Department of Pediatrics
Faculty Meeting
Date: February 27, 2019

• New Infrastructure for Clinical Pathways at Stanford Children’s Whitney Chadwick & Claudia Algaze
• Allocation and Relocation of School of Medicine Space Niraj Dangoria, Associate Dean for Facilities and Planning
• Noga Ravid  
Clinical Assistant Professor  
Division of Hospital Medicine
Reception:  Saturday, April 27, 2019 @ 7 PM
Location:  Hyatt Regency Baltimore Inner Harbor
PCHA-UHA Research and Learning Collaborative
3rd Annual Conference: Registration Open!

Research Infrastructure in a Healthcare Network: What are the Needs?

Wednesday, May 8th, 2019
8:00am-1:00pm (Check-in begins 7:30am)
Fisher Conference Center - Lane/Lyons/Lodato Rooms
Frances C. Arrillaga Alumni Center
Breakfast and lunch included with registration

For more information, please visit http://med.stanford.edu/pcha-uha.html

4.0 CME credits offered

A Continuing Medical Education Conference presented by the Department of Pediatrics /Division of General Pediatrics and Department of Medicine

ACCREDITATION
The Stanford University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians

CREDIT DESIGNATION
The Stanford University School of Medicine designates this live activity for a maximum of 4.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The California Board of Registered Nursing recognizes that Continuing Medical Education (CME) is acceptable for meeting RN continuing education requirements; as long as the course is certified for AMA PRA Category 1 Credit™ (rn.ca.gov). Nurses will receive a Certificate of Participation following this activity that may be used for license renewal.
TEDx Event: Gender Affirmation Surgery for Adolescents
Scholarship in Emerging Academic Disciplines

• Many faculty want to engage in scholarly activities beyond direct patient care.

• There is particular interest and need in emerging academic disciplines
  • Advocacy
  • Education
  • Quality Improvement

• Targeted Intervention with Goals:
  • Facilitate scholarly excellence in these disciplines
  • Align scholarship with Departmental G&A and SoM A&P processes
  • Identify existing and as-of-yet-not-existing-but-essential resources
  • Provide promotional & career development guidance within these disciplines
Scholarship in Emerging Academic Disciplines

Working Group Leadership

Becky Blankenburg (Education)  
Lisa Chamberlain (Advocacy)  
Andrew Shin (QI)  
Henry Lee (Clinical Research)  
Sumitra Krishnan (Academic Affairs)  
Shumi Khan (Academic Affairs)

Working subgroup members TBD.

Please contact any of the working group members if you are interested!
Advocacy Update: Legislative Season Underway
Join us for upcoming Sacramento visits to advocate for kids & families

April 24, 2019
CMA/AAP Legislative Advocacy Day

May 21-22, 2019
California Children’s Hospital Association Legislative Visits

For more information: Lchamberlain@Stanford.edu
Why Early Discharge?

• In times of high hospital census, we need smooth patient flow. Early morning discharges (prior to 11:05 AM) open up beds that optimize flow.

• With new outreach efforts and additional OR's, capacity will be maximized. We need empty beds in the morning to accept early admissions / OR cases.

• Early morning discharges prevent the “daily bulge” when newly admitted patients overlap with discharging patients.

• 4-5 early discharges/day is all that we need!

Early Discharge Weekly Percentage
(LPCH Acute Care Units)

Since the beginning of the initiative, early discharge performance has improved, but we are not hitting the weekly target of 17% consistently.
Background

Clinical Pathways are multidisciplinary plans for the clinical care of a group of patients with a shared condition (e.g. asthma exacerbation). Pathways detail recommended steps in care based on scientific evidence and locally agreed best practices, to promote delivery of high value care.

Clinical Pathways have been shown to:
- decrease hospital complications
- decrease length of stay
- decrease hospital costs
Current State at Stanford Children’s

1. Outdated pathways

2. Unclear pathway ownership

3. Difficult to find pathways

4. Pathway content conflicts with policies, ordersets, or between MDs and RNs
Guideline & Clinical Pathway Committee

**GCPC Sponsors:**
Natalie Pageler, MD  
Terry Platchek, MD  
Andy Shin, MD

**GCPC Co-Chairs:**
Claudia Algaze Yojay, MD  
Whitney Chadwick, MD

**GCPC Members:**
Hannah Bassett, MD  
Sarah Ferrari, RN  
Luzelle Matias, RN  
Michelle Rhein, RN  
Shanna Perales, MPA  
Ling Loh
**Current State**

1. Difficult to find
2. Outdated pathways
3. Unclear ownership
4. Conflicting standards

**Countermeasures**

→ Publish pathways to a central webpage
→ Oversee triennial review of all pathways
→ Develop toolkit and guides for pathway development & implementation
→ Align pathway content with Epic ordersets
→ Align pathway content with SCH Policies
Webpage
Webpage
## Guidelines & Clinical Pathways

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Clinical Pathways Category</th>
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</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>Bidirectional Glenn Clinical Pathway</td>
<td>Cardiology/Cardiovascular Surgery</td>
</tr>
<tr>
<td>![ ]</td>
<td>Fever &amp; Neutropenia Guideline</td>
<td>Hematology and Oncology</td>
</tr>
<tr>
<td>![ ]</td>
<td>Neonatal Hyperbilirubinemia (Jaundice) Clinical Pathway</td>
<td>Neonatology; Hospital Medicine; General Pediatrics</td>
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<tr>
<td>![ ]</td>
<td>Norwood Clinical Pathway</td>
<td>Cardiology/Cardiovascular Surgery</td>
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<tr>
<td>![ ]</td>
<td>PA.VSD.MAPCA Clinical Pathway</td>
<td>Cardiology/Cardiovascular Surgery</td>
</tr>
<tr>
<td>![ ]</td>
<td>Post-operative Chest Tube Management</td>
<td>Cardiology/Cardiovascular Surgery</td>
</tr>
</tbody>
</table>
## Category: Hematology & Oncology

### Guidelines & Clinical Pathways

<table>
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<tr>
<td></td>
<td>![ ]</td>
<td>Fever &amp; Neutropenia Guideline</td>
<td>Hematology and Oncology</td>
</tr>
</tbody>
</table>
|      | ![ ] | QTc Prolongation Guideline                    | Hematology and Oncology; Stem Cell Transplant and Tissue Engineering (
|      | ![ ] | Transfusion Medicine Guideline               | Hematology and Oncology    |
|      | ![ ] | Tumor Lysis Syndrome Guideline               | Hematology and Oncology    |
Guidelines, Clinical Pathways and Target Based Care

Documents

<table>
<thead>
<tr>
<th>Type</th>
<th>Edit</th>
<th>Name</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Document Definitions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guideline and Pathway Checklist &amp; Processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guideline and Pathway Template (day)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guideline and Pathway Template (readiness, horizontal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guideline and Pathway Template (readiness, vertical)</td>
</tr>
</tbody>
</table>
Guideline or Clinical Pathway Title

Upload guideline or clinical pathway in PDF or Powerpoint format, using link below

Drop files or click here to upload
Supplemental Slides
Mission

Promote evidence-based clinical practice, decrease unnecessary variation, and improve health care value through a formalized program for the development, management, and dissemination of guidelines and clinical pathways across the institution.
Pathways: *suggested* plans for multidisciplinary, time sequenced, evidence-based care for specific patient populations for an *entire episode* of care. 
(e.g neonatal jaundice admissions)

Guidelines: *suggested* plans for multidisciplinary, time sequenced, evidence-based care for specific patient populations for a *portion of an episode* of care.
(e.g breastfeeding support)

Policies: *mandatory* standards supporting regulatory and operational strategies.
(e.g neonatal hearing screens)
### Guideline & Clinical Pathway Processes

#### Development Process

1. **TEAM UP** – recruit a development team
2. **STAKEHOLDERS** – identify key stakeholders
3. **DRAFT** – draft document using evidence and checklist
4. **ANTIBIOTICS** – consult LPCH antibiotic stewardship program if needed
5. **FEEDBACK** – elicit feedback from frontline workers of multiple disciplines
6. **APPROVAL** – obtain stakeholder approval
7. **SUBMIT** – submit to GCPC for review and posting
8. **IMPLEMENT** – share work with end users

#### Committee Review Process

1. **REVIEW** – review submitted document against checklist
2. **ORDERSETS** – review associated ordersets for congruence
3. **DOUBLE CHECKS** - GCPC confirms approval from key stakeholders identified by owners and antibiotic stewardship program if antibiotics included
4. **POSTS** - GCPC posts document to connect anywhere website
5. **TRIENNIEL REVIEW** - Remind owners and review documents every 3 years
Guideline & Clinical Pathway Checklist

☐ owners listed
☐ last review date listed
☐ reviewed within last 3 years
☐ associated Epic orderset(s) listed
☐ inclusion/exclusion or target population listed
☐ minimal abbreviations and jargon
☐ not labeled as protocol, policy, standing order, SOP, or procedure
☐ reads top to bottom or left to right
☐ steps of care in chronological order
☐ based in strong clinical evidence, whenever available, with references listed
☐ key stakeholders approved
Templates
Example
Agenda

1. Space introduction and background
2. Current space initiatives and context
3. Space plans for now and the future
4. How space is planned, financed and managed
5. Questions
FCTR - 800 Welch
CJ Huang - 780 Welch
CMP – Welch

1050 Arastradero
1070 Arastradero
3155 Porter
3165 Porter
3172 Porter
1651 Page Mill
We’ve added 400,000 usable square feet in the last decade
Faculty growth exceeds space growth since 2008

Space

Net Assignable Square Feet (Millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Off Campus</th>
<th>On Campus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>2018</td>
<td>0.4</td>
<td>1.5</td>
<td>1.9</td>
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</table>

CAGR: 2.3%

Faculty

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinician Educators (CE) FTE</th>
<th>Professoriate (UTL, MCL, NTL)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>330</td>
<td>500</td>
<td>830</td>
</tr>
<tr>
<td>2018</td>
<td>500</td>
<td>900</td>
<td>1400</td>
</tr>
</tbody>
</table>

CAGR: 7.3%
Doubled our space in the research park, growing faster off campus than on campus

- Palo Alto Campus: 14% Growth
- Research Park: 98% Growth
- 2008: 1.3M NASF
- 2018: 1.7M NASF
## Key indicators in developing new space

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Faculty</td>
<td>Steady growth</td>
</tr>
<tr>
<td>Clinical Faculty</td>
<td>Significant growth</td>
</tr>
<tr>
<td>Education</td>
<td>Focus on small group learning</td>
</tr>
<tr>
<td>Research Funding</td>
<td>Steady growth</td>
</tr>
<tr>
<td>Campus Space – Quantity</td>
<td>New space in short supply</td>
</tr>
<tr>
<td>Campus Space - Quality</td>
<td>Older buildings need investment</td>
</tr>
</tbody>
</table>
Seismic and other regulatory factors influence Stone replacement

- Boswell, Grant
- Alway
- Lane, Edwards
- Central Core, West and East Pavilion

Stone Building - 1959
Regulatory constraints to growth on campus

- 2007 - Palo Alto Dev. Agreement
- GUP Impacts
- Limited options for on-campus development
Stanford Medicine Research Park

Connective Elements

Science + Research

Critical Mass

Connected Innovation Community

Sustainability + Resilience

Amenities

Biomedical Research Hub
Stanford Medicine Campuses

- Stanford Medicine Redwood City
- Stanford Medicine Palo Alto
- Stanford Medicine Research Park
BAGEL Decant Plan

1. BMI 1
   - 200K GSF
   - OCCUPY ~2020

2. CAM1
   - 170K GSF
   - OCCUPY ~2020

3. SRP
   - 200K GSF
   - OCCUPY ~2020

4. GRANT DECAT ~2020

5. CLINIC ON CAMPUS
   - 100K GSF
   - OCCUPY ~2023

6. CRPH
   - 300K GSF
   - OCCUPY ~2025

7. FAIRCHILD
   - 88K GSF
   - VACATE ~2025

8. REPURP FAIRCHILD
   - 88K GSF
   - OCCUPY ~2027

9. BAGEL DEMO ~2027
   - 597K GSF

100K GSF
   - OCCUPY ~2023

10. CLINIC REDWOOD CITY
   - ON CAMPUS

BMI 1
- 200K GSF
- OCCUPY ~2020

SRP
- 200K GSF
- OCCUPY ~2020

CRPH
- 300K GSF
- OCCUPY ~2025

FAIRCHILD
- 88K GSF
- VACATE ~2025

REPURP FAIRCHILD
- 88K GSF
- OCCUPY ~2027
In twenty years SoM will need 30% more space than we have today

- **New additions**
- **Building Demolitions**
Opportunities we see regarding space in the next 5-10 years

- Integrated Space Master Plan
- Alternative work modalities
- Develop flexible research, education and administration spaces
Challenges we foresee regarding space in the next 5-10 years

- Housing
- Learning Environments
- Upkeep of BAGEL buildings
- Planning for collaborative adjacencies
An integrated approach to space development and management

- Integrated Space Committee
- Faculty led building committees
- Master Plan
- Space guidelines
- Cost of space and cost recovery
Stanford University Redwood City – New Construction
Stanford Medicine Redwood City
Stanford Medicine Research Park – New Construction

1701 Page Mill

3145 Porter

3172 Porter
Questions?