

August 3, 2020 – Peds Faculty Meeting Recap

Chair Update | Kim Boland

- Acknowledged in a time of high anxiety; COVID-19, students returning to school, social issues etc; reminded all about the Employee Assistance Program (EAP) and encouraged its use (contact info will be shared in the newsletter); the link was placed in the Microsoft Teams chat for the meeting and Tara McKinley shared the link to an upcoming Teams meeting regarding Coping with Change put on by the EAP.
- Congratulations given to Dr. Wintergerst and the Division of Endocrinology for ranking 18th on the U.S. News and World Report (USNWR)
- Congratulations to Dr. Faye Jones for receiving the 2020 American Academy of Pediatrics (AAP) Job Lewis Smith Award for lifetime achievement in community pediatrics.
- Congratulations to Dr. Yi Tan for his additional appointment as the Carol B. McFerran Endowed Chair in Pediatric Diabetes Research
- Welcomed new faculty starting August 1; Drs. Vethody, Kurtz, Daffin, Said, Hiers, Williams, Blatt, and Stevens; it was requested that an email be sent along with photos and division information; that is in the works – Dianna Stover is awaiting photos; please send in if you are a new faculty member; typically, a party/celebration is held for incoming new faculty however given the COVID situation, we hope to get small group sessions together (using the governor's guidelines) at some point.
- All were reminded to take the UofL mandatory COVID awareness training (via SafeColleges); due Sept 1
- Dr. Multerer is out today; Dr. Boland reported that she came up with an impressive plan on how to get through the recruitment process; expect will have more interviewees likely since there will be no travel time and cost incurred; many have indicated that they are concerned about the process therefore will apply to more places even though they have been advised not to; it should be easier with scheduling using the virtual meetings and volunteers were encouraged to sign up for interviews
- Dianna Stover working on making videos for use with recruitment; NHC is also making videos which are expected to be ready in early September
- There has been an uptick in abusive head trauma; there was a good article recently where Dr. Melissa Currie was quoted; reporting of child abuse is down but expect that abuse up – kids at home; advised all to pay close attention to this as you see patients

Executive Vice Chair Update | In Kim

- Shared slides around recruitment (will be shared in the newsletter); we are pulling from top hospitals with an excellent quality of candidates; have recruits from USNWR honor roll as noted on the slides and pulling from the elite within four hours of us

Clinical Operations Update | Jenn Evans, Susan Friedrich, Amy Sugg

- Dr. Evans also welcomed new faculty
- Dr. Evans congratulated the Endocrinology Division for their USNWR ranking of 18; she also noted Pediatric Urology received a ranking of 40; she noted they those divisions worked

throughout the year to obtain that level of achievement; Alex Bryant did a gap analysis on other divisions who are part of that report to see what we can focus on to move ranking; she and Dr. Boland are planning to meet with divisions over the next few months and that analysis will be shared

- Amy Sugg noted that it takes about 4 months to turn around the needed documentation for providers to be credentialed with a payor for moonlighting; along with the credentialing is a provider agreement which has to go through the legal team; an employee orientation also must be completed; if there are moonlighters who are only providing 4 to 5 times per year, it is a very arduous process and she asks that leaders consider not doing that; for anyone who works without a contract/agreement and credentialing, that cannot be paid – there have been multiple incidents of this; Amy is managing the moonlighting at this time so all of these need to go through her; for fellows, Dr. Boland said if leaders are not sure to contact her
- Susan Friedrich discussed 7-day access strategy; language is currently being drafted for Drs. Evans and Boland; once approved, this will roll out to the community; these can be in person or virtual and for follow-up appointments; practice managers should be working on this per service line; we know there are several divisions who cannot meet this expectation at this time however, other divisions can; we are very excited to offer this and it is one of the promises and a great benefit from the integration; Dr. Boland noted that this is critical to get the word out to the community; she said there was a recent encounter where someone went to another city and were not happy with the care and when asked why didn't come to us they had just assumed that could not get in here (due to lack of quick access in some areas); we have to get the message out to people; strategy is to keep our patients local and comfortable staying close to home

Patient Safety Update | Vicki Montgomery

- Dr. Montgomery discussed a CARE Review regarding removal of a device & severe complication; she noted that when a fellow or resident comes to us from somewhere else, be sure to ask the trainee to describe how they will do the procedure so you can pick up any deviation from our policy and procedure which may be different than their training; use extra caution; this will help in developing habits to ensure that they have the skills that they need
- There has been an uptick in CLABSI; these are preventable; providers need to believe that and we are key in messaging that when rounding; look at the central line, particularly our providers in the Neonatal, Hospitalists and Critical Care Divisions; the key is maintenance
- COVID arrived when we launched safety week; the good catch of the year was Chasity Kemper who won – she is an MRI Tech and the catch involved a patient history who had a pacemaker; she went through the questionnaire with the parent and caught that it was filled out incorrectly so the catch was made; a recent good catch was the prevention of an unplanned extubation in which a physician was involved related to a Phenobarbital order
- Sepsis BPA is live; 45 pts (NCH); there are not many at NCMC; one was missed however there were details with that particular patient and in the end no negative impact
- Revisions will be sent to the COVID19 guidelines
- Dr. Montgomery noted that some children's hospitals are getting active about sepsis with the community; two groups, Rory's Foundation and the Sepsis Alliance ones she mentioned; they are working to educating middle school kids etc. so they can ask questions themselves as many

have seen a health care provider prior to escalation; she is seeking help with this and asked that faculty let her know if interested; she specifically mentioned to check out Rory (her slides will be in the newsletter)

- At the department M&M this past week, NAKI (Acute Kidney Injury) exposure was discussed; if providers are asked to do daily creatinine, please consider doing so; many have been receiving refusals; Dr. Boland noted that the daily creatinine was helpful with a patient she recently had on the Hospitalist service
- Under New Improvement Projects, she showed the Drug & PIVIE Risk using the color system with Red being high risk, Yellow, then Green as low risk
- She noted that they are looking at what the right kind of line a patient should have
- Regarding the SARS-CoV-2 PUI vs Surveillance Test; it is hard to make a rule; unintentionally other people could end up exposed; see blue box (on slide) to see if any those criteria exist or which test; there is also issue of the wrong kind of room being used then having to move a patient and the cleaning process; she acknowledged that she is not the expert but will answer questions and also Dr. Kris Bryant can answer questions
- She is revamping team safety & HAC (hospital acquired conditions) Council and is looking for new chairs; if you have an area of interest please let her know

Research Update | Kyle

- Dr. Jan Sullivan is out today; Dr. Kyle Brothers noted that the research integration with Norton is proceeding well, we are now at point where the UofL Board of Trustees have approved the agreement and we are waiting on President Bendapudi to sign; NHC has not approved it yet. The agreement focuses on building research infrastructure, which is a great opportunity. Our goal is for this to increase help faculty are able to receive in getting started in research; there are already some positive improvements as relationships are formed
- There have been some delays with processing things with the Norton Research Office and receiving approvals. Some of the delay is taking place on the Norton Research Office side, and we are actively working on that. Some of the delay is avoidable, however, because it involves how studies are entered into IRIS so that Norton Research Office knows they need to approve it. There are 3 places where it must be noted (slides will be included in the newsletter; using the dropdown menus in Section 2.1 – add NHC as a department involved in the study, Section 3.3 add “Research Norton” as a “person” involved in the study, and Section 8.1 add the appropriate Norton Healthcare as a study site. Once the IRB submission is done, email the Norton Research Office at RO@nortonhealthcare.org giving them the study type, what using/doing in NHC facility, and whether the project is funded.

Student Update | Sarah Korte

- In an effort to create consistency across clinical experiences, fourth year rotations are now all Honors/High Pass/Pass like the third year rotations – also bolsters MSPE)

Miscellaneous

- Dr. Boland reminded all of the Children’s Hospital Foundation fundraiser / raffle and availability of ticket purchase