto Clifton Ave. Turn right onto Ludlow Ave and proceed for about 1.5 miles. Continue onto Hamilton Ave (US-127) for about 2.5 miles. Turn right at driveway.

From Liberty Campus: From Liberty One Dr, turn left onto Cincinnati-Dayton Road. Turn left onto Liberty Way. Turn right onto Butler-Warren Road. Turn left onto Tylersville Road. Turn right onto driveway on the left.

Concierge Services
Our Concierge Services department helps families before and during their hospital stay. Concierge Services can take care of many needs for you while you focus on your child. Contact us for information about:
- Discounted hotel reservations
- Transportation options
- Discounted tickets for local attractions

PHONE: 513-636-5009
TOLL-FREE: 1-888-894-1374
EMAIL: concierge@cchmc.org
HOURS: Monday–Friday, 6 am–8:30 pm
Weekends and Holidays, 7:30 am–4 pm

Interpreter Services (Servicio de Interpretación)
A free service for families that do not speak English as their primary language.

PHONE: 513-636-1444
Asistencia telefónica en Español: 513-636-0799
(lunes a viernes, 8h hasta 1730h)
Getting Settled

It’s important to know that your child is not alone. Our team of psychiatrists, psychologists, registered nurses (RN), Behavioral Health Specialists (BHS)/Behavioral Health Facilitators (BHF), and social workers (LISW/LSW) in our Division of Child and Adolescent Psychiatry use evidence-based approaches—proven to be the most advanced and most effective—to treat the full spectrum of child and adolescent mental and behavioral health problems.

Our Programs
Our division provides a continuum of services including outpatient, partial hospitalization, acute inpatient and residential care. All of our programs support family-centered care, in which treatment plans focus on the needs of both the patient and family. In addition to caring for young people and their families, we provide professional training and conduct research aimed at improving outcomes for our patients.

The goal is that this information will help you and your family plan for and know what could happen during your child’s inpatient admission. The team on your child’s inpatient unit can help answer any questions you may have during your child’s admission.

What does it mean to be admitted “inpatient”?
A mental health professional believes it is best for the safety of your child to spend the night in the hospital for mental health treatment. The goal is safety. The average length of stay for an inpatient admission varies by patient but, can range from three days to a week, or possibly longer.

What is a Psychiatric Unit Like?
Whenever possible, your child will be placed on a unit best suited to meet their age and developmental needs. Your child will be assigned and transported to the inpatient unit which has an available bed. All units are secure (locked) for safety reasons. Each unit has between 9–16 beds, but the number of patients varies. Your child may have a roommate. Your child could be moved to a better suited unit during admission.

What Do They Do All Day?
Youth admitted for inpatient treatment will participate in various therapeutic and medical treatment depending on their personal needs. Your child’s inpatient stay could include:
- Daily groups to teach coping skills
- Meeting daily with their psychiatrist and other members of the treatment team
- Attending scheduled family meetings with parents/guardians and the social worker
- Completing one hour of school work Monday–Friday, from mid August to mid June when school is in session.

What You Can Expect Over the Next 24–72 Hours
- A physical safety search and skin assessment will be done on your child as part of our admission process. Clinical team members will perform this step to help ensure non-allowed items have not been brought on to the unit.
- Evaluation by psychiatrist within 24 hours of arriving on the unit.
- Regular contact with the Primary Team which includes; Registered Nurse (RN), Social Worker and Behavioral Health Specialist (BHS).
- Daily treatment updates provided by the primary provider (Psychiatrist/Advanced Practice Nurse (APRN).
- A family meeting will be scheduled with the social worker, parents/guardians and if appropriate, the child.
- The social worker will call you to complete a psychosocial assessment within the first 72 hours.
- Medication evaluation, education and management, if appropriate
- Medical History and Physical (H&P) to address any possible medical concerns
- Nutrition, Speech and Occupational Therapy screening and if appropriate a formal evaluation with recommendations.
Guardian Expectations: How You Can Help

- Share any questions or concerns that arise with your child’s treatment team or clinical leadership.
- Plan to participate in-person for your child’s family meeting(s), which could be twice per week.
- Ensure that we have your current contact information (telephone number, address, etc).
- Be available via phone or in-person to receive daily updates and to participate in your child’s treatment (medication consents, family meetings, etc).
- Visit regularly with your child in-person and/or on the phone (see your unit schedule for best visiting times)
- Work with your social worker and/or clinical assistant to be a part of the discharge planning process and arrange outpatient follow-up appointments for your child.
- During this hospital stay, if there are any specific needs that you would like us to try to address, please inform your primary nurse or social worker.
- If you have concerns or problems with your child’s stay please let your primary nurse or social worker know so those issues can be addressed immediately.
Support From Family & Friends

Who Can Visit?
You will be asked to identify the names of people who can visit during admission, including:
• Primary support persons (parents, guardians, foster parents) 18 or older may receive 24-hour access
• Children under the age of 18 are not permitted to stay the night. This includes children of admitted patients.
• Siblings (biological, foster and step) of patients living in the patient’s home
*visiting guidelines may be adjusted for the safety of staff, patients and visitors in unique situations such as a pandemic. These guidelines will be communicated in advance.

Additional family and friends may share their support by phone. Patient may call and receive calls from individuals included on a patient’s approved call list in addition to primary support persons, siblings and approved visitors.

We do not restrict or deny visitation based on race, color, nationality, origin, religion, sex, sexual orientation, gender identity/expression or disability. If your family situation changes or you are having challenges receiving or providing support for your child, please request Social Work assistance. When there are domestic/custody issues, social workers may work with families to ensure equitable visitation.

Visiting Hours: 8:30 am–8:00 pm

All Visitors MUST:
• check in at a Welcome Desk upon arrival
• provide a photo ID (age 16 and over)
• have 4-digit patient code
• be approved by a parent/guardian and on the patient’s approved visitor list to be allowed on the unit
• if under the age of 18, be accompanied by a parent/guardian on the approved visitor list
• secure all personal belongings (including cellphones, coats, purses, etc) in a locker

After Check In:
• All visitors (including siblings) are given a visitor sticker or green arm band. Visitors are asked to keep the sticker/band on at all times and will need it to exit the unit and the building.

• Siblings are invited to visit during visiting hours, but must remain under parent supervision at all times.
• The number of visitors allowed at one time will depend on your child’s treatment plan and the needs of the youth on the unit. Two to four visitors at one time is a suggested number.
• All units are secure (locked).
• Your child may have a roommate. This may mean visiting with your child may happen in a different room to maintain patient privacy.

Restrictions
We recognize the need for support from family and friends. We also know how important it is to limit patients’ exposure to germs. Visitor guidelines can change based on the level of illness in our community.
Your care team will give you specifics about how many people can visit. Or visit cincinnatichildrens.org/visiting-guidelines.

Preparing to Visit
Review the following information pages prior to visiting. Please talk with staff if you have questions or need help with your child’s emotions or behaviors during your visit.

We Can Help: Managing Stress and Frustration
A hospital stay can be stressful. It is normal to feel scared, overwhelmed, and even frustrated. If you are feeling these things, it is ok to take a break. Ask the HUC on your child’s unit or a treatment team member if there is a space off the inpatient unit that you can have access to such as the College Hill Café or the Lindner Center of HOPE main lobby.

How to Escalate Your Concerns
Your concerns are important to us and we want to help resolve them as quickly as possible. If something about your child’s care doesn’t feel right or you aren’t comfortable with the communication you are receiving, please tell us.

To Share Your Concerns:
• Ask to talk to a unit leader (you can ask for a charge nurse, clinical director, clinical manager or attending doctor).
• Contact a patient advocate by calling 513-636-4700. Advocates are onsite Monday–Friday, 8:30 am–5 pm and checking voicemail after hours and on weekends.
If you’re frustrated with a member of your family, please alert your child’s treatment team that there is a conflict. A nurse, social worker or protective service officer can help.

Finding Your Way Around
At the College Hill Campus, our locations are referred to by a building letter (A or B), then a floor number, then a navigational direction (N, SW, etc). For example, the Neurobehavioral Inpatient Unit is in building A, on the 2nd floor, in the southwest hall (A2SW). The Cafe is in building A, on the first floor by the main entrance.

Parking
Parking is complimentary for patient families and visitors.

Accessing the Internet
Internet access is only allowed in non-patient spaces like the College Hill cafe or the Lindner Center of HOPE lobby. Personal cell phones or laptops are not permitted in patient spaces.

WiFi Connection
Network ID: childrens-guest
Accept the terms and conditions

Caren Mobile App
Caren is your personal mobile guide to make visiting Cincinnati Children’s as easy as possible.

APP: Available for both iPhone and Android; scan the QR code with your phone camera to download.
WEB: cincinnatichildrens.org/caren

Never Allowed*
The following items cannot be in the patient’s possession unsupervised:
- Plastic bottles containing soda or water/plastic bottle caps/pop cans (aluminum)
- Boots
- Weapons
- Belts (Inpatient only)
- Tight fitting clothing, short shorts, low cut tops
- Sleeveless shirts, spaghetti straps
- Clothing with strings (hoodies/sweatpants)
- Clothing with drug, alcohol, violence, obscenity or sexually-related material is PROHIBITED.
- Spiral Bound Notebooks.
- Sharp objects and items containing glass (perfume/ nail polish/make up).
- Mirrors/compacts containing mirrors.
- Jewelry (bracelets, necklaces, rings, etc).
- Matches/Cigarettes/Drugs/Alcohol
- Laptops, i-Pods/MP3, cell phones/gaming devices/any electronic device with internet access.
- DVD’s, CD’s, or Video games (unless approved by treatment team)
- Electronics/Appliances with cords (i.e hair dryers, curling irons)
- Plastic bags (including patient belonging bags)
- Metal tins
- Binders with plastic or metal rings/Clipboards
- Staples (including any pamphlets or magazines containing staples
- Paper clips (metal or plastic coated)
- Pencil sharpeners
- Non-safety scissors (sharp point)
- Plastic cutlery and wrapper
- Battery-operated devices (except for unit provided equipment)
- Sharp objects-razors, hairpins
- Rubberbands
- Headbands

*Any item staff assess as a potential weapon.

Support From Family & Friends continued...

Please leave anything of value at home. We are not responsible for any lost personal property. Label all clothing/toys, etc. with a permanent marker.

What to Bring?
Your child will wear hospital clothing (t-shirt and scrub pants) in the emergency room and initially on the unit.

If you would like to bring in items from home please see the contraband list for what is not allowed and contact the unit your child has been admitted to for further clarification.

Once your child’s treatment team has decided it’s safe for your child to wear his or her own clothes, we ask that you bring in weather appropriate clothing for your child to wear on and off their unit and based on their activity status.
Safety
- For the safety of all children, staff will examine personal patient baggage before it enters the unit. **Do not leave any items unattended in your child’s room.**
- Your personal over the counter and prescription medications are not allowed on the unit. Please leave them at home or in your car while visiting.
- Do not give your child medication, vitamins, or supplements. Please discuss your child’s medication needs with the nurse.
- **Cell phone usage is not allowed on the unit.** If you need to make a call, a staff member will help by directing you to a unit phone.
- Electrical Safety: If your child brings medical equipment from home and it is used for your child in patient care areas of the hospital, it will be checked for electrical safety. Your nurse will arrange for this check.

Boundaries
- Visiting generally takes place in your child’s room. You cannot visit in your child’s room with his/her roommate present. Ask your child’s staff member where you can visit.
- If your child enters another child’s room, please ask for help from a staff member to bring your child out.
- If there appears to be an emergency in another child’s room, tell a staff member right away so they may respond to the child’s needs.
- Sometimes, out of concern, you may want to provide words of advice or ask questions about another child’s situation, but please refrain. There is a specific treatment plan for every child that staff members are overseeing. **Alert staff if you have concerns about another child’s behavior instead of addressing this child directly.**
- Due to confidentiality, certain areas on the units are designated for staff only.
- Please do not sit on your child’s roommate’s bed. Please ask a staff member to bring you a chair to use while visiting.
- **Patients are not allowed to share their personal contact information with other patients.** This includes their phone number, address, email and other social media information.

Food/Meals
Parents are able to receive discounts on meals at the College Hill Campus location. Get more information from your child’s social worker if you are interested.
- **The College Hill Campus** cafeteria is open during meal times. Monday–Friday, 7:30 am–6:00 pm, Saturday and Sunday, 10:00 am–6:00 pm. The College Hill Campus currently has a traditional snack and beverage vending machine on the first floor, which is available 24/7. At College Hill, it is permitted to bring a small meal/snack to share with your child during visiting. Any remaining food will be sent home. We do not have the ability to store leftover food/snacks.
- **Lindner Center of HOPE** has a sit-down cafeteria available for families, open during meal times. No outside food is permitted.

Sleeping Arrangements
Spending the night with your child will depend on whether your child has a roommate and if there is a bed available for you. Parents will be provided a bed or recliner to sleep separately but in the same room. **No one may sleep on the floor, as this poses a safety risk to you, your child and our staff. You will not be allowed to sleep in the same bed as your child.**

If you would like to spend the night, you must be a guardian of the child. Please call the unit by 4 pm so that we can prepare for your stay, pending available space. You must arrive on the unit by 8 pm. **Once your child has gone to bed, you will be asked to remain in your child’s bedroom the rest of the night. Only one guardian can spend the night at a time.**

The treatment staff will work with you and your child to see if spending the night is appropriate. At times, it may not benefit your child’s treatment progress. Review unit specific guidelines given out at admission on staying the night and unit procedure.

For help making overnight arrangements outside of the hospital, please contact Concierge Services at 513-636-5009. The Concierge team can provide information about lodging at discounted rates.
Safety

Patient Safety
Patient safety is a top priority at Cincinnati Children’s. Here are some things you can do to help us keep your child safe:

• Tell a nurse or doctor IMMEDIATELY if you think your child is having a bad reaction to a medicine, or if you have any questions or concerns about your child’s safety.
• Tell us about your child’s allergies to medicines, food or latex.
• Tell us about special formulas or food your child needs.
• Tell us if you know your child was recently exposed to a contagious illness such as chicken pox, shingles or pertussis (whooping cough), COVID-19, or has a fever, bad cold, rash or fever blisters.
• Please allow us to choose the safest bed for your child’s age, size and needs.
• Please remember the importance of hand washing and keeping your child’s room free of personal belongings and clutter to prevent any falls.

Asking Questions
• Ask about the benefits and risks of any medicines, tests, treatments or blood transfusions.
• Ask about side effects of medicines or treatments.
• Ask for an explanation of test results.
• Don’t hesitate to ask to have something explained again, or in a different manner.
• Don’t be afraid to ask for a second opinion.
• Write down your questions as you think of them. You may be tired or stressed and forget your question later.

Identification
Patient identification: Your child will be given a name bracelet. Be sure your child wears this bracelet. Nurses will scan the bracelet to confirm your child’s identity before giving your child medication.

Employee identification: All employees wear an ID badge. Ensure that all hospital staff who interact with your child are wearing a Cincinnati Children’s badge.

Visitor identification: All visitors should keep their issued badge or sticker until they leave the hospital.

Medicines Your Child Takes at Home
Please provide a complete list of all medicines your child takes regularly and the doses. This includes all medicine, vitamins and herbal supplements your child has taken in the last two weeks.

It helps if you can show us your child’s prescriptions and/or over-the-counter medications in their original bottles. Your child’s care team will also contact your pharmacy to verify correct medicines and doses. After the care provider reviews them, we’ll ask you to take them back home. During your child’s stay, hospital staff will give all medications.

Seclusion and Safety Restraints
A safe environment is the basic foundation for effective mental health treatment.

Therapeutic Crisis Intervention Safety Measures
All of our direct care and support staff are trained in the Therapeutic Crisis Intervention (TCI) program, an internationally recognized crisis prevention program created by the Residential Child Care Project of Cornell University. This program is focused on how staff can support children when they experience emotional crises and help them learn from the experience for a more positive outcome.

We are committed to reducing and preventing the use of seclusion and restraint. We strive to maximize freedom and self-control for our patients while reducing force and avoiding harm for all.

Seclusion and restraints are not treatment options but safety interventions of last resort when there is a risk of danger to a child or others. These measures are very intrusive and will never be used for the purpose of treatment, discipline or staff convenience.
Seclusion and restraints are used as safely and humanely as possible by trained personnel. When used, the dignity, privacy and safety of your child will be preserved to the greatest extent possible.

We are committed to a setting that:

- Supports the dignity, privacy and rights of every child
- Focuses on the physical and psychological safety of every child
- Focuses on establishing positive, healthy and trusting relationships
- Promotes health and recovery

Parents/Guardians will be notified if your child is involved in a seclusion or restraint.

Medical Care

Medical care services are available 24/7 for all patients/youth. Registered Nurses (RNs) are staffed on-site 24/7. Additionally, Behavioral Health Specialists (BHS), Patient Care Attendants (PCA) and other assisting staff are certified in First-Aid and CPR. A physician (MD/DO) will not be present 24/7 at College Hill or Lindner Center of HOPE.

Procedures at:

Cincinnati Children’s College Hill Campus
5642 Hamilton Avenue, Cincinnati, OH 45229
In the event of a medical emergency, the following will take place:

- The Psychiatry staff, consisting of RNs, BHS, Physicians and other trained assisting staff, will respond, assess and provide treatment.
- If additional support is required, emergency procedures will be initiated including calling 911.
- Transporting the patient/youth by ambulance to the Cincinnati Children’s Burnet Campus for further evaluation and treatment.
- Guardians are required to acknowledge at the time of admission that a physician (MD/DO) will not be present 24/7.

Lindner Center of HOPE
4075 Old Western Row, Mason, OH 45040
In the event of a medical emergency, the following will take place:

- The Psychiatry staff, consisting of RNs, BHS, Physicians and other trained assisting staff, will respond, assess and provide treatment.

Hand Hygiene: Clean Hands Protect Everyone

Germs are everywhere. Hand hygiene is one of the most important ways to protect your child and prevent the spread of infections.

Partner with us to stop germs by cleaning your hands:

- When entering and exiting the room
- Before eating
- After restroom use
- After coughing or sneezing
- When visibly dirty
- After cell phone use

Ways to Clean Your Hands at the Hospital:

- Scrub with soap and water for 15–20 seconds.
- Use hand sanitizing wipes to wipe your hands thoroughly.
- Use hand sanitizing foam or gel and rub until dry.

Hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs. They are not as effective when hands are visibly dirty or greasy.

Remind everyone who comes in contact with your child to clean their hands too—family, visitors and friends. It’s even OK to ask doctors and nurses to wash their hands.
Safety continued...

- If additional support is required, emergency procedures will be initiated including calling 911.
- Transporting the patient/youth by ambulance to the Cincinnati Children’s Liberty Campus emergency department for further evaluation and treatment.
- Guardians are required to acknowledge at the time of admission that a physician (MD/DO) will not be present 24/7.

Safety and Security In and Around Our Buildings

Not Permitted on any Campus
- No open flames.
- No latex balloons; you may bring Mylar balloons.
- No handguns or other deadly weapons—even if you have a concealed carry license. Law enforcement officers only are exempt from this policy.
- No alcohol, illegal or non-prescribed medications or drug paraphernalia are permitted in the hospital.
- No toys that resemble weapons.

Smoking/Tobacco Policy
Our campus is smoke free and tobacco free, both indoors and outdoors. Smoking and the use of tobacco products or electronic cigarettes are not allowed. This includes all outdoor spaces and our parking lots.

Personal Safety
If you see anyone who looks suspicious or is acting out of the ordinary, please tell one of our clinical staff who will contact Protective Services.

Evacuation Process
In the event of a hospital evacuation, a Cincinnati Children’s staff member will assist in the safe transport of your child and will explain how you can help.

If you are not on campus when the evacuation occurs, someone from Cincinnati Children’s will contact you with information, including how to reunite with your child.

Ethics Consultation Services
Sometimes patients, families and healthcare providers have to make difficult choices about medical care. You may be faced with a situation where you are uncertain or disagree about the right thing to do. When families and staff need help thinking through the ethical issues and reaching agreement, the Ethics Consultation Service is a resource. You can request an ethics consultation 24 hours a day. The consultant will call you back to discuss your concerns. If you are uncertain whether the service is the right resource, please call. The consultant can also direct you to other resources. The service is free and confidential. Call one of the numbers below and ask the operator to page “ethics consultation.” If you do not receive a call back within 15 minutes, have the operator page again.

PHONE: 513-636-4200
TOLL FREE: 1-800-344-2462

Concerns about Patient Safety and Quality of Care
If you have a concern about the quality of care or a safety issue, please speak to your child’s nurse or doctor, or to the unit manager.

Here are steps you can take if you have a concern or grievance that cannot be immediately addressed by your care team.

Contact Family Relations to speak to a patient advocate:

PHONE: 513-636-4700
EMAIL: advocates@cchmc.org

Contact the Ohio Department of Health:

PHONE: 1-800-342-0553
EMAIL: hccomplaints@odh.ohio.gov

Contact The Joint Commission, the organization that accredits hospitals nationwide:

PHONE: 1-800-994-6610
EMAIL: complaint@jointcommission.org
WEB: www.jointcommission.org

Medicare beneficiaries have the right to request a review of their grievances by KEPRO, Ohio’s quality improvement organization. Medicare patients may make this request through Family Relations or by contacting the Ohio Medicare Beneficiary helpline.

PHONE: 1-800-408-8557
WEB: www.keproqio.com
School Services: Working With Your Child’s School

At Admission
We will ask you to complete a Release of Information (ROI) consent form that will allow our treatment team to contact your child’s home school. We may ask the school to share the following:
- Your child’s academic progress
- Any testing done by the school
- Homework
- A copy of an IEP/504 Plan

Informing School of Hospitalization
If your child has a completed Release of Information form, a School Specialist will email your child’s school team:
- To inform school of the admission and anticipated discharge date
- To ask for schoolwork and educational records

Education Group
Your child will have 1-hour of Education Group each day, Monday—Friday:
- Students work on schoolwork or activities created by Cincinnati Children’s Center for School Services
- Behavioral Health Specialists lead Education Group

Informing School of Discharge
If your child has a completed Release of Information form, a School Specialist will email the school team:
- To let them know your child was discharged
- To give general recommendations for supporting your child’s return to school

Individualized School Transition of Care Support
A School Specialist may call you if the care team determines your child needs individualized support.

Caregiver/Parent: Action Steps for School Communication

1. Call school to plan for your child’s return
   - Notify school of your child’s anticipated return date and any school concerns
   - Consider scheduling a meeting to discuss supports for your child’s return to school

2. Provide the following documentation for school to review:
   - Any relevant documentation from the hospitalization and/or outpatient providers
   - Results of any evaluations completed during the hospitalization and/or throughout outpatient providers (e.g., Speech, Occupational, or Physical therapy evaluation, etc.)

3. Discussion topics to consider for the school meeting
   - Consider sharing the reason/purpose for the hospitalization
   - Any important findings or interventions from the hospitalization
   - Behavior plans or recommendations from inpatient or outpatient providers
   - Support or accommodations your child may need
   - Concerns or questions about the return to school
   - Plan for a follow-up meeting to discuss how the return to school is going and whether additional supports are needed in the school setting
Discharge Preparation
We think it is best for your child and your family when you can be together at home. This is why we set a shared goal at the beginning of an inpatient admission and use this goal to help plan for your child’s discharge.

We want to make your transition to home as smooth as possible. Your care team will begin to discuss discharge plans with you when your child is admitted to the hospital. You are an important part of discharge planning. Discuss concerns you have related to discharge so we can help connect you with the resources you need.

You will receive discharge instructions that contain important information regarding the care of your child at home. This includes:
• Special instructions you may need to follow to keep your child healthy
• Names and phone numbers you can call with questions you may have once you arrive home
• A list of medications that your child will be taking at home
• Follow up appointments for your child. You may ask your social worker/clinical assistant to help schedule these with you before your child is discharged

Family Meetings
Participation in family meetings is important. We ask family members to participate in family meetings to help make discharge planning successful. Family meetings will be scheduled early in admission. Goals of the family meeting can include safety planning, and talking about how to be successful outside of the hospital. The social worker can recommend if support members from your child’s school and community should participate in these meetings. If you have questions about who to invite or how to prepare for a family meeting please ask your child’s social worker for help.

The length of stay that your child will be admitted varies depending on their psychiatric needs. We begin discharge planning upon admission and ask that you begin to evaluate what support you need from us (education, training, resources) so that you can safely manage your child at home.

You will be asked to work with your social worker or clinical assistant to arrange an outpatient appointment for child upon discharge. Our expectations for aftercare appointments are as follows:
• Outpatient therapy appointment within 14 days of discharge (or sooner if needed)
• Medication Management appointment within 30 days of discharge (or sooner if needed)
• Other services may be recommended, like case management or family therapy

A Bridge Clinic appointment will be offered by the social work clinical assistant when a medication management/ outpatient therapy appointment is not able to be obtained within 14 days of discharge.

If your child will take medication during school hours, contact your child’s school to request a School Medication Form. Deliver the form to the Primary Nurse or Health Unit Coordinator (HUC) so the physician can complete the form. Then, you will need to return the form to your child’s school.

The Day of Discharge
Arrange for your child to be picked up to leave the hospital before noon on the day of discharge (we ask this as a courtesy to other families, whose children may be waiting for a bed). At discharge, you will need:
• Your picture ID, such as a driver’s license or state ID
• Clothes and shoes for your child
• Completed financial paperwork
• Infant/child car seat, if appropriate

Transportation for your child at the time of discharge is the responsibility of the parent/guardian.

Additional Support
We are here to help you and your family during and after an inpatient admission.

Patient & Family Engagement Specialists
Cincinnati Children’s, Division of Child and Adolescent Psychiatry offers FREE support services to parents during an admission. To learn more about the programs listed below ask your child’s Social Worker or Primary Nurse to help you connect with our Division’s specialist or call 513-636-9844 to connect on your own.
Going Home  continued...

- **Parent Support**
  Offered during your child’s admission, the Patient & Family Engagement Specialist will provide emotional support to the parents/guardians during this challenging time. They can also participate in your child’s family meetings, if you like.

- **Patient and Family Advisory Council, Psychiatry**
  After your child’s discharge this may be a way to give back. This is a group of parents and former patients, who volunteer their time to help support projects and give feedback to make care better for kids getting care from the Division of Psychiatry. If you are interested in participating in the Council please contact the Patient and Family Engagement Specialists at 513-636-9844.

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**Want to Say Thank You to a Nurse?**

The DAISY Award is used to recognize nurses for their excellence in patient care. Nurses use their education, skill and compassion to make a difference in the lives of others. Please join us in thanking the extraordinary nurses who are our “unsung heroes”. Every month, Cincinnati Children’s will award one nurse The DAISY Award in special recognition of their outstanding clinical skills, compassionate care and commitment to excellence. If you know of a nurse who deserves this award, nominating the nurse is a great way to say “Thank You”.

To nominate a nurse, visit [cincinnatichildrens.org/careers/ped-nursing/daisy-award](cincinnatichildrens.org/careers/ped-nursing/daisy-award)
MyChart: Your Child’s Health Records

MyChart is an online version of your child’s medical records with Cincinnati Children’s. With MyChart, you can view test results, medications, appointments, follow-up instructions, diagnoses and more.

Your child’s MyChart information will be viewable after discharge from psychiatry on the MyChart APP and the MyChart website.

WEB: cincinnatichildrens.org/mychart
APP: Available for both iPhone and Android; search for “MyChart.”

How to Sign Up
To sign up for MyChart, visit the Family Resource Center (Location A1) or any outpatient clinic registration desk. MyChart contains confidential patient information, so there are limits on who may open an account. MyChart accounts can be created in person without an appointment. Children 13–17 years old must be present to set up their MyChart account.

We’re happy to help you with MyChart. For assistance or information contact:

PHONE: 513-636-5019
TOLL FREE: 1-877-508-7607
EMAIL: mychart@cchmc.org

Personal Copies of Your Child’s Medical Record

The information in a patient’s medical record is confidential. It is a legal requirement that Cincinnati Children’s receive permission prior to releasing this information. You must fill out an ‘Authorization For Use and/or Disclosure of Protected Health Information’ form to get information from the medical record. These forms are available through Health Information Management (HIM).

At admission, you will need to sign a release of information form, listing yourself on the form so that we will be able to share your child’s medical information with you.

If you would like a personal copy of your child’s medical records, please call Health Information Management (HIM) for initial processing. Copies will then be forwarded to the Patient Financial Services area for completion.

If you would like a copy of your child’s psychological testing, you must write that on the release of information form. This information is not part of your child’s general medical chart and must specifically be requested.

You can submit the authorization forms in person, via U.S. mail or by fax. There is a fee to receive a copy of your child’s records. Feel free to contact HIM if you need help.

Health Information Management Department
Cincinnati Children’s Hospital Medical Center
3333 Burnet Avenue, MLC 5015, Cincinnati, OH 45229

PHONE: 513-636-8233
FAX: 513-636-4217

Requests for X-Ray, MRI, Nuclear Medicine or Other Films:
Cincinnati Children’s Radiology Department

PHONE: 513-636-4251
Hospital Policies

Our Commitment to Safety

In order to provide outstanding clinical care, we hold high standards to maintain safety for our patients, families, visitors and staff.

In order for you and your child to feel safe:
• Ask questions.
• Engage as a partner in your child’s care.
• Work with your care team to create goals for your child and share expectations about treatment.
• Speak up if you see unsafe situations for your child or those around you.
• Ask your care team to explain things that are not familiar to you.
• Ask questions to find out the reason for delays, disruptions or unexpected circumstances that affect your child’s care and treatment.

Please refrain from:
• Shouting, cursing and aggressive, offensive nonverbal gestures
• Cruel or intimidating behaviors that create a hostile environment, including threats of harm and sexual harassment
• Invading personal space and privacy (such as unconsented physical contact, taking videos or photos of staff or other patients, or posting unconsented personal information about staff on social media)
• Sexual activity in common public areas or patient rooms
• Making too much noise (including excessive TV or music volume, or loudly arguing in patient rooms or common spaces)
• Trying to physically stop or interfere with the care or treatment of a patient

The following behaviors are prohibited and will result in immediate action:
• Using drugs or alcohol on hospital property
• Threats or acts of violence
• Stealing or damaging property

Violations will result with the following:
• The care team will intervene.
• The security team may be called.
• You may be required to leave the unit or hospital.
• We may need to restrict your child’s visitors.

Photos and Videos

• You can take photos and videos of your child and family. Please ask permission of other families and staff who are in your shots.
• If they say “no, thank you” please be respectful and do not include them in the photo or video.
• If you have a concern with your child’s care that you feel you need to document, first talk to a trusted person in your child’s unit (see How to Escalate Your Concerns page xx)
• It is not ok to record someone without their knowledge or when they’ve asked you not to.

Patients and Parents/Family Members Have the Responsibility to:

• Provide, to the best of your knowledge, accurate and complete information about all related health matters;
• Formulate advance directives and expect the hospital staff and practitioners who provide care will comply with these directives to the extent allowed by law;
• Be considerate of other patients and staff and to encourage your visitors to be considerate as well;
• Pay for hospital and outpatient services provided, to provide necessary information to process insurance claims and/or to plan for payment of healthcare bills as soon as possible;
• Discuss with a financial counselor the possibility of financial aid to help in the payment of hospital and outpatient bills in cases of financial hardship (contact our financial counselor at 513-636-0201);
• Follow the treatment plan recommended by the practitioner and agreed upon by you;
• Follow Cincinnati Children’s policies and procedures concerning patient care and conduct;
Seek information, to the extent possible, from healthcare providers by asking any questions necessary to reach an understanding of health problem(s) and the treatment plan developed by you and the practitioner.

Patients and Parents/Family Members Have the Right to:

- Have a family member or representative of your choice and your physician notified promptly of an admission to the hospital;
- To be treated considerately and respectfully regardless of their race, color, creed, ancestry, national origin, citizenship, religion, age, genetic information, physical or mental disability, marital or family status, sex, pregnancy, sexual orientation, gender identity/expression, military, veteran, or disabled veteran status, or other protected status in accordance with applicable federal, state, or local laws and regulations;
- Know the names of your Cincinnati Children’s physicians and nurses and the care role they play;
- Be told by the physician, in words you can understand, about an illness, treatment and prospects for recovery;
- Receive as much information as you need in order to give or refuse consent for any proposed treatment;
- Have an active role in medical care decisions, including the development and implementation of the care plan, which shall include the management of pain as appropriate;
- Make an informed decision regarding care including, to the extent allowed by law, the refusal of care;
- Privacy in medical care and treatment; this includes the right to be informed why individuals who are not directly involved in the care are present during treatments or discussions and personal privacy in general;
- Receive care in a safe setting, free from all forms of abuse, harassment or corporal punishment;
- Be free from restraint or seclusion used to coerce, discipline, retaliate or for convenience; to have trained staff safely implement permitted restraint or seclusion;
- Confidential treatment of all communications and records regarding care received at Cincinnati Children’s; to access information in the medical record in a reasonable time frame;
- Be aware and informed if Cincinnati Children’s feels that legal action is necessary to provide treatment;
- Receive a clear explanation of the outcome of any treatments or procedures where the outcomes differ significantly from the anticipated outcomes;
- Expect a response to any reasonable request for help in meeting special needs;
- Request assistance with discharge planning;
- Choose to remove your child or leave the hospital even when the physicians advise you not to, to the extent permitted by law; you will be required to sign a form that relieves Cincinnati Children’s of responsibility for your or your child’s welfare;
- Know about any connections between Cincinnati Children’s and other institutions, as far as your or your child’s care is concerned;
- Consent or refuse to participate in any research project;
- Know what the continuing health care needs are after discharge from the hospital or outpatient service;
- Know the charges for services provided, to examine your medical care bills and to receive an explanation of charges.

Ohio Mental Health and Addiction Services (OMHAS) Patient Rights

Each patient shall have the following rights:

1. Each person who accesses mental health services is informed of these rights:
   a. The right to be informed within twenty-four hours of admission of the rights described in this rule, and to request a written copy of these rights;
   b. The right to receive information in language and terms appropriate for the person’s understanding;
   c. The right to speak to a financial counselor.

2. Services are appropriate and respectful of personal liberty:
   a. The right to be treated in a safe treatment environment, with respect for personal dignity, autonomy, and privacy, and in accordance with existing federal, state and local laws and regulations;
   b. The right to receive humane services;
   c. The right to participate in any appropriate and available service that is consistent with an individual service/treatment plan, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person’s participation;
   d. The right to reasonable assistance in the least restrictive setting; and
   e. The right to reasonable protection from physical, sexual or emotional abuse, or harassment.

3. Development of service/treatment plans:
   a. The right to a current individualized treatment plan (ITP) that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
b. The right to actively participate in periodic ITP reviews with the staff including services necessary upon discharge.

4. Declining or consenting to services: The right to give full informed consent to services prior to commencement and the right to decline services absent an emergency;

5. Restraint or seclusion: The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

6. Privacy:
   a. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and non-hospital surveyors, contractors, construction crews or others.
   b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual recording technology. This right does not prohibit a hospital from using closed-circuit monitoring to observe seclusion rooms or common areas. But closed-circuit monitoring shall not be utilized in patient bedrooms and bathrooms.

7. Confidentiality:
   a. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and
   b. The right to be informed of the circumstances under which the hospital is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code

8. Grievances: The right to have the grievance procedure explained orally and in writing; the right to file a grievance with assistance if requested; and the right to have a grievance reviewed through the grievance process, including the right to appeal a decision.

9. Non-discrimination: The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws

10. No reprisal for exercising rights: The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

11. Outside opinions: The right to have the opportunity to consult with independent specialists or legal counsel at one’s own expense.

12. No conflicts of interest: No inpatient psychiatric service provider employee may be a person’s guardian or representative if the person is currently receiving services from said facility.

13. The right to have access to one’s own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual patient for clear treatment reasons in the patient’s treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

14. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

15. The right to receive an explanation of the reasons for denial of service.

In addition to the rights listed, each consumer residing in an inpatient psychiatric hospital shall have the following rights:

1. Each consumer of mental health services are informed of these rights:
   a. The right to receive humane services in a comfortable, welcoming, stable and supportive environment; and
   b. The right to retain personal property and possessions, including a reasonable sum of money, consistent with the person’s health, safety, service/treatment plan and developmental age;

2. Development of service plans: The right to formulate advance directives, submit them to hospital staff, and rely on practitioners to follow them when within the parameters of the law.

3. Labor of patients: The right to not be compelled to perform labor which involves the operation, support, or maintenance of the hospital or for which the hospital is under contract with an outside organization. Privileges or release from the hospital shall not be conditional upon the performance of such labor.
4. Declining or consenting to services:
   a. The right to consent to or refuse the provision of any individual personal care activity and/or mental health services/treatment interventions; and
   b. The right, when on voluntary admission status, to decline medication, unless there is imminent risk of physical harm to self or others; or
   c. The right when hospitalized by order of a probate or criminal court to decline medication unless there is imminent risk of harm to self or others, or, through an order by the committing court, except that involuntary medication is not permitted, unless there is imminent risk of harm to self or others, for persons admitted for a competency evaluation under division (G) (3) of section 2945.371 of the Revised Code or admitted for sanity evaluation under division (G)(4) of section 2945.371 of the Revised Code. The inpatient psychiatric service provider shall provide the opportunity for informed consent.

5. Privacy, dignity, free exercise of worship and social interaction:
   The right to enjoy freedom of thought, conscience, and religion; including religious worship within the hospital, and services or sacred texts that are within the reasonable capacity of the hospital to supply, provided that no patient shall be coerced into engaging in any religious activities.

6. Private conversation, and access to phone, mail and visitors:
   a. The right to communicate freely with and be visited at reasonable times by private counsel or personnel of the legal rights service and, unless prior court restriction has been obtained, to communicate freely with and be visited at reasonable times by a personal physician or psychologist;
   b. The right to communicate freely with others, unless specifically restricted in the patient’s service/treatment plan for reasons that advance the person’s goals, including, without limitation, the following:
      (i) The right of an adult to reasonable privacy and the freedom to meet with visitors, guests, or surveyors, and make and/or receive phone calls; or the right of a minor to meet with inspectors, and the right to communicate with family, guardian, custodian, friends and significant others outside the hospital in accordance with the minor’s individualized service/treatment plan;

(ii) The right to have reasonable access to telephones to make and receive confidential calls, including a reasonable number of free calls if unable to pay for them and assistance in calling if requested and needed. The right of a minor to make phone calls shall be in accordance with the minor’s individualized/treatment service plan; and

   c. The right to have ready access to letter-writing materials, including a reasonable number of stamps without cost if unable to pay for them, and to mail and receive unopened correspondence and assistance in writing if requested and needed subject to the hospital’s rules regarding contraband. The right of a minor to send or receive mail shall also be subject to directives from the parent or legal custodian when such directives do not conflict with federal postal regulations.

7. Notification to family or physician: The right to have a physician, family member, or representative of the person’s choice notified promptly upon admission to a hospital.

Parents or their representatives who wish to lodge a grievance may do so by contacting the following organizations:

Ohio Mental Health and Addiction Services
Customer Advocacy and Protection Specialist
1-877-275-6364

Hamilton County Mental Health and Recovery Services Board
Client Rights Officer
2350 Auburn Avenue, Cincinnati, OH 45219
513-946-8635

Disability Rights Ohio
200 Civic Center Drive, Suite 300, Columbus, OH 43215
614-466-7264 or 1-800-282-9181

Ohio Department of Health
Provider and Consumer Services Unit
246 N. High Street, Columbus, OH 43215
1-800-342-0553
hccomplaints@odh.ohio.gov
Reporting Concerns
Our staff focuses on your child’s safety every day. Some of the things we do to keep your child safe include:
• Keeping the unit secure (checking belongings, limiting visitors, etc)
• Checking two identifiers before giving medicines or administering tests
• Using proper hand hygiene
If you have concerns about the care being provided to your child:
Step 1: Talk to your treatment team (nurse, social worker, doctor) about any questions or concerns.
Step 2: If you still have concerns that are not answered by the treatment team, you may ask staff to call the clinical manager or director for your child’s unit. You may also call the clinical manager directly. Please see the director letter in your packet for the contact numbers.
Step 3: If your concern is not answered by the clinical manager or director, your concern will be forwarded to Cincinnati Children’s Division of Family Relations; or you may call a patient / family advocate in Cincinnati Children’s Division of Family Relations at 513-636-4700.

Our Commitment to Nondiscrimination
Cincinnati Children’s complies with applicable laws and does not discriminate against people or treat them differently on the basis of race, color, national origin, ancestry, religion, age, sex, sexual orientation, marital status, disability, or other unlawful reasons.
Cincinnati Children’s provides free:
• Aids and services to help people with disabilities communicate effectively with us, including qualified sign language interpreters, written information in audio or other formats (large print, electronic formats)
• Language services to people whose primary language is not English, including qualified interpreters and information written in other languages
Contact Family Relations if you need these services.

If you believe that Cincinnati Children’s has failed to provide these services or discriminated in a prohibited way, you can file a grievance. You can file a grievance in person, by mail or email. If you need help filing a grievance, the Cincinnati Children’s Section 1557 Coordinator is available to help you.

PHONE: 513-636-4700
EMAIL: advocates@cchmc.org
MAIL: Cincinnati Children’s Section 1557 Coordinator, Family Relations, 3333 Burnet Avenue, Cincinnati, OH 45229

U.S. Department of Health and Human Services
• You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail, phone or electronically through the Office for Civil Rights Complaint Portal.

PHONE: 1-800-368-1019 or 800-537-7697 (TDD)
MAIL: U.S. Department of Health and Human Services, 200 Independence Ave, SW Room 509F, HHH Building, Washington, DC 20201
Complaint portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms: hhs.gov/ocr/office/file/index.html

The Joint Commission
You and your child can report all quality or safety concerns to staff using the steps listed on the prior page. The hospital is accredited by The Joint Commission. If you feel your quality or safety issue has not been resolved by us, please contact:

The Joint Commission
One Renaissance Blvd, Oakbrook Terrace, IL 60181
patientsafetyreport@jointcommission.org

How to Report Privacy Concerns
You can call our Privacy Officer if you:
• Believe we have not properly protected your privacy
• Believe we have violated your privacy rights
• Disagree with a decision we made about access to your protected health information
You can contact our Privacy Officer at 1-866-856-1947, or online at www.cchmc.ethicspoint.com

PHONE: 513-636-4700 or 1-800-344-2462 (toll-free)
EMAIL: advocates@cchmc.org
MAIL: Cincinnati Children’s Section 1557 Coordinator, Family Relations, 3333 Burnet Avenue, Cincinnati, Ohio 45229
Billing

What to Expect During the Billing Process

When your child is admitted to Cincinnati Children’s, we use the insurance information you provide during registration to process your account. Parents are encouraged to contact their insurance provider to learn more about their families’ MENTAL health coverage and understand what is and is not covered. Your insurer will also let you know your co-pay/deductible amount, so you’ll know exactly how much you are expected to pay when your child has an appointment. As your child receives treatment and services at Cincinnati Children’s, we submit bills to your insurance provider. If they do not pay in a reasonable amount of time or do not cover the entire cost of your bill, we may contact your insurance company again. We may also contact you for help in processing your insurance claim. You will be responsible for the cost that your insurance may not cover.

It will be your responsibility to inform Cincinnati Children’s of ALL insurance providers/plans covering your child. We will contact insurance companies to request authorization of services.

Automated Voice Response System

Our automated voice response system gives customers access to their hospital and physician billing accounts 24 hours a day, seven days a week. You can use this system to check account balances and payment records and to request itemized statements. To use this service, call 513-636-4427, option 1

Cincinnati Children’s Billing Department
Customer Service
College Hill and Burnet Ave. Campus Billing:
Monday–Friday, 8 am – 5:30 pm

PHONE: 513-636-4427
TOLL FREE: 1-800-344-2462, ext. 4427
TTY: 513-636-4900
FAX: 513-636-4173

Lindner Center of HOPE Billing

Parents at Cincinnati Children’s Lindner Center of HOPE (LCOH) will receive two bills; one for hospital fees and one for physician professional fees. If you have questions about hospital charges, please call Cincinnati Children’s Billing Department Customer Service at 513-636-4427, and press option 9. If you have questions about the professional fees associated with the physician’s care, please contact the LCOH Billing Department at 513-536-0200. LCOH Financial Counselors are available Monday–Friday, 8 am – 11 pm.

For a financial counselor to assist you with the process of applying for Financial Assistance and answer your questions regarding the LCOH Financial Assistance program please call 513-536-0224.

Financial Assistance

If you are worried about paying your medical bills, we can help you through one of the financial assistance programs at Cincinnati Children’s. Financial counselors can help. For more information, contact our financial counselors at:

PHONE: 513-636-0201
EMAIL: pfc@cchmc.org

Most major insurance programs cover treatment services offered at Cincinnati Children’s Hospital Medical Center. We are an Ohio Medicaid provider, with limited availability for non-Ohio Medicaid.
The Care Team
A team of health professionals and other staff will care for your child at the hospital. You are an important member of this team.

On occasion, a family makes a special request for the patient to be treated by caregivers based on their race, gender, ethnicity, age or other characteristic. We believe that patients are best served when we provide the best-qualified staff, regardless of these personal characteristics. Therefore, such requests will not be honored.

Below is a list of some of the people you may meet during your child’s inpatient admission.

**Psychiatrist:** This is the doctor that is in charge of your child’s care in respect to diagnosis, medications and treatment plans.

**Advance Practice Providers (APP):** APPs are Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) with advanced levels of education and training. APRN includes Nurse Practitioners and Clinical Nurse Specialists. They practice as part of a specialty care team and inpatient hospital medicine. While you are in the hospital, an APP will likely be the provider who you see most often.

**Primary Care Nurse:** The nurse will work side by side with the psychiatrist and the social worker to coordinate your child’s treatment. Primary Care Nurses work closely with parents/guardians to support patient treatment goals.

**Social Worker:** Masters prepared clinician who assists patients and families cope with the practical and emotional concerns that accompany diagnosis and treatment; Can help you find resources within the hospital and near your home.

**Clinical Assistant:** Works in partnership with Social Worker to assist with case management tasks; coordinates outpatient services and provides resources for family to utilize after discharge.

**The Milieu Staff:** The group of staff taking care of your child on the inpatient units includes nurses (RN’s) and Behavioral Health Specialists (BHS). The nurses and mental health specialists are in charge of ensuring and promoting your child’s safety, proper hygiene, teaching appropriate coping skills and helping them to understand their diagnosis. This team of milieu staff help to provide structure and stability to your child’s care.

**Nurse Practitioners (NP) & Clinical Nurse Specialists (CNS):** These are registered nurses who have completed graduate-level education and board certification. NPs complete history information and physicals and address medical concerns for children during an inpatient admission and work closely with our Psychiatrists in providing care for all our patients.

**Registered Nurses (RN):** Nurses who have graduated from a college-level nursing program and have passed a national licensing exam. RN’s are in charge of the milieu and nursing care for all patients.

**Behavioral Health Specialists (BHS)/Behavioral Health Facilitators (BHF):** a bachelors or masters prepared team member who provides milieu management, leads therapeutic groups and provides overall structure and stability during your child’s inpatient admission.

**Health Unit Coordinators (HUC):** Help keep the unit running smoothly. They are a good source of information about the unit.

**Patient Care Assistants (PCA):** Perform basic care services, such as checking temperature and blood pressure, and assisting with feeding and bathing. Respond to call lights. PCAs work under the supervision of nurses and doctors.

**Behavioral Health Consultant (BHC):** Completes behavioral assessments, develop behavior plans, and facilitates parent training.

**Behavioral Psychologist:** Creates and implements your child’s behavior plan based on behavioral observations and data collection (P2SW).

**Clinical Director/Clinical Manager:** The unit leader for each patient care area.

**Occupational Therapists (OT):** Help children with coordination needed for fine motor skills and daily tasks, such as writing, feeding and brushing teeth.

**School Specialist:** Bachelors or masters prepared school liaisons collaborate with the care team, family, and school to help with your child’s return to the school setting after discharge.
**Speech Pathologists:** Help children with speech and communication, feeding and swallowing. Evaluates your child’s language, communication and social skills, facilitates individual and group treatment target language and communication deficits. At times alternative communication methods may be deemed necessary. These alternative methods may include, but are not limited to, use of sign language and/or the Picture Exchange Communication System (PECS).

**Child Life Specialists:** Provide developmentally-appropriate toys, activities and education to help ease stress and prepare children and families for medical procedures. Also provide opportunities for children to play, watch movies, and celebrate birthdays and holidays.

**Dietitians and Diet Technicians:** Coordinate the special diet and nutrition therapy your child may need.

**Chaplain:** Supports patients and families and attends to their diverse spiritual needs and practices. If you have specific religious needs or requests, please ask for assistance.

**Common Terms**

Below is a list of some of the common terms you may hear during your child’s Psychiatric Inpatient Admission.

**Treatment Team:** This includes both the staff on the inpatient unit (doctor, RN, social worker, BHS) and the people who will support your child’s treatment after discharge, which includes: parents, care givers, school personnel, community providers, etc.

**Family Meetings:** Family meetings are designed to give Parents/Guardians an opportunity to meet with their child, social worker and other treatment team members to discuss goals, concerns, services and resources after discharge. Our team is here to assist you as your child transitions from crisis to a more stable setting and return to the community. Parents and caregivers are part of the treatment team along with hospital inpatient staff, outpatient and community providers.

**Safety Plan:** a plan you and your child will work together to create that includes steps to take to keep your child safe during crisis. This is discussed and developed with you and your child during your family meeting.

**Treatment Plan:** goals that you and your child are working to meet during an inpatient stay. This is discussed and developed with you and your child during your family meeting.

**Discharge:** is planned for when your child can safely return home.

**Bridge Clinic:** is a psychiatric crisis clinic where pediatric patients can receive a rapid evaluation or medication management support while they wait for their outpatient care to start.

**H&P:** stands for History and Physical.

**Coping Skill:** a skill that helps the child deal with stress.

**Milieu:** this is the main space on an inpatient unit. It is where therapeutic groups and meals are shared throughout the day.

**ADL:** ADL stands for Activities of Daily Living. Examples of an ADL are brushing teeth, taking a bath or shower.

**PRN:** a medication given to your child on an as needed basis such as Tylenol or Ibuprofen.

**AVS:** Stands for After Visit Summary. All patients receive an AVS at the time of discharge. Your child’s AVS can be accessed via MyChart.

**Care Journey Map:** a visual tool used by the treatment team and the parent/guardian(s) to share information on your child’s treatment and work toward a common goal.