

## CONFERENCE ABSTRACT

### Montserrat Montero Special Education Centre. Towards the integrated care for students with severe health conditions and complex care needs

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**Introduction:** The Catalan educative system has the strong will to be inclusive also for children and youth with severe physical or mental health conditions that require an intensive health care to be delivered. When student's needs cannot be handled in the ordinary educative centers, Special Education Centers (SEC) must be used.

Montserrat Montero SEC is a primary and secondary school for students with special educational needs. There is a significant group of them affected by severe health conditions that require complex care needs.

This co-existence of educative and health needs required an integrated solution which included healthcare and support when required, in order to make the student's education and their socialization possible; teachers' emergency training and emergency services coordination, as well as primary healthcare follow-up and support were aspects to be improved to reach good standards of care.

**Methods:** This work is a case-description of a collaborative model where diverse healthcare services were coordinated to provide an integral service to children and youth with severe physical or mental conditions, within the context of an educative center. Several organizational aspects and its impact to student's health and educative development will be related and discussed.

**Results:** An interdisciplinary (educative and healthcare) team was formed within the centre and coordinated with the regional healthcare services network (primary, hospital and emergency services) during the 2013-14 academic year. Teachers, at the same time qualified in Nursing or in Physiotherapy, were coordinated with the Primary Care general practitioners (GP) for the student's medical follow-up, with the General Hospital Emergency Department for additional health training and updating, and with the ambulance medical emergency services in order to individualize the emergency care intervention when needed.

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Student's profile included severe health conditions such as congenital toxoplasmosis, hydrocephalus, severe epilepsies, psychomotor underdevelopment, brain paralysis, brain anoxia with tetraparesis and diverse degeneration syndromes that required tracheostomy care, gastrostomy feeding, etc. Their age range was from 3 to 20 years old.

During the academic year, 21 out of 140 students needed complex healthcare assistance and coordination and 10 vital emergencies were satisfactorily attended by the emergency services. Registered Nurse Teachers took a yearly training on emergency care at the emergency department of their regional general hospital. A stable coordination with primary healthcare services was carried out and the school psychologist assisted the healthcare team when families and students wished to state their living wills (currently one student's family has stated it on his medical record).

**Discussion:** This collaborative model (health and education) and the existence of professionals in the centre who are able to deliver healthcare attention makes students' school attendance possible. Distribution of students according to levels of health support within the school is also an enabler for the organization of the centre.

Educational objectives are very diverse attending to the cognitive, mental and physical situation of the student; teachers and educational psychologists must adapt their goals to it. Personal care, relational and communicative needs, sensorial or cognitive stimulation, and autonomy development are important goals that must be ensured prior to scholar objectives.

From a healthcare services perspective this experience has enabled the adaptation of healthcare delivery to the specific needs of patients with very complex conditions.

A school health/educative approach has facilitated the integration of care, higher satisfaction levels in both aspects and an increased confidence amongst families. A closer work with primary healthcare services could improve severe ill students' living wills register and a better integrated attention.

**Conclusion:** Children and youth with severe health conditions and complex care needs are not a big number of patients but they are very significant for their family social impact and their lack of socialization opportunities. According to their right to be educated, they need of a person-centered model of attention. An effective integration of healthcare services has made it possible to individualize health care assistance to this specific group and its health needs, at the same time, double-awarded professionals working in a SEC have enabled a real integration and a good result either on health, educational and/or social aspects of the student. This model is valid to be reproduced and to become official in other regions of Catalonia.

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**Keywords:** special education centre; children; youth; complex care needs; educative and health integration

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