

COUNTY OF LOS ANGELES

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

HCPCFC
DCFS

Policy/Procedure

Subject: NURSE TO NURSE REPORT (N2N)

PURPOSE: To maintain continuity of care for the children in the Los Angeles County Child Welfare System that is provided by the Department of Children and Family Services (DCFS) and the Health Care Program for Children in Foster Care (HCPCFC) Public Health Nurses (PHN) and to ensure standardization of the case transfer process from one nurse to another and from one program to another.

POLICY: DCFS and HCPCFC PHNs will follow the nurse to nurse policy when transferring a case to another PHN within their program and when transferring a case from one program to another.

PROCEDURE:

- I. Transferring PHN:
 - a. Review and complete all necessary case notes, contacts and referrals process when possible.
 - b. Complete the N2N report as follows:
 1. **Date:** Date of transfer report
 2. **Reason for transfer:** Ex: transferring to a new unit – SCSW, Medical Placement Unit (MPU), office or CSW etc.
 3. **From PHN:** PHN prior to transfer
 4. **To PHN:** PHN case being transferred to
 5. **SCSW / tel no:** Newly assigned SCSW
 6. **CSW / tel no:** Newly assigned CSW
 7. **Child's Name:** Name of the primary child on the referral/case
 8. **AKA:** Any other name that child may be known by; ex: Baby Boy Doe, BB Doe, Baby Doe, etc.
 9. **DOB:** Child's birth date

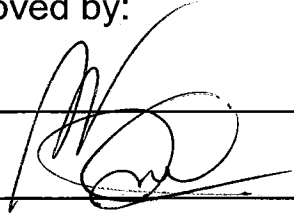
10. **Reason for detention:** Ex: severe neglect, newborn / Infant of a Substance Abusing Mother (**ISAM**), physical abuse, Multi-Agency Response Team (**MART**), etc.
11. **Child's current medical condition:** Current diagnoses, not past or previously resolved medical conditions.
12. **Is child currently taking any prescribed medications?**
13. **Actions:**
 - Please document the date PHN participated in the following actions/activities
 - Home Visit: self-explanatory
 - Hospital visit: self-explanatory
 - Multidisciplinary Team meeting: Multi-Disciplinary Assessment Team (**MAT**), Team Decision Making (**TDM**), Family Group Decision Making (**FGDM**), Safety, Case Conference, etc.
14. **Comments:** Important or vital information that you think is needed by the other receiving PHN to know e.g. Conference outcome
15. **Pending Appointments:** Upcoming appointments previously scheduled for the child.
16. **Pending Medical Records:** Medical records previously Requested, but not yet received.
17. **Additional Information/Follow-up needed:**
 - HEP created or updated
 - Date initial Hub exam completed
 - Date initial Suspected Child Abuse and Neglect (**SCAN**) exam completed
 - Date of last PHN CWS/CMS contact entry

OTHER IMPORTANT OR VITAL INFORMATION

- PHN to complete the 1696 F rate review and initiate the F rate process to determine if client indeed qualifies for Medical Placement Unit prior to transferring the client.
- If the client qualifies for Regional Center Services or other services such as California Children Services (**CCS**), PHN will attempt to initiate the referral process before transferring when possible.
- N2N report form shall be forwarded to the immediate PHNS and the receiving PHNs, PHNS via email, mail or hand delivered. PHN may also provide an oral N2N report as needed.
- N2N report forward to the receiving PHN to complete the transferring process

- PHN will sign off from the secondary assignment on CWS/CMS system after successfully transferring the case.
- The receiving PHN shall sign on as a new Secondary Assignment role.
- A copy of the N2N report form shall also be forwarded to immediate PHNS and the receiving PHN's PHNS.
- On the child/family; ex: name and birth date of other children in the family.

- It is encouraged that when transferring a child with severe medical concerns and pending follow up, PHN will communicate with each other via phone or in person when PHNs are in the same office.

Approved by:	Date:
	9-31-13
	9/26/13