

**A newsletter for those who provide great care to great kids**

**Spring 2014 – PILOT – not for public distribution - your feedback is appreciated**

## Improving the health and well-being of all Children in the Valley

A value proposition is what an organization asserts is why a potential customer ought to use their product.

Our “customers” include the patients, their families, referring providers, and the community, including government agencies, payers, and LVHN employees. Our value proposition to our customers has two parts: 1) we provide family-centered, child-friendly, high-quality health care for children so that only a very few must leave the valley for their health care and we do so at a reasonable cost, and 2) we improve the health of the children in the Lehigh Valley by partnering with others and sharing our resources and expertise. Value proposition #2 is almost as important as #1. Creating health for the pediatric segment of our population means a healthier adult population in the future.

Our efforts over the years to provide excellent primary care and develop patient-centered medical homes are examples. Our work with the schools to provide health clinics and telehealth access are other examples of value proposition #2. Our Well on their Way program is another more recent example. We have members of the staff who sit on the boards of community-based organizations, and LVHN supports a lot of community events and programs. Our Community Health and Health Studies group is working on a number of great programs with the leadership of Valerie Lewis on asthma and teen pregnancy. And so much more.



*Improving the health of children is our team's number one goal*

### What's New

We have some great stuff going on:

Great New Medical Staff  
Members

Happy Birthday!

Family-Centered Care Initiatives

And more

**More inside!**

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## **The Chair's Corner:**

### **A note on health care reform**

The affordable care act was designed in part to reduce health care costs. A principal strategy is to bring the issue of cost per "unit" of care to the table of decision-making in a much more transparent way, while shifting the burden of costs more directly to those receiving the care (the patients) and to those delivering the care (the providers). The presupposition is that if the patients share more of the cost they will utilize fewer health care resources and if the providers share risk they will make health care delivery more efficient and safe, with less overuse and waste. With price as a more prominent driver of consumer choice, prices will drop in a competitive market place. Disruptive innovations will be encouraged.

So, what does this mean for us involved in delivering children's health care? It means that in addition to improving health increasingly more effectively and on a larger scale, we must also lower the cost per unit of care. Preventive care, subspecialty care, treatment of acute and chronic illness, procedures, and many of the things we do to help our patients, we must do at a lower cost. Preventable harm and complications, reworks and duplications of care, and inefficient use of people and resources must be minimized.

We have been rewarded on volume (fee-for-service) for a very long time. Our systems, processes, and the way we think are all geared towards producing high volumes. Many physicians' compensation is largely dependent on this one measure of work.

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### **A Story from the Children's Clinic**

On Friday morning in a full clinic, a new patient from out of state arrived to get a form signed. The patient had a severe skin condition, gets g-tube feedings, is prone to apneic spells, and has multiple allergies including anaphylactic reactions. The Complex Care team worked the patient and family into the schedule, began to arrange home nursing, DME, medications, referrals, school planning and numerous other necessities despite already having a full schedule. Thanks to the case managers, nurses, nutritionists, pharmacists and doctors who always put the patients and families first. An example of what we are all about!



**The children in the region are thankful these great people have joined the team**

### **Great New Physicians Join the Team**

Welcome this past year to Dr. Stephen Alvarado and Dr. Mahim Shah (ABCFP, both July 2013); Dr. Colleen Fitzpatrick (per diem, October 2013); Dr. Adam Paul (GI, summer 2013); Dr. Ranita Kuryan (Endo, Oct 2013); Dr. Andrew Meyer (NICU, Jan 2014); Dr. Scott Wheatley (PICU, Sept 2013); Dr. Michele Clement (Urology, Sept. 2013); Dr. Julie Phillips (ED, Sept. 2013); Dr. Kai Moy (Hospitalist) and Drs. Sannoh and Chowdwarapu (per diem NICU).

Dr. Debra Esernio-Jenssen, a board certified child abuse specialist, will be joining us this summer. She will be the medical director for the Child Protection Team and the LVHN Children's Advocacy Center when it opens next fiscal year.

Also this summer we will welcome Dr. Melissa Brannen (Hospitalist), Dr. Felipe Bautista (Hematology-Oncology), Dr Rosa Gomez de Jesus (Adolescent Medicine), and Dr Daly Resto (NICU).



cont.

This has created a way of doing things that will make it difficult for many health care organizations to do well in the new order of health care, whenever that might arrive. And therein lies the conundrum, when will value based purchasing truly arrive? Some are thinking it will be years and its best to not change things until it arrives. What do you think children's hospitals ought to do to position themselves for the future? What should we do? (Please email me your comments or comment on my blog)  
email: [j\\_nathan.hagstrom@lvhn.org](mailto:j_nathan.hagstrom@lvhn.org);  
blog at [leadingachildrenshospital.com](http://leadingachildrenshospital.com)

## A birthday worth celebrating!

Dear Colleagues,

It is with great excitement and appreciation that we write to wish the Children's Hospital a very happy second birthday! Two years ago today, the Children's Hospital at Lehigh Valley Hospital was introduced to the public. Growing a Children's Hospital within a hospital requires the hard work of colleagues across all network divisions, outpatient and inpatient, those who work in areas that provide care specifically for children, and those who work in areas who primarily interact with children as family members and visitors. So, as we recognize this milestone, we celebrate our joint accomplishments from the past year:

- Achievement of Institutional Member status of the Children's Hospital Association
- Extension of Children's ER hours to 24/7
- Continuation of renovations of 4C, to expand pediatric inpatient access
- Expansion of pediatric residents to 18 by once again matching all 6 slots with excellent physicians
- Successful recruitment of the new Chair of Pediatrics
- Implementation of critical care ground transport to help get the sickest children here faster
- Participation in Children's Hospitals' Solutions for Patient Safety (CHSPS), with a significant reduction in our central line infection rate
- Enhancement of Patient-&Family-Centered Care
- Initiation of Well on Their Way Program to improve the health of all children in the Lehigh Valley
- Engagement of regional children, their families, and their schools in our campaign for healthy living called Community Canvas

We thank you for your dedication and look forward to celebrating many more birthdays with you! - Mary and Nate May 22, 2014

## HAPPY BIRTHDAY!!!!!!

The Children's Hospital at Lehigh Valley Hospital was officially 2 years old on May 22<sup>nd</sup>. We all know that the pediatric service line has been around for a lot longer than that. So, what does it really mean? It means that we are on a journey to doing things differently and increasingly better. We continue to strive to provide super care and a super experience for tomorrow's super heroes and their families. Being a Children's Hospital will help us do that even better. By structuring ourselves as a Children's Hospital, we are setting ourselves up for future success. Physical appearances and structures are important to our patients and families, and to the staff who take care of them. Because of this we need to take steps towards looking like a children's hospital. However, it's not just about appearances. It's about how we function as a team and how well we work together to provide exemplary care, service and access. The future of medicine is integrated care and creating health for populations. This is what children's hospitals do, and that's why we are one.





# Baby Friendly is Here

The baby friendly initiative is a health improvement strategy focused on breastmilk as the source of infant nutrition. There are four phases in the Baby Friendly journey: Discovery, Development, Dissemination, and Designation. Progressing through these phases resembles the pathway of the PDSA model. We have successfully met the requirements of the Discovery phase and are currently engaging our efforts in the Development phase.

The development phase requires the formation of work groups: Policy Writing, Staff Education, Clinical Practice, and Patient Education and Support after Discharge. In addition to these four work groups, a research scholar will be working with our team collecting the measurement metric baseline data and assisting with establishing daily Pareto charts. During this phase it will be imperative that our care providers work collaboratively across the Woman's and Children's Service-line care continuum. The team has made progress in adapting the Baby Friendly ten steps into the current breastfeeding policy and has reviewed the requirements for our staff education. –Judith Pfeiffer

## *What do you see in this photo?*

*A great goal? A close game lost? A fast offense? A slow defense? Or a goalie who slipped?*

*Hopefully they all felt good about what they did on the field, learned from their experience, and had fun doing it.*

*Just like what all of you do everyday, this Newsletter was created using a collaborative and Lean approach.*

*Minimal resources were consumed, but a lot was accomplished. We apologize for any material that is not entirely complete or accurate. If we left anyone or anything out, it was not intentional (nor personal). This is a pilot and we have a lot to learn about how we can communicate better, more accurately and more timely. Your kind and constructive feedback is appreciated.*



## **Thank you!!!**

Health care is a demanding field to be in. The stakes are often high and the emotions even higher. The days can be long either because of a complicated patient, an abundance of phone calls, charting, and/or an unexpected consult (and the list goes on). The number of times in the past 6 months I've heard from patients and families how grateful they are and how much they trust the staff has exceeded my expectations. Thank you! Thank you for the commitment, the compassion, and the great care you all provide.



## We welcome 6 new pediatric residents later this month!

The Pediatric Residency program at Lehigh Valley Health Network is excited to welcome its newest class of residents! This is our third recruitment class and will bring the program to a full complement of 18 residents (6 per class). The following



**Amy Dooley, DO**

Rowan University School of Osteopathic  
Medicine



**Tim Roach, DO**

Philadelphia College of Osteopathic  
Medicine



**Saisho Mangla, DO**

Chicago College of Osteopathic Medicine  
of Midwestern University



**Eni Smith, MD**

Meharry Medical College



**Kim Rarick, DO**

Philadelphia College of Osteopathic  
Medicine



**Alisha Williams, MD**

Howard University College of Medicine

We are very pleased to have this fine young group of physicians join our program. Orientation begins on June 13<sup>th</sup> and you will see them out and about on their rotations beginning June 23<sup>rd</sup>! Please come join us on **Thursday June 19<sup>th</sup> from 5-7pm in ECC 9** for our **Annual Faculty-Resident Meet and Greet** and say hello to our newest colleagues!

Kris Rooney, MD, FAAP  
Associate Program Director, LVHN Pediatric Residency

# **Patient- and Family-Centered Care at the Children's Hospital**

Respect, dignity, collaboration and information sharing are among the most important pillars of family-centered care. Being patient-centered is best practice. In pediatrics we are especially in tune to the importance of the family in protecting, restoring and creating health for children.

The Inpatient Patient & Family-Centered Care Committee, led by Kris Rooney, Natalie Shisslak and Dawn Didra, has been working on some very important initiatives:

- 1) Redesigned white boards in all patient rooms to optimize communication with families.
- 2) Meal donation days where local companies (e.g. chik-fil-a, comfort suites) donate food for our inpatient families.
- 3) Recently revised information binder for families to review upon admission.
- 4) Care packs (toiletries, etc.) for families who may have been admitted unexpectedly, or are from out of town, who can't get out to buy necessary items.
- 5) Suggestion boxes in the family rooms
- 6) Continuously improving family-centered rounding on the medical-surgical units
- 7) "Get to Know Us" bulletin boards on the units with staff photos & names.

The Children's Hospital Leadership Council has also been working on developing Family Advisory Council. One of the members, Sue Jones, attended a family-centered care seminars put on by the Institute for Patient & Family-Centered Care. We are looking to recruit families to the council. If you know of a family member of a patient who would be a good advisor and advocate for family-centered care, please let Sue Jones know.

We are thankful for the great work these teams are doing. We have some great family-centered practices already happening on a daily basis. It's a journey and we will keep trekking! - Kris Rooney, MD, FAAP

## **The Virtual Health Village**

The Virtual Health Village is a unique, groundbreaking partnership between the Lehigh Valley's largest health networks and school districts in an effort to better coordinate students' health care. The program is intended to coordinate care for students in the Allentown and Bethlehem Area districts by allowing health care providers, whether an emergency room physician or a school nurse, to see a single, complete electronic health record for the student. It is set up by the Children's Care Alliance, a partnership involving the Lehigh Valley and St. Luke's University health networks, Good Shepherd Rehabilitation Network, Sacred Heart Hospital, and the Allentown and Bethlehem Area school districts. School officials support the free program, as many of the students in the two districts don't have a regular pediatrician and use school nurses and the cities' clinics for primary care. The program received grants totaling \$900,000 from the Harry C. Trexler Trust and the Kresge Foundation, to build a system that "connects" the hospitals' differing electronic medical records systems into a single exchange. The alliance also provided iPads to dozens of school nurses in both school districts and trained them on the system. Information from LVH and Good Shepherd is flowing into the exchange, and the effort to include Sacred Heart and St. Luke's information before the next school year is underway. Additionally, the alliance is working to enroll all 32,000 students within the two school districts; a requirement of Family Educational Rights and Privacy Act (FERPA), which mandates that a student's parent or legal guardian consent prior to having their child's medical health information shared in the exchange. Nearly 4,000 students have enrolled since consenting began in November, 2013 and the school districts are looking to get the word out to as many families as possible; including making the program part of the kindergarten registration process which recently yielded over 800 consents. The long-term goal is to enroll 80 to 85 percent of the students in the two districts. The hospitals are using their resources and expertise in marketing to assist in this effort, as well as their partnerships with the cities' Health Bureaus and various agencies. Once parents and guardians understand why the schools are asking for their permission to share records, and that it's secure, free and will benefit their children's health, they consider opting in the right choice. -Gregg Ambruso, HIE Initiatives