

MAKING CONNECTIONS

THE CHAIR'S INITIATIVES
OF THE DEPARTMENT OF PEDIATRICS



ROUND 7
2019-2021



Children's Hospital
of Philadelphia®

CONNECTING

For 16 years, the Chair’s Initiatives Program of the Department of Pediatrics has funded some of the best and brightest teams at Children’s Hospital of Philadelphia, allowing different specialists and experts to work together to tackle vexing, complicated issues and improve care for children.

The Round 7 Initiatives (2019-2021) received grants to build bridges and make important connections for patients and staff. From an RV converted to a colorful mobile health unit that meets adolescents where they are, to efforts to better process adverse events to improve care and support teams, to a better system for screening and connecting patients in primary care to mental health services, the project teams reached out and partnered to make CHOP – and the field of pediatrics as a whole – better.

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On the cover: Tyler, 5, was diagnosed with a rare cancer called neuroblastoma when he was 23 months old. He is a patient in a specialized clinic at CHOP for endocrine-related effects of cancer treatment. The program got off the ground with funding from the Chair’s Initiatives.

*Onni, 9,
with Priya
Patel, MD*



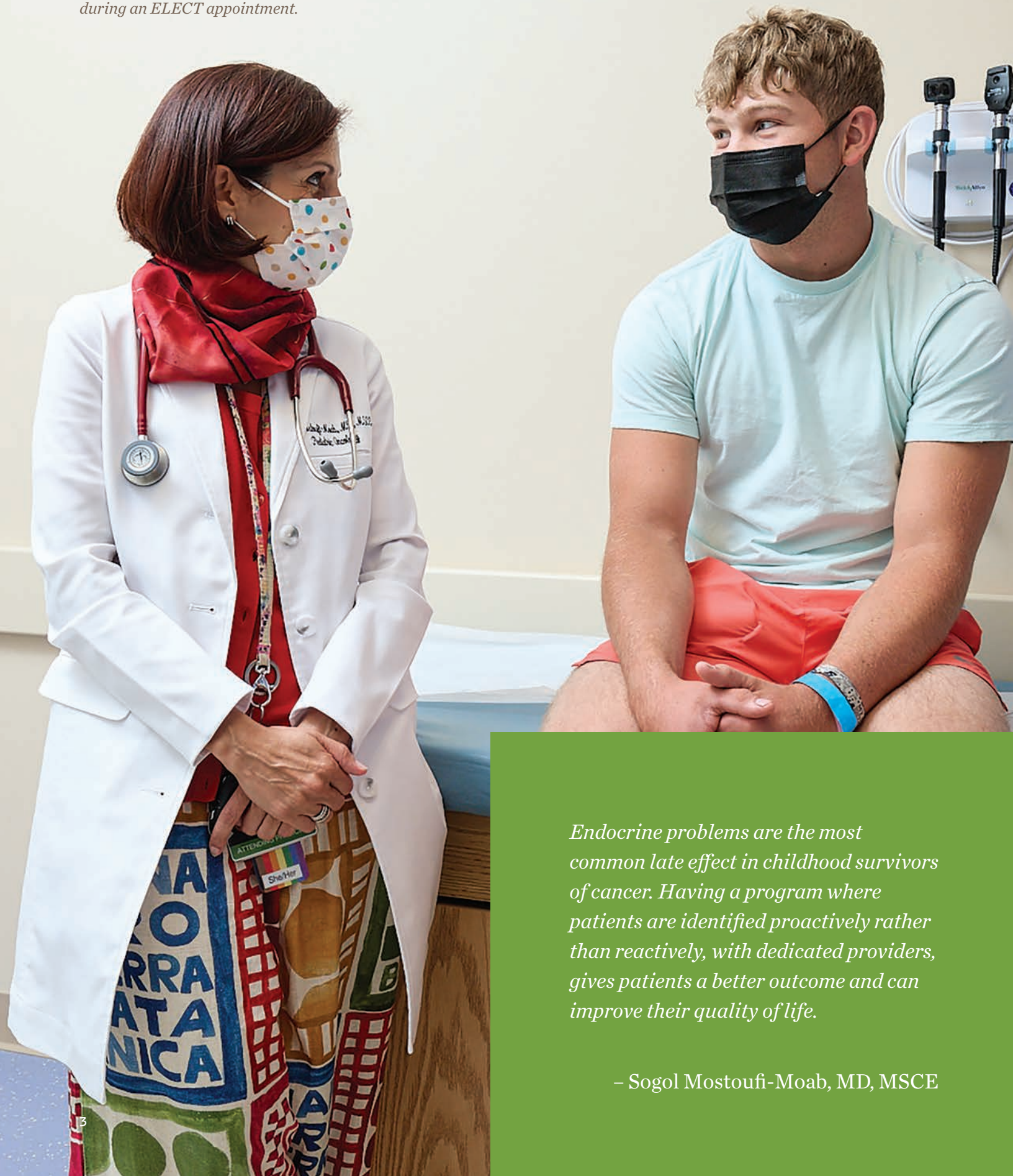
CHAIR’S INITIATIVES: PEOPLE

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, Business Manager, Physician Practice, Alison Marx, MBA, Vice Chair, Administration, Department of Pediatrics, Bridget Rauch, Manager, Data & Analytics and Kathy Shaw, MD, MSCE, Associate Chair, Quality and Safety.

Michael, 17, who was diagnosed with leukemia as a child, with Dr. Sogol Mostoufi-Moab during an ELECT appointment.



Endocrine problems are the most common late effect in childhood survivors of cancer. Having a program where patients are identified proactively rather than reactively, with dedicated providers, gives patients a better outcome and can improve their quality of life.

– Sogol Mostoufi-Moab, MD, MSCE

TREATING ENDOCRINE PROBLEMS IN CHILDREN WITH CANCER

ELECT: Endocrine Late Effects after Cancer Therapy

Cancer treatments in children cause endocrine complications in over half of patients. These disorders can occur at any time, from immediately to many years later. As cancer survival rates have improved, treatment-related endocrine disorders have become more common. Yet, before this initiative, 81 percent of high-risk patients were not referred to Endocrinology.

Supported by a Chair’s Initiatives grant, a team of physicians and nurses in Endocrinology, working with Oncology and others, analyzed the gaps in the referral process after cancer treatment and created a new program to provide proactive care for children, adolescents and young adults at high risk for endocrine complications.

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The Endocrine Late Effects after Cancer Therapy (ELECT) Program was launched in 2020.



Endocrinology has access to data on patient radiation exposure and patients who receive bone-marrow transplants and other cancer treatments associated with an elevated risk of endocrine complications.



Data on patients receiving cancer treatment is reviewed by staff in Endocrinology and evidence-based criteria are used to identify patients at high risk of endocrine complications.



As high-risk patients are identified, their oncology providers are notified and a letter is sent to the patients encouraging them to schedule an appointment with Endocrinology.



Data on cancer treatment is used to match patients with endocrinologists who have expertise relevant to the patients’ specific risks.



The number of high-risk patients seen by Endocrinology has increased significantly.

To view the poster presentation for this program, please visit chop.edu/round7.

BROADENING ACCESS TO DERMATOLOGY DIAGNOSIS AND TREATMENT

Provider-to-provider Teledermatology

Access to dermatology care for kids can be challenging and unequal. While skin complaints among children are common — a concern in 10-30 percent of all pediatric outpatient visits — fewer than 300 board-certified pediatric dermatology providers serve the nation’s nearly 75 million children. That has led to long wait times for onsite appointments. Because of its visual nature, dermatology is well-suited to remote consultation. Telehealth is a potential solution, but also introduces issues of unequal access. Reliable internet service is not

universal, and limits on insurance coverage for telehealth makes remote care unaffordable for many. Communication directly between primary care pediatricians and dermatologists helps reduce some potential inequities. Supported by a Chair’s Initiatives grant, a pilot program offered provider-to-provider teledermatology consultation between CHOP primary care providers and pediatric dermatologists, starting with the Karabots Pediatric Care Center in West Philadelphia and Primary Care, South Philadelphia.

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“eConsult to Dermatology” is fully functional in the CHOP electronic health record system, enabling primary care providers to share patient history and photographs of the skin complaint with a dermatologist.



847 e-consults were completed in the two years of the pilot.



The average turnaround time was 30 hours, compared to 4-6 months to schedule an onsite visit with a dermatologist.



Patients saved more than 20,000 transportation miles and the time and money travel would have required.



Efforts are underway to secure funding to sustain and expand the program.

To view the poster presentation for this program, please visit chop.edu/round7.



We’ve shown that we can provide care for families who would otherwise not have access to Dermatology. We’ve shown that doctor-to-doctor consultation enables us to provide that care promptly and efficiently. We have the technology and it works very well. We’re excited to work on the next challenge: sustainability.

– Michele Khurana, MD

shown above evaluating a Teledermatology photo

Onni, 9,
with her mother



Whoever thought of putting all those doctors together in one clinic — it was a great idea. They put their heads together and came up with a plan. The clinic is truly a blessing for us.

– Latoya, mother of Onni

INTEGRATING CARE FOR CHILDREN WITH PROBLEMATIC ASTHMA

PAPA: Pulmonary Allergy Personalized Asthma Clinic

Children with problematic or severe asthma often live disrupted lives, with emergency room visits and a disproportionate rate of hospitalizations. These health-related disruptions take a toll — in missed school days, limits on physical activity, and feelings of insecurity and anxiety. The reactive nature of their medical care also places an undue burden on the healthcare system.

One challenge in treating children with problematic or severe asthma is that their care typically falls

under two different specialties: Allergy and Pulmonary Medicine. Historically, that has meant separate appointments for routine and preventive care, which can be an obstacle to families with time and resource constraints.

Supported by a Chair’s Initiatives grant, physicians in Allergy and Pulmonology collaborated to launch an integrated clinic for children with problematic and severe asthma.

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The Pulmonary Allergy Personalized Asthma (PAPA) Clinic enables patients to see multiple specialists in a single visit for diagnosis, adherence issues, coexisting illnesses, coordinated management and psychosocial support.



Coordination with inpatient and Emergency Department teams has established pathways for asthma patients with frequent admissions or emergency visits to receive PAPA Clinic’s integrated care.



Enhancements to the electronic medical records system allow physicians to track data across disciplines and over time and to create a single cross-discipline summary of a visit for the referrer.



All patients have the opportunity to meet with the emotional support team.



PAPA Clinic patients had a 68 percent decrease in hospital admissions and a 59 percent decrease in Emergency Department visits over the two years following their initial clinic visit.

To view the poster presentation for this program, please visit chop.edu/round7.

IMPROVING CLINICAL EVENT DEBRIEFINGS

Broken Down and Rebuilt

Children’s Hospital of Philadelphia has long been a leader among children’s hospitals in the use of clinical event debriefings as a quality improvement tool. By reviewing and learning from clinical events — adverse events that may jeopardize a patient or require medical intervention — systemic factors can be identified and patient care improved. Debriefings can also be valuable in steering staff to emotional support. By their nature, though, clinical event debriefings are a human process, subject to variance in facilitation and participation. In a busy hospital environment, they also compete with other priorities for staff time.

Supported by a Chair’s Initiatives grant, a group of physicians from different specialties conducted interviews and focus groups to understand

the staff experience of critical event debriefings as a step toward making them more effective as a quality improvement tool, more consistent, and a better vehicle for encouraging the use of emotional support services.



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The voices of staff across the hospital have provided a deeper understanding of best practices in clinical event debriefings as well as the obstacles to more consistent and effective application of those practices.



A curriculum has been created to train physicians and nurses in the facilitation of debriefings. The curriculum is now in pilot with senior residents.



Hospital-wide debriefing procedures are being refreshed to reflect best practices within the realities of the hospital environment.



Steps are being taken to further cultivate a culture where seeking emotional support after an event is considered normal and expected. As part of the debriefing, attendees will be encouraged to reach out to support programs, including Care for Colleagues and the Employee Assistance Program.

To view the poster presentation for this program, please visit chop.edu/round7.



With the Chair’s Initiatives support, we were able to use interviews and focus groups to understand the common threads of what is working and what isn’t in the debriefing process across multiple roles and units. Everybody who participated is ultimately contributing to the way the system will work in the future.

– Meghan Galligan, MD, MSHP,
shown above (center) with project co-leads
Dawn DeBrocco, PsyD, (left) and Eron Friedlaender, MD, MPH.

Asa, 1,
with his mother

Recognizing the importance of getting patients the care they need in a timely manner, this multi-disciplinary team worked hard to test creative solutions to decrease visit wait times, remind patients about upcoming telemed visits, and worked to address show rates – all while navigating a global pandemic.

– Lauren Tanzer, MBA, MS, PMP

USING EVIDENCE-BASED STRATEGIES TO IMPROVE OUTPATIENT ACCESS

IMPACT: Improving Patient Access to Care and Treatment

In July 2019, the average wait for a new pediatric patient to be seen by a specialist in the Department of Pediatrics was 40.1 days. The goal of the initiative was to reduce the average wait time using evidence-based strategies from operations management, implementation science and the Baldrige performance excellence framework.

Supported by a Chair's Initiatives grant, a group of physicians, practice managers, administrative directors, and quality experts reviewed practices and metrics and identified promising interventions. The onset of the COVID-19 pandemic affected the project, as the flow of patients to onsite specialty care visits was disrupted. As a result, the focus shifted to the use and efficiency of video visits and technology-aided scheduling from March through the fall of 2020.

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For the 2021 calendar year, the average wait time for a new patient to be seen by a pediatric specialist was 32.5 days, with a median of 21 days.



Automated text reminders for telehealth appointments reduced missed appointments from 9.2% to 7.8% across Primary and Specialty Care. Text reminders have since been expanded to include in-person visits, based on the success shown. As COVID-19 drivers of telehealth use waned, the project team surveyed providers about the use of telemedicine and referrals. The analysis confirmed specialty care visits were referred and scheduled in the appropriate setting, according to the providers in these areas.



An integration of Fast Pass and text notifications informed patients on waitlists of earlier appointments, resulting in 21.7% of offers for earlier appointments accepted. The addition of texting corresponded with a 50% reduction in expired offers, meaning fewer automated offers were left unseen by families.



Since both of the above interventions focused on English-based technology, the project team also initiated conversations with the enterprise language services team. This team's evaluation in equity for non-native English speakers is ongoing.



To quantify the impacts of the improved scheduling efficiency, a Customer Lifetime Value (CLV) analysis was completed for the Allergy division, which has a predictable annual cycle for visits. This found an estimated value lost by patients not being seen off the waitlist, providing financial incentives for continued focus and efforts in these areas.

To view the poster presentation for this program, please visit chop.edu/round7.



A BETTER PRIMARY CARE PROCESS FOR MEETING BEHAVIORAL HEALTH NEEDS

Communicating and Connecting for Patients' Mental Health

The state of youth mental health is a crisis. In the core region served by Children's Hospital of Philadelphia (Pennsylvania, New Jersey and Delaware), more than half of young people with a major depressive episode do not receive mental health services, and only a third receive some consistent treatment.

Supported by a Chair's Initiatives grant, a team from areas across CHOP, including primary care, the emergency room, social work, psychiatry, information services and public health, developed and piloted a coordinated approach to identifying at-risk youth during primary care visits and connecting them with appropriate mental health care.

Addressing mental and behavioral health is an emergency, but patients with identified mental health needs can fall through the cracks when there is not a good follow-up system. The project team was able to test and refine a model of need identification and coordinated follow-up that has the potential to make a real difference in patients' lives.

– Jeremy Esposito, MD, MEd

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The process tested in the pilot has been refined and is operational at five CHOP locations.



When a patient's responses on the questionnaire indicate a need for mental health support, an alert is displayed to the primary care physician and they are prompted to ask more questions and explain that a social worker will follow up.



In certain high-risk cases, the social worker will meet with the patient immediately for assessment.



A new position was created — a social work care coordinator — to follow up by phone with patients and to facilitate access to care.



The pilot showed that connection to care is much higher in locations with an on-site social worker, informing proposals for future staffing models.

To view the poster presentation for this program, please visit chop.edu/round7.

MEETING YOUTH WHERE THEY ARE TO PROVIDE HEALTH SERVICES

The Adolescent Initiative’s Mobile Health Unit

The Adolescent Initiative (AI) at Children’s Hospital of Philadelphia has been reaching out to underserved youth ages 13 to 24 for more than 27 years with a focus on preventing HIV and other sexually transmitted diseases. The AI outreach team has done this by setting up in community spaces where youth gathered, sometimes using closets or stringing tarps for privacy.

Supported by a Chair’s Initiatives grant, the Adolescent Initiative purchased a 30-foot-long RV to convert into a Mobile Health Unit (MHU) to expand its outreach efforts and make the AI’s services more convenient and appealing to youth. The AI team worked with its Youth Community Advisory Board

to ensure the interior and exterior would attract youth and put them at ease. The exterior was designed by Alloyius McIlwaine, a Philadelphia artist who has painted murals all over the city.



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The Mobile Health Unit, with its bold, colorful exterior, is out in the community, setting up at events and at times and places where youth gather.



The MHU has a TV, phone chargers, public Wi-Fi and comfortable chairs. When it pulls into a park, the team spreads an awning, plays music, sets up a PS5 gaming system and sets out snacks. It carries condoms and hygiene supplies as well as donated gift cards to help youth who are homeless or in need of a meal.



Once conversations start, staff present what is available in the MHU: point-of-care rapid HIV or STI testing, basic health screening, risk assessments, screening to participate in research studies, educational videos and learning games on health topics.



The appeal of the MHU has helped and continues to help the AI build additional community partner collaborations.

To view the poster presentation for this program, please visit chop.edu/round7.



As a part of the Chair’s Initiatives, my team created new and lasting partnerships in the CHOP enterprise. We shared our dream – an Adolescent Mobile Health Unit – and collectively made it reality.

– Marne Castillo, PhD, MEd,
shown below (third from right)
with the project team



CHAIR'S INITIATIVES PAST: 2006 – 2019

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 FUTURE:
2021 – 2023

The Future

Round 8 (2021-2023)

A Coaching Program to Support Advancement of CHOP's Clinical and Education Missions

To help physicians improve their professional performance and growth.

Building an Infrastructure to Address Racial Disparities in Children with Type 1 and Type 2 Diabetes

To better track data showing disparities in diabetes treatment and outcomes, and to help close the gap.

Developing the Infrastructure for a CHOP Center for Diagnostic Excellence

To advance efforts in diagnostic excellence and medical decision-making.

Family Connects: Identification and Provision of Social Resources in the Emergency Department

To help families in the CHOP Emergency Department connect with services for self-identified needs.

Addressing Retention of Under-Represented in Medicine Faculty Via a Faculty Ombuds Team

To form a leadership team dedicated to improving the retention of physicians from underrepresented minorities.

Resilience After Infant Substance Exposure (RISE) in Neonatal Follow-up

To deliver compassionate, integrated specialty care for infants with prenatal opioid exposure.

Sleep PASS: Sleep in Primary and Specialty Care Services

To integrate care and improve outcomes and health equity for patients with sleep-disordered breathing.

Jasiel, 6 months,
with his mother



PUBLICATIONS, PRESENTATIONS AND GRANTS: *Round 7*

Endocrine Late Effects after Cancer Therapy (ELECT) Program

Publications:

Hobbie WL, Li Y, Carlson C, Goldfarb S, Laskin B, Denburg M, Goldmuntz E, Mostoufi-Moab S, Wilkes J, Smith K, Sacks N, Szalda D, Ginsberg JP. **Late effects in survivors of high-risk neuroblastoma following stem cell transplant with and without total body irradiation.** Pediatric Blood & Cancer. 2022; 69(3):e29537.

Jaramillo D, Duong P, Nguyen JC, Mostoufi-Moab S, Nguyen MK, Moreau A, Barrera CA, Hong S, Raya JG. **Diffusion tensor imaging of the knee to predict childhood growth.** Radiology. 2022; 303(3):655-663.

Franco AT, Ricarte-Filho JC, Isaza A, Jones Z, Jain N, Mostoufi-Moab S, Surrey L, Laetsch TW, Li MM, DeHart JC, Reichenberger E, Taylor D, Kazahaya K, Adzick NS, Bauer AJ. **Fusion oncogenes are associated with increased metastatic capacity and persistent disease in pediatric thyroid cancers.** Journal of Clinical Oncology. 2022; 40(10): 1081-1090.

Boguszewski MCS, Boguszewski CL, Chemaililly W, Cohen LE, Gebauer J, Higham C, Hoffman AR, Polak M, Yuen KCJ, Alos N, Antal Z, Bidlingmaier M, Biller BMK, Brabant G, Choong CSY, Cianfarani S, Clayton PE, Coutant R, Cardoso-Demartini AA, Fernandez A, Grimberg A, Guðmundsson K, Guevara-Aguirre J, Ho KKY, Horikawa R, Isidori AM, Jørgensen JOL, Kamenicky P, Karavitaki N, Kopchick JJ, Lodish M, Luo X, McCormack AI, Meacham L, Melmed S, Mostoufi Moab S, Müller HL, Neggers SJCMM, Aguiar Oliveira MH, Ozono K, Pennisi PA, Popovic V, Radovick S, Savendahl L, Touraine P, van Santen HM, Johannsson G. **Safety of growth hormone replacement in survivors of cancer and intracranial and pituitary tumours: a consensus statement.** European Journal of Endocrinology. 2022; 186(2):35-52.

Guo M, Zemel BS, Hawkes CP, Long J, Kelly A, Leonard MB, Jaramillo D, Mostoufi-Moab S. **Sarcopenia and preserved bone mineral density in pediatric survivors of high-risk neuroblastoma with growth failure.** Journal of Cachexia, Sarcopenia and Muscle 2021; 12(4):1024-1033.

Van Santen HM, Chemaitilly W, Meacham LR, Tonorezos ES, Mostoufi-Moab S. **Endocrine health in childhood cancer survivors.** Pediatric Clinics of North America; 2020; 67(6):1171-1186.

Van Remortel BJ, Chehab L, Bauer AJ, Isaza A, Li Y, Baumgarten HD, Franco AT, Laetsch TW, Kazahaya K, Adzick NS, Mostoufi-Moab S. **Surgical outcomes in survivors of childhood cancer undergoing thyroidectomy: a single institution experience.** Pediatric Blood and Cancer 2022; 69(6):e29674.

Kindler J, Guo M, Baker J, McCormack S, Armenian S, Zemel B, Leonard MB, Mostoufi-Moab S. **Persistent musculoskeletal deficits in pediatric, adolescent and young adult survivors of allogeneic hematopoietic stem-cell transplantation.** Journal of Bone and Mineral Research. 2022; 37(4):794-803.

Presentations:

Endocrine late effects after neuroblastoma therapy, Global Neuroblastoma Parent Conference virtual presentation, November 6, 2020.

Endocrine late effects in survivors of childhood cancer, Southern California Pediatric Endocrine Society, keynote speaker virtual presentation, February 20, 2021.

Endocrine late effects in survivors of childhood cancer, Miami University Pediatric Grand Rounds, virtual presentation, December 13, 2021.

Grants:

A \$4,096,342 grant from NIH/NCI for a study entitled **Intensive tailored exercise training with NAD+ precursor supplementation to improve muscle mass and fitness in adolescent and young adult survivors of childhood cancer** (R01CA254955)
PI: Mostoufi-Moab (corresponding PI) and McCormack
9/01/2021 – 8/30/2026.

Doctor-to-Doctor Teledermatology: Leading the Way in High-Quality Pediatric Telemedicine

Publications:

Havele SA, Fathy R, McMahon P, Murthy AS. **Pediatric teledermatology: A retrospective review of 1199 encounters during the COVID-19 pandemic.** Journal of the American Academy of Dermatology. 2021 Nov 25:S0190-9622(21)02907-8. doi: 10.1016/j.jaad.2021.11.038. Epub ahead of print.

Jew OS, Murthy AS, Danley K, McMahon PJ. **Implementation of a pediatric provider-to-provider store-and-forward teledermatology system: Effectiveness, feasibility, and acceptability in a pilot study.** Pediatric Dermatology. 2020. 37(6):1106-1112.

Pulmonary and Allergy Personalized Asthma (PAPA) Clinic

Presentations:

Internal presentation to Maintenance of Certification committee on October 18, 2021.

Grants:

A \$25,000 grant from the Clare Foundation to support Physician and Pulmonary Nurse Asthma Leader in the Pulmonary and Allergy Problematic Asthma (PAPA) Clinic.

Debriefing: Broken Down and Rebuilt

Publications:

Galligan MM, DeBrocco D, Friedlaender E. **Debriefing during a mental health crisis.** Journal of Hospital Medicine. 2021; 16 (7):440-442.

Galligan MM, Haggerty M, Wolfe HA, DeBrocco D, Kellom K, Garcia SM, Neergaard R, Akpek E, Barg FK, Friedlaender E. **From the frontlines: a qualitative study of staff experiences with clinical event debriefing.** Hospital Pediatrics. 2021; 1(12):1311-1320.

Galligan MM, Goldstein L, Garcia SM, Kellom K, Wolfe HA, Haggerty M, DeBrocco D, Barg FK, Friedlaender E. **A qualitative study of resident experiences with clinical event debriefing.** Hospital Pediatrics. [Accepted]

Presentations:

Haggerty M, Galligan MM, DeBrocco D, Wolfe H, Garcia SM, Kellom K, Akpek E, Neergard R, Barg F: **Let’s talk about it: clinical event debriefing practice in diverse care areas.** Pediatric Academic Societies Virtual Meeting 2021.

Galligan MM, Haggerty M, Debrocco D, Wolfe HA, Garcia SM, Kellom K, Akpek E, Neergaard N, Barg F, Friedlaender E. **Let’s talk about it: identifying best practices for debriefing in a children’s hospital.** Pediatric Hospital Medicine Conference 2021.

Goldstein L, Galligan MM, Garcia SM, Kellom K, Wolfe HA, Haggerty M, DeBrocco D, Barg F, Friedlaender E. **Feeling like a guest: a qualitative study of resident experiences with clinical event debriefing.** Children’s Hospital of Philadelphia Interprofessional Education Symposium 2022.

Goldstein L, Galligan MM, Garcia SM, Kellom K, Wolfe HA, Haggerty M, DeBrocco D, Barg F, Friedlaender E. **Feeling like a guest: a qualitative study of resident experiences with clinical event debriefing.** Association of Pediatric Program Directors’ Spring Meeting 2022.

Communicating and Connecting Mental Health Needs of Patients

Grants:

A \$100,000 gift from the Berman Behavioral Health Fund to help support and expand Social Work Care Coordination for mental health in Primary Care.

Adolescent Mobile Health Unit

Presentations:

Youth Engagement Through a Global Pandemic: Lessons from a Thriving Youth Community Advisory Board in Philadelphia. Alexander Lopez, Marne Castillo, Dionte Gillis, and Rashaun Williams. Accepted to Society of Adolescent Health and Medicine 2022.

Grants:

Center for AIDS Research HIV/AIDS Prevention Equipment Grant 2020.

Chair's Initiatives:
ROUND 7 TEAM MEMBERS

Endocrine Late Effects after Cancer Therapy: ELECT Program
Sogol Mostoufi-Moab, MD, Colin Hawkes, MD, Shana McCormack, MD, Amanda Reynierse, RN, Courtney Kivel, CRNP

Provider-to-Provider Teledermatology
Aditi Murthy, MD, Kristen Danley, MD, Patrick McMahon, MD, Laurel Caffee, Joy Ukaigwe, MS

Pulmonary Allergy Personalized Asthma (PAPA) Clinic
Jeff Ewig, MD, Priya Patel, MD, Maryori Canales, Nancy Silverman, PhD, Danielle Smith, RN, Cindy Viscuse, RN, Melissa Rojas, Andrea Mattie, Lynsey Cecere, MPA, CLSSBB, Joy Ukaigwe, MS, Brenna Aredas, MPH, Alyssa Cotter, RN, Elizabeth Hammon, RN

Debriefing: Broken Down and Rebuilt
Dawn DeBrocco, PsyD, Meghan Galligan, MD, MSHP, Mary Haggerty, DO, Heather Wolfe, MD, MSHP, Eron Friedlaender, MD, MPH

IMPACT: Improving Patient Access to Care and Treatment
Melissa Muego, MD, Ashwini Reddy, MD, April Taylor, MS, MHA, PhD, Danielle Capriola, MHA, Zakiya Devine, MPA, Lena Leff, MBA, Eli Lourie, MD, MS, Andrea Mattie, MSW, MHA, Bridget Rauch, Lauren Tanzer, MS, MBA, Mel Tirado, Flaura Winston, MD, PhD, Rae Wohl, MSW, MBA

Communicating and Connecting Mental Health Needs of Patients
Jeremy Esposito, MD, MEd, Joel Fein, MD, MPH, Stephanie Doupnik, MD, MSHP, Wendy Wallace, DO, Karen White, LCSW, Jami Young, PhD, Stephen Soffer, PhD, Jason Lewis, PhD, Derek Klingman, MHA, Rachel Waimberg, MS, LSSGB, Joy Ukaigwe, MS

The Adolescent Initiative's Mobile Health Unit
Marne Castillo, PhD, MEd, Matty Lehman LSW, Alexander Lopez, Kelsie Piedra, LSW

*Michael, 17, with his mom,
Tracy, is a patient
of the ELECT clinic.*



Max, 22, shown with his parents, is a patient of the ELECT clinic.



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



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