Task Force 2 Update: Department – LPCHS Relationship
- Steve Alexander, Kelly Johnson
- Scott Sutherland, Rick Majzun
• Maya Mathur
  Instructor
  Pediatrics-Operations
• Nicole Martinez-Martin
  Assistant Professor
  Stanford Center for Biomedical Ethics
• Mark Wilkes
  Instructor
  Division of Hematology/Oncology
From WIC food packaging changes to autism screening, our editors have selected Pediatrics articles that had the greatest impact on our readers in 2019. Find them here.
Six-Month Randomized, Multicenter Trial of Closed-Loop Control in Type 1 Diabetes

for the iDCL Trial Research Group*

Laya Ekhlaspour, MD
A risk-based treatment strategy for non-rhabdomyosarcoma soft-tissue sarcomas in patients younger than 30 years (ARST0332): a Children’s Oncology Group prospective study


Summary

Background Tumour grade, tumour size, resection potential, and extent of disease affect outcome in paediatric non-rhabdomyosarcoma soft-tissue sarcoma (NRSTS), but no risk stratification systems exist and the standard of care is poorly defined. We developed a risk stratification system from known prognostic factors and assessed it in the context
In the Spotlight: Identifying hidden hurdles for mothers in medicine

Eve Valenti
January 9, 2020

Jessica Gold, MD, is a clinical assistant professor and pediatrician at Stanford. After her second child, Gold began looking into workplace challenges that mothers face in the medical field. In a recent paper in the Journal of Hospital Medicine, she identified a policy that made career advancement more difficult for hospital-based pediatricians who have taken maternity leave. Her work ultimately led to a change.

I spoke with Gold about her career in the budding field of pediatric hospital medicine and what she’s learned about professional obstacles for women physicians.

Jessica Gold, MD, MS
Estimate the hidden deployment cost of predictive models to improve patient care

Although examples of algorithms designed to improve healthcare delivery abound, for many, clinical integration will not be achieved. The deployment cost of machine learning models is an underappreciated barrier to success. Experts propose three criteria that, assessed early, could help estimate the deployment cost.

Keith E. Morse, Steven C. Bagely and Nigam H. Shah

Despite the impressive performance of healthcare-oriented machine learning models in research settings, examples of models that have been successfully deployed in a clinical setting are few—1, to the detriment of machine learning researchers, healthcare organizations and, most importantly, patients. This is in part because the criteria typically used to evaluate model performance—such as sensitivity, specificity or area under the receiver operating characteristic (AUROC) curve—ignore downstream realities of deploying the model into clinical operations.2

One such pressing reality is the cost of implementation. To increase the chances of successful deployment, researchers must consider the constraints of their end users. Deployment cost—or the organizational effort required to integrate the output of a machine learning model into a clinical workflow—is difficult to estimate, rarely considered by machine learning researchers, and an area in which healthcare organizations may lack expertise.1 To address this need, we identify three key questions to consider to approximate algorithm deployment costs: how many workflows will be affected? Does the model increase the efficiency of existing workflows? Is the model being deployed within an existing digital workflow?

Consider two algorithms: the first is a deep-learning neural network model that estimates skeletal maturity from pediatric hand radiographs.3 The model output appears automatically in the radiologist’s report, to be confirmed or revised. This algorithm required less than one day per site to deploy and participants radiologists were trained via distributed user guides and departmental presentations (N. Khandwala, personal communication). The model has been implemented successfully at nine separate sites.4

The second algorithm, developed for early warning of inpatient deterioration, uses markers of illness severity, comorbid risk factors and inpatient data to predict risk of deterioration in the next 12 hours5,6. The model output triggers a sequence of actions that involves up to six different care teams in primarily non-digital workflows with over 40 decision and action nodes. As the number of affected workflows grows and the number of individuals affected increases, so too do the number of staff needing retraining, the amount of organizational buy-in required, and the likelihood of unintended consequences. The effect of the inpatient deterioration model on...
A Fighting Chance
The Atlantic

Davenports and Alice Bertaina, MD

David Lewis, MD

Waldo Concepcion, MD
OBJECTIVES

- Learn Quality Improvement (QI) and Leadership skills
- Develop collaborations to disseminate improvements through national conference presentations and/or workshops
- Facilitate publication of quality improvement activities
- Build foundation for pediatric quality improvement research in the region through our regional affiliations

QI and Leadership Faculty from Various Institutions

- Cincinnati Children’s, Children’s National, Seattle Children’s, Children’s Hospital Colorado, Children’s Hospital Los Angeles, Johns Hopkins, and others

Some of the Topics Covered

- Introduction to QI
- Choosing the Right Statistical Process Control Methods for Your Project
- Developing QI Project for Presentation, Workshop, and/or Publication
- Developing a Team
- Addressing and Changing Culture
- Fundamentals of Negotiation

Program Structure

- SESSIONS OPEN TO ALL FACULTY
- 4 faculty part of Cohort Group
  - Active QI Projects
  - Coaching/Mentoring
  - Required Reading
  - QI & Leadership Pre/Post Surveys
  - Leadership Conference Attendance

Questions? Please contact Francisco Alvarez, MD, FAAP: falvare1@stanford.edu

4th Wednesday of the Month
10am-12pm
Thank You Wellbeing Champions!

Jonathan Avila  
Adolescent Med

Anne Liu  
Allergy/Immunology

Ritu Asija  
Cardiology

Beth Kaufmann  
Cardiology

Daniel Tawfik  
Critical Care Med

Lynne Huffman  
Developmental-Behavioral

Monica Grover  
Endocrinology

Marwa Haija  
Gastroenterology

Lindsay Stevens  
General Pediatrics

Dena Matalon  
Genetics

Clara Lo  
Hematology-Oncology

Ami Shah  
Stem Cell Transplant

Marwa Haija  
Gastroenterology

Lindsay Stevens  
General Pediatrics

Dena Matalon  
Genetics

Jessica Gold  
Hospitalist Med

Xin She  
Hospitalist Med

Hayley Gans  
Infectious Disease

Lisa Bain  
Neonatology

Ritu Chitkara  
Neonatology

Cynthia Wong  
Nephrology

Caroline Okorie  
Pulmonary Med

Joyce Hsu  
Rheumatology
Target Based Care Program *active cohorts*

For more information, contact:
Claudia Algaze calgaze@stanford.edu
Andy Shin drewshin@stanford.edu
Congress reaches deal to fund gun violence research for first time in decades

$25 million to the NIH & CDC to study gun violence and ways to prevent it
Volunteers battle health crisis of asylum seekers in Mexico

In 6 visits we have....
- Visited one clinic & 3 shelters serving 500+ refugees
- Provided 16 suitcases with medical & sanitation supplies

Currently...
- Tackling scabies outbreak, making protocols in low-resourced setting

New members and ideas welcome!

Stanford Families at the Border:
Addressing the health of 10,000 asylum seekers in Tijuana
Next Meeting Feb 11th
Task Force 2: Provider-Hospital Relations

Department of Pediatrics
Faculty Meeting
January 30, 2020
The 2015 Department of Pediatrics climate survey identified hospital-provider relations as a key issue for providers.

Task Force 2 was established and charged with examining the current state of provider satisfaction in their relations with the Hospital and, where problems were found, to look for solutions.
Meet the Team

Co-chairs:
Steve Alexander, Kelly Johnson

- Nominated or self-nominated
- Broad representation of major stakeholders
- Sized for optimal work

Members: Amy Chapman, Lauren Destino, Kristin Peterson, Michael Propst, Douglas Sidell, Scott Sutherland
Methods

- Confidential, one-on-one, face-to-face interviews
- Interview subjects selected by Task Force 2 members to represent faculty (MCL and CE), nurses, administrators and others in leadership roles
- Structured interview questions used to guide the interviews
- Interviews were summarized in 1-3 page narrative reports that were then read and analyzed by all members of Task Force 2
Methods

- Interviews were conducted in March, April, and May of 2017
- A total of 41 interviews from a broad sample of physicians, nurses and administrators were obtained and form the basis for this report
- All 8 Task Force 2 members contributed substantially to the writing of the report, and validate its content
Overview of the Report

- Report was organized into themes
- There was remarkable consistency of feedback from interview participants
- The analysis focused on identified challenges
- Recommendations target actionable items
- Recommendations are not prioritized in order to minimize bias
- Perception is reality for the individuals interviewed
General Themes from the Interviews

- There is great affection for this Hospital and Stanford School of Medicine
- LPCHS is facing broad challenges, and faculty and staff want to be part of the solutions
- Providers want to be considered thought partners, especially when decisions affect their practices and their patients
- There has been a rapid expansion of LPCHS without adequate engagement of providers
- There is much to be done to improve provider-Hospital relations
Four specific themes emerged

I. There is limited front-line provider involvement in Hospital decisions that affect strategy, operations and clinical practice

II. The “bottom line” drives most Hospital decision making

III. The Hospital infrastructure does not support the size or complexity of the organization to run efficiently or effectively: finance, outreach, strategic planning, decision making

IV. Respect and recognition for providers by the Hospital is not consistent or inclusive of non-clinical activity
Theme I: Limited front-line provider involvement in Hospital decisions that affect strategy, operations and clinical practice

- In general, the voice of the frontline provider is not solicited or valued
- Frontline providers do not have input into major decisions affecting their practice
- There is a lack of transparency and clear communication around major decisions affecting clinical services and programs
- There is “top-down” decision making where front line providers have limited involvement
Theme II: The “bottom line” drives most Hospital decision making

- Hospital’s focus on the “margin” has led to decisions that may negatively affect long-term growth and reputation for preeminent programs
- There is a perception that business decisions take precedence over quality, patient safety and clinical care
- There is a perception that obligations to our local community are not fulfilled if there is not a contribution margin to the bottom line
- We continue to expand clinics locally and regionally despite being unable to support care needs due to limited acute care beds and OR impaction
- Lack of adequate clinic and office space is a frustration for faculty
- The strategy driving rapid expansion of clinical services seems to have outpaced effective operationalization of new locations or programs
Theme III: The Hospital infrastructure does not support the size or complexity of the organization to run efficiently or effectively: finance, outreach, strategic planning, decision making

- Current Hospital infrastructure is unclear and difficult to navigate
- Few providers know who within the Administration is directly responsible for supporting their program/practices, making the tracking of decisions challenging
- Hospital decision making is often seen as slow, disorganized, reactive and focused on short-term
- When decisions are made, there is often a lack of sufficient planning and adequate follow through
Theme III findings continued:

- There is no clear prioritization for organizational initiatives beyond the “bottom line”
- Hospital seems to have limited strategic vision for the future of the organization
- If the goal is preeminence, the focus on being the preeminent care provider in local clinical settings compromises the broader vision of national and international preeminence that attracted providers to Stanford and LPCHS
- Limited communication about strategy leads providers to see decision making as top down
Theme IV: Respect and recognition for providers by the Hospital is not apparent

- Providers feel that the Hospital views them solely as a work force, easily replaceable.
- Physicians choose to work in academic medicine and at LPCHS because it allows them to do more than “just” provide patient care.
- The Hospital has a narrow focus on recognition and celebration of the value and contribution to pre-eminence of non-revenue generating work (e.g., research, education, quality improvement).
- Providers want to be viewed as partners and collaborators and in general do not feel the Hospital sees them in this role.
- There is a perception that Hospital administrators have limited knowledge of and place little value on front line work.
- When problems arise (e.g., lower patient/procedure volume, quality issues) the Hospital tends to blame providers.
Task Force 2 Recommendations
1) Involve providers in all major organizational decisions and especially those that affect their practice before those decisions are made

2) Support non-revenue generating work

3) Improve methods of communication

4) Re-examine Medical Direction
# 1: Involve providers in all major organizational decisions before those decisions are made

- Consider front line providers as effective partners whose involvement will help the Hospital make better decisions.
- Create a Clinical Leadership Council (CLC) with authority to influence Hospital decisions.
Appoint 2 front line faculty to the Packard Executives Committee (“Packard Execs”)

“…Packard Execs, chaired by the CEO, is comprised of the senior executives and physician leaders of the organization. It is responsible for 1) setting the strategic direction for the organization and 2) developing and overseeing the strategic plan and strategic goals for the organization. It reviews and approves key strategic, clinical and programmatic proposals…”
Progress on Recommendation #1

• In early 2018 two faculty members were appointed to and continue to serve on Packard Executive Committee:
  – Jennifer Carlson (Adolescent Med)
  – Douglas Sidell (ENT)

• The Packard Execs meetings are very good for receiving information, with limited opportunity for decision making.

• The Facilities Planning and Service Development (FPSD) Committee is currently the major strategy and planning meeting. Mary Leonard now attends, as do Division Chiefs when their requests/proposals are discussed.
Administration Response to Recommendation #1  
(Clinical Leadership Council)

• “..Due to the work involved with preparing to open Packard 2.0 we will hold off establishing the Clinical Leadership Council until the New Year. We will assess the need for the CLC at that time…”

• There has been no further discussion about forming a Clinical Leadership Council involving front line faculty. It may be time to re-evaluate this opportunity now that we have new executive leadership in place.
Administration Response to Recommendation #1
(front line providers’ involvement)

“...plan to include front line faculty on task forces/committees involving hospital operations, program development and strategy...”
Progress on Recommendation #1

• Paul King, Rick Majzun and Rick Idemoto are very engaged with faculty. Notable progress has been made to date involving faculty in decision making processes.
• This is a good start on the process of getting providers involved with decision making.
Progress on Recommendation #1

FPO leadership efforts to transform the FPO into more of a group practice model and involve more front line providers:

* Monthly FPO Clinical Chiefs Meeting

* Redesign of FPO Committees and Task Forces
  Patient Experience
  Clinical Effort
  Inpatient
  Treatment Center
  Nominating

* Results: More involvement of front line providers in decisions affecting their practices.

(Many thanks to Denny Lund, Grace Lee and Lee Kwiatkowski.)
# 2: Support non-revenue generating work

- Increase recognition and celebration of education, research, and programmatic Hospital and system improvements
- Acknowledge the value of non-revenue generating contributions
- Create an annual report to the LPCHS Board of Directors highlighting these accomplishments by providers
- Compile a quarterly report to the entire organization highlighting provider and staff accomplishments
Administration Response to Recommendation #2

• Expansions of fellowships in multiple areas
• LPCHS funds MCHRI with $5 million/year
• LPCHS Board of Directors:
  o Faculty are invited to give presentations on innovative research programs at each quarterly board meeting
  o Mary Leonard and MCHRI Leadership give a report on research accomplishments to the MCHRI Governing Board each year. The Governing Board includes many LPCHS Board members
  o Investigators give more detailed presentations to the LPCHS Board of Directors Research Committee
#3: Improve methods of communication

- Executive leaders attend at least one meeting per year within each division/department on a regular rotation to solicit feedback on clinical program decisions.
- The administrator directly responsible for the division/department/service should attend the regular monthly meetings of the services for which they are responsible.
- Make detailed org charts and decision making resources available on the intranet that display the administrative chain of responsibility.
Administration Response to Recommendation #3

“Monthly lunches of approximately 10 faculty with Drs. Leonard and Dunn and the CEO. The focus will be on front line faculty...”

“Provide the Division Chiefs with talking points after each monthly Chiefs meeting so the Division Chiefs can better communicate with their front line faculty.”
Administration Response to Recommendation #3

• “...Issue a quarterly report from the CEO as part of “Medical Matters” which is authored by the CMO and distributed to all LPCH and PCHA physicians

• “...The first report will specifically discuss where, who and how decisions are made.

• “...Forums and Quarterly Reports will discuss the issues identified by the Task Force
#3 Improve methods of communication, continued:

- Orient new clinicians to the administrative structure of the Hospital and the clinical settings where they are to work
- Inform all providers of paths of escalation for concerns within their clinical areas
- Continue and expand Town Halls by the CEO and other senior Hospital leaders
- Establish a regular rotation of senior hospital leadership on rounds in all units throughout Stanford Children’s Health
Progress on Recommendation #3

• Progress has been made to inform all providers of paths of escalation for concerns within their clinical areas
• Paul King has asked that all matters affecting faculty will go through Mary Leonard. Although just begun, this approach has been effective.
Administration Response to Recommendation #4:
“...Launch a task force which will include front line faculty...to reassess the role of Medical Directors...”
Progress on Recommendation #4:

- While a formal task force has not been convened, there has been substantial progress on enhancing the role of the Medical Director:
  - Job descriptions for each of the Medical Directors have been revised and renewed.
  - Medical Directors meet as a group every other month.
  - Partner with LITs to address quality and leadership issues.
Next Steps

• It’s a new day..............
• Re-examine faculty priorities from the previous themes and recommendations
• Continue to work with Paul King and Rick Majzun on strengthening the partnership with faculty and hospital administration. There has been remarkable improvement in the year since Paul King has arrived
• Strengthen the partnership between faculty and the strategy team. Great opportunity with our new and very collaborative Chief Strategy Office, Rick Idemoto

"...We have now the dawn, a new era....
The sun has risen, with the threat of tempest.
Let us brace against the future and hope for pleasant times...."
B. Jenkins, SF Chronicle Sports Nov, 2019
A wise physician once said:

I don't think it's correct to say that no progress has been made. I also don't think it's correct to say that significant progress has been made. The "truest" thing to say, again in my opinion, is that not enough progress has been made.
3.0

• New leadership team and new partnership around structures, processes and decision making
  – Dyads/service line support
  – Improving clinic flow
  – Meeting structure and composition (FPO committees, Operations Leadership Council)

• Improving responsiveness and communication
  – Where do I go when I have a problem?
  – Ideas on how to achieve bidirectional communication?

• Value of clinical time AND academic time – a fundamental tension
  – Leadership team’s past and current investment in research: MCHRI support, CSRO, efforts to elevate research’s profile across the enterprise – including nursing and patient care services

• Value Improvement Network – aligned around improving patient outcomes

• Coming attraction: Natalie Pageler - EHR, Documentation & Workflow Optimization
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<th>Service Chief</th>
<th>Practice Manager/Contact</th>
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<td>Adolescent Medicine / EDC</td>
<td>Dr. Golden</td>
<td>Chris Morris</td>
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<td>Allena Marco</td>
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<td>Carol Kassouf</td>
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<td>Dr. Joe Kim</td>
<td>New position – (Cameron D’Alpe)</td>
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<td>Intensivist</td>
<td>Dr. Tim Cornell</td>
<td>New position – (Cameron D’Alpe)</td>
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Who do I go to when I have a problem?

Sunnyvale Specialties Services – Site Director, Vacant (Monica Mayberry)
South Bay Specialties Services – Site Manager, Vincent Paradiso
Castro Commons Specialty Services – Site Manager, Rachel Warren – Lewis
Middlefield – Site Manager, Veronica Pacheco
Emeryville – Site Manager, Crystal Castro
Monterey – Site Manager, Valeria Edrogan

730 Welch Specialties Services – Site Director, Susan Meeden
San Francisco Specialties Services – Site Director, Sheila Gleeson
Watson Court – Site Manager, Veronica Pacheco
Walnut Creek – Site Director, Charisse Tabal
Capitolia – Site Manager, Valeria Edrogan