UNC HEALTH Children's

Department of Pediatrics Meeting

January 18, 2024

OUR MISSION IS TO PROMOTE THE HEALTH OF ***ALL CHILDREN*** IN AN INCLUSIVE, EQUITABLE CULTURE THROUGH COMPASSIONATE FAMILY-CENTERED CARE, TIRELESS ADVOCACY, SCIENTIFIC DISCOVERY, AND EDUCATION OF FUTURE LEADERS.

OUR VISION IS TRANSFORMING CARE AND INSPIRING HOPE FOR ***ALL CHILDREN***.

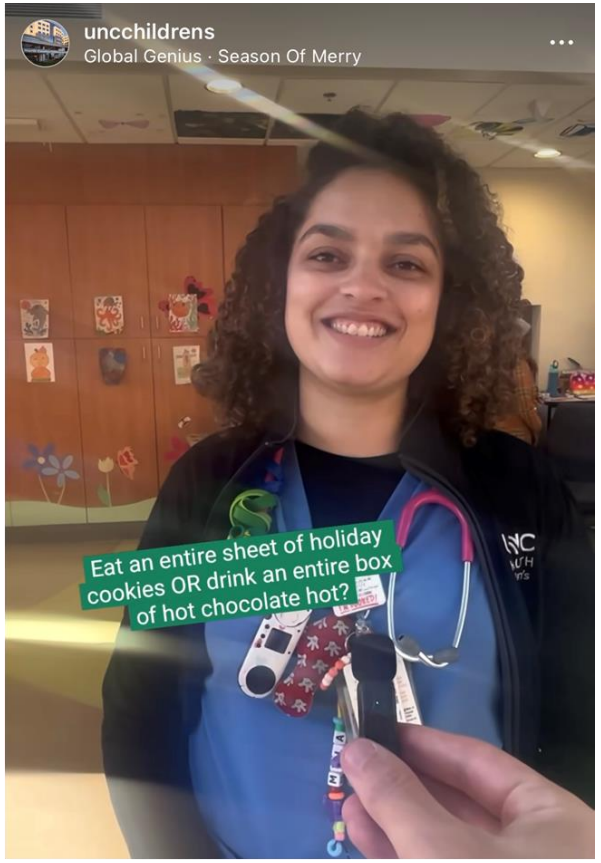
Agenda

- Welcome and General Announcements
- Updates on Congenital Syphilis
- System Update
- Clinical Update
  - Epic Updates
- Quality and Safety Updates
- CRI Updates
- DEI Updates
- Education Updates
- Academic Affairs Updates

Instagram Reels

[Baby Phillip Goes Home]

[Tips For Healthy Holiday Travel]



[Mini Mic - This Or That]

Welcome to our new faculty and staff!

Priyanka Baghaie
Research Technician, Darville Lab
Started November 2023

Catalina Montiel
Study Coordinator, CRI
Started November 2023

Welcome to our new faculty and staff!

Natalie Hurley
Clinical Research Nurse Coordinator, CRI
Started November 2023

Abby Taber
Research Coordinator, CRI
Started November 2023

Welcome to our new faculty and staff!

Cheryl Crawford, CPNP-PC, DNP
Advanced Practice Provider, Adolescent Health
Youth Behavioral Health Facility
Started November 2023

Jennifer John, FNP
Advanced Practice Provider, Adolescent Health
Youth Behavioral Health Facility
Started November 2023

Welcome to our new faculty and staff!

Jordan Lewis, NNP
Wilmington Pediatric Specialty – Neonatology
Started November 2023

Rielee Welch, MSN, NNP
Neonatal-Perinatal Medicine
Started October 2023

Welcome to our new faculty and staff!

Jaelyn Pulkrabek, PharmD
Children's Pharmacy Service
Started October 2023

Sophie Hughes
Research Assistant, Muenzer MPS Program
Started December 2023

Symone Parker
Administrative Specialist, Peds Critical Care
Started December 2023

Updates on North Carolina Children's Hospital

- Hired team of full-time leaders to focus on children's hospital project (Andy Willis, Dr. Ian Buchanan, Erin Edwards); will continue recruiting for other positions (philanthropy, finance)
- Selected consulting group
- Discussing next steps in funding, legislature v. bond

Updates on Service Line Development

- Continuing discussions and planning
- Several service lines identified through Pillar One, UNC Health Strategic Plan
  - Children's will be one
- Focus on owned entities and Triangle
- Example of area with progress toward service line
  - Health Alliance

Progress Won't Stop:
Updates on Medical Center Capital Projects

1. NCCC expansion- Target July 2024
    a. DHSSR site visit in January
2. Renovation of Endo/Bronch space (spring)
3. Annex Renovation (FY25)
    a. Expansion with 3 ORs, one procedure/OR space and 1 endo room
4. PCICU/Surgical ICU
    a. Likely Q4, FY25 into current SICU
5. Peds ED Trauma Bay (financial planning)
6. Outpatient planning
    a. Genetics/Muenzer space
    b. Move D/B clinic
    c. Shift some medical clinics off main campus
        - Redevelop main campus clinic space
    d. Potential for A/I move

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Congenital Syphilis Update

Marsha Russell
Clinical Assistant Professor
Pediatric Infectious Disease

CONGENITAL SYPHILIS IS:

INCREASING
IN THE UNITED STATES

A SOURCE OF MAJOR HEALTH
PROBLEMS, EVEN DEATH

PREVENTABLE

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Newborn Syphilis Cases

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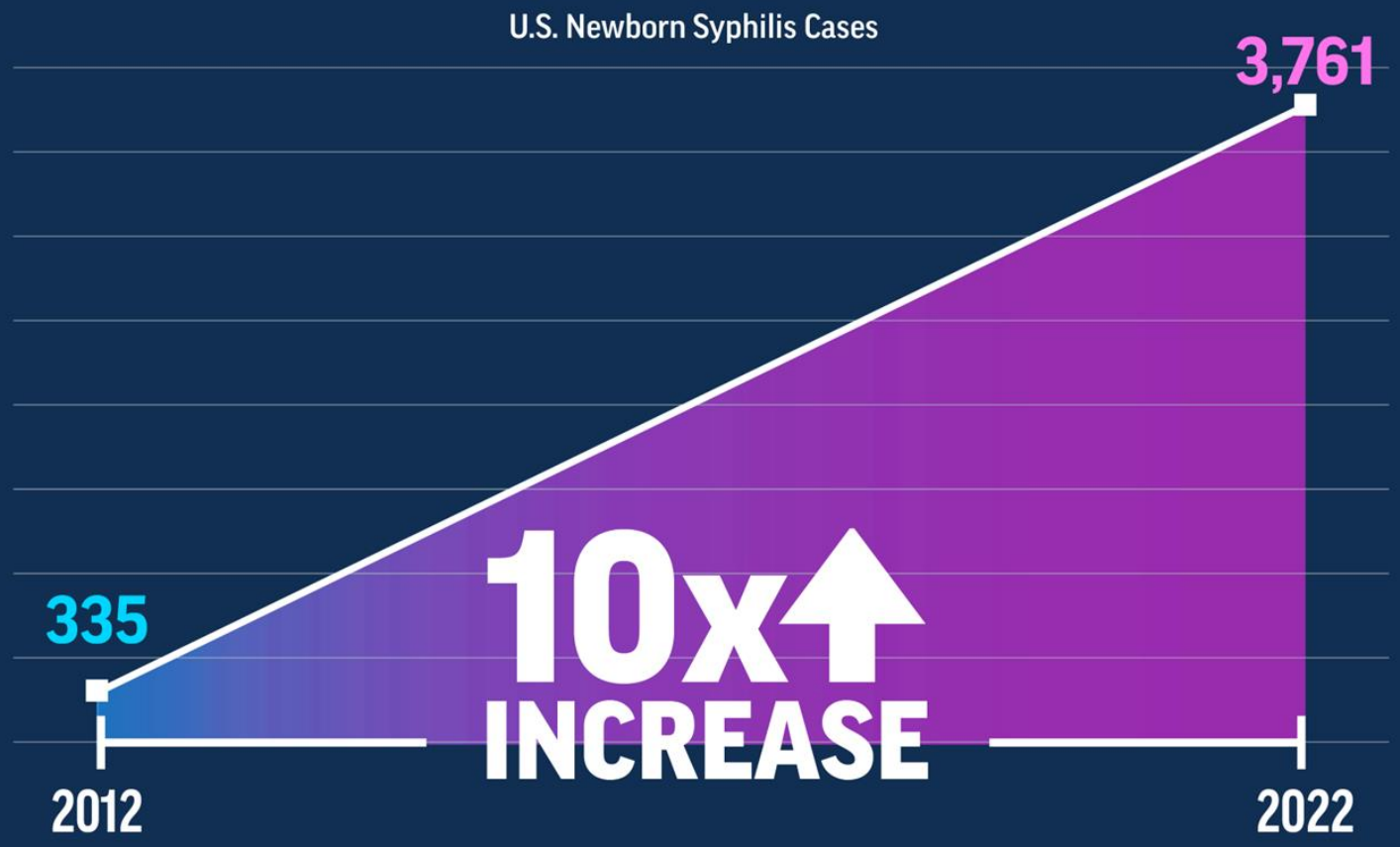
U.S. Newborn Syphilis Cases Surge Over 10 Years



CDC Vitalsigns™

Source: November 2023 *Vital Signs*

CS341746

Syphilis Cases Over Time

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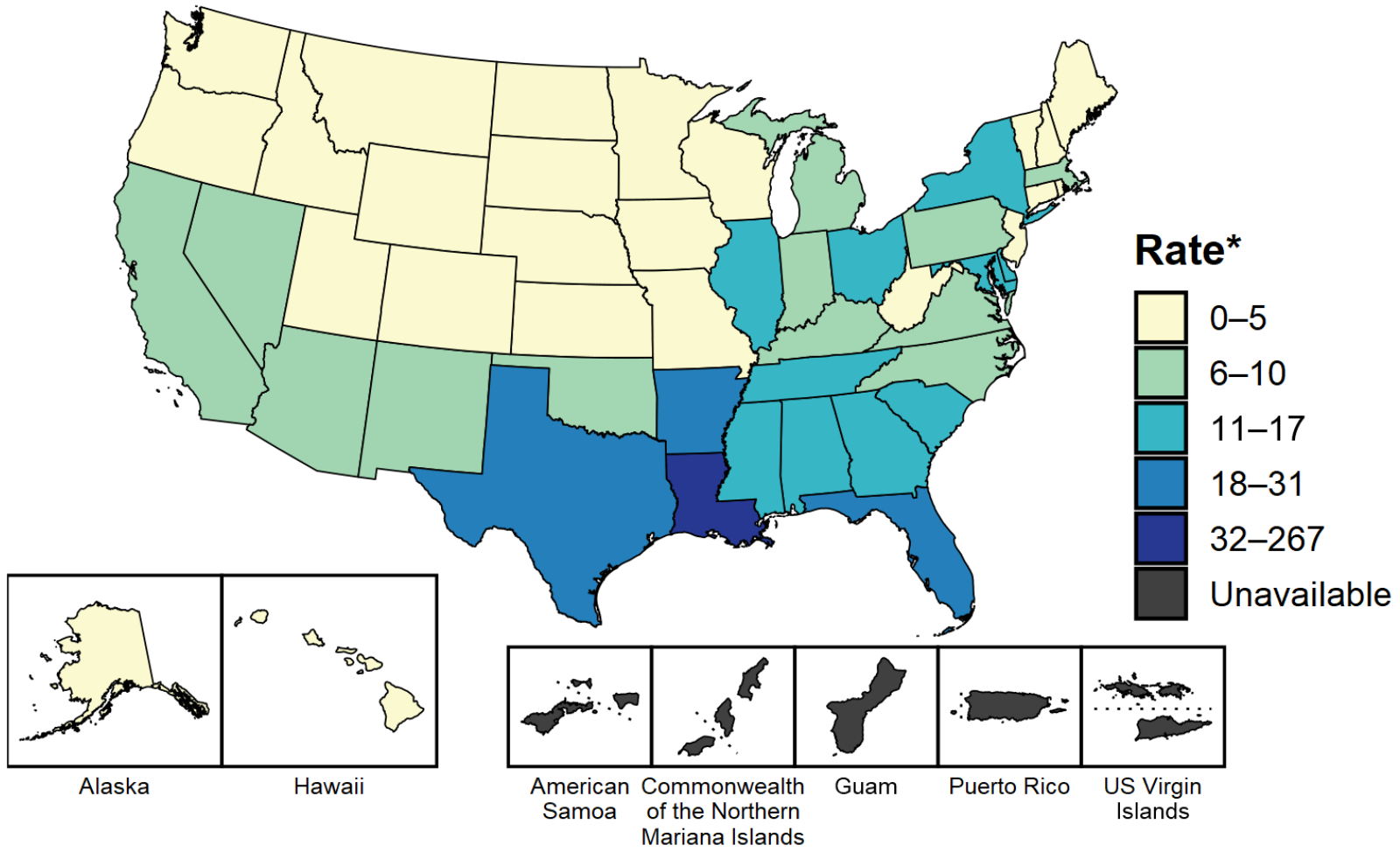
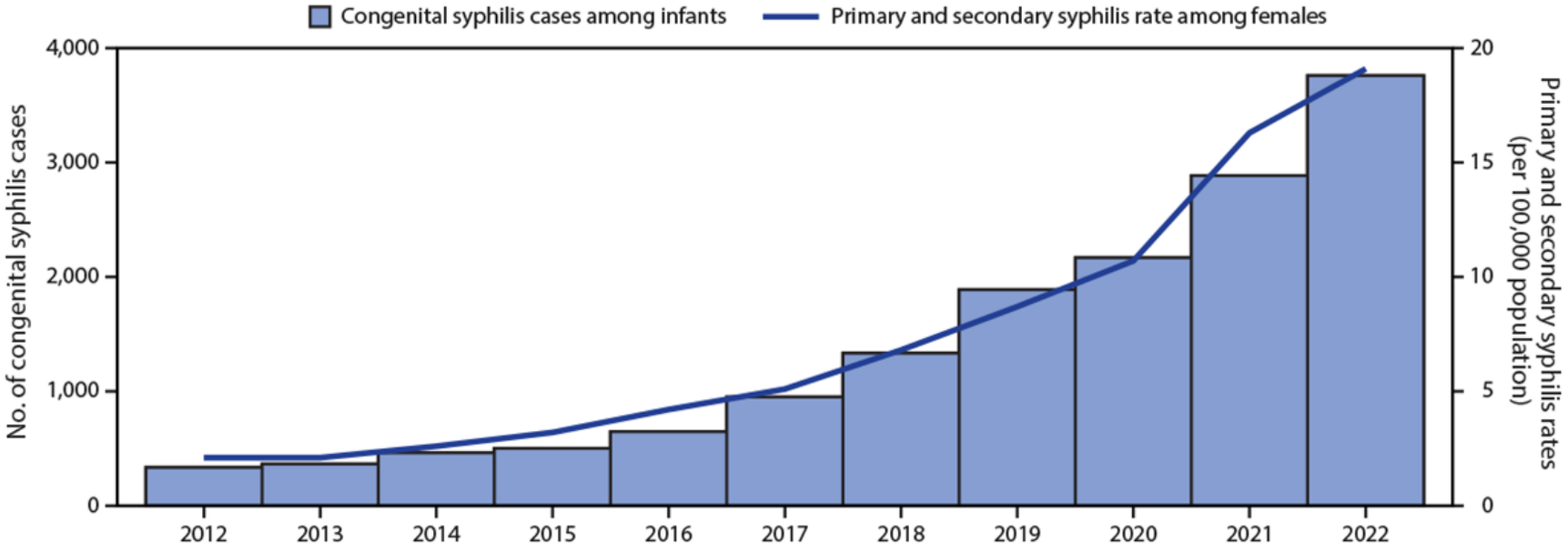
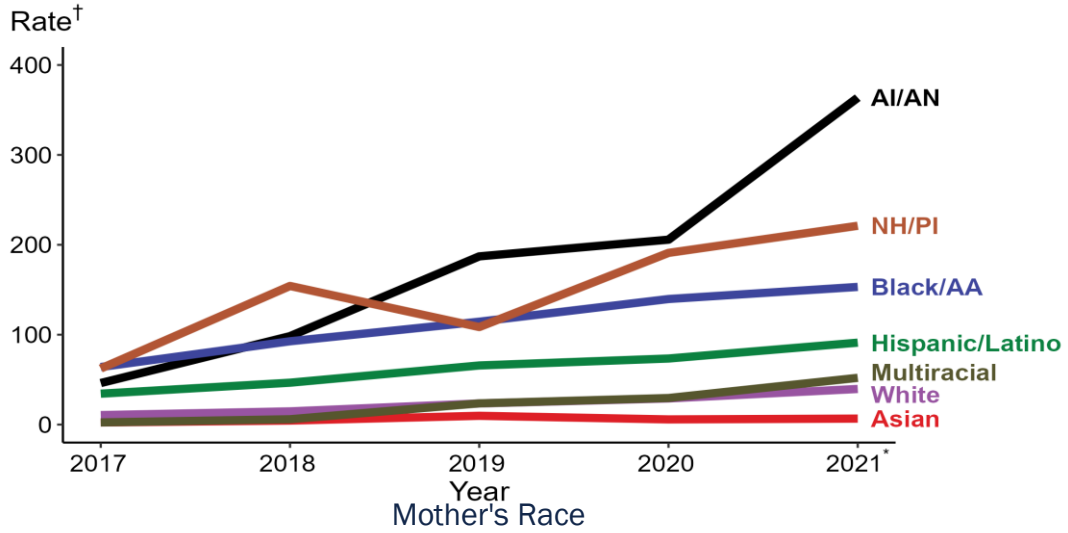
2012



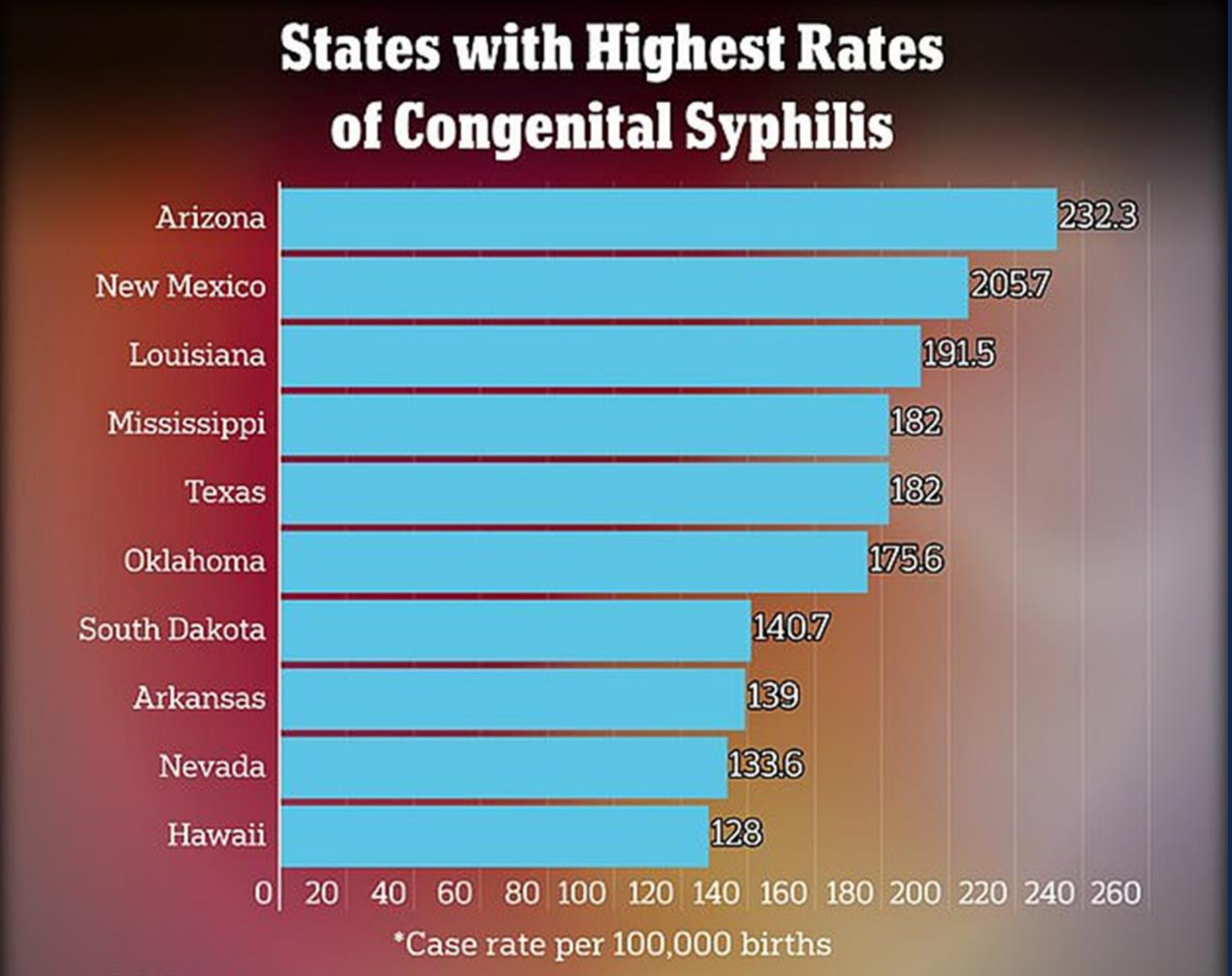
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Number of Cases in Infants and Females (15 - 44) 2012- 22





- During 2012–2021, CS cases increased 755%, from 335 during 2012 to 2,865 during 2021
- Highest level in the last 30 years
- Rates highest in AI/AN



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US 2021 data

North Carolina ranks #28 with 42 cases and a case rate of 34.9

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The Syphilis Surge Must Be Viewed as a Public Health Emergency

Congenital Syphilis Epidemic

- Congenital syphilis epidemic is unacceptable
- The time to act is now !
- **Our nation should be proactive and think beyond the OB/GYN's office and bridge prevention gaps**.
- Every encounter a healthcare provider has with a patient during pregnancy is an opportunity to prevent congenital syphilis."

Clinical Features - Congenital Syphilis

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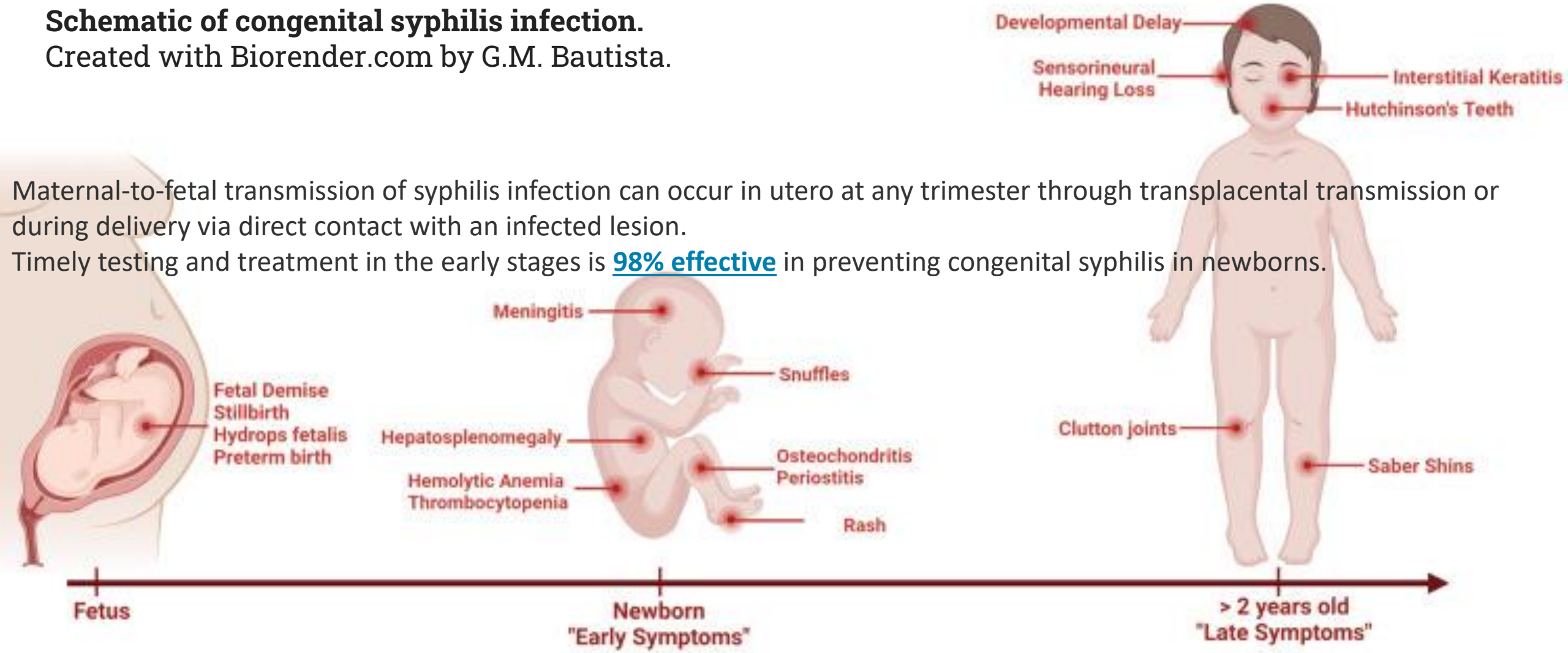
Schematic of congenital syphilis infection.
Created with Biorender.com by G.M. Bautista.



Maternal-to-fetal transmission of syphilis infection can occur in utero at any trimester through transplacental transmission or during delivery via direct contact with an infected lesion.
Timely testing and treatment in the early stages is **98% effective** in preventing congenital syphilis in newborns.

Congenital Syphilis Epidemiology, Prevention, and Management in the United States: A 2022 Update

What are the reasons for this epidemic ?

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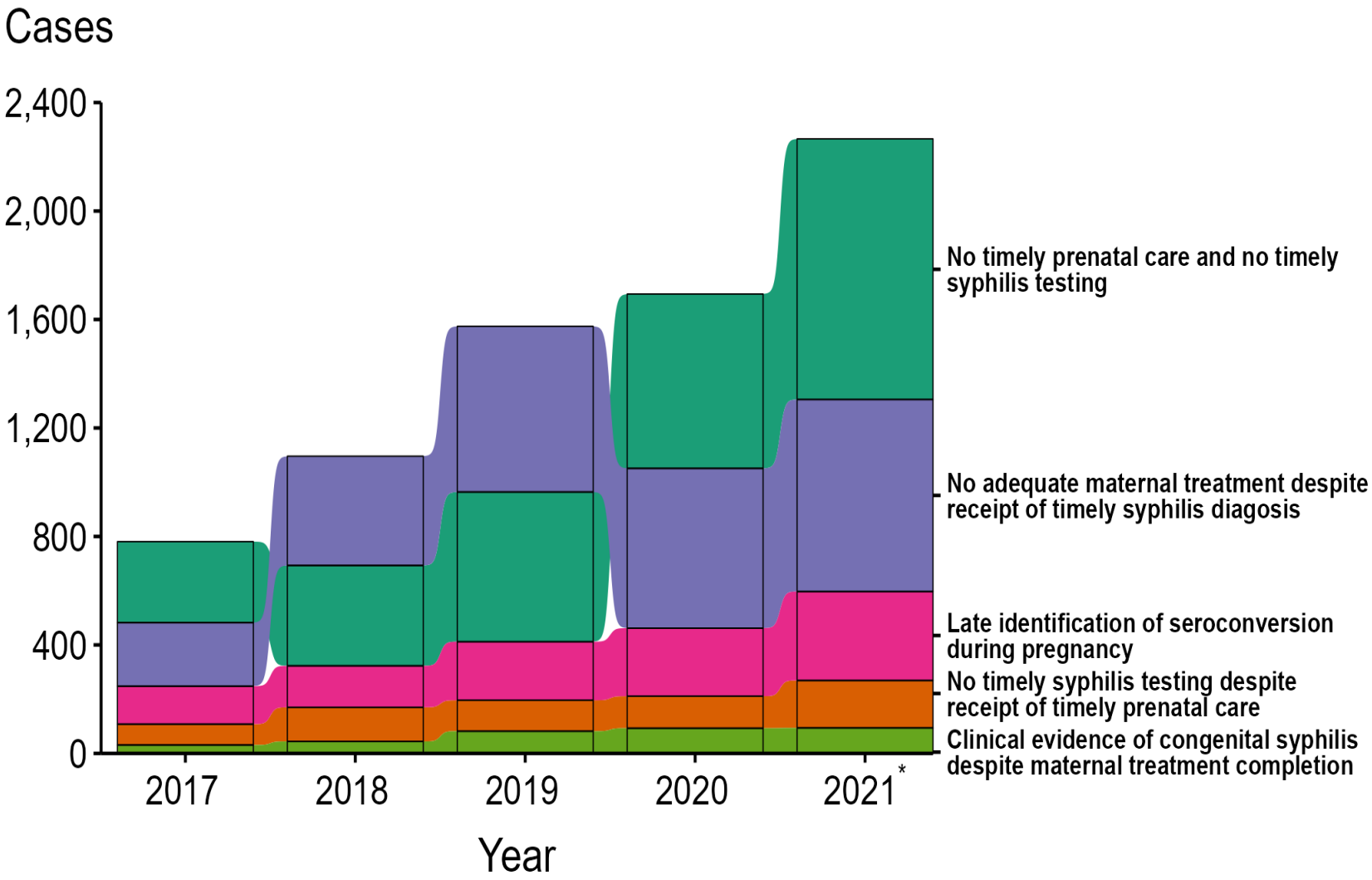
Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States,2017-2021



Barriers to timely treatment in pregnancy

https://www.cdc.gov/std/statistics/2019/figures/CS-2.htm

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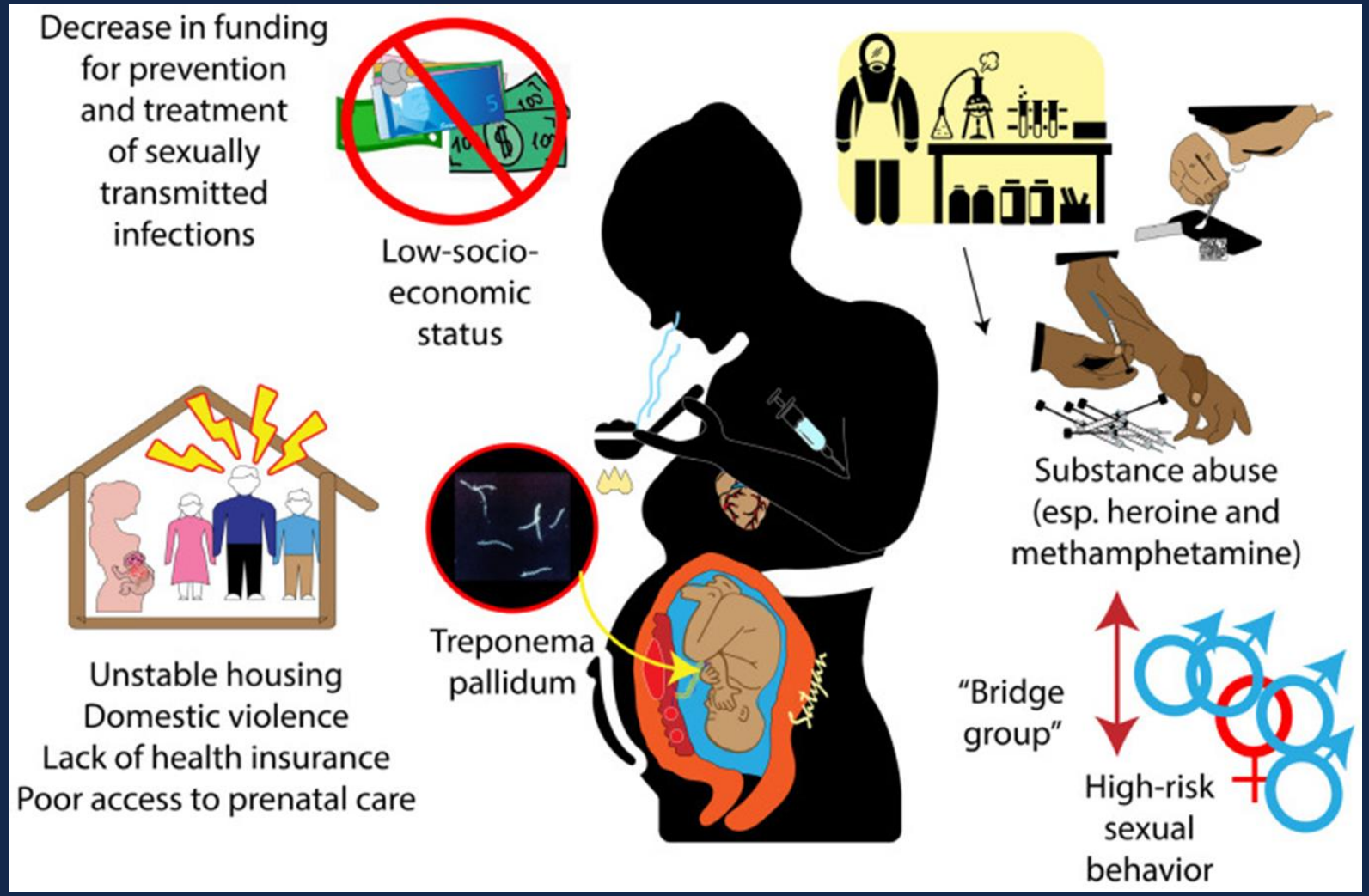

Congenital Syphilis–An Illustrative Review

Deepika Sankaran [1], Elizabeth Partridge [2], Children 2023

What is happening in the SE ?

What is happening in NC ?

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Fact

- Congenital syphilis rates are on the rise nationwide, with the Southern United States accounting for the majority (53%) of reported cases in 2022.

- In NC over half the births are to Medicaid-eligible women, making Medicaid a pivotal player in addressing this issue

Female Syphilis Cases in NC- 2022-23

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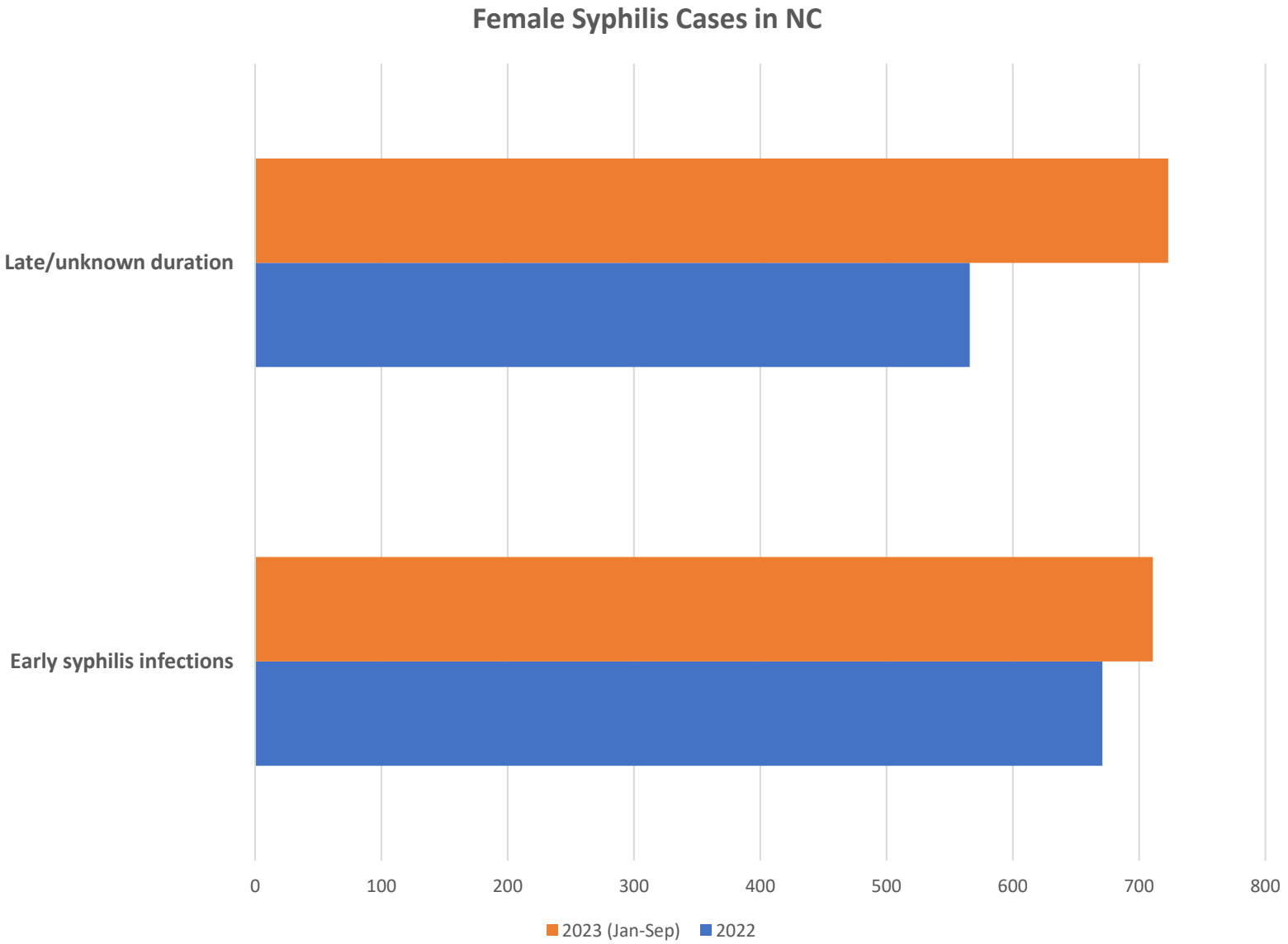
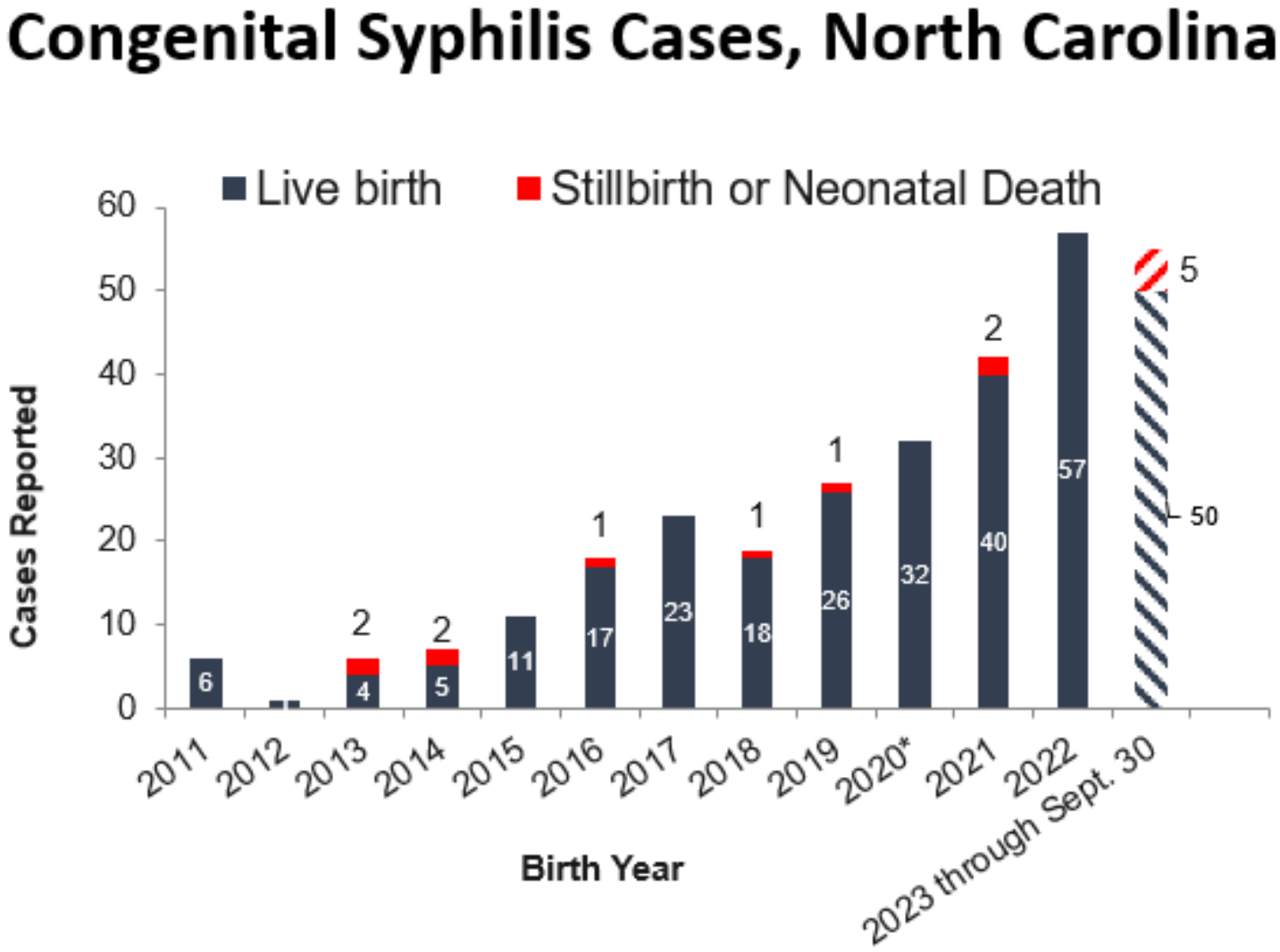


NCDHHS

Congenital Syphilis Cases, North Carolina



Data source: NC EDSS 11/1/23

Syphilis rates in North Carolina have surged by 547% in females between 2012 and 2022.

CS rates have risen from 1 case in 2012 to 57 cases in 2022 (5600% increase)

Tragically Jan –Sept 2023 data – 3 still births and 2 neonatal deaths an increase from zero in 2022

Update : Dec 2023 – 7 neonatal deaths and still births

Congenital Syphilis Public Payer and Public Health Initiative - Oct 17, 2023- Raleigh NC

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- Payer and public health representatives from Southeastern states, along with the CDC and the Center for Medicare and Medicaid Services (CMS), convened .

- Recognized the need for the partnership for national level entities to combat this epidemic

NC Press Release

15th Dec 2023

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North Carolina Joins Southeastern States in Partnership to Combat the Surge in Congenital Syphilis Infections

Carolina del Norte se une a los estados del sureste en una asociación para combatir el aumento de las infecciones congénitas por sífilis — Versión en español abajo

PRESS RELEASE — The North Carolina Department of Health and Human Services is joining southeastern states, insurers and national leaders in health care and public health for a collaborative effort to combat the congenital syphilis crisis. Participants from NCDHHS and other states' public health and Medicaid programs aligned on recommendations for standard syphilis screening in pregnant women and for providers to adhere to the requirements around control measures for diseases like congenital syphilis. A group of states agreed to come together to bring case counts down, particularly in the southeast.

NC Press Release

15th Dec 2023

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- ❑ **NCDHHS is doubling down on efforts to curb the congenital syphilis crisis .**
- ✓ Launching a health care provider outreach campaign to increase screening of pregnant women in all settings
- ✓ Increasing access to rapid tests for syphilis and HIV
- ✓ Launching a media campaign to help raise awareness about the importance of syphilis testing for all sexually active individuals.

NC Press Release

15th Dec 2023

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- ❑ Women should be tested for syphilis three times during their pregnancy: at their prenatal visit, between 28-32 weeks of gestation and at delivery.

- ❑ Newborns should not be discharged from the hospital until the mother's delivery syphilis test results are known.

- These are initial first steps.- to align with NC law

Role of The Health Care Provider

Providers in ALL practice settings play a crucial role in reducing the rates of congenital syphilis !

STI screening, including syphilis screening, for all sexually active people aged 15-44 years of age

Identify and treat sex partners
TellYourPartner.org

Report infections immediately to Local health dept (lab/clinicians)

Newborn DC only if maternal delivery RPR known.(NC law)

Recommendations for hospitals to optimize testing and management of results prior to hospital discharge

- Lab provision of testing 7 days a week, nontraditional testing and hospital policy for identifying at risk babies at dc

- Improved charting required field for maternal RPR on DC summary/Pt instructions, banner alerts/flags if results not available
- Standards for immediate notification of abnormal RPR results by lab
- Signing AMA form if parent unwilling to wait for DC RPR.
- Payor case mgt follow up if results not on chart at discharge

Hospital Policy for Standard of Care to Identify at Risk Babies upon discharge

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NCDHHS
NC Medicaid
Division of Health Benefits

In Summary ...

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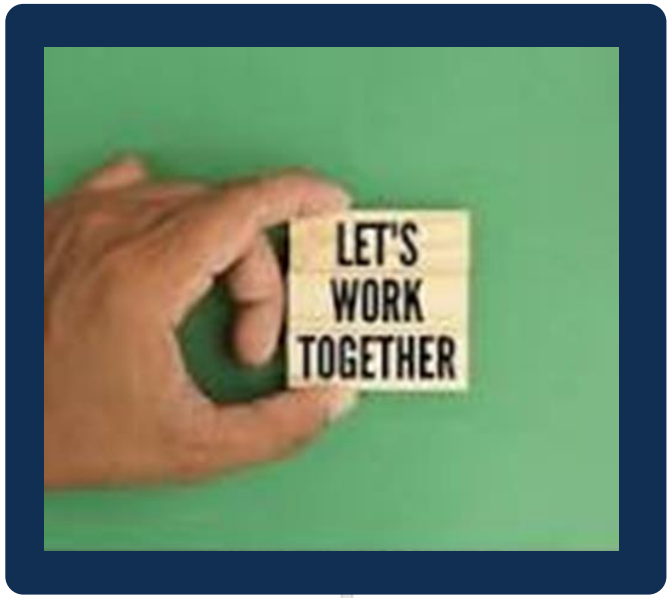
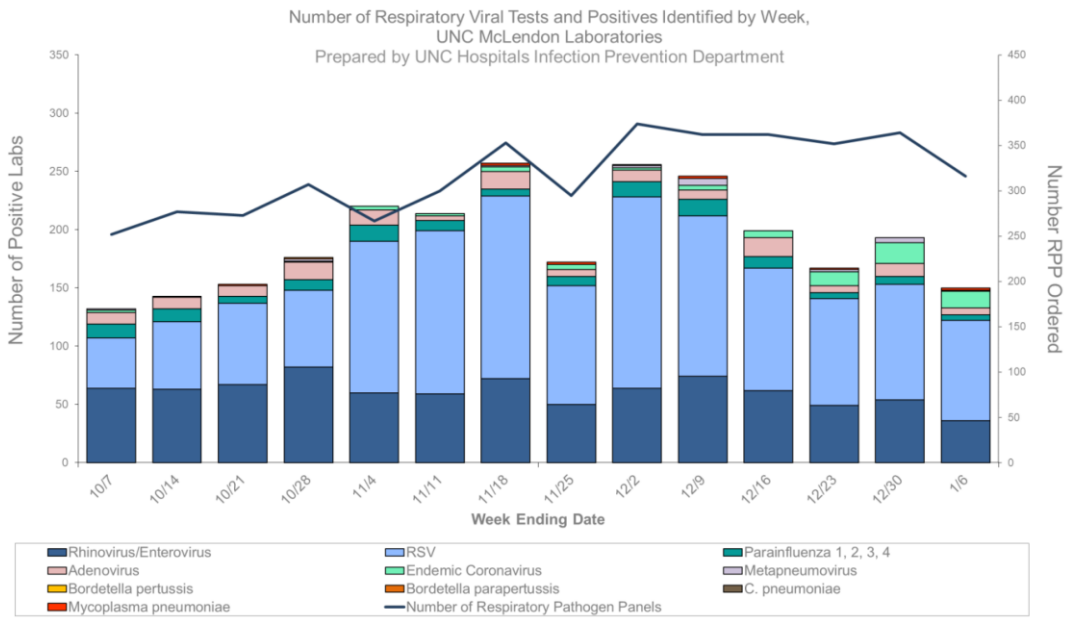
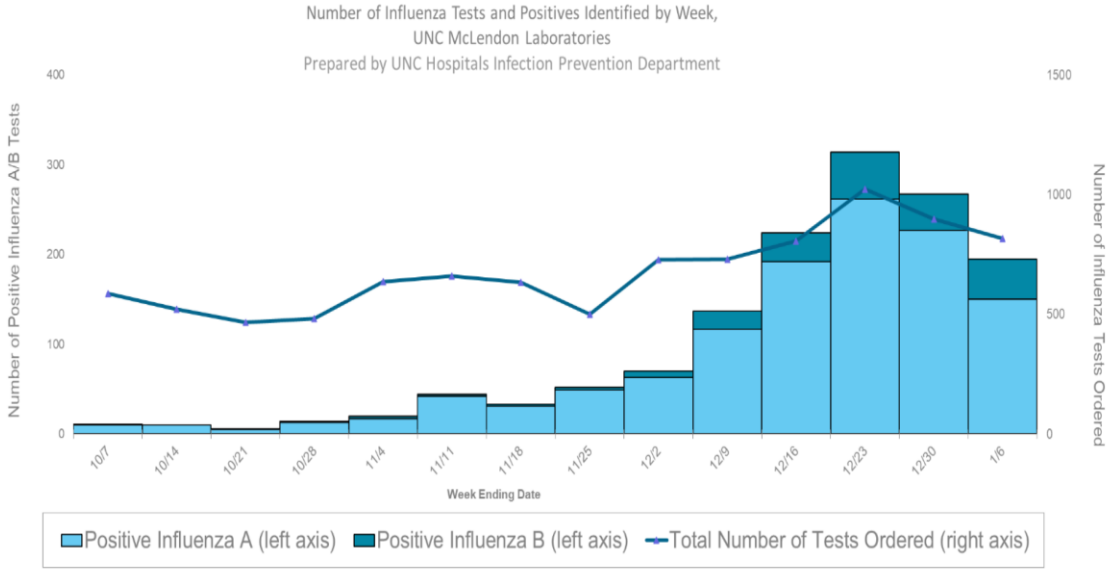


Clinical Updates

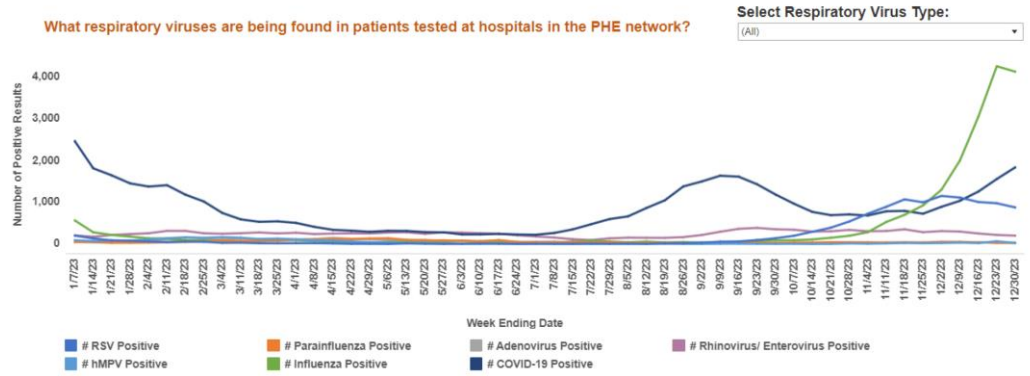
UNC HEALTH
Children's

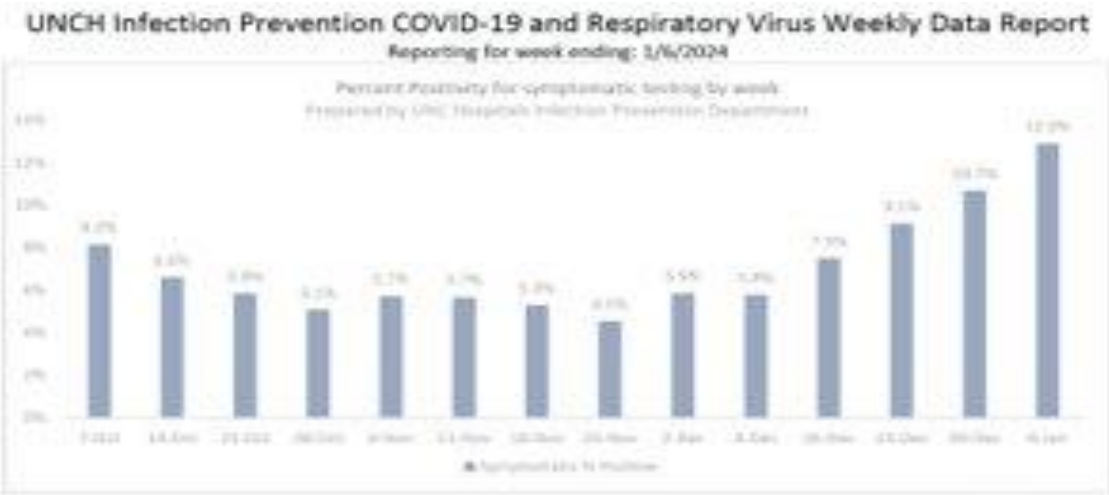
Seasonal Infections





NC DHHS PHE Network Surveillance





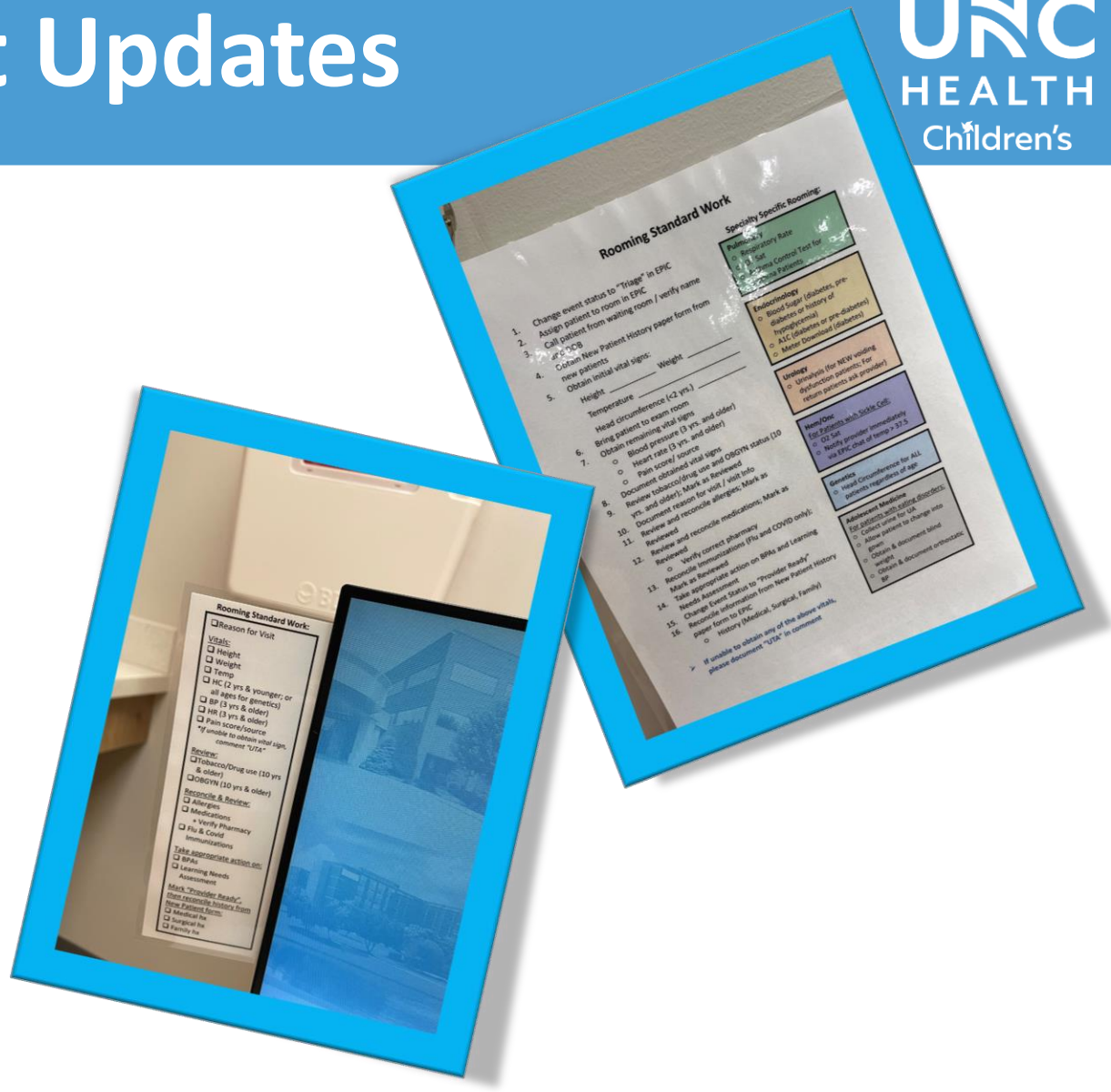
Data collected by Public Health Epidemiologists at eight hospitals in North Carolina. Represents the catchment area of a large percentage of the North Carolina population.

Note: The graph above shows tests for the listed respiratory viruses done at hospital laboratories in the PHE network. The data will be updated every Wednesday: NCDHHS Dashboard.

Data represents symptomatic COVID-19 tests performed by UNC McLendon labs for UNC Hospitals' facilities and includes re-tests. COVID testing done as part of the RPP with COVID order and the RSV/Influenza with COVID order is included.

Outpatient Updates

- Standardized rooming is now live in the Raleigh Children's Specialty Clinic!
- This process is rolling out in December at the **Children's Allergy & Cardiology** Clinic at Raleigh.
- Starting in January 2024, standardized rooming will be implemented in the **Chapel Hill Specialty Clinic** with eventual rollout to all clinics thereafter.
- **Medication review workflow** will be updated to support standard rooming beginning in January.



Please support our team in this work and share feedback on where we can improve.

Nirsevimab (Beyfortus) Shortages

- Back to original CDC recommendations (off shortage guidance)
  - All infants <8 months old
  - Infants 8-19 months with high-risk condition
- Intermittent supply shortages, but continue to get new shipments
- Get your patients immunized at their appointment at Children's specialty clinics (some limited in-clinic supply)
- OR
- UNC Children's Primary and Specialty at CPII offering limited community immunization based on supply
  - Epic staff message Sherri Woody, RN with patient attached to message

Evaluation and Management Updates

Split/Shared Visits Updated to Reflect CPT Guidelines

- CMS now defines the "substantive portion" of a split/shared visit as "more than **half the total time** spent by the Physician or Advanced Practice Provider (APP) performing the split (or shared) visit, or a **substantive part of the medical decision making**."
- CMS aligns with the current CPT definition of "substantive portion."
- Append modifier FS to the claim.

Evaluation and Management Updates

Time thresholds must be met or exceeded as of January 1, 2024; time ranges were deleted

CPT Code	2023 Time Range	2024 Time Threshold
Outpatient New E/M Services		
99202	15-29 minutes	**15** minutes
99203	30-44 minutes	**30** minutes
99204	45-59 minutes	**45** minutes
99205	60-74 minutes	**60** minutes
Outpatient Established E/M Services		
99212	10-19 minutes	**10** minutes
99213	20-29 minutes	**20** minutes
99214	30-39 minutes	**30** minutes
99215	40-54 minutes	**40** minutes

Epic@UNC Upgrade
Feb 4, 2024

Carl Seashore, MD

Department Meeting

1/18/2024

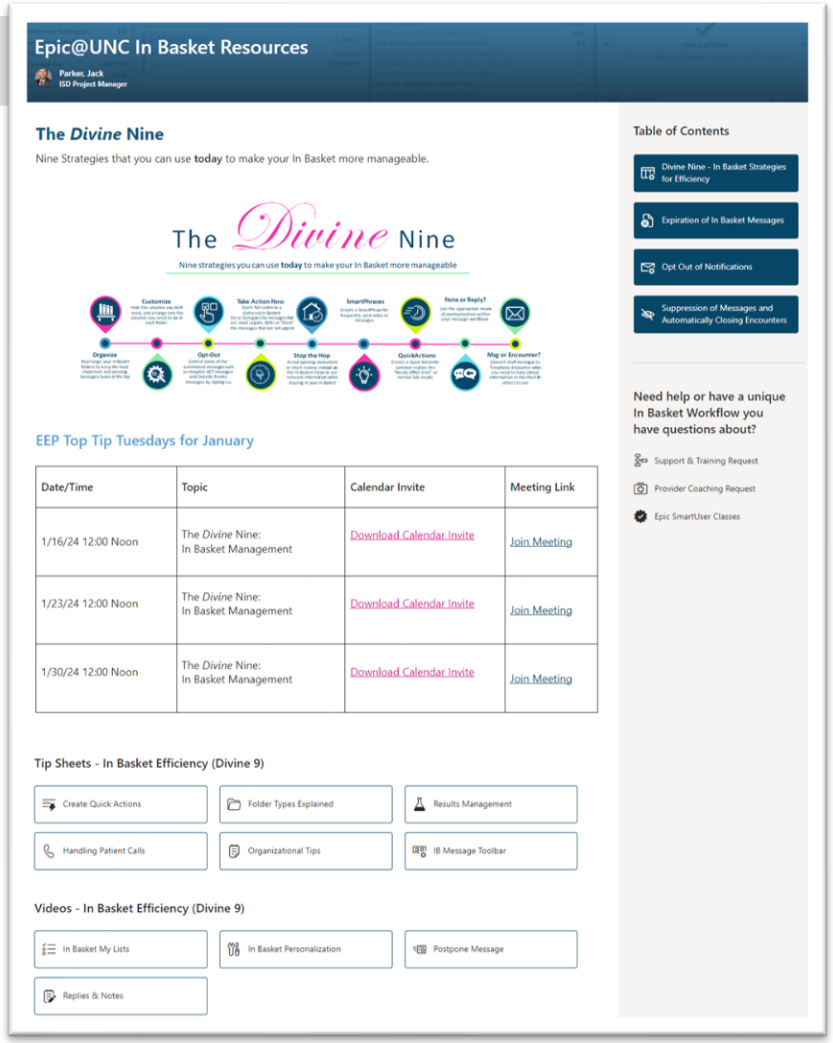
Release Highlights

- In Basket Overhaul/Wellness Initiative
  - Purge old messages in bulk
  - Eliminate certain message types (redundancy)
  - Auto expire messages according to actionable/informational
- Provider Hold/MAR Hold Improvements
  - New Provider Hold functionality
- Improvements to Med Rec Workflows
  - Complex Medications and Home Medication similarities
- Genomics Initiative-PPMH
- My Chart Proxy access following child's death will extend for 1 year

Where can I learn more?

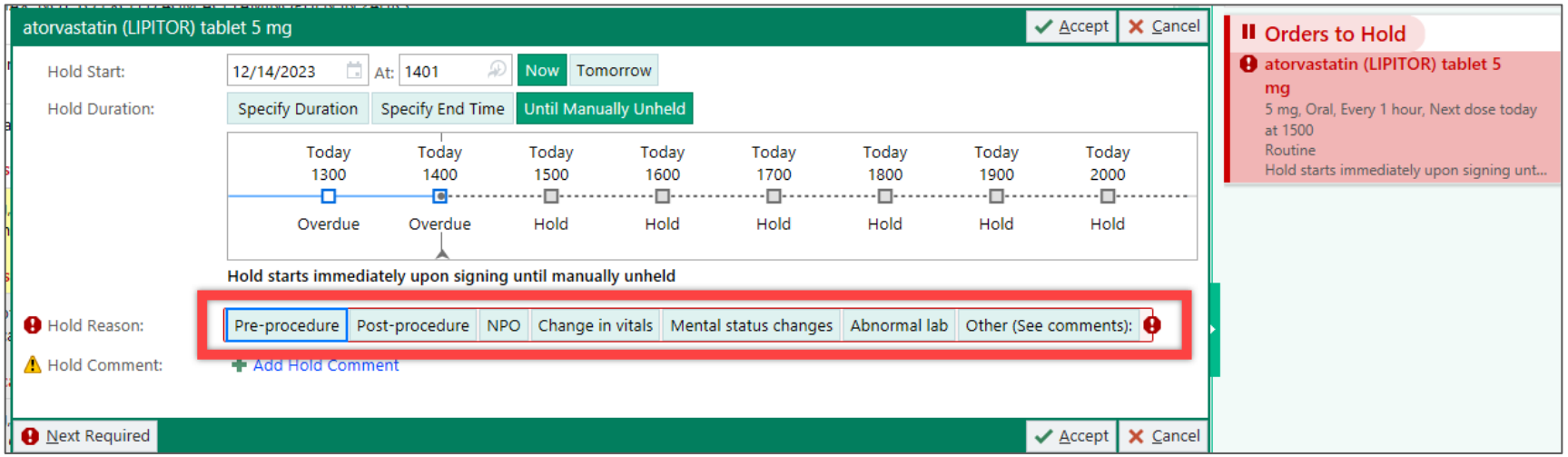
Epic@UNC In Basket Resources

- Divine Nine – In Basket Strategies for Efficiency
- Expiration of In Basket Messages
- Opt Out of Notifications
- Suppression of Messages



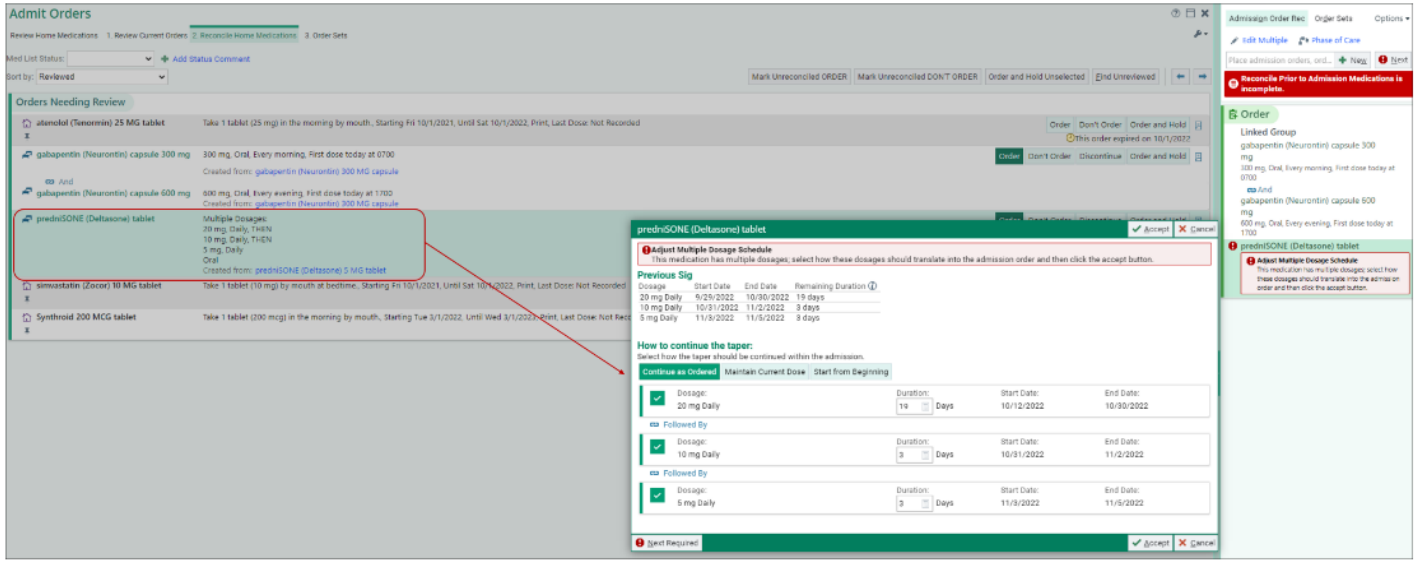
New Feature

- When a **Provider Hold** medication is held, the following can be included:
  - Time Meds Hold to be started or ended.
    - Meds Held for an indefinite duration (until manually unheld)
    - Specified duration (not to exceed 120 hours or 5day)
    - Ability to start a hold in the future (72 hours)
  - Provider Hold initiation requires a hold reason.
    - No reason is required when unholding the Provider Hold.
  - A hold comment is recommended NOT required.

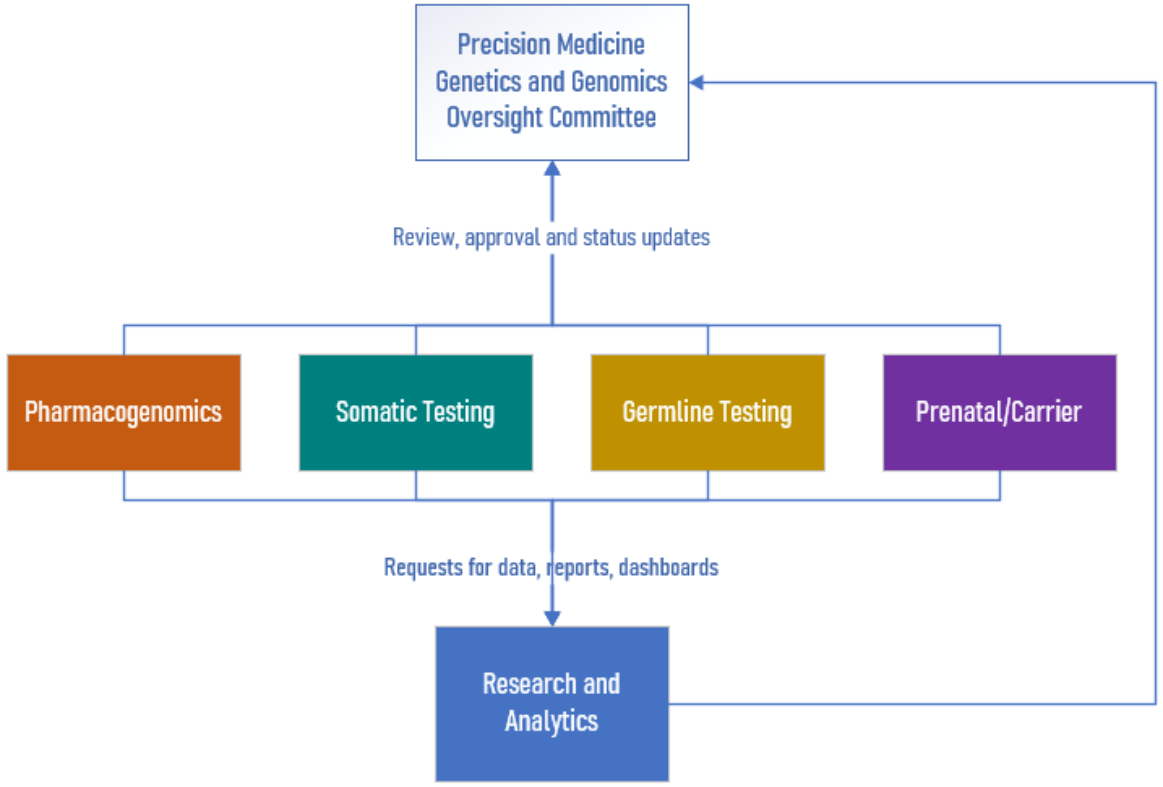


New Feature

- It's faster to reconcile complex medication orders:
  - At admission, ordering medications with multiple dosages automatically queues up equivalent linked groups.
  - At discharge, continue linked orders as multiple-dosage outpatient orders with one click.
  - For ramps and tapers, choose whether to continue from the current step, maintain the current dose, or restart.



- The Precision Medicine Genetics & Genomics Oversight Committee is responsible for setting the direction for genetics and genomics implementation
  - **Improved genetic test ordering and display in the user interface**
  - **Structured genetic test reports, raw data storage**
  - **CDS tools to identify at-risk patients, facilitate genetic testing, and improve management**
- Four clinical domains have been identified to organize development efforts
  - **Pharmacogenomics**
  - **Somatic cancer**
  - **Germline**
  - **Prenatal and reproductive/carrier**
    - Additional technical support from ISD team for research and analytics



Individuals with an interest in joining one of these governance teams are encouraged to reach out!
jonathan_berg@med.unc.edu

Questions?

UNC Children's Hospital
Quality & Safety Metric Update

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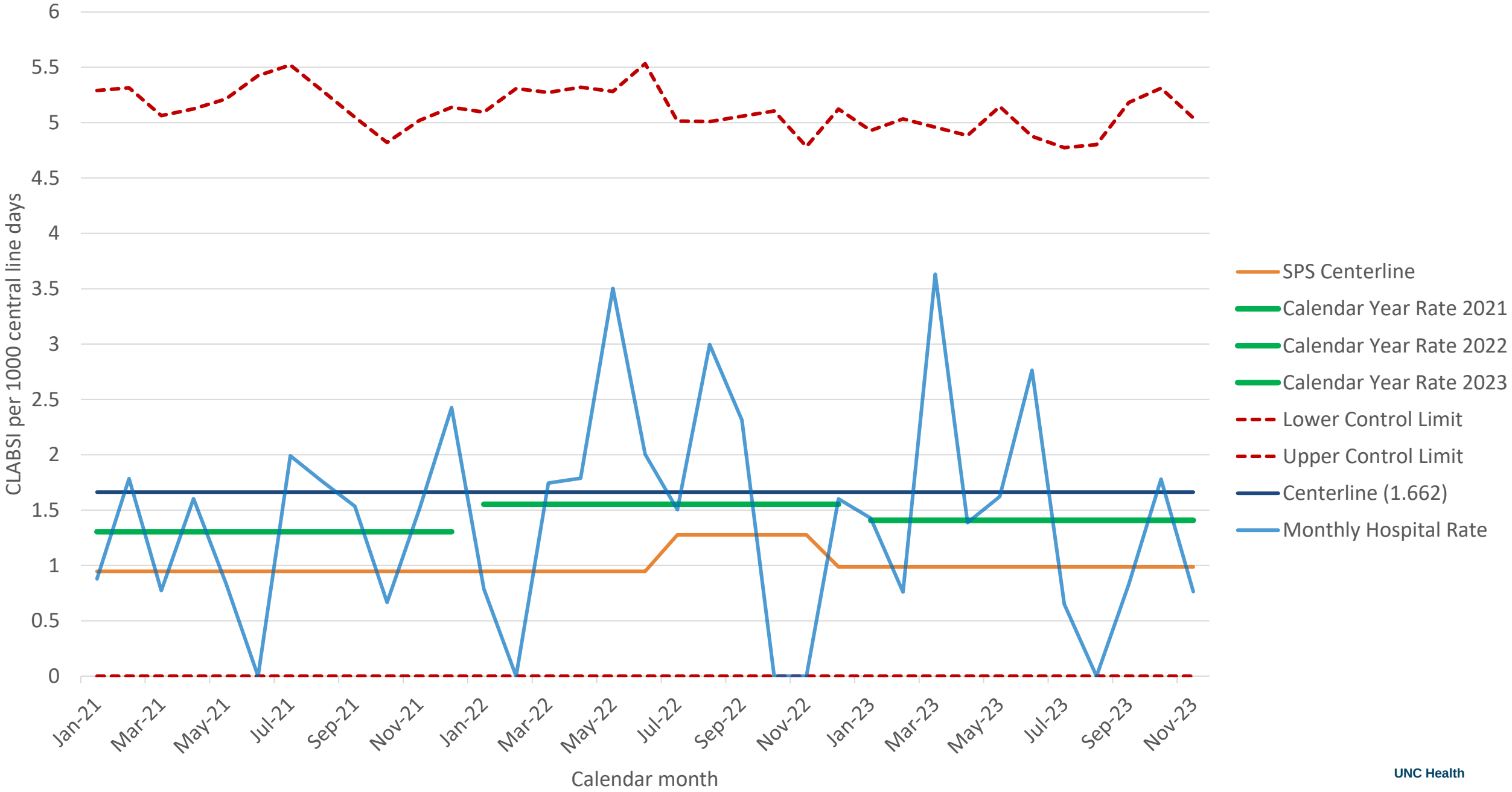
HAC Performance

HAC	Month most recent data available	Most recent month's data	UNC Children's Centerline	SPS Centerline	Our performance relative to SPS
CAUTI	November	7.94 ↑	0.171	1.342	**Better**
CLABSI (exc. MBI)	November	0.76 ↓	1.662	1.169	Worse
SSI	November	0 —	0.000	2.065	**Better**
UE	November	0.155 ↓	0.399	0.530	Similar
ADE (F-I)	December	0 —	0.000	0.015	**Better**
Falls (Moderate injury or greater)	December	0 —	0.000	0.018	**Better**
PI (Stages 3, 4, and unstageable)	December	0.210 ↑	0.064	0.107	**Better**

CLABSI

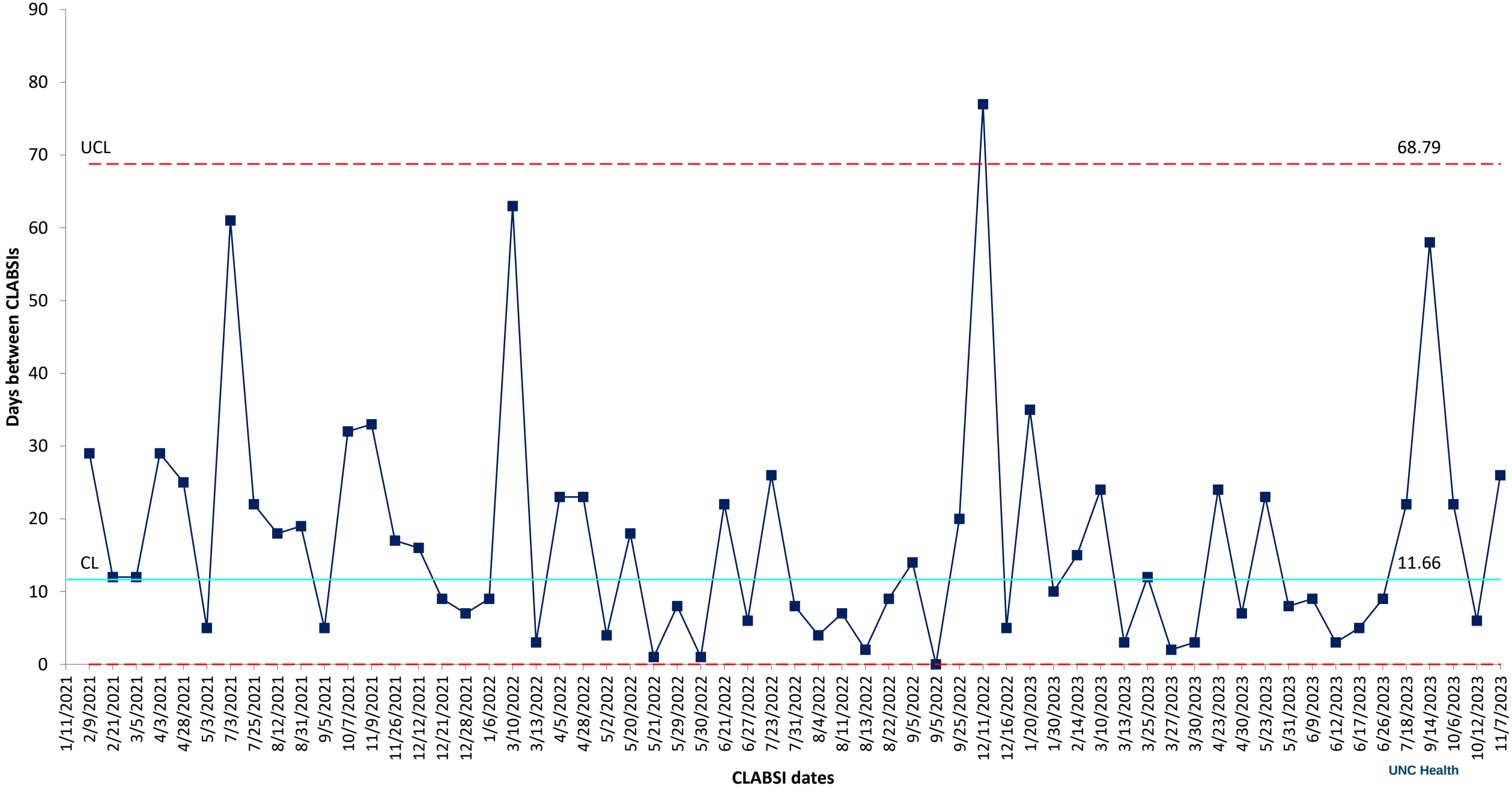
Central Line Associated Blood Stream Infections Rate excluding MBIs (all Children's)



UNC Health

CLABSI Progress

Time period	Non-MBI CLABSI Rate per 1000 central line days
Calendar 2021 mean	1.306
Calendar 2022 mean	1.486
Calendar 2023 Jan–June	1.950
SPS Centerline	0.987
Post Initiative (July–Nov)	0.746


Days between non-MBI CLABSIs in Children's
Days between CLABSIs
CLABSI dates
UCL
68.79
CL
11.66
90
80
70
60
50
40
30
20
10
0
1/11/2021
2/9/2021
2/21/2021
3/5/2021
4/3/2021
4/28/2021
5/3/2021
7/3/2021
7/25/2021
8/12/2021
8/31/2021
9/5/2021
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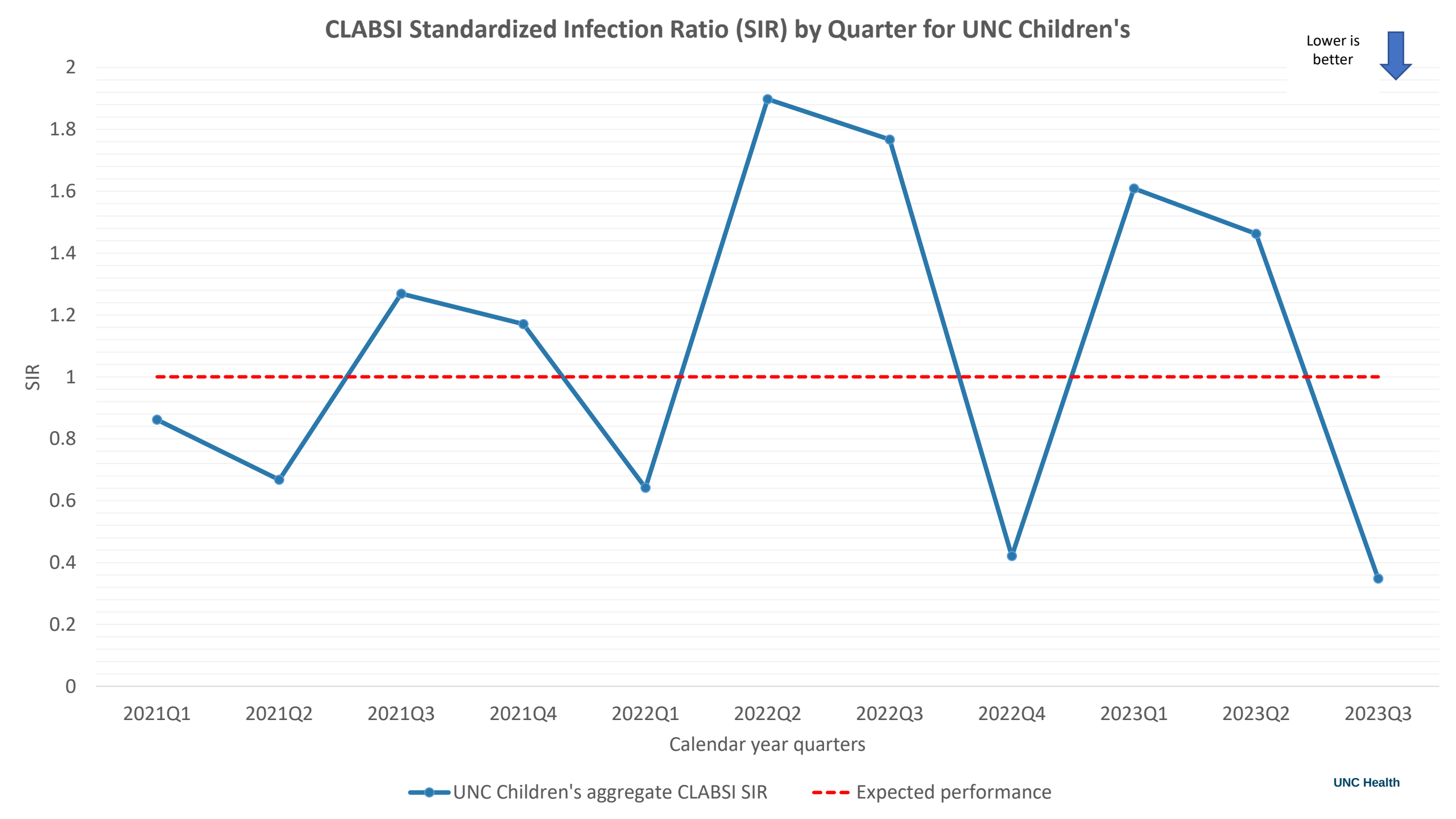
CLABSI Standardized Infection Ratio (SIR) by Quarter for UNC Children's
Lower is better
SIR
2
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
2021Q1
2021Q2
2021Q3
2021Q4
2022Q1
2022Q2
2022Q3
2022Q4
2023Q1
2023Q2
2023Q3
Calendar year quarters
UNC Children's aggregate CLABSI SIR
Expected performance
UNC Health

Non-MBI CLABSIs in FY24

- July: 1 (NCCC)
- August: 0
- September: 1 (6CH)
- October: 2 (both PICU)
- November 1 (NCCC)
- 58 days between CLABSIs (07/18/2023 → 9/14/2023)
- Longest run without a CLABSI in almost 1 year
  - 77 days between CLABSIs 09/25/2022 → 12/11/2022

5CH with no non-MBI CLABSIs since June!

Progress/Asks

Line Standardization express workout occurring in January

US News & World Report Monthly Update Jan 2024

PEBLI (Pediatric Evidence-Based Learning & Improvement) Conference

2/28/2023	CLABSI Reduction
3/23/2023	Intussusception / Code Response
5/11/2023	ED Boarder Related Issues
6/8/2023	Intracranial hemorrhage – failure to recognize
9/7/2023	CLABSI Reduction A3 Awareness
10/26/2023	Hospitalized Children with Chronic ventilators
2/1/2024	IV access – improvement actions

CRI Updates

January 2024

UNC HEALTH

Children's

Research Impact Stories Needed

The DOP and Health Foundation are working on an initiative to spotlight the transformative research at UNC.

How can you help?

- Share stories that illustrate the impact of research:
  - A personal journey of a patient or family benefiting from research.
  - Insights from a community or practice-based initiative.
  - Any other compelling narrative!
- Send your ideas ASAP to CRI at childrensresearch@med.unc.edu or contact Joe Hatch at hatchjo@email.unc.edu with any questions.

Help us amplify the voice of research and its profound impact on our community!

Faculty Development Updates

- Academic Affairs Updates:
  - 10/1: Steven Weinberg; Associate Professor, fixed-term
  - 11/1: Allison Burbank, Yamini Virkud; Associate Professor, fixed-term
- Mentoring Committees
  - “100% clinical” a common theme
- VCAA Internal Strategic Plan
  - Meet Oct 2, Nov 6, Dec 4
  - What we are doing well, what we not doing well, what we need to do differently
  - Please provide input to Matt Laughon (Matt_Laughon@med.unc.edu)

DEI Updates

January 2024

UNC HEALTH

Children's

DEI Updates

The Pediatric Diversity Committee is in TRANSITION…

More to come with some exciting updates and initiatives!

Diversity, Equity, & Inclusion

Education Update

January 2024

UNC HEALTH

Children's

UNC
SCHOOL OF MEDICINE

Educational Updates

What: Academic Half Day

- Mandatory in person attendance

Why: Improve protected educational experience

When: Wednesdays 2:30-5:30pm, starts Jan 17th

Who: Alternate weekly interns vs upper levels

- Team members not at AHD will remain on clinical service
- PMA, PMB, Blue, Red, Heme/Onc, Nursery, Adolescent, Behavior/Development, Cone NBN + ED, all subspecialties

- Residents will not return to clinical duties
  - Similar to an afternoon clinic day
- No noon conferences planned for rest of week
- No morning report on Wednesdays
- Please provide feedback!

Academic Affairs Updates

January 2024

UNC HEALTH Children's

Faculty Development Updates

- Academic Affairs Updates:
  - 10/1: Steven Weinberg; Associate Professor, fixed-term
  - 11/1: Allison Burbank, Yamini Virkud; Associate Professor, fixed-term
- Mentoring Committees
  - Thank you for completing.
  - Closely reviewed by Academic Affairs team
- VCAA Internal Strategic Plan
  - Meet Oct 2, Nov 6, Dec 4
  - What we are doing well, what we not doing well, what we need to do differently
  - Please provide input to Matt Laughon (Matt_Laughon@med.unc.edu)

UNC HEALTH Children's