



UR
MEDICINE

GOLISANO
CHILDREN'S HOSPITAL



State of the Department
Tues 9/14/2021 8am RRH
Wed 9/15/2021 8am GCH

Patrick Brophy MD MHCDS
William H. Eilinger Chair
Department of Pediatrics
Physician-in-Chief
Golisano Children's Hospital

MEDICINE of THE HIGHEST ORDER

Overview

Welcome: New Faculty and Staff!!!!

Financials/Endowment

Quality & Safety

Strategic Plan Updates

Appendices: Telehealth/Regional

Org Charts

Faculty Recruitment – FY 21 & FY22

Department of Pediatrics

- Faculty Member:

- Amy Burris, MD
- Michael Collins, MD
- Jason Mandell, MD
- Mykael Garcia, MD
- Natalie Wilson, MD
- Allyson Jordan, PhD
- Jyostna Gupta, MD
- Shachi Shaw, MD
- Laura Young, MD
- Alexandra Hubbel, MS
- Laura Rohan, MS
- Ajay Rana, MD

- Division:

- Allergy/Immunology
- Cardiology
- Cardiology
- Critical Care
- Critical Care
- Developmental and Behavioral Pediatrics
- Endocrinology
- Endocrinology
- Endocrinology
- Genetics
- Genetics
- Gastroenterology, Hepatology and Nutrition

Faculty Recruitment – FY 21 & FY22

- Faculty Member:

- Margarita Corredor, MD
- Tina Sosa, MD
- Karen Wilson, MD, MPH
- Michelle Burtner, MS
- Colby Day Richardson, MD
- Lynette Johnson, DO
- Divya Chhabra, MBBS, MS
- Jamie Wooldridge, MD
- Leona Oakes, PhD
- Aniruddha (Andy) Paranjpe, MD, MPH
- Ariel Reinish MD
- Carol Fries

- Division:

- Hospital Medicine
- Hospital Medicine
- Hospital Medicine
- Neonatology
- Neonatology
- Neonatology
- Neonatology/Pulmonology
- Pulmonology
- Transitional Care Medicine
- Transitional Care Medicine
- General academic Pediatrics
- Peds Hem-Onc

- **Ongoing Active recruitment in many critical areas**

GCH Nursing

- Largest workforce in the Children's Hospital – just shy of 710 FTE
 - RN FTE – 550.44 FTE
 - Unit based educators, service based CNS/CNL/NE - 16.3 FTE
 - LPN, PCT, PUS, USA, Sr. Psych Techs - 108.3 FTE
 - Operations Supervisors/Operations Manager - 3.0 FTE
 - Child Life - 14.58 FTE
 - Peds Transport team /VAT – 8.0 FTE
 - CRN - 7.48 FTE

GCH units/clinical areas

Ground Floor -Pediatric ED

3RD Floor – NICU (Newborn Nursery, 3-3400, GCH3)

4TH Floor – Peds OR, PSC

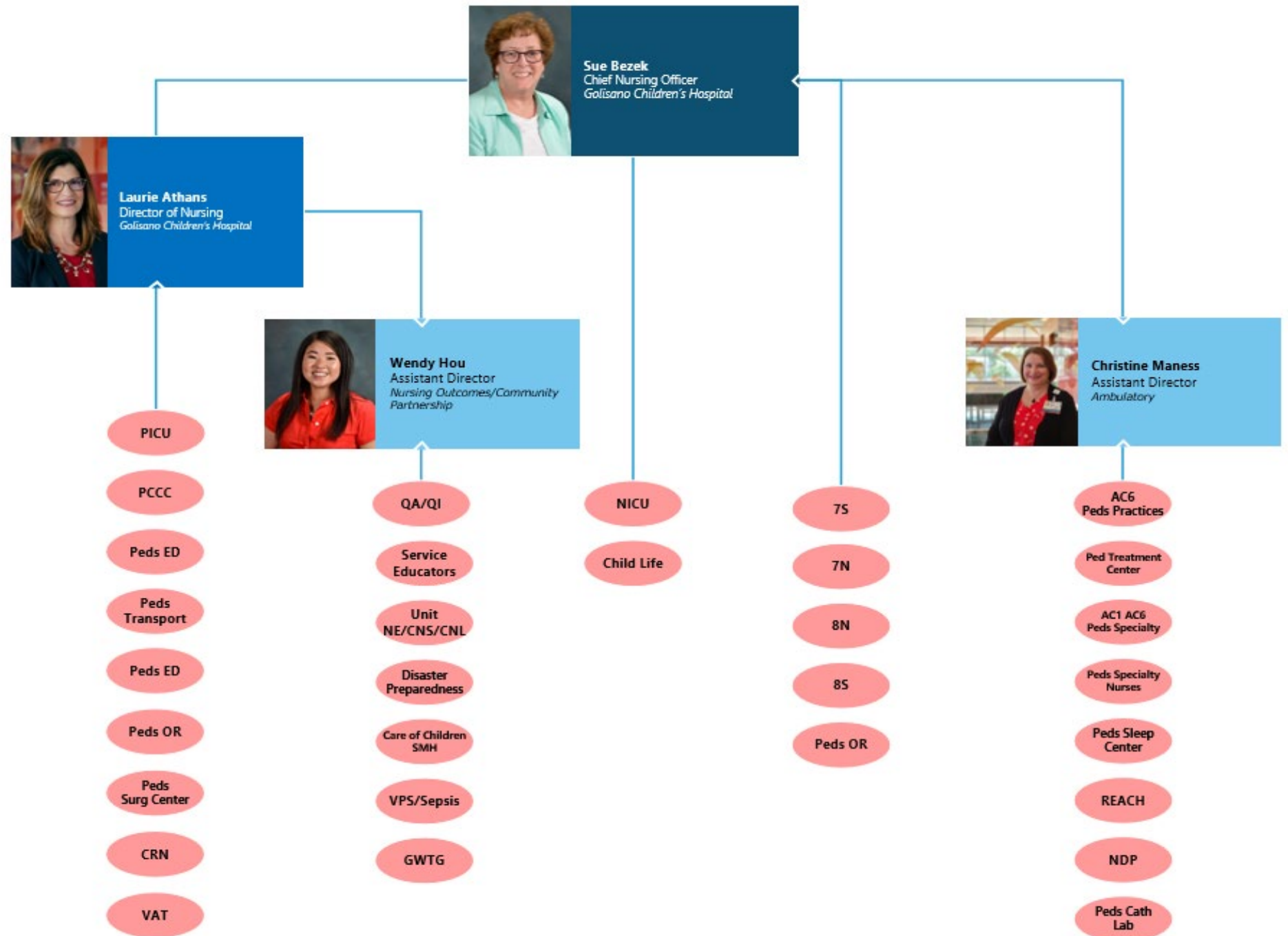
6TH Floor – PICU, PCCC

7TH Floor – 7N, 7S

8TH Floor – 8N, 8S

Ambulatory – Peds Practice, Treatment Center, 19 Specialty Practices seeing patients throughout AC1 and AC6, East River Road, Clinton Crossings, and the Pediatric Sleep Center. There are 36 specialty nurses imbedded in pediatric divisions including the Children’s Heart Center and the Cath Lab

Nursing Org Chart GCH



Pediatric APPs

- Represent an additional amazing resource for the Children's Hospital, many of whom began their career as GCH nurses (~100 APPs)
- Acknowledgement to the tremendous work of Anne Swantz, Chief Advanced Practice Officer for growing the GCH APP program
- APP Leadership
 - Caitlin Vanini – lead for NICU APPs
 - Heather Wensley – lead for Pediatric APPs

Pediatric Nursing - Pandemic Contributions

- Floated to adult Med/Surg and adult Critical Care units
- Cared for adult ICU patients in our ICUs
 - Creation of the Hygiene team to ensure these patients received ideal daily care
- Provided care to LTC patients within GCH (7S and 8S)
- Helped to staff the LTC unit established on 3-3600
- Cared for adult medical/surgical patients on all general care units
- Helped to staff the vaccine clinics

GCH 5-Year Strategic Plan

Mission: *Do everything in our power to help every child reach their fullest potential.*



Vision: Improving children's lives.

Goals:

- Patient Care
- Population Health
- Digital/Financial Health
- Community
- Education
- Research
- Culture/Opportunity



Accomplishments during the past year

- Significant Interdisciplinary work that includes the development & implementation of:
 - Unit based teams (June 2020)
 - Complex Care - preferred unit 8N (J 
 - ICommunicate – the Digital Remix
 - SPS Error Prevention Training
 - Strategies for both patient and staff safety with the behaviorally aggressive patient
 - Sensory Cart, ABA Program, planning for a BERT (Behavioral Response Team)
 - Improved measures for GCH security
 - ACED team – safe transport of critically ill children from Ambulatory to Peds ED
 - Timeless implementation in the NICU
 - Dimensions
 - GCH Nursing Instagram:  [//www.instagram.com/gch_peds_nursing/](https://www.instagram.com/gch_peds_nursing/)

GCH Strategic Plan Word Cloud



Learn more at the GCH Strategic Plan are our website!

<https://www.urmc.rochester.edu/childrens-hospital/our-strategic-plan.aspx>



The screenshot shows the website header with the UR Medicine and Golisano Children's Hospital logos. Navigation links include "Pediatricians & Specialists", "Conditions We Treat", "Services & Specialties", "Your Stay", "Directions", "Events", "Ways to Give", and "News". A search bar and "Explore URM" dropdown are also visible. Below the header, the page title "Our Strategic Plan" is displayed, along with a "Make a Gift" button. The main content area features a colorful illustration of five diverse children holding hands in a field under a smiling sun, with the text "Improving Kids' Lives". Below the illustration, a blue banner contains the text: "At Golisano Children's Hospital we do everything in our power to help every child reach their fullest potential."



Clinical Goal Area Accomplishments FY 2021

Unit Based Teams on all General Care Units

Airway Program and Expanded Perioperative Surgical Home Program and enhanced Sedation Services

Solutions for Patient Safety Error Prevention Training for all who care for children

Assessment of Collaborative Environments (ACE -15) 3rd year

Expanded Nursing Leadership roles and faculty hired in many division

Developing BERT Behavioral Response Team

Quality and Patient Safety Scholarship

Chief Quality Officer and Assoc. Quality Officer

Development of LINC team

GCH Co-vid Command

Caring for LTC, Adult, Adult Med -Surg patients during a pandemic

Endowed Adolescent Medicine Mary Sue Jack Nurse Practitioner

Large increase in inpatient MyChart sign ups

Chief and Associate Chief Quality Officers



Clinical Strategic Pillar Goals FY 2022

Development of a patient navigator service (underway- carry over)

BERT team- implementation in January 2022

Begin process for ACS Children's Surgical Verification program

Plan for Epilepsy Surgery Program & Neurocritical care

Applied Behavioral Analysis Integration Team

GCH Policy and Guideline Manual accessible by regional partners

Add additional community partners to clinical goal leader team

Clinical transformation project for AC6

Level 1 Trauma designation application underway

Plan for Children's Surgical Verification program

GCH Quality Team Pursuing Excellence Initiative Cohort IV

Continued expansion in Telemedicine & securing **SPACE*****

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Population Health Goal Area Accomplishments FY 2021

35% of patients receiving universal depression screenings

50% of City of Rochester children receiving development and behavioral health screening at age 3

Mobile Screening via the Grow Mobile started in 2021

Completed Behavioral Health Integration community inventory

Mobile Crisis Team Established, Urgent Care for Mental Health, 19 school based sites

Behavioral Health building with visits increased from 32,000 to 58,000 annually

New faculty positions added with expanded inpatient coverage



Population Health Strategic Pillar Goals FY 2022

Connecting for Kids AHP Pilot

Support for CPEP QI efforts with increasing demands

Establish the Office of Community Pediatrics

AC6 Practice Transformation

Increase Telehealth in Rochester City Schools

Continue to expand faculty and staff for expanding community needs



Digital Health Goal Area Accomplishment FY 2021

Developed a centralized approach for implementing electronic health record and analytic tools

Established Digital Health and Innovation Track and Curriculum for Residents

Expanded eRecord Liaison role within each division and increased the number of eRecord physician & APP builders

Partnered with Start Ups such as Moxie

Expanded MyChart enrollment across the system

Identified new leaders within Digital Health (Fallon, Reyes)



Digital Health Strategic Pillar Goals for FY 2022

Integrate new Digital Health leaders into strategic planning process and add ISD representation to the Digital Health Goal leader team

Understand enterprise-level goals for digital health and informatics and how to prioritize and advocate for Care of Children within those goals

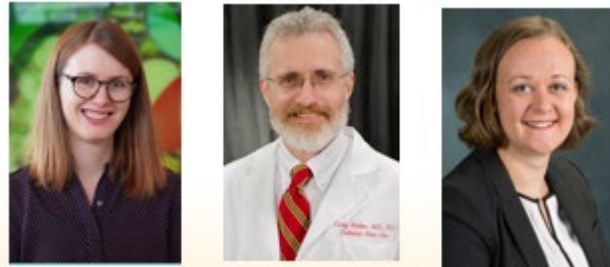
Centralize infrastructure for Digital Health and Data Analytics

Survey stakeholders re: barriers and subjective assessment of their comfort with the use of digital healthcare technologies.

Improve access to data and analytics to empower clinicians to improve care outcomes

Continue to expand MyChart enrollment and address disparities of use while developing systems to ensure patient confidentiality

Conduct an assessment of clinician mobile tool use (ex. Haiku, Voalte, Dragon Medical One) and understand barriers to use



Community Pediatrics Goal Area Accomplishments FY 2021

Enrolled 1,100 women in maternal health initiative

62% of children developmentally on track for kindergarten entry in RCSD

53% of AHP practices offering Long Acting Reversible Contraception (LARC) and 23% of GRIPA/FLIPA practices offering Long Acting Reversible Contraception (LARC)

1,000 Universal Home Family Visits

Piloting vision, hearing, development, SDOH, CAFÉ, and ACES screening at Jordan, Genesee and AC-6



Community Pediatrics Strategic Pillar Goals FY 2022

Expand maternal health initiative to Alleghany, Steuben and Livingston counties

Name new community leaders for Department of Pediatrics faculty appointments

Roll out Center for Child Health Policy

Establish Division of Community Pediatrics

Grow Whole Child Health with Roc the Future

Assist Clinical Goal area to add outpatient leaders



Education Goal Area Accomplishments FY 2021

Dual fellowship in Neonatology and Pulmonary

Fully implemented interprofessional, unit-based teams

Ongoing utilization of the Assessment of Collaborative Environments (ACE) survey

Established Health Lab with resident Digital Health and Innovation Track

Expanded antiracism training and actions

Grew Anthony/Douglass Scholars program

6 month refresher for faculty to sit for boards - interdivisional collaboration is allowing for key recruit.

Center for ped education scaffold allowed us to be nimble and recruit strategically (Margarita Corredor)

PRM 606 elective for 3rd and 4th years- 60 medical students, quality focus

First graduate in hospital medicine fellowship

Three faculty obtained MOC part IV 25 credits for Strategic Plan leadership work



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Education Goal Area Accomplishments FY 2021

- 3rd year clerkship:
 - Drs Rashid (QI- educational improvement) and Krafft (curriculum development, evaluation) serving as acting 3rd year clerkship directors
 - Dr Margarita Corredor to start as 3rd year clerkship director Oct 1
- Successful transition to virtual learning and recruiting
- System for formative faculty feedback established, being optimized
- Pediatric Subspecialty retreats (education/ wellness): Dr Hinkle (director fellowship education)
- Residency track updates:
 - Digital Health and Innovation (new): Heather Reyes MD M Eng
 - Research: Candice Gildner MD,PhD; Jessica Shand MD new codirectors
- Michelle Bonville: senior administrator for Center for Pediatric Education

Education Strategic Plan Pillar Goals FY 2022

Set up expanded clinical sites for NP and PA students

Develop Pediatric Behavioral Health Curriculum

Project TEACH interprofessional champions for behavioral health curriculum

Expand dual fellowships

Continue purposeful efforts to recruit URiM trainees and support for those already recruited

Expand professional development for Program Coordinators



Research Goal Area Accomplishments FY 2021

Reorganization of research enterprise

Center for Children's Research (CCHR)

Pediatric Research Office (PRO)

Expansion of Ped-Meds K Club

Link with Rochester Early Stage Investigator (RESIN) program

Honoric Award Committee formed

In person Strong Children's Research Center (SCRC) poster session July 2021

Numerous 2021 PAS presentations and posters with large attendance

Numerous 2021 grants and publications



Research Strategic Pillar Goals FY 2022

Initiative a Foundational Principle of Inclusion Excellence in research area

Work to diversify our team with recruitment efforts

Laboratory training exchange program with MCC

Support Rising Stars Program

Increase National and Social media presence (NYT, NatGeo, SciAm)

Engage clinical trials innovation network and innovation grants

Support Seminar Series

Patient Reported Outcomes research goals – submitted 2 RPF to Quality Institute

Increased support for grant administration, research coordinator recruitment and training- WIP

Increasing CT capacity of department, increase collaboration with WCI and CTSI



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Culture and Opportunity Goal Area Accomplishments FY 2021

Restorative Justice Training through the Office of Equity and Inclusion- nursing trainings underway

Administrative support for quality metrics around the culture goals

Updated website <https://www.urmc.rochester.edu/childrens-hospital/our-strategic-plan/antiracism.aspx>

Foundational Principles of Inclusion Excellence shared across many areas

Adolescent Medicine Teleinclusion analysis of diversity

Strong Kids January 2021 write up about Anthony Douglas Scholars projects - graduated first fellows- Ariel (protection of adolescent privacy in the time of open notes) and Matt (Dolly Parton's Literacy Project)

Monthly GCH Wellness newsletter- launching an interdisp. wellness team

Ideas council publish in the D&C on Equal Treatment for all Children February 2021

Theater of the Oppressed Trainings

Health Lab 1st Resident training in Quality and DEI

GCH joined Solutions for Patient Safety Patient Harm Associated with Race and Ethnicity (PHARE) collaborative



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Culture and Opportunity Strategic Pillar Goals FY 2022

Creating an interactive toolkit for use

Creating a Culture dashboard

Expand Leadership 360

Growing central recruitment function to provide equitable, high quality experiences for recruits

Conduct inclusive climate survey with research team

Work with each division and each patient care unit on diversity QI

Continue to improve diversity public website and intranet

Support 8South PEI UPP team to improve cultural competency

Utilize ACE-15 Diversity Question results to drive QI

Improve completion of race, ethnicity and preferred language fields

Improve GetWell Network to reduce disparities in patient education

Leverage data analytics with Digital Health team to reduce disparities

Utilize RL Solutions Health Disparities event reporting system



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POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Telehealth: Improving Access to and Quality of Pediatric Health Care

Alison L. Curfman MD, MBA, FAAP,^a Jesse M. Hackell MD, FAAP,^b Neil E. Herendeen MD, MS, FAAP,^c Joshua J. Alexander MD, FAAP,^d James P. Marcini MD, MPH, FAAP,^e William B. Moskowitz MD, FAAP,^f Chelsea E. F. Bodnar MD, MPhil, FAAP,^g Harold K. Simon MD, MBA, FAAP,^h S. David McSwain MD, FAAP,ⁱ
SECTION ON TELEHEALTH CARE, COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, COMMITTEE ON PEDIATRIC WORKFORCE

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Let Telemedicine Enhance Your Medical Home

Neil E. Herendeen

Pediatrics originally published online August 30, 2021;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/early/2021/08/27/peds.2021-051429>

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Pediatric Telehealth in the COVID-19 Pandemic Era and Beyond

Alison Curfman, S David McSwain, John Chuo, Brooke Yeager-McSwain, Dana A. Schinasi, James Marcini, Neil Herendeen, Sandy L. Chung, Karen Rheuban and Christina A. Olson

Pediatrics originally published online July 2, 2021; originally published online July 2, 2021;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/early/2021/08/11/peds.2020-047795>



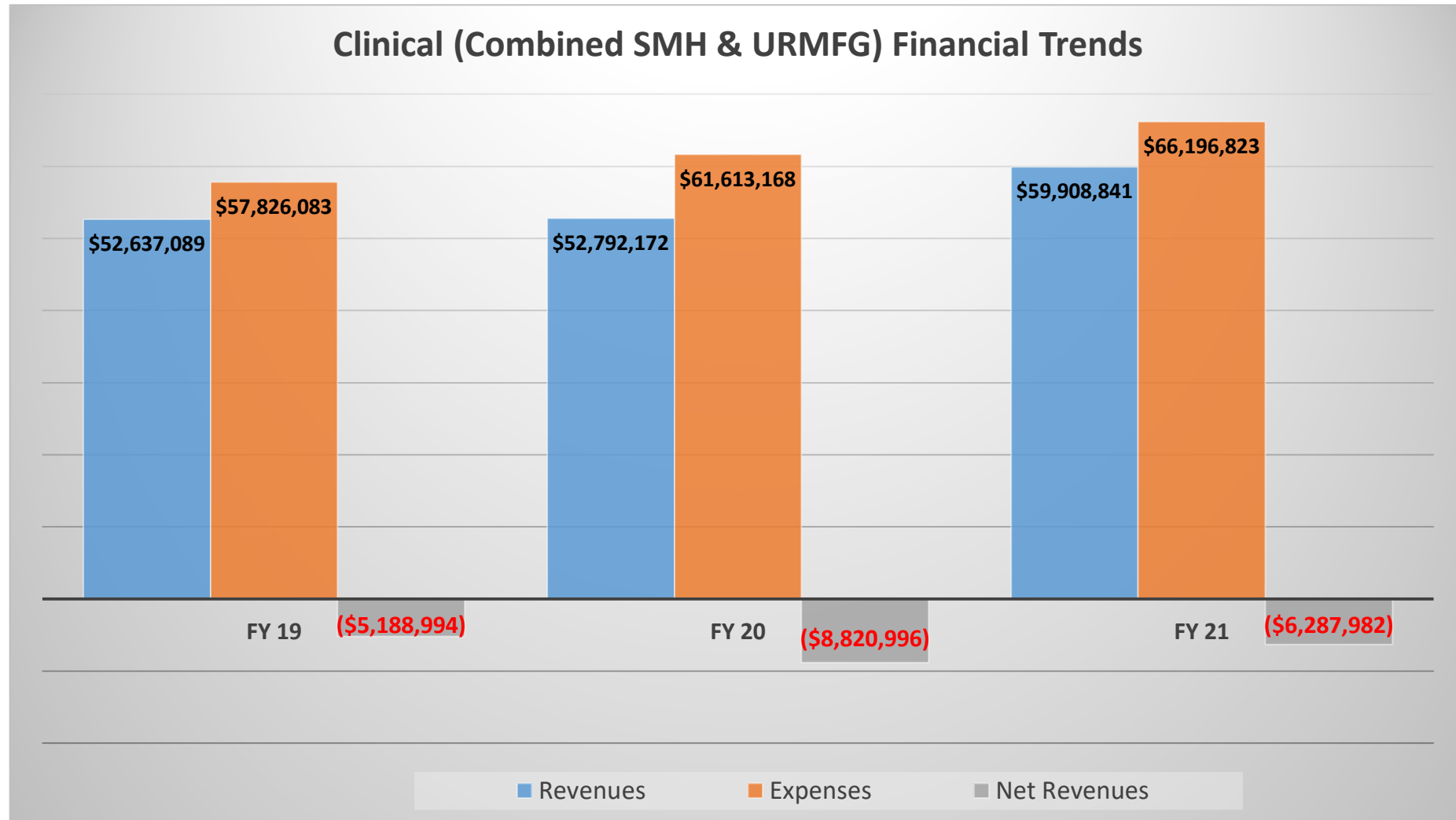
SMH Chiefs Reports – Inpatient & Outpatient - Financials through March 31, 2021

| Pediatrics - Inpatient | Net Revenue FY21 | Variable Cost FY21 | Contribution Margin FY21 | Fixed Cost FY21 | Net Margin FY21 |
|------------------------|---------------------|-----------------------|--------------------------------|--------------------|--------------------|
| Grand Total | \$84,291,106 | \$48,423,065 | \$35,868,041 | \$33,638,589 | \$2,229,452 |

| Pediatrics - Outpatient | Net Revenue FY21 | Direct Cost FY21 | Direct Margin FY21 | Program Cost FY21 | Indirect & Overhead Cost FY21 | Net Margin FY21 |
|-------------------------|---------------------|---------------------|-----------------------|----------------------|-------------------------------------|--------------------|
| Grand Total | \$13,703,467 | \$19,410,949 | (\$5,707,486) | \$2,571,943 | \$6,325,406 | (\$14,604,860) |

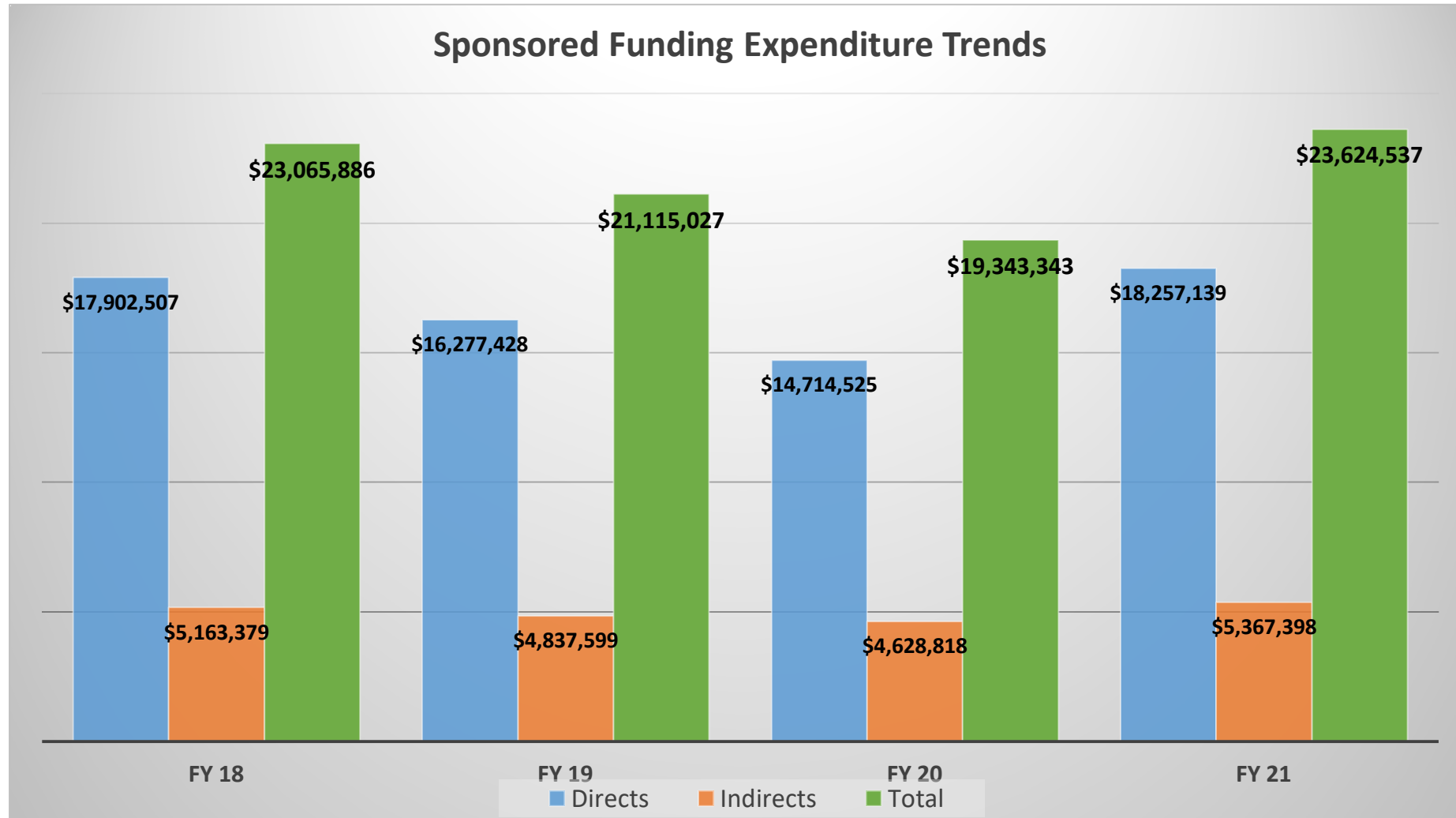
| Pediatrics - Pharmacy | Gross Profit (YTD May 2021) |
|-----------------------|--------------------------------|
| Grand Total | \$11,727,477 |

Financial Trends – Combined Clinical (SMH, URMFG) FY21



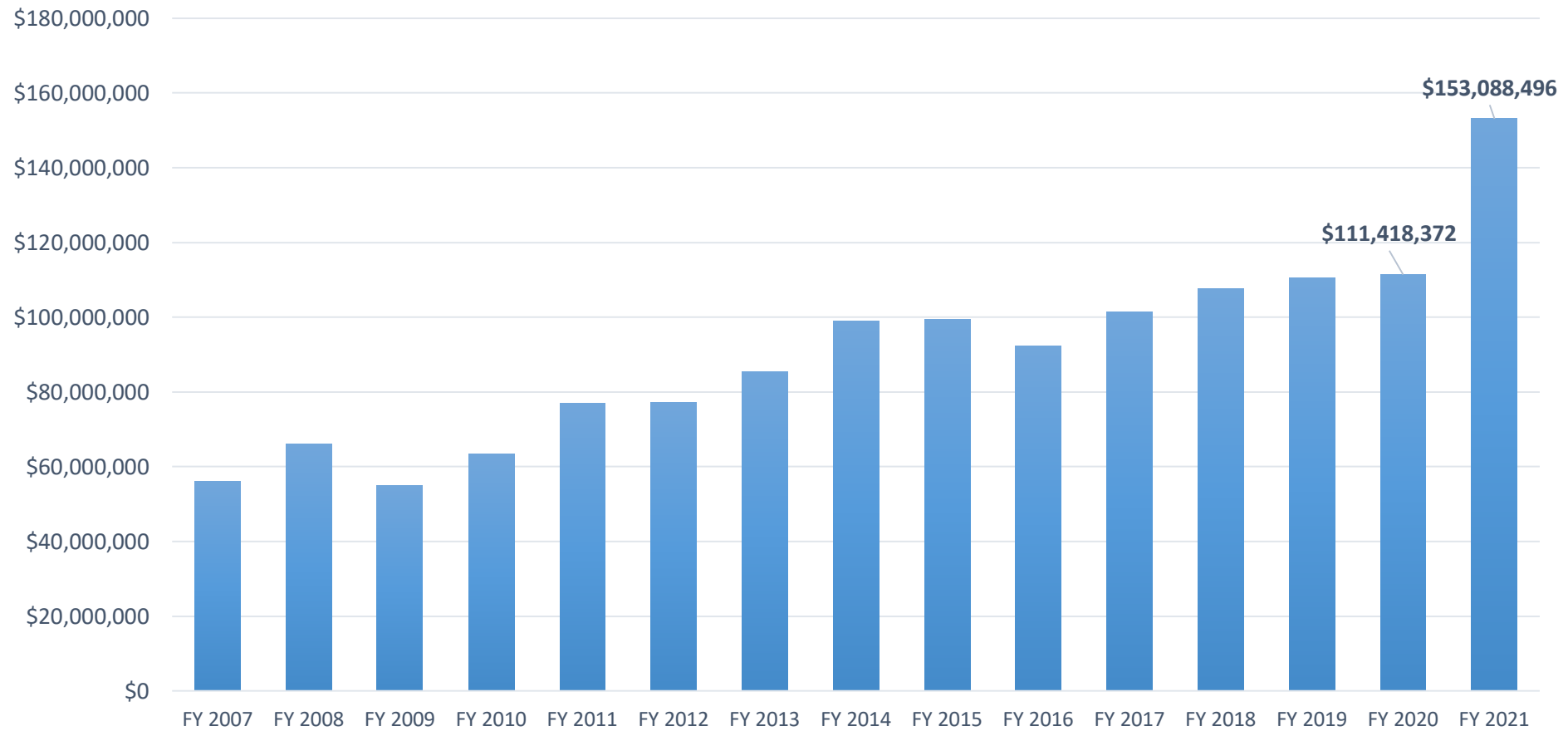
Note: Revenues for SMH technical charges are estimated (40% collection rate applied)

Financial Trends – Sponsored Funding FY21



Financial Trends – Endowment Market Values

Department of Pediatrics Endowment (SMD Only) Market Value Trends



GCH-Wide Quality and Safety Data

<https://www.urmc.rochester.edu/childrens-hospital/quality/scholarly-works.aspx>

Scholarly work!

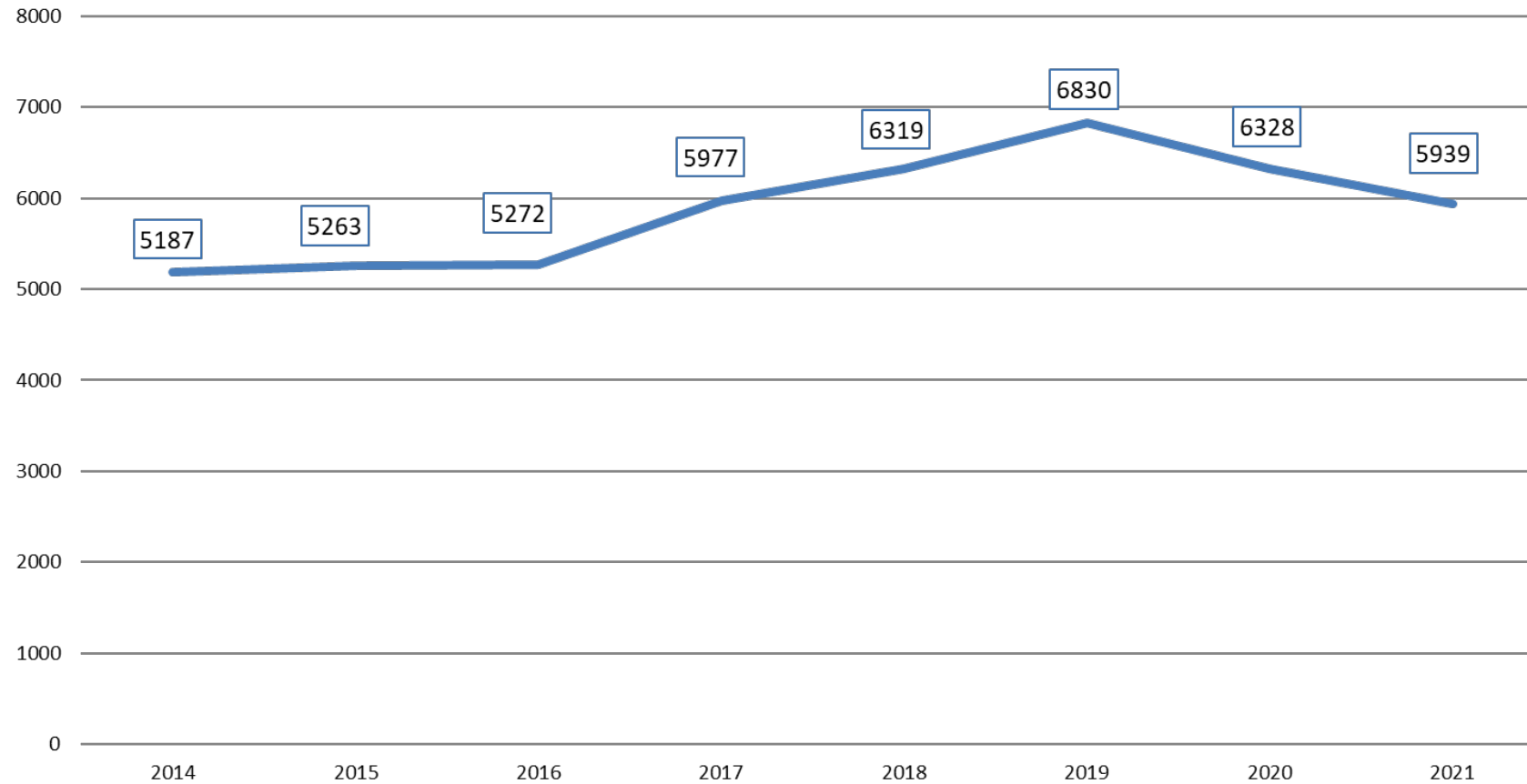


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GCH Admissions 2014-2021

(age 0-18 excludes psychiatry, normal deliveries)

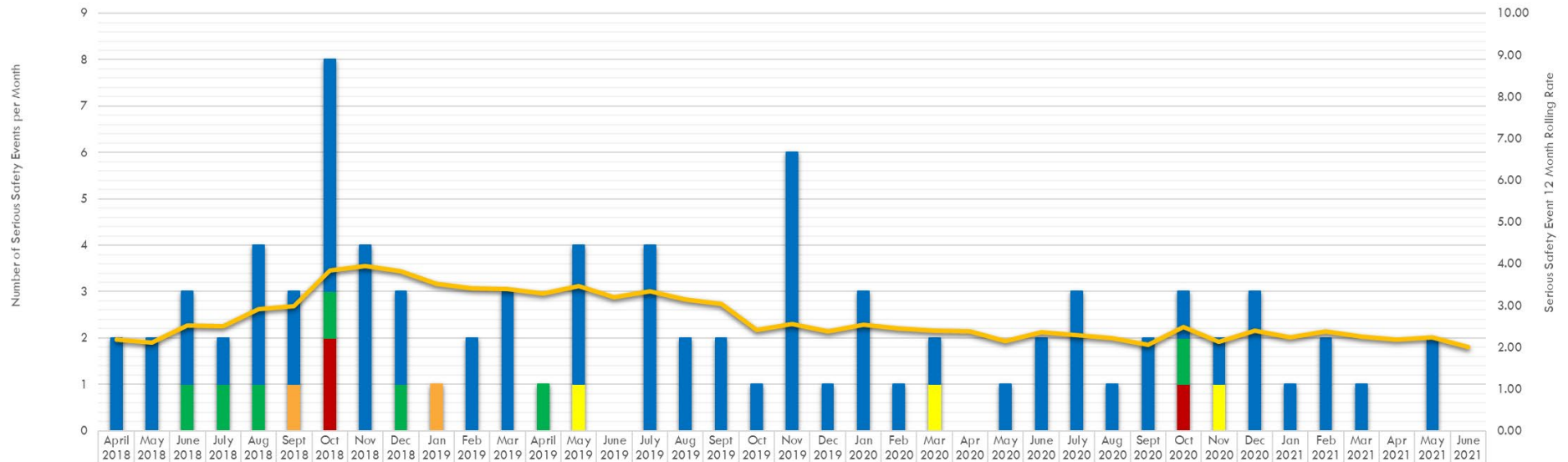


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GCH-SPS Serious Safety Events

Serious Safety Event Rates
 April 2018 - June 2021
 Per 10,000 Adjusted Patient Days
 SSE 1 - Death to SSE 5 - Moderate Temporary Harm



| | April 2018 | May 2018 | June 2018 | July 2018 | Aug 2018 | Sept 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 | Mar 2019 | April 2019 | May 2019 | June 2019 | July 2019 | Aug 2019 | Sept 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | May 2020 | June 2020 | July 2020 | Aug 2020 | Sept 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | June 2021 |
|---------------------------------|------------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|------------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| SSE 5 - Moderate Temporary Harm | 2 | 2 | 2 | 1 | 3 | 2 | 5 | 4 | 2 | 0 | 2 | 3 | 0 | 3 | 0 | 4 | 2 | 2 | 1 | 6 | 1 | 3 | 1 | 1 | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 1 | 3 | 1 | 2 | 1 | 0 | 2 | 0 |
| SSE 4 - Moderate Permanent Harm | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SSE 3 - Severe Temporary Harm | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SSE 2 - Severe Permanent Harm | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| SSE 1 - Death | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| SSE 12 Month Rolling Rate | 2.18 | 2.12 | 2.52 | 2.51 | 2.91 | 2.98 | 3.84 | 3.94 | 3.82 | 3.52 | 3.41 | 3.39 | 3.29 | 3.46 | 3.19 | 3.34 | 3.14 | 3.04 | 2.41 | 2.56 | 2.38 | 2.54 | 2.45 | 2.40 | 2.38 | 2.15 | 2.36 | 2.29 | 2.23 | 2.06 | 2.48 | 2.13 | 2.39 | 2.23 | 2.38 | 2.25 | 2.18 | 2.23 | 2.01 |
| SSE Monthly Rate | 2.18 | 2.06 | 3.37 | 2.48 | 4.53 | 3.31 | 9.14 | 4.66 | 2.96 | 1.04 | 2.28 | 3.11 | 1.06 | 4.01 | 0.00 | 4.37 | 2.10 | 2.14 | 1.09 | 6.27 | 0.96 | 2.94 | 1.13 | 2.44 | 0.00 | 1.34 | 2.54 | 3.81 | 1.23 | 0.00 | 3.86 | 2.69 | 3.78 | 1.22 | 2.77 | 1.12 | 0.00 | 2.07 | 0.00 |



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Inpatient & Staff Safety HAC Dashboard 2021

| Unit | ADE: E | ADE: F-I | CAUTI | CLABSI | Employee Safety Incidents Total / OSHA | | PIVIE (Severe/ Mod) | Pressure Injury Stage: 3, 4, Unstg | Pressure Injury DTI MI | | Unplanned Extubation |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|---|------------------------|------------------------------|---|--------------------------------|--------------------------|---------------------------|
| | NICU | 0 | 0 | N/A | 0 | 7 | 3 | 1 | 0 | 0 | 1 |
| 6N | 1 | 0 | 0 | 2 | 6 | 1 | 2 | 0 | 1 | 0 | 2 |
| 6S | 0 | 0 | 0 | 2 | 16* | 1 | 1 | 1 | 1 | 0 | 2 |
| 7N | 0 | 0 | 0 | 0 | 12 | 2 | 0 | 0 | 0 | 0 | N/A |
| 7S | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | N/A |
| 8N | 1 | 0 | 0 | 0 | 4 | 1 | 1 | 0 | 0 | 0 | N/A |
| 8S | 0 | 0 | 0 | 0 | 8 | 1 | 1 | 0 | 0 | 0 | N/A |
| GCH 2021 YTD | 2 <i>(Jun)</i> | 0 <i>(Jun)</i> | 0 <i>(Jun)</i> | 7 <i>(Jul - mtd)</i> | 55 <i>Jun</i> | 9 <i>Jun</i> | 6 <i>(Jun)</i> | 1 <i>(Jun)</i> | 2 <i>(Jun)</i> | 1 <i>(Jun)</i> | 18 <i>(May)</i> |
| 2020 Total Events | 6 | 0 | 2 | 20 | 67 | 9 | 29 | 7 | 10 | 2 | 26 |
| GCH Rate – Last 12 mos/Last 6 mos* | 0.112/ 0.088 | 0.000/ 0.000 | 1.388/ 0.000 | 1.128/ 0.842 | 2.355/ 2.528 | | 0.535 0.351 | 0.089/ 0.044 | 0.178/ 0.088 | 0.022/ 0.043 | 0.647/ 0.736 |
| (SPS Benchmark: Centerline all Hospitals) | (0.160) | (0.019) | (1.107) | (1.264) | (2.909) OSHA | | (~0.700) New Def 10/19 | (0.107) | (0.179) | (0.063) | (0.662) |

**0.178/
0.238**
(0.160)

**0.139/
0.198**
(0.107)

**1.002/
0.637**
(0.749)

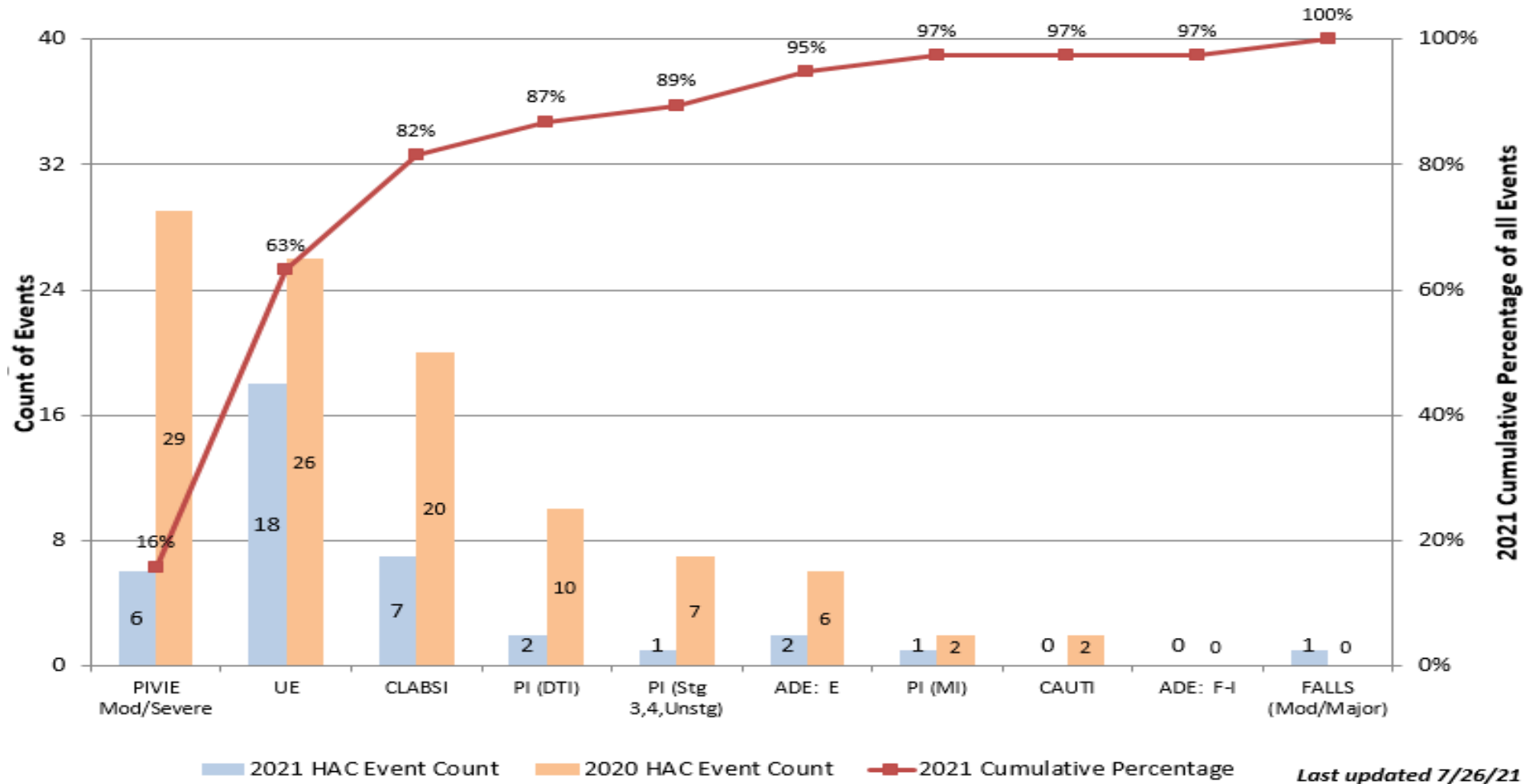
ADE: Adverse Drug Event
E: Harm – Temporary inte
F-I: Escalation of Harm, U
PIVIE: Peripheral IV Infiltration Ex

CAUTI: Catheter Associated Urinary Tract Infection
CLABSI: Central Line Associated Blood Stream Infection

* Aggressive patient-Jan

allow if GCH "Last 6 mos"
over "Last 12 mos" rate,
rds SPS benchmark

GCH Patient Harm Events 2021



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Pediatric Endowments

- **Administration/Department:**

- New Endowments

- Smith Professorship – Thomas Mariani, PhD
- Forbes Distinguished Professorship – Endo Chief
- Lawrence Professorship – Karen Wilson, MD, MPH
- McAnarney Professorship – Jill Halterman, MD, MPH
- Gordon Family – Jill Cholette, MD
- Haggerty-Friedman Professorship - DBP (research)
- Purcell Family Professorship - DBP Chief
- Northumberland Trust Professorship - David Siegel, MD, MPH
- White Family Professorship - George Porter, MD, PhD

National Leadership Roles

Liz Murray is on the AAP NCE Planning committee and is the Chapter 1 vice president. Also serves as a national AAP Spokesperson.

George Porter is a member of Pediatric Academic Society Program Committee.

Jill Cholette is a **member at large** and a member of Research Committee for the Society for the Advancement of Patient Blood Management (SABM).

Patty Chess is on the Executive Committee of the National Academy of Distinguished Educators in Pediatrics.

Kate Ackerman is the SPR Chair elect.

Pat Brophy is the PAS program Chair.

See attachment for (ever-growing) involvement!!

Appendices

Telehealth Strategy

Departmental Org Chart

GCH Org Chart

Quality Improvement Center



Partner with community providers and facilities to increase access to GCH care services

GCH will strengthen its relationship with regional providers through supporting local pediatric services. **Use of telemedicine technology** will allow GCH clinicians to **care for children remotely** both in a clinic setting as well as through inpatient tele-rounding. As a result, we will enhance the standard of pediatric care available while helping stabilize local hospitals.

Our Region: Multiple Barriers to Healthcare

Mostly rural with some urban

High level of poverty both in rural areas and in city of Rochester

High social morbidity

Geographic barriers – distance/weather

Paucity of pediatric sub-specialists and primarily in city

Paucity of primary care providers

Small community hospitals under significant financial strain

Decreasing ability to care for children in community hospitals

Insufficient beds at GCH

Telemedicine Complexity

Technology

- Hardware
- Software
- Electronic Data
- Compatibilities
- Documentation
- Information Access

Clinical

- Communication
- Physical Exam
- Safety
- Efficiency
- Async vs Sync
- Telepresenter Skills
- Provider Skills

Admin/Financial

- Credentialing/Licensing
- Billing/Reimbursement
- Equipment/Staff Costs
- Satisfaction – Pt/Provider
- Performance Metrics
- Outcome Metrics

GCH Telemedicine Coordinating Committee

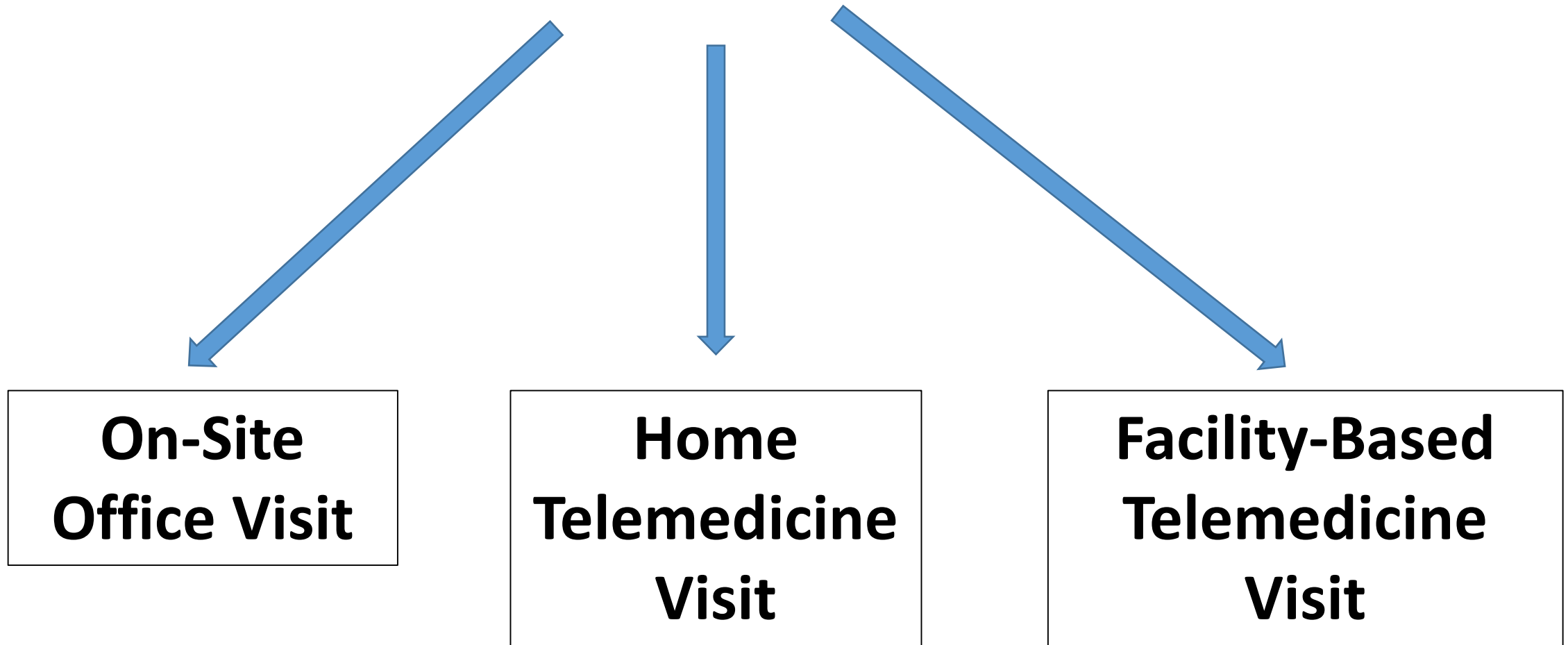
2020-21

Goal: Coordination/Learning/Advising network of **all** Telehealth activities related to pediatric patients across URM/CH regardless of department: medical, surgical, behavioral health, nursing disciplines

Meets: monthly (Chair – GCH Regional Chief Medical Officer)

Reviews: All GCH Inpatient and Outpatient telemedicine regional activities
GCH Telemedicine Satisfaction Reports (Press Ganey)
URM/CH Telemedicine/Digital Activities
GCH Telemedicine Data (for 2021-2022 beginning with volumes, demographics, dashboard development, looking for potential disparities)

GCH Outpatient Visit Options



Home Telemedicine Activities

Outcomes

- GCH sub-specialties continuing primarily home telemedicine visits
 - Pediatric GI/Nutrition/Liver Disease
 - Pediatric Development/Behavioral Pediatrics
 - Child Psychiatry/Behavioral Health
 - Gen. Pediatrics School Health (AC-6 Peds practice) ongoing and expanding
- Decreased no-show rates (adolescent medicine, child psychiatry)
- Re-imburement still occurring for home-based telemedicine and likely will be extended

GCH Sub-Specialty Facility Telemedicine Activities 2020-21

Ped Pulm (Mar 2021)

Bassett Med Ctr
Bassett School Hlth
Ped Neuro (soon)
Bassett Med Ctr



Ped Neuro

Finger Lakes
Comm. Health Ctrs



Ped Subspecialty Telemedicine Discussions



Arnot Hlth (Elmira)
Cayuga Hlth (Ithaca)
East Hill Med (Auburn)
Guthrie Hlth (Sayre, PA)
Jones Mem. (Wellsville)

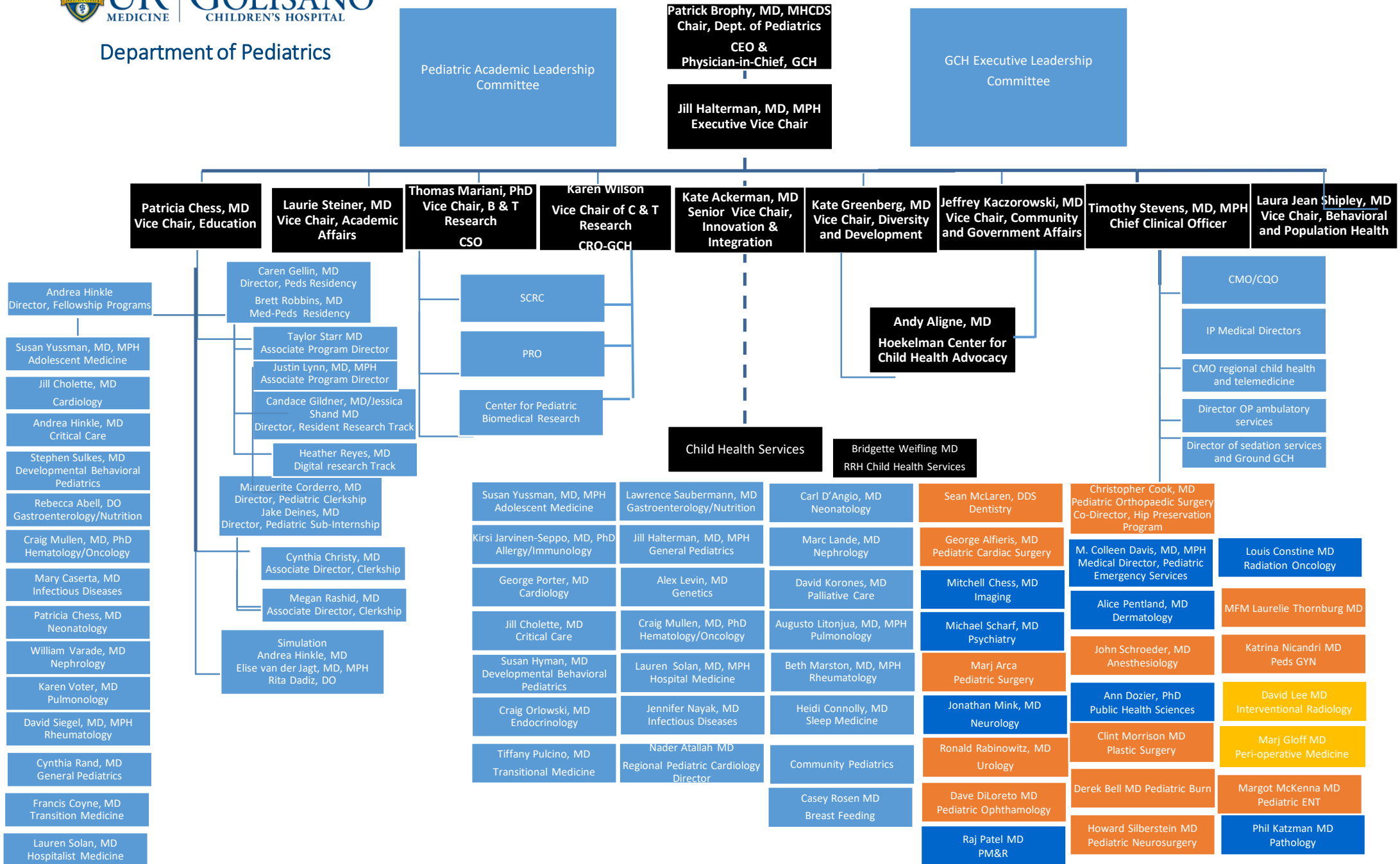


GCH Telemedicine Activities 2020-21

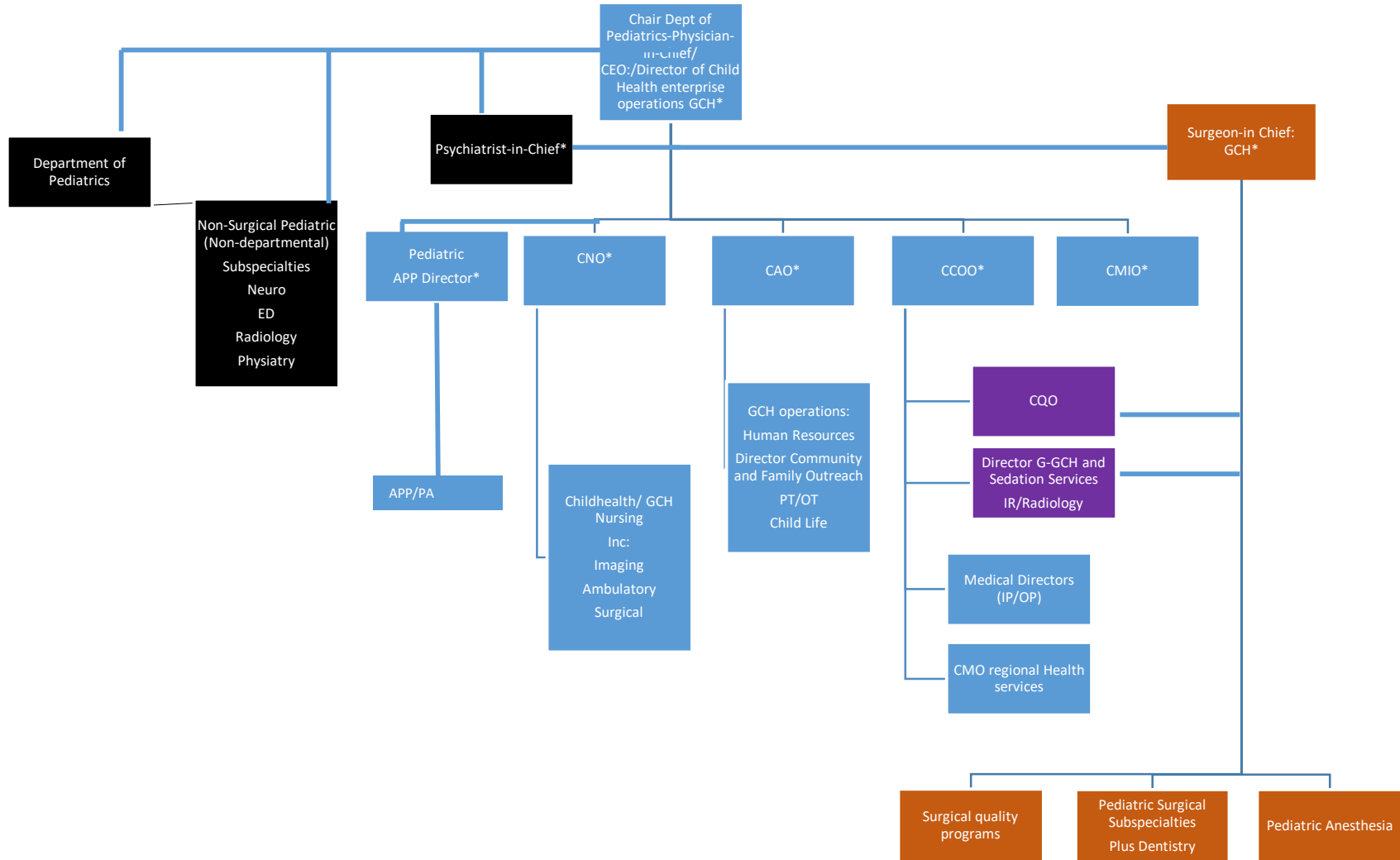
Halo Effect

- Improved understanding of the needs of children/families in the region
- Improved relationships with non UR-Med facilities and PCPs
- Decrease in “silos” within Golisano Children’s Hospital (medical/surgical/psychiatry areas, inpatient/outpatient)
- Closer working relationship of GCH and URMC w.r.t. telemedicine

Department of Pediatrics



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GCH executive team Members *
Other Representatives invited ad-hoc

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