



INNOVATING TO SUPPORT CARE AND COLLEAGUES

THE CHAIR'S INITIATIVES
OF THE DEPARTMENT OF PEDIATRICS

ROUND 8 • 2021-2023

INNOVATING

Established in 2006, the Chair's Initiatives program provides funding and additional resources to facilitate the collaborative development of innovative solutions to some of the most difficult challenges in pediatric healthcare. To date, the Chair's Initiatives program has funded 58 teams who have worked to improve the health and wellbeing of children, adolescents, and their families.

Round 8 (2021-2023) initiatives focused on implementing new models of care to support families and new structures to support clinicians in providing safe, equitable, high-quality healthcare. Whether it is a specialized care track for infants with prenatal substance exposure, a clinical skills coaching program for physicians, or a data infrastructure to help address potential disparities in care, the foundations laid by teams funded through the Chair's Initiatives will benefit patient care and outcomes for years to come.

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A Model for Enhancing Primary Care-Specialty Care Integration, Collaboration, Patient Outcomes, and Health Equity

On the cover: Brianna, 13, a patient of the Diabetes Center at Children's Hospital of Philadelphia

Maeve, 14, with Pantea Minnock, MSN, CPNP, CCRP, during a Diabetes Center appointment



CHAIR'S INITIATIVES: PEOPLE

Founded by: **Alan Cohen**, MD, then Physician-in-Chief and Chair, Department of Pediatrics and **Alison Marx**, MBA, Vice Chair, Administration, Department of Pediatrics

Continues under: **Joseph W. St. Geme III**, MD, Chairman, Department of Pediatrics and Physician-in-Chief

Oversight team: **Lynsey Cecere**, MPA, CLSSBB, Director, Quality Improvement & Patient Safety, **Maryann Chilkatowsky**, MBA, Senior Practice Business & Operations Manager, Physician Practice, **Alison Marx**, MBA, Vice Chair, Administration, Department of Pediatrics, **Bridget Rauch**, MBA, Manager, Data & Analytics and **Kathy Shaw**, MD, MSCE, Associate Chair, Quality and Safety.

Round 8 Compendium compiled by: **Kristi McNaughton**, MHS, Sr. Writer, Department of Pediatrics



“We could not be more grateful for the funding and support provided by the Chair’s Initiative Program. We truly believe, with our goal of providing every CHOP physician an opportunity for coaching and performance improvement, we are changing the culture at CHOP to emphasize that we are all lifelong learners and that we can all help each other grow to provide children the best possible care.”

– Jay Mehta, MD, MS
Shown above (left) with Tashveen Kaur, MD, FAAP

A COACHING PROGRAM TO SUPPORT DEVELOPMENT OF CLINICAL SKILLS

ADVANCING CHOP’S CLINICAL AND EDUCATIONAL MISSIONS

The Children’s Hospital of Philadelphia is a world leader in the development of new procedures, new clinical and electronic health record workflows, new patient safety initiatives, and new clinical pathways. Ongoing workplace-based professional development is key to training physicians to learn these innovations and apply them in clinical care.

Supported by a Chair’s Initiatives grant, a team of multidisciplinary physicians established a coaching program within the Department of Pediatrics to support all physicians, including residents, fellows, and faculty, in developing and maintaining clinically-related skills. The program involves formal training of faculty coaches who are then paired with “coachees” to help them achieve their learning goals. In building this large-scale expertise and infrastructure within the Department, the program aims to foster a growth-mindset learning environment.



Since opening the program to participants in February 2022, nearly 60 physicians have signed up to be coached by one of 25 trained coaches.



Physicians requesting coaching span the spectrum of experience from first year residents to faculty at the Professor and Division Chief level.



The experience of coaching and being coached has been viewed as universally positive, with many of the participants (both coaches and coachees) stating that this is one of the most impactful professional development experiences they have ever had.



Coach training for faculty has extended to the Perelman School of Medicine, the Penn Veterinary Medicine School, and Penn Medicine.

To view the poster presentation for this program, please visit chop.edu/round8.



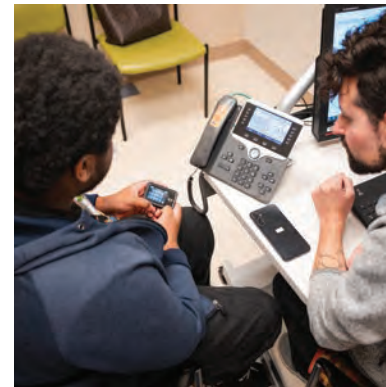
*N’Kai, 10, with Diabetes Center
Director Steven Willi, MD*

“We are dedicated to describing, understanding and eradicating racial disparities in the care of children with Type 1 and Type 2 diabetes. Through this initiative, we have studied factors contributing to these disparities and are developing targeted and innovative strategies to achieve equitable diabetes care for our patients and their families.”

– Steven M. Willi, MD

THE DIABETES CENTER FOR CHILDREN

BUILDING AN INFRASTRUCTURE TO ADDRESS RACIAL DISPARITIES IN TREATMENT AND OUTCOMES IN CHILDREN WITH DIABETES



In the U.S., racial and ethnic disparities in both care and outcomes exist for pediatric patients with diabetes. For example, Non-Hispanic Black patients with Type 1 diabetes are less likely than Non-Hispanic White patients to use technology such as insulin pumps and are less likely to maintain optimal glycemic control. The Diabetes Center for Children at CHOP aims to eliminate such disparities.

With support from the Chair’s Initiative, a team at the Diabetes Center for Children has laid the foundation for interventions toward this goal. Through seeking the perspectives of caregivers of patients as well as providers and staff, the team improved their understanding of racial and ethnic disparities in diabetes. At the same time, they put in place a comprehensive data infrastructure that will better equip care teams to identify and monitor disparities and which may be used as a model in other disease areas.



In addition to obtaining input from the Parent Advisory Board, the team conducted five focus groups with caregivers of non-Hispanic Black patients cared for at the Diabetes Center. To understand the provider perspective, the team also conducted surveys with physicians, advanced practice providers, and diabetes educators in the Division of Endocrinology.



Using insights gained from the focus groups and clinical provider/staff surveys, the team will develop a multipronged intervention to reduce disparities.



A Qlik Sense® Racial Disparities in Diabetes Dashboard was deployed in June 2023 and will be used to monitor progress of interventions. The Dashboard is designed to track racial disparities in diabetes technology use and clinical outcomes such as glycemic control and hospital utilization.



The workflow has been streamlined for visit documentation in the electronic health record, including for inpatient care, inpatient consult service, and outpatient clinic visits. This redesign has decreased documentation burden on providers and has enabled more accurate and efficient data collection for tracking health disparities through the Racial Disparities in Diabetes Dashboard.

To view the poster presentation for this program, please visit chop.edu/round8.

THE CHOP CENTER FOR DIAGNOSTIC EXCELLENCE

DEVELOPING AN INFRASTRUCTURE TO SUPPORT DIAGNOSTIC EXCELLENCE

Influenced by both human and system factors, the process of determining a diagnosis involves uncertainty and is one of the most complex tasks in healthcare. In keeping with CHOP’s mission to lead advancement in pediatric healthcare, and with foundational support from the Chair’s Initiative grant, a team at CHOP has created an industry-leading Center for Diagnostic Excellence (CDE).

The CDE exists as a fully operational safety & quality program in CHOP’s Center for Healthcare Quality & Analytics, with a full portfolio of analytic, improvement, education, and research work aimed at supporting diagnostic excellence at CHOP. The CDE is structured around four inter-professional pillars: diagnostic safety, operational excellence, education, and patient-centeredness.



The team created a centralized database for reporting, reviewing, and aggregating reviewed cases and an operational dashboard with which to measure diagnostic performance at CHOP. Diagnostic case reviews allow for identification of missed opportunities to improve diagnosis and characterization of associated improvement opportunities.



More than 100 clinicians from nearly every department/division have been trained in diagnostic review, enabling multidisciplinary review of over 700 cases. Diagnostic review has also been embedded in existing care review processes and workflows, ensuring that diagnosis is a domain of quality and safety considered when identifying opportunities for systems improvement.



The team completed an institution-wide needs assessment with participation from approximately 900 CHOP educational leaders and learners. The needs assessment informed development of a 3-part diagnostic reasoning curriculum delivered to over 500 learners and educators to date.



The team partnered with CHOP families to co-create a diagnostic resource with information for patients and families about how they can engage as members of the diagnostic team. The resource is currently being rolled out on inpatient units.

To view the poster presentation for this program, please visit chop.edu/round8.

“Identifying a timely, accurate explanation of a patient’s health problem and communicating that explanation clearly is a cornerstone of safe, high-quality healthcare. Yet most of us will be personally and/or professionally affected by a diagnostic error at some point in our lifetime. The Center for Diagnostic Excellence seeks to prevent harm from diagnostic errors by developing systems that support diagnostic excellence and by fostering compassionate, equitable, and patient/family-centered care.”

– Irit Rasooly, MD, MSCE
Shown above (left) with Rebecca Tenney-Soeiro, MD, MEd



“We can influence a whole generation of providers to see beyond a patient’s initial illness or injury to learn about and address social needs the family may have that have a profound effect on their child’s health and outcomes.”

– Lauren VonHoltz, MD, MPH
(Shown at right)

FAMILY CONNECTS

HELPING FAMILIES ADDRESS HEALTH-RELATED SOCIAL NEEDS THROUGH A NOVEL EMERGENCY DEPARTMENT RESOURCE NAVIGATION PROGRAM

In response to the increased social need they were seeing among families coming to CHOP’s emergency department (ED) during the COVID-19 pandemic, a group of physicians, nurses, and social workers created “Family Connects”, a novel social resource navigation program. Through Family Connects, which utilizes a student workforce, families visiting the ED are offered help with navigating resources in their communities, such as support for housing and food needs and mental health resources. Families in crisis or with extensive need are connected with a social worker.

With support from the Chair’s Initiative, the team has built on the success of the program by further strengthening processes, enhancing direct connection with resources, and expanding the program’s reach. Family Connects has continued its integration of students, providing them with valuable hands-on experience and education on the impact of social determinants of health (SDOH) on the lives of patients and families.



In the 2 years of the Chair’s Initiative, nearly 12,000 families were successfully reached through Family Connects, and roughly 2,200 received information about community resources. Diapers and formula, mental health resources, food services, housing, and utility support were the most common areas of need.



Over the same period, nearly 1,700 families received emotional support from representatives from Family Connects while they were in the ED and 109 families met with a social worker.



The team used technology to refine processes and increase the efficiency of program delivery. This included integrating a structured template within the electronic health record to facilitate documentation, incorporating an “opt-in/opt-out” texting application for families, and finalizing a data “dashboard” to enhance monitoring of program metrics.



The team partnered with the University of Pennsylvania to expand student staffing to 5 programs involving medical, nursing, nurse practitioner, social work and public health students. Students are trained in resource navigation and receive education on SDOH and trauma-informed care. In the past 2 years, over 125 students have participated in Family Connects. To understand students’ perspectives and inform quality improvement efforts, the team conducted exit interviews and focus groups with student representatives.



With the goal of increasing safe storage of firearms, distribution of gun-securing devices has recently been incorporated into the program, with 535 gun locks distributed by the end of the Chair’s Initiative grant period.

To view the poster presentation for this program, please visit chop.edu/round8.

THE LEADERSHIP ACCOUNTABILITY TEAM

AN INNOVATIVE INTERVENTION TO IMPROVE RETENTION OF FACULTY WHO ARE UNDERREPRESENTED IN MEDICINE

Underrepresented in medicine (URiM) refers to racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.¹ Faculty who are URiM face unique challenges in academic medicine, including inadequate mentorship and sponsorship, a slow promotional trajectory, a lack of leadership positions, and microaggressions. Such challenges have led URiM faculty to leave institutions or to leave academic medicine entirely.

At CHOP, a new team is working to better understand and address the needs of URiM faculty and improve URiM faculty retention. Support from the Chair’s Initiative enabled the formation of the Leadership Accountability Team (LAT), a group of trusted liaisons who employ the principles of an ombudsperson to bidirectionally serve URiM faculty and Departmental and Divisional leaders. The LAT aims to improve retention through building community for URiM faculty across career stages, assisting with addressing professional challenges, and equipping leaders with tools to appropriately support URiM faculty.

¹ American Association of Medical Colleges, Underrepresented in Medicine Definition.
Available at: <https://www.aamc.org/what-we-do/equity-diversity-inclusion/underrepresented-in-medicine>



To inform the organization’s overall retention strategy for URiM faculty, the LAT conducted exit interviews with 6 URiM faculty who have left CHOP in the last 5 years as well as 27 “Stay” interviews with current junior, mid-career and senior URiM faculty.



The LAT developed recommendations for which implementation is ongoing. A recommendation that has already been implemented is providing microaggressions training for Division Chiefs and higher level leaders.



A consultation process has been instituted where the LAT can confidentially assist parties in addressing and mitigating challenges faced by URiM faculty.



For the past two years, the LAT has hosted an Annual Professional Development Symposium. At this year’s event, continuing medical education (CME) credits could be earned. All URiM faculty attendees reported that the LAT helped them build community at CHOP. Approximately 30% reported that the LAT positively impacted their decision to stay in academic medicine and/or that the LAT helped them with a personal or professional challenge.

To view the poster presentation for this program, please visit chop.edu/round8.



“A diverse physician workforce that reflects the diversity of our patients is necessary to truly fulfill our patient care, research, and educational missions in academic medicine and to achieve our goals of health equity. We cannot do this without improving the recruitment, retention, and professional advancement of underrepresented in medicine (URiM) physician faculty. Through the Chair’s Initiative Program, we were able to create a team, specifically focused on improving the retention and professional advancement of URiM Faculty, and our team worked hard to create innovative solutions that will hopefully have a sustained positive impact in this area. We already know that our team has improved the sense of community for URiM physician faculty here at CHOP. We appreciate the Chair’s Initiative Program for providing the opportunity, structure, and resources to address such an important issue.”

– Nicole Washington, MD
(Shown above, seated 2nd from left)



NEONATAL FOLLOW-UP PROGRAM - RESILIENCE AFTER INFANT SUBSTANCE EXPOSURE (NFP-RISE)

COMPASSIONATE, INTEGRATED CARE FOR INFANTS
WITH SUBSTANCE EXPOSURE

Infants who have been exposed to substances before birth, including those at risk for and with neonatal opioid withdrawal syndrome (NOWS), are at increased risk for poor neurodevelopmental outcomes. These infants may have complex health and social needs, yet no specialized programs exist to support this vulnerable population.

Supported by the Chair's Initiative and building on the structure of the Neonatal Follow-up Program (NFP) at CHOP, a multidisciplinary team has collaborated to provide the Resilience after Infant Substance Exposure (NFP-RISE)

program, a specialized care track for infants with prenatal substance exposure. NFP-RISE integrates care across multiple specialties and serves to connect caregivers and infants to vital resources such as primary care, early intervention, community-based home visiting, and substance use recovery services. NFP-RISE represents a comprehensive program of compassionate, coordinated care and builds the capacity to support infants with history of prenatal substance exposure within the greater Philadelphia area.

“This clinical care track has advanced the recovery informed care we are able to provide to support neurodevelopmental trajectories. We continue to learn with the families and communities we serve and are grateful for these opportunities.”

– Barbara Chaiyachati, MD, PhD



Presently, the NFP-RISE clinic is the only specialty care team in the greater Philadelphia area addressing post-natal follow-up care after perinatal monitoring related to concerns of prenatal substance exposure. The team established partnerships with Penn to receive referrals from the Hospital of the University Pennsylvania (HUP) and, in the last two years, has expanded the program to include referrals from all Main Line Health birthing hospitals as well as community organizations serving mothers working through recovery.



The team integrated lived experience expertise in the program through collaboration with a Certified Peer Recovery Specialist who is available to support mothers during the perinatal and postnatal periods.



As awareness and the need for such specialized care has risen, the number of infants cared for in the NFP-RISE program has grown, with the number of visits increasing substantially from 19 during the third quarter of fiscal year 2021 to 86 in the first quarter of fiscal year 2024.



Over the same period, the proportion of appointments for this population that result in “no-shows” has decreased from 42% to 20%, matching the proportion of no-show appointments in the Neonatal Follow-up clinic generally and reflecting how NFP-RISE supports continued access to care.

To view the poster presentation for this program, please visit chop.edu/round8.

SLEEP IN PRIMARY AND SPECIALTY CARE SERVICES (SLEEP PASS)

A MODEL FOR ENHANCING PRIMARY CARE-SPECIALTY CARE INTEGRATION, COLLABORATION, PATIENT OUTCOMES, AND HEALTH EQUITY

Up to 17% of youth experience sleep disordered breathing (SDB), ranging from snoring to severe obstructive sleep apnea (OSA), which is associated with significant risks to child health and well-being. There are also racial, ethnic, and socioeconomic disparities in SDB prevalence and treatment. The American Academy of Pediatrics (AAP) recommends screening for SDB at every child well visit; however, SDB remains under-identified and under-treated in primary care. Even when SDB is identified in primary care visits, rates of referral to specialty care services are low, and many families experience barriers to completing referrals.

A multidisciplinary team has set out to transform SDB management in the CHOP primary care network. Enabled by support from the Chair’s Initiative, the team has taken a multifaceted approach with interventions that support both clinicians and families. Collectively, these changes have the potential to increase primary-specialty care integration and collaboration, improve patient outcomes for children with SDB, and reduce SDB-related health disparities.



Using a previously developed well-visit screening tool, routine screening for SDB was implemented in all 31 practices in the CHOP primary care network. More than 500,000 screeners have been completed, representing over 90% of all well visits.



The team refined the process by which primary care doctors refer electronically patients with SDB for specialty care services. First implemented at 4 network sites, this electronic health record-integrated clinical decision support (CDS) showed strong feasibility, as evidenced by over 4,000, or approximately 7% of patients identified with habitual snoring (3 or more nights/week) and at least 1 additional SDB symptom. In addition, clinician acceptability was high, with roughly 75% of clinicians agreeing it was helpful and easy to use.



The Sleep PASS project systematized and streamlined CDS for SDB management in primary care, which is now in place in all network practices. This effort involved key partnerships with multiple disciplines across the hospital, including the Division of Pulmonary and Sleep Medicine, the Division of Otolaryngology, primary care network leadership, the Pediatric Research Consortium (PeRC), and the Research Family Partners program.



The team developed a pilot program, implemented at Cobbs Creek and Karabots primary care sites, that integrates a “Sleep Navigator” in primary care. The Sleep Navigator educated families about SDB, assisted them with the specialty care referral and scheduling process, addressed family-identified barriers to care, and supported family engagement. Although analyses are ongoing, preliminary results suggest that the Sleep Navigator program resulted in greater referral completion rates compared to usual care.



While the Sleep Navigator program was endorsed as being acceptable and delivered with cultural humility by participants from both sites, qualitative patient/family and clinician data highlighted the need for comprehensive navigation programs to help connect families with multiple referrals from primary care to specialty care services.

To view the poster presentation for this program, please visit chop.edu/round8.



“For me, this project has reinforced just how crucial effective primary and specialty care partners are in advancing evidence-based and equitable management of child sleep disordered breathing. Our hope is that the primary care screening and specialty care referral processes we developed can serve as a model for other primary-specialty care partnerships across the hospital.”

– Ariel A. Williamson, PhD, DBSM

CHAIR'S INITIATIVES PAST: 2006 – 2021

ROUND 1 (2006-2008)

Access Nurse Advisor

To improve appointment and care coordination for families seen by numerous specialties at CHOP.

Referring Physician Communication and Care Coordination

To improve communication, partnership, and coordination between primary care physicians and subspecialties in the care of children with chronic and acute conditions.

Automated Appointment Reminders

To reduce the frequency of missed appointments.

Center for Bone Health

To improve care for children with bone health concerns.

Center for Pediatric Eosinophilic Disorders

To improve care for children with the rare allergic disorder eosinophilic esophagitis and other eosinophilic disorders.

ADHD in Primary Care

To develop a better model of care for children with attention deficit hyperactivity disorder (ADHD) at the primary care level.

Multidisciplinary Cancer Survivorship Program

To improve the care of the growing population of survivors of childhood cancer with multiple chronic medical conditions.

Office of Fellowship Training

To strengthen the fellowship programs at CHOP, with a focus on recruiting and training physician leaders in pediatric subspecialties, developing strategies to enhance learning and teaching, and anticipating and helping to meet subspecialty workforce needs.

Pediatric Knowledgebase

To create a web-based application that combines data about lifesaving drugs with data about individual patients to help doctors make decisions in prescribing drugs and to improve pharmacotherapeutic outcomes in pediatrics.

Sudden Cardiac Death Prevention

To prevent sudden cardiac death in children and adolescents.

ROUND 2 (2009-2011)

Chemotherapy Tracking System

To enhance the safety of chemotherapy administration by reducing errors through computerizing records of cancer patients' complex drug regimens and enhancing availability of information across all care settings.

Intestinal Rehabilitation Program

To coordinate and improve care for children with severe conditions that cause intestinal failure.

From Knowledge to Practice: Developing the Infrastructure to Create and Implement Collaborative Clinical Pathways

To incorporate evidence, best practice, and local expert consensus into easily accessible, shared models for use by clinical teams.

Anticoagulant Management Program

To improve monitoring and care for children taking anticoagulants.

Unit-based Patient Safety Walk Rounds

To create infrastructure within the clinical microsystem to support local quality improvement and patient safety.

Department of Pediatrics CHOPLink (EPIC) Implementation, Quality and Safety Team

To develop an arena for clinical input into electronic health record initiatives, prioritization of projects, and performance metrics.

ROUND 3 (2011-2013)

A Shared Decision-making Portal for Pediatric Chronic Illness

To design and test a computer portal for the families of children with asthma to educate families, track symptoms between visits, and boost communication between the family and their primary care pediatrician.

Assuring Quality and Patient Safety at CHOP Community Pediatric Programs

To define, test, and implement a system to monitor the quality of care in CHOP programs at community hospitals.

Improving Hospital Care and Service Delivery for Individuals with Autism Spectrum Disorders

To develop better tools and strategies for care for children with autism in the sedation unit.

Transitioning from Pediatric to Adult Services: A Primary Care-based Model

To analyze the needs of young adult patients with chronic conditions in CHOP-affiliated primary care practices, and then create tools to help them successfully transition to adult primary care.

Minds Matter: Improving Pediatric Concussion Management

To improve care for children and adolescents by creating tools to standardize management of concussion in the CHOP Care Network, and to educate parents and patients.

Preventing Outpatient CLABSI

To reduce the at-home incidence of one of the most costly problems in healthcare — central line-associated bloodstream infections.

ROUND 4 (2013-2015)

COMEDO: A Computerized System to Assess Acne Patients and Develop Appropriate Treatment Recommendations

To develop a smartphone app to standardize the approach to acne evaluation and treatment while ensuring adherence to expert guidelines and improving efficiency.

Enhancing Providers' Ability to Respond Effectively to Peer Bullying and Victimization

To develop tools to assist clinicians and educators in the prevention of bullying among children and adolescents.

Thrombosis Prevention and Treatment in Cardiac Patients

To create guidelines and care practices to prevent thrombosis (blood clots) and improve anticoagulant (blood thinner) management for cardiac patients.

Development and Evaluation of THRIVE (Texting, Health Resources to Inform, Motivate and Engage)

To help adolescents stay engaged and adjust after cancer treatment.

Identification, Remediation and Prevention of Chronic Glucocorticoid Therapy Adverse Effects

To create guidelines for the safer use of steroids in children through collaboration among rheumatologists, endocrinologists, nephrologists and other experts.

ROUND 5 (2015-2017)

Integrating Apps in Pediatric Practice (iApp)

To improve CHOP's ability to create, use and recommend health apps.

Leveraging Predictive Analytics and Technology to Decrease Missed Appointments

To find new ways to identify and help families that miss appointments.

Fostering Health

To improve coordination of care for children in foster placement.

Multidisciplinary Intervention Navigation Team (MINT) for Pediatric-to-Adult Medical System Transitions

To help those with chronic conditions and intellectual disabilities shift to adult care.

Developing a Hospital-wide Fertility Preservation Program

To offer fertility options to patients throughout the hospital.

An Integrative and Educational Pediatric Genomics Initiative

To improve the understanding and use of genetic tests.

ROUND 6 (2017-2019)

Developing a Comprehensive Cancer Predisposition and Surveillance Program

To build a better system to identify and monitor children with hereditary risk for cancer.

A Community Health Worker Initiative: Enhanced Care Management for Complex Patients

To build a better team for type 1 diabetes patients experiencing social risks such as poverty.

Creating a Children's Hospital of Philadelphia Pediatric Sepsis Program

To improve every aspect of the “recognize, survive, thrive” mantra for pediatric sepsis.

Developing an Integrated Multi-disciplinary Hemophagocytic Syndromes Team of Excellence

To build a system to better recognize and treat rare and complex immune disorders.

Creating an Epidermolysis Bullosa Multidisciplinary Clinic

To improve and integrate care for children with a rare and painful blistering skin disease.

Integrating Lupus Care at CHOP

To improve the management and delivery of care for children with systemic lupus erythematosus.

CHAIR'S INITIATIVES PAST: 2006 – 2021 (continued)

ROUND 7 (2019-2021)

ELECT: Endocrine Late Effects after Cancer Therapy
To treat endocrine problems in children with cancer.

Provider-to-provider Teledermatology
To broaden access to dermatology diagnosis and treatment.

PAPA: Pulmonary Allergy Personalized Asthma Clinic
To integrate care for children with problematic asthma.

Broken Down and Rebuilt
To improve clinical event debriefings.

IMPACT: Improving Patient Access to Care and Treatment
To use evidence-based strategies to improve outpatient access.

Communicating and Connecting for Patients' Mental Health
To improve the primary care process for meeting behavioral health needs.

The Adolescent Initiative's Mobile Health Unit
To meet youth where they are to provide health services.

CURRENT CHAIR'S INITIATIVES: 2023 –2025

ROUND 9 (2023-2025)

Adolescent Specialized Treatment and Recovery Team (A-START)
To create a comprehensive, interdisciplinary, substance use disorder (SUD) assessment, treatment and recovery team for adolescents.

Building Early Autism Diagnostic Capacity in Primary Care: A Model for Specialty and Primary Care Collaboration
To implement an innovative primary care/specialty care collaboration as a potential strategy to address a national (and local) crisis in access to timely diagnostic services for autism spectrum disorder.

CHOP Outreach Center for Expertise in Pediatric Emergency Readiness and Training (ExPERT)
To expand CHOP's outreach efforts within and beyond our network to all providers that care for children and who seek to gain knowledge and training for pediatric emergency care.

Firearm Safety in Clinical Care
To employ an innovative, inter-departmental approach to integrating firearm safety counseling and locking device distribution in inpatient and outpatient environments at CHOP.

Comprehensive Pediatric Hereditary Hemorrhagic Telangiectasia (HHT) Clinical and Research Program
To establish CHOP as a pediatric hereditary hemorrhagic telangiectasia (HHT) Center of Excellence (CoE) in conjunction with the existing Penn HHT CoE to enhance clinical care and research for this autosomal dominant disorder of vasculogenesis characterized by vascular malformations in multiple organs.



PUBLICATIONS, PRESENTATIONS AND GRANTS: *Round 8*

Clinical Skills Coaching Program

Presentations:

Maletsky K, Mehta J, Kaur T, Gonzalez M, Weiss AK, Boyer D, West DC, Balmer DF. **Systematic program evaluation of a novel clinical coaching program using the CIPP model.** Pediatric Academic Societies Annual Meeting, 2023.

Maletsky K, Gonzalez M, Weiss AK, Boyer D, West DC, Balmer DF, Kaur T, Mehta J. **Reflections and relationships: resident and faculty perspectives on participation in a resident clinical coaching program.** Association of Pediatric Program Directors Annual Spring Meeting, 2024

Center for Diagnostic Excellence

Publications:

Congdon M, Rasooly IR, Toto RL, Capriola D, Costello A, Scarfone RJ, Weiss AK. **Diagnostic safety: needs assessment and informed curriculum at an academic children’s hospital.** Pediatr Qual Saf. 2024 Nov/Dec;9(6):e773.

Congdon M, Rauch B, Carroll B, Costello A, Chua WD, Fairchild V, Fatemi Y, Greenfield ME, Herchline D, Howard A, Khan A, Lamberton CE, McAndrew L, Hart J, Shaw KN, Rasooly IR. **Opportunities for diagnostic improvement among pediatric hospital readmissions.** Hosp Pediatr. 2023 Jul;13(7):563-571.

Mehta SD, Congdon M, Phillips CA, Galligan M, Hanna CM, Muthu N, Ruiz J, Stinson H, Shaw KN, Sutton RM, Rasooly IR. **Opportunities to improve diagnosis in emergency transfers to the pediatric intensive care unit.** J Hosp Med. 2023 Jun;18(6):509-518.

Mahajan P, Grubenhoff JA, Cranford J, Bhatt M, Chamberlain JM, Chang T, Lyttle M, Oostenbrink R, Roland D, Rudy RM, Shaw KN, Zuniga RV, Belle A, Kuppermann N, Singh H. **Types of diagnostic errors reported by paediatric emergency providers in a global paediatric emergency care research network.** BMJ Open Qual. 2023 Mar;12(1):e002062.

Kern- Goldberger AS, Dalton EM, Rasooly IR, Congdon M, Gunturi D, Wu L, Li Y, Gerber JS, Bonafide CP. **Factors associated with inpatient subspecialty consultation patterns among pediatric hospitalists.** JAMA Netw Open. 2023 Mar 1;6(3):e232648.

Fatemi Y, Costello A, Lieberman L, Hart J, Shaw KN, Shea JA, Coffin S. **Clinical pathways and diagnostic reasoning: a qualitative study of pediatric residents’ and hospitalists’ perceptions.** J Hosp Med. 2023 Feb;18(2):139-146.

Rasooly IR, Dang K, Nawab US, Shaw KN, Wood JN. **Applying a diagnostic excellence framework to assess opportunities to improve recognition of child physical abuse.** Diagnosis (Berl). 2022 Aug;9(3):352-358.

Congdon M, Clancy CB, Balmer DF, Anderson H, Muthu N, Bonafide CP, Rasooly IR. **Diagnostic reasoning of resident physicians in the age of clinical pathways.** J Grad Med Educ. 2022 Aug;14(4):466-474.

Presentations:

Nawab U, O’Shea KA, Colfer A, Rasooly IR. **Communication of diagnostic uncertainty across teams and with families at admission.** Society to Improve Diagnosis in Medicine Conference, October 2022.

Mehta SD, Congdon M, Phillips CA, Galligan M, Hanna CM, Muthu N, Ruiz J, Stinson H, Shaw KN, Sutton RM, Rasooly IR. **Diagnostic error in emergency transfers associated with increased mortality and length of stay.** Society to Improve Diagnosis in Medicine Conference, October 2022.

Schaffer J, Mack A, Colfer A, Kratchman A, Rasooly IR. **“Nothing about us without us”: creation of a Family Advisory Board to drive diagnostic equity.** Society to Improve Diagnosis in Medicine Conference, October 2022.

Galligan M. **Diagnostic safety at CHOP.** Child Health Patient Safety Officer Annual Meeting, September 2023.

Rasooly IR, Rauch B, Galligan M. **Development and implementation of diagnostic excellence dashboard.** Society to Improve Diagnosis in Medicine Conference, October 2023.

Krause J, Rasooly IR, Barkman D, Capriola D, Hehir D, Kratchman A, Lourie E, Martin H, Petigara A, Simon A, Scholtz A, Waimberg R, CHOP CDE Family Advisory Council Participants. **Development of a diagnostic resource for families.** Society to Improve Diagnosis in Medicine Conference, October 2023.

Congdon M, Capriola D, Toto RL, Krause J, Petigara A, Howzell TH, Scarfone RJ, Rasooly IR. **Minimizing implicit bias in diagnostic decision making: a pediatric simulation case for physician trainees.** Society to Improve Diagnosis in Medicine Conference, October 2023.

Scarfone R. **Dual process thinking and cognitive biases.** MCE Conferences CME education, Sonoma, CA, November 2023.

Scarfone R. **Dual process thinking and cognitive biases.** CME Seminars CME education, St Pete, FL, January 2024.

Scarfone R. **Dual process thinking and cognitive biases.** MCE Conferences CME education, Sedona, AZ, March 2024.

Howzell TH, Congdon M, Capriola D, Toto RL, Krause J, Petigara A, Rasooly IR. **Minimizing implicit bias in diagnostic decision making.** Children’s Hospital Association Transforming Quality Conference, March 2024.

Rasooly IR, Rauch B, Galligan M. **Development and Implementation of Diagnostic Excellence Dashboard.** Pediatric Academic Societies Conference, May 2024.

Grants:

Improving recognition and communication of diagnostic uncertainty at a quaternary pediatric hospital. DxQI Seed Grant from the Society to Improve Diagnosis in Medicine, 9/2021 to 8/2022. PI: Nawab U.

Averting Diagnostic Error Through Improved Recognition of Child Abuse. Agency for Healthcare Research and Quality (AHRQ) K08 HS028682-01A1, 9/2022 to 9/2027. PI: Rasooly IR.

Re-engineering Patient and Family Communication to Improve Diagnostic Safety Resilience. Agency for Healthcare Research and Quality (AHRQ), 1/2023 to 12/2027. Prime awardee: Boston Children’s Hospital; site PI: Rasooly IR.

Fellowship in Diagnostic Excellence, Society to Improve Diagnosis in Medicine, 7/2023 to 6/2024 (Costello A)

Scholar in Diagnostic Excellence, National Academies of Medicine, 6/2024 to 6/2025 (Mehta S)

Submitted/Pending:

Characterizing the Path to Diagnosis for Patients with Juvenile Idiopathic Arthritis: A Mixed Methods Study. Academy Health Research to Support Timely and Accurate Diagnosis for All Award (Costello A and Rasooly IR)

Defining and Characterizing Diagnostic Delay in JIA. Childhood Arthritis and Rheumatology Alliance Career Development Award (Costello A)

Defining and Characterizing Diagnostic Delay in JIA. CHOP Clinical Futures/PolicyLab pilot grant (Costello A and Rasooly IR)

Developing a Consensus Agenda for Improving Pediatric Diagnosis. CHOP Clinical Futures/PolicyLab pilot grant (CDE)

Improving Diagnostic Safety in Ambulatory Settings for Child Physical Abuse. Agency for Healthcare Research and Quality (AHRQ). (Wood JN and Rasooly IR)

Upcoming work includes:

Rasooly IR, Olson AJ, “**Diagnostic Uncertainty,**” Chapter in Zaoutis and Chiang’s Comprehensive Pediatric Hospital Medicine, 3rd Edition (in press)

Rasooly IR, “**Improving Diagnosis and Decision Making in Pediatrics,**” Cleveland Clinic Children’s Grand Rounds, Cleveland, OH (Oct 2024)

“**Diagnostic Excellence in Pediatrics Consortium Meeting,**” a 2-day national meeting and consensus panel focused on priorities in pediatric diagnostic excellence that will be sponsored and hosted at CHOP (Nov 2024)

Family Connects

Publications:

Chohan N, Nfonoyim B, VonHoltz LAH, Murray AL. **Caregiver acceptability of a novel social needs program in a pediatric emergency department during the Coronavirus Disease 2019 pandemic: a qualitative study.** Pediatr Emerg Med J. 2023 Apr;10(1): 11-16.

VonHoltz LAH, Murray AL, Cullen DL. **Family Connects: a novel social needs program within a pediatric emergency department.** Acad Pediatr. 2023 Jan-Feb;23(1):216-218.

Messineo E, Bouchelle Z, Strange A, Ciarlante A, VonHoltz LAH, Murray A, Cullen D. **Phone versus in-person navigation of social needs and caregivers’ desire for resources in the pediatric emergency department.** Acad Pediatr. 2024 Apr;24(3):461-468.

Presentations:

Messineo E, Bouchelle Z, Strange AC, VonHoltz LAH, Murray AL, Cullen DL. **Association between remote versus in-person discussion of social needs and desired resources among caregivers in the pediatric emergency department.** Pediatric Academic Societies Meeting, April 2023.

Strange AC, Bouchelle Z, Messineo E, VonHoltz LAH, Cullen DL, Murray AL. **Rates of connection to community-based resources among referred caregivers in the pediatric emergency department.** Pediatric Academic Societies Meeting, April 2023.

Alternative Media:

VonHoltz LAH, Cullen DL, Murray AM. **How the pandemic created an opportunity to support families.** KevinMD Blog July 2020 Notes: <https://www.kevinmd.com/blog/2020/07/how-the-pandemic-created-an-opportunity-to-support-families.html>; cited 2020 July 20.

PUBLICATIONS, PRESENTATIONS AND GRANTS: *Round 8*

Leadership Accountability Team

Presentations:

Washington NR, Barnes A, Aredas B, Ellison A. **The Leadership Accountability Team: an innovative intervention to improve URIM faculty retention in academic medicine.** Pediatric Academic Societies Annual Meeting, May 2024

NFP-RISE

Publications:

American Academy of Pediatrics. (2023). **The neonatal follow-up program resilience after infant substance exposure (NFP-RISE) of Children’s Hospital of Philadelphia (CHOP).** Patient Care: Maternal-Infant Health and Opioid Use Program: Promising Practices. <https://www.aap.org/en/patient-care/opioids/maternal-infant-health-and-opioid-use-program/promising-practices/the-neonatal-follow-up-program-resilience-after-infant-substance-exposure-nfp-rise-of-childrens-hospital-of-philadelphia-chop/>

Pennoti R. **When it comes to substance use harm reduction, we need a whole family lens.** August 2023. Available at: <https://policylab.chop.edu/blog/when-it-comes-substance-use-harm-reduction-we-need-whole-family-lens>

Chaiyachati BH, Deutsch SA. **Improving health and well-being for infants with prenatal substance exposure.** Curr Probl Pediatr Adolesc Health Care. 2024 Feb;54(2):101572.

Presentations:

Chaiyachati B. **Multidisciplinary clinic for substance exposed infants: a continuum of services.** The Ray E. Helfer Society Virtual Conference, September 2023.

Chaiyachati B. **Addiction and trauma in children and adolescents. Supporting early trajectories after prenatal substance exposure.** King of Prussia, PA; Children’s Hospital of Philadelphia, November 2023.

Chaiyachati B. **Early years of recovery informed neurodevelopmental care after prenatal substance exposure.** Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative Spring 2024 Forum, April 2024.

Chaiyachati, B. **Early years of recovery informed neurodevelopmental care after prenatal substance exposure.** Perinatal SUD Research Group (PRISM), Division of General Academic Pediatrics, Mass General Hospital for Children, Boston, Massachusetts (virtual), May 2024.

Lockwood K, Greenspan M, Drabble S, Chaiyachati B, Wilson D, Randall T, Jenssen B, Wallace W. **Addiction and Trauma in Children and Adolescents.** King of Prussia, PA; CHOP Primary Care, November 2023.

Ongoing, monthly attendance at Philadelphia Perinatal Collaborative to support awareness of RISE services.

Grants:

A \$68,567 grant (Fall 2023) and a \$118,772 grant (June 2024-May 2025) from Delaware County, PA Opioid Misuse and Addiction Abatement Trust Funds.

Sleep PASS

Presentations:

Williamson AA, Uwah E, Tapia IE, Guevara J, Fiks AG. **Development and implementation of a sleep navigation program to increase equitable access to sleep specialty care.** In (A. Chung, Chair), “Culturally tailored interventions to promote sleep health equity among Black children and families.” Symposium for the Associated Professional Sleep Societies Annual Meeting, June 2023.

Uwah E, Abraham-Montgomery M, Nag D, Tapia IE, Guevara JP, Fiks AG, Williamson AA. **Refining a primary care navigation intervention to address sleep disparities: caregiver and clinician perspectives.** Associated Professional Sleep Societies Annual Meeting, June 2024.



Chair's Initiatives:
ROUND 8 TEAM MEMBERS

A Coaching Program to Support Development of Clinical Skills

Jay Mehta, MD, MEd, Tash Kaur, MD, Anna Weiss, MD, MEd, Dorene Balmer, PhD, Don Boyer, MD, MEd, Daniel West, MD, Kristin Maletsky, MD, MEd

The Diabetes Center for Children

Steven Willi, MD, Colin Hawkes, MD, PhD, Terri Lipman, PhD, CRNP, Yolanda S. Williams, MPH

The CHOP Center for Diagnostic Excellence

Irit R. Rasooly, MD, MSCE, Richard Scarfone, MD, Sanjiv Mehta, MD, Jillian Schaffer, MD, Monica Prieto, MD, MSHS, Trenya Garner, Anna Weiss, MD, MEd, Andrea Colfer, RN, Morgan Congdon, MD, MPH, MEd, Avram Mack, MD, Ursula Nawab, MD, Kathy Shaw, MD, MSCE

Family Connects

Lauren VonHoltz, MD, MPH, Danielle Cullen, MD, MPH, MSHP, Ashlee Murray, MD, MPH, Maria Quidgley-Martin, MD, Amanda Nomie, MSN, RN, CPEN, Kimberly Anderson, BSN, RN, CPEN, Karen White, LCSW, Casey Pitts, MD

The Leadership Accountability Team

Nicole Washington, MD, Angela Ellison, MD, MSCE, Adelaide Barnes, MD, Ignacio Tapia, MD

Neonatal Follow-up Program - Resilience after Infant Substance Exposure (NFP-RISE)

Barbara H. Chaiyachati, MD, PhD, Andrea F. Duncan, MD, Cindy W. Christian, MD, Meredith Matone, DrPH, Jennifer R. Peat, MSPT, CIMI, NTMC, Nicole Ellis, BS, CRS

Sleep in Primary and Specialty Care Services (Sleep PASS)

Ariel A. Williamson, PhD, DBSM, Alexander G. Fiks, MD, MSCE, James P. Guevara, MD, MPH (Project leads), Michele Abraham-Montgomery, Lisa Biggs, MD, Suzanne Beck, MD, Kavita Dedhia, MD, Lisa Elden, MD, Greg Lawton, MD, Anthony Luberti, MD, Linda Napoli, MBA, RRT-NPS, RPFT, Maura Powell, MPH, MBA, Brian Schultz, Ignacio Tapia, MD, Eberechukwu Uwah, MD, MPH, Melissa Xanthopoulos, PhD, Lisa Young, MD, Karen Zur, MD, Amy Kratchman & Family Partners



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For information about how to support the Chair's Initiatives, please contact Jon Kerzetski at kerzetskij@chop.edu. With donor support, we can make an even bigger difference.

