

Department of Pediatrics Meeting

November 16, 2023





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*.

- Welcome and General Announcements
- Faculty Highlight: Clara Hildebrandt, MD
- Development Updates
- Quality and Safety Updates
- Clinical Updates
- DEI Updates







PLEASE JOIN US FOR THE

*DEPARTMENT OF PEDIATRICS
HOLIDAY CELEBRATION*

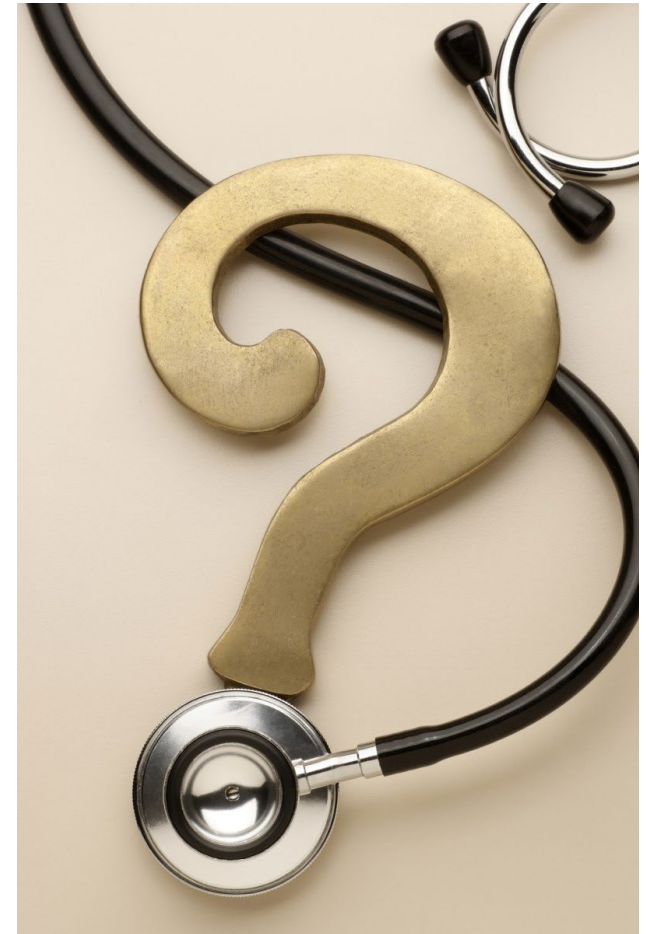
ON SUNDAY, DECEMBER 3RD, 2023
FROM 4:00 PM TO 7:00 PM

MOREHEAD PLANETARIUM & SCIENCE CENTER
250 E. FRANKLIN ST. CHAPEL HILL, NC 27514

Save the Date!



- Friday mornings, 8:00-8:30 am
- Held in Curnen Denny conference room
- A conference discussion is held around an interesting case from the last 4-6 weeks and presented by a chief resident or upper-level resident
- Moderated by Dr. Davis
- Please join us!



Jacob McCauley

Administrative Specialist (Allergy & Immunology)

Nominated by the division of Allergy & Immunology

The Allergy division would like to nominate Jacob McCauley as the Unsung Hero.

In addition to his daily responsibilities in coordinating the clinical efforts of our 2 clinics and supporting our 10 allergy faculty, since our Food Allergy Initiative administrative support specialist left Jacob has taken on support of our 19 person UNC FAI including planning meetings, scheduling, ordering and been a huge help in temporarily filling that gap.

**He never complains and is always up for learning new things.
We appreciate you, Jacob!**



Thank you, Renie Daniel!

- Renie Daniel, MD, DMD will be leaving UNC at the end of January
- In her time at UNC, Renie participated in patient care within the Adams School of Dentistry and taught as a clinical assistant professor with the oral and maxillofacial surgery residency program.
- She also traveled abroad for surgical mission trips to serve cleft children around the world and is internationally credentialed as a cleft and craniofacial surgeon with the distinguished volunteer organization Operation Smile.
- We will miss her and wish her the best of luck!



CAROLINA FOR THE KIDS
FOUNDATION PRESENTS:

Kilometers For The Kids

*A 5K and Mile Fun-Run in support
of the patients and families of the
UNC Children's Hospital*

November 19th, 2023

7:30 AM

Begins by the Old Well at UNC-CH



Sign up with the QR code below!



What is a Kid Co-Captain (KCC)?

- KCCs are children who are current or former patients at UNC Children's and benefitted in some way (big or small) from the work that CFTK does to support patients and families.
- Being a KCC is an opportunity for the entire family to gain extra support from our organization while in the hospital and throughout the year.
- KCCs and their families represent CFTK at various events that we hold throughout the year by telling their stories and being a face for the cause.
- Each child is paired with UNC students from CFTK that will keep your family updated during the year of events and can provide an extra system of support and connect you to CFTK.

CFTK Events that KCC'S are invited to share their story

- UNC Dance Marathon (Our biggest event)
 - Kilometers for the Kids 5K/ Fun Run
 - Benefit Reception
 - CFTK Bagel Brunch
 - Playroom
 - Children's Hospital Window Painting
- Parents can represent their child at these events! Zoom calls or prerecorded videos are also welcomed at certain events, especially Dance Marathon.

Age Groups Preferences

- As our current KCC's are getting older, we would love to have younger kids in the program.
- However, any child/family that is interested in being a KCC is more than welcome. Siblings of patients can also become KCC's.
- Our main goal is to add more kids to the program. With our KCC Program, patients and families can be involved as much as they want!

Time Commitment

- There is no specific time commitment for being a KCC
- Families can be as involved as they would like to be. Whether it's attending these events, sending in videos, or just sending in their story to be shared at events or weekly meetings.

How you can help us in our search

- Help us advertise events that we put on in the hospital!
- If CFTK gets brought up in a conversation: see how much the families know about the organization! If they have heard of it and or have benefitted from it, this is where mention of our KCC program can occur.

Contact Info for Anyone Interested

- Gabby Minucci: Hospital and Family Relations Chair
 - hospital@carolinaftk.org
 - 704.956.6795

- UNC School of Medicine Faculty Affairs and Leadership Development
 - <https://www.med.unc.edu/facultyaffairs/>
- UNC SOM Guidelines for Promotion
 - <https://www.med.unc.edu/hr/epa-2/faculty-appointments-promotions-and-tenure/>
- Sharepoint website
 - <https://adminliveunc.sharepoint.com/sites/SOMAPT>

Clara Hildebrandt, MD

Assistant Professor of
Pediatrics

Division of Pediatric Genetics
and Metabolism

Assistant Program Director for
Categorical Genetics
Residency



Training



Improving care in Pediatric Genetics



Very few evidence-based guidelines for ultra-rare conditions



Variability in care impacts study of rare diseases and likely adversely impacts outcomes



Quality improvement initiatives offer ways to improve care while gathering data, and integrate well into busy clinical schedules

Standard Operating Procedure for genetics consult in suspected NAT



Standardized approach for genetics and metabolism consults for suspected non-accidental trauma



Letter template and testing recommendations for multiple fractures or subdural hematoma



Important in post-discharge legal proceedings

Screening for Disordered Eating in Metabolism Clinic

High-risk patient population

Nutrition therapy is life-long and outcomes depend on adherence

No standardized screens for this patient population

Screen patients ≥ 12 years for one year with existing screens (CHEDE-Q, SBIRT-ED)

Refer for formal evaluation of screen positive patients

Design and validate screening tool specific to this population

Welcome!



Holli Gall

Sr. Exec. Director of Development and Communications
UNC Health Foundation

UNC Children's Hospital Quality & Safety Metric Update



SCHOOL OF
MEDICINE



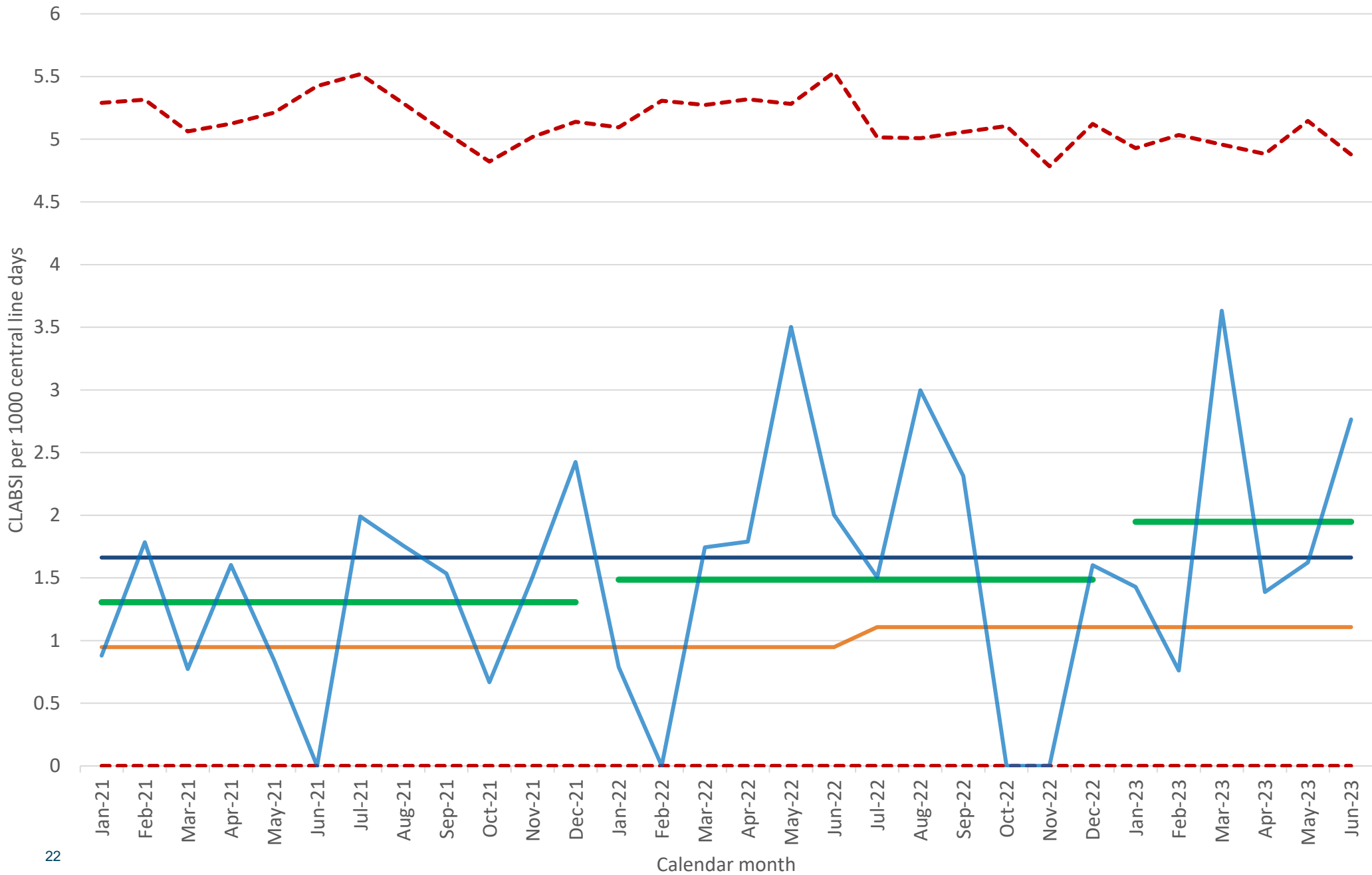
UNC Children's Hospital

CLABSI (Central Line Associated Blood Stream Infections)

Reduction

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

June 2023





TRUE NORTH

GLOBAL AIM

SMART AIM

KEY DRIVERS

SECONDARY DRIVERS

INTERVENTIONS

Eliminate CLABSIs

Achieve CLABSI rate lower than SPS centerline by mid-2025

Reduce CLABSI rate in Children's units by 25% from FY23 to FY24

Standardization of processes (default expectation)

Accountability for results

Data transparency and visibility

Line insertion standardization

Standardize interprofessional central line rounding

Sustain hygiene bundle and policy compliance

CLABSI prevention prioritized

Optimize CLABSI workgroup

Examine deep dive data

Share relevant report-out at meetings

- Increase use of low-risk lines
- Evaluate resources for PIV placement
- Evaluate PICC placement resources & standardize consult
- Increase use of midlines
- Adopt best practices for central line placement & line selection

- Standardize criteria for central line removal
- Develop Epic report for high/low risk lines
- Develop sustainable plan for incorporating high/low risk line data in central line rounds
- Develop unit-based central line rounding teams

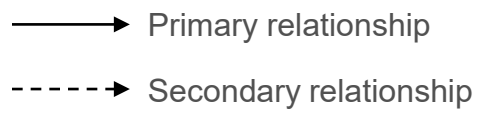
- Standardize line securement
- Mandatory education for RNs
- Educate families on CLABSI prevention
- Standardization of line maintenance, inc. CHG
- Standardization of line access

- Leadership rounding on central lines
- Determine CLABSI-related goal(s) for all Children's SLTs
- Foster team-based mentality
- Physician engagement

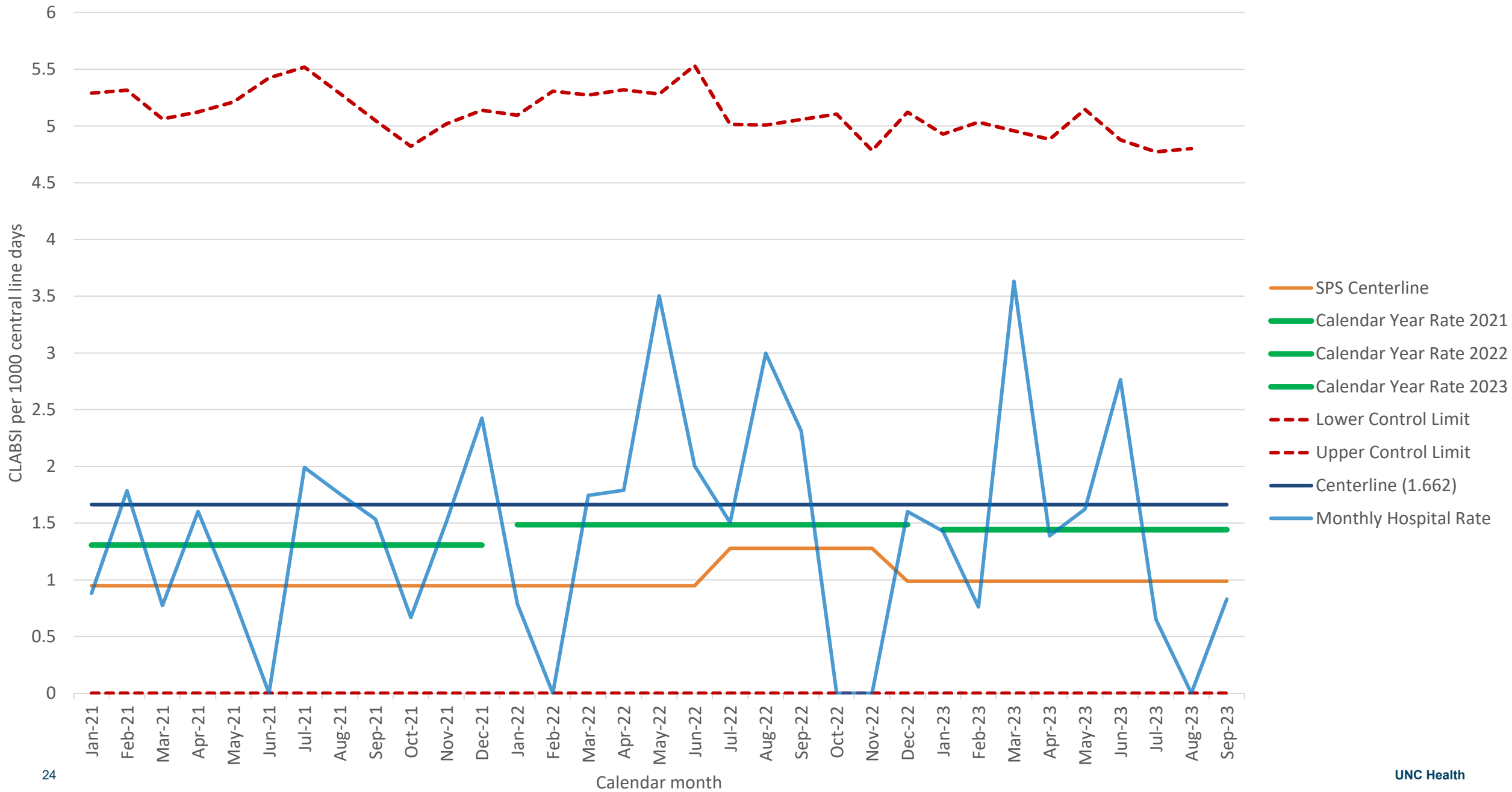
- Evaluate CLABSI workgroup membership
- Optimize CLABSI workgroup agenda

- Evaluate trends in deep dives
- Evaluate deep dive methodology
- Determine data display methodology

- Standardize sharing process & outcome data in real time
- Determine meetings & responsible parties for data review & report-out
- Identify resources needed for data analytics and interpretation support



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




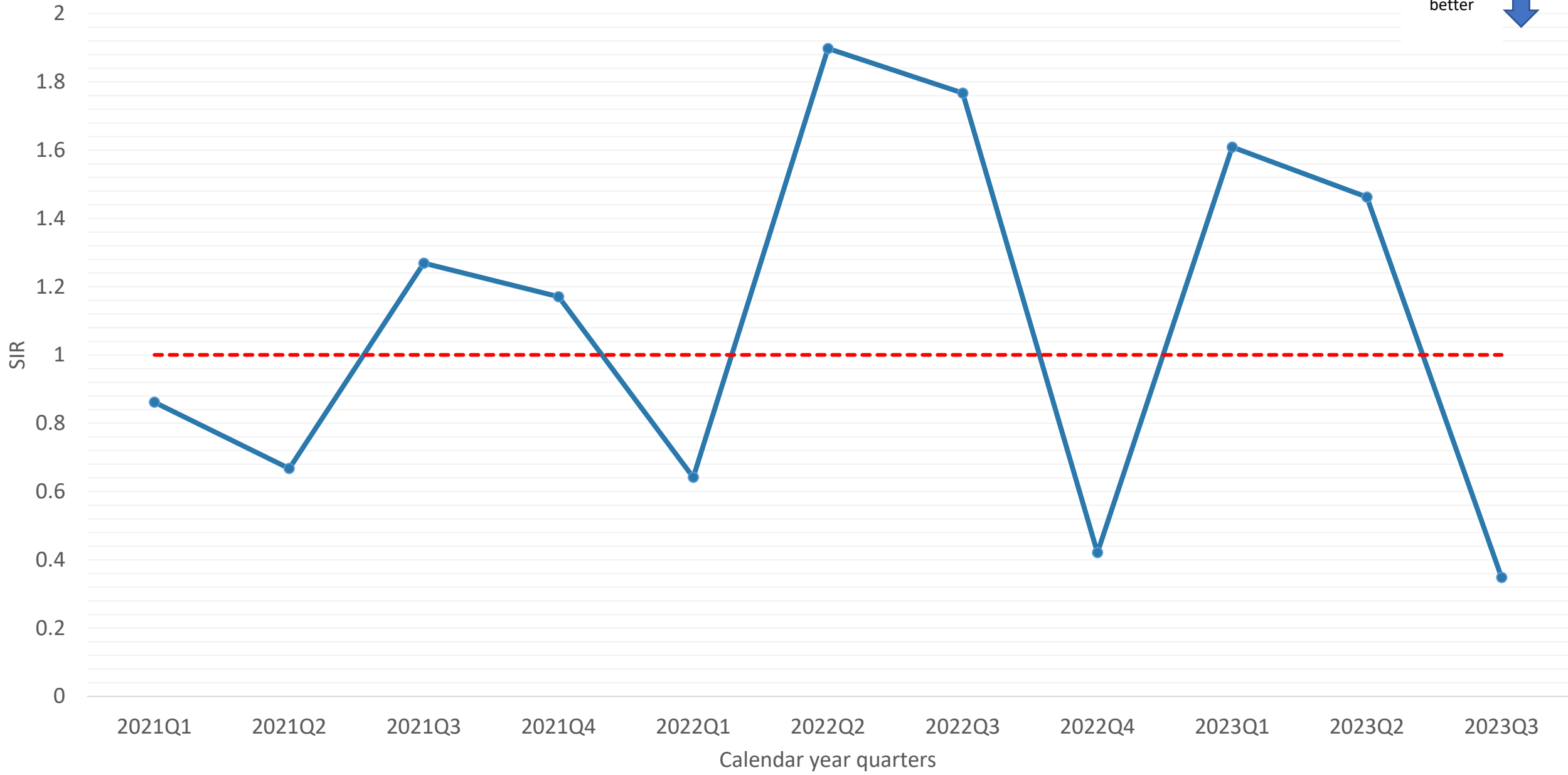
Pre-Post 2023 CLABSI Reduction Initiative:

> 4 X Reduction

	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 <small>(previous 1.169)</small>
Post Initiative (July – Oct)	0.470

CLABSI Standardized Infection Ratio (SIR) by Quarter for UNC Children's

Lower is better 



—●— UNC Children's aggregate CLABSI SIR - - - - Expected performance

Non-MBI CLABSIs in FY24

- **Reduced CLABSI Rate > 4 times**
- **Longest run without a CLABSI in almost 1 year**
 - **77 days : 09/25/2022 → 12/11/2022**
- **NCCC - 111 calendar days without a CLABSI (11/6)**
- **NCCC - 1500 line days without a CLABSI (11/6)**

Solutions for Patient Safety (SPS)

INNOVATION IN PATIENT SAFETY AND QUALITY AT THE NATIONAL LEVEL

We Will Not Compete on Safety: How Children's Hospitals Have Come Together to Hasten Harm Reduction

Anne Lyren, MD, MSc; Maitreya Coffey, MD; Melissa Shepherd, BA; Nicholas Lashutka, BA; Stephen Muething, MD, the SPS Leadership Group

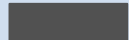


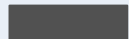



Background: Launched in 2012, the Children's Hospitals' Solutions for Patient Safety (SPS) Network is a collaborative of children's hospitals in the United States and Canada working together to eliminate patient and employee/staff harm across all children's hospitals.

Methods: The SPS Network, which has grown from 8 to 137 hospitals, has a foundation of leadership engagement, non-competition, data-driven learning, attention to safety culture, family engagement, and transparency. The SPS Leadership Group, which consists of more than 150 leaders from participating hospitals, forms condition-specific teams to promote the reduction of hospital-acquired harm in a phased design that includes an ongoing focus on both process improvement and safety culture enhancements. Hospital leaders are engaged through monthly reports, executive webinars, in-person meetings, and biannual training opportunities for boards of trustees. SPS has developed extensive opportunities for learning collaboration, including in-person networkwide learning sessions, regional meetings, general and condition-specific webinars, communications, and a shared website.

Results: Over time, the portfolio has expanded as SPS has achieved harm reduction targets for some conditions and begun work to reduce harm in other, previously unaddressed areas. In 2017 SPS reported a 9%–71% reduction in eight harm conditions by an initial cohort of 33 hospitals. SPS estimates that more than 9,000 children have been spared harm since 2012, with \$148.5 million in health care spending avoided.

Conclusion: Participation in the SPS Network has been associated with improved safety in children's hospitals. Widespread participation in this or similar collaborations has the potential to dramatically decrease harm to patients, employees, and staff.

Hospital-Acquired Conditions

HAC	Most recent month's data		UNC Children's Centerline	SPS Centerline	Our performance relative to SPS
ADE (F-I)	0		0.000	0.015	Better
CAUTI	4.545		0.171	1.342	Better
CLABSI (non-MBI)	0.829		1.662	1.169	Worse
Falls (Moderate injury or greater)	0		0.000	0.018	Better
PI (Stages 3, 4, and unstageable)	0.228		0.064	0.107	Better
SSI	0		2.687	2.065	Similar
UE	0.144		0.399	0.530	Similar

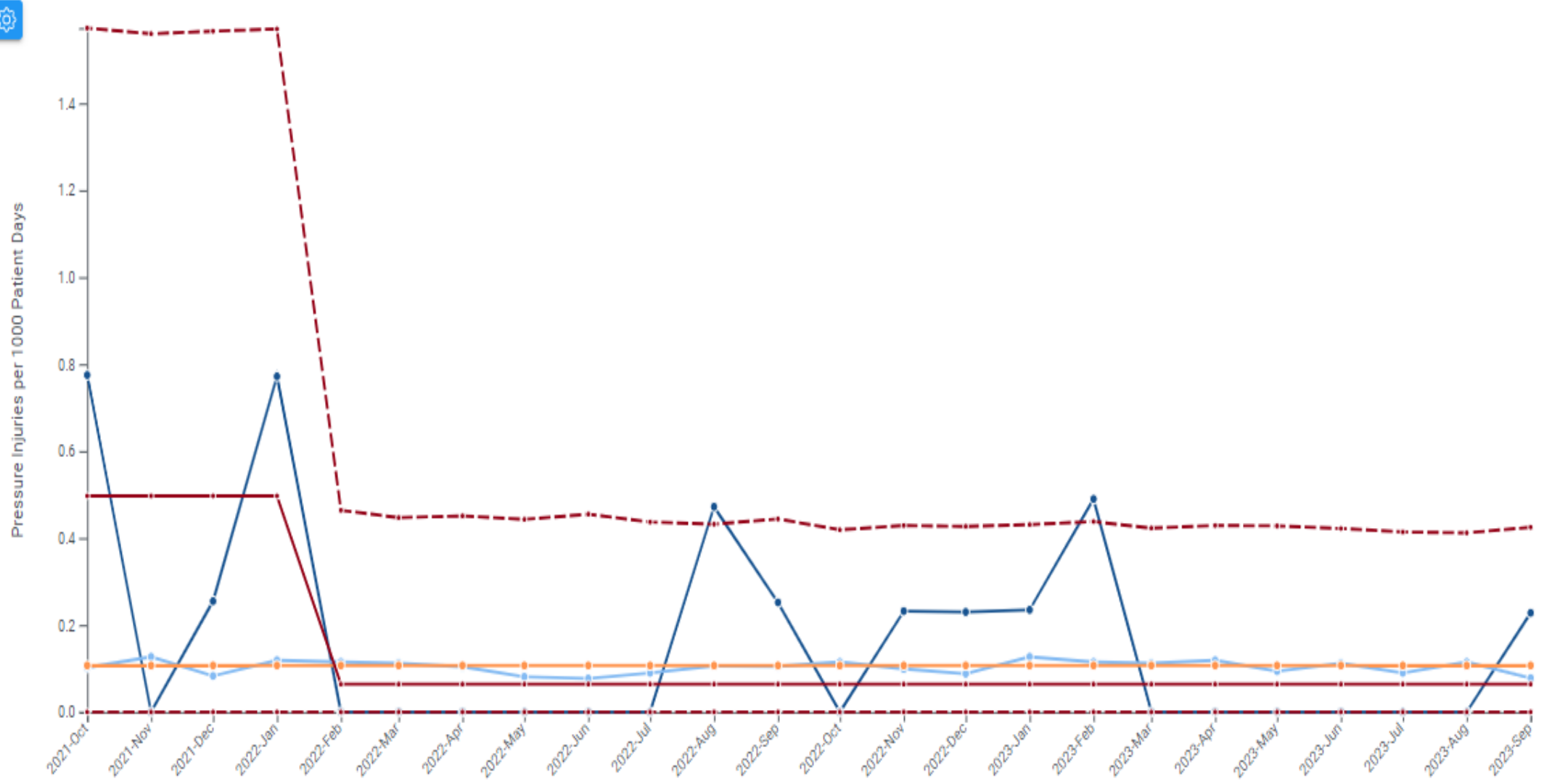
Pressure Injuries Rate (Stages 3 & 4, Unstageable)
North Carolina Children's Hospital

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Desired direction of change ↓

- Monthly Hospital Rate
- Hospital Centerline (0.064)
- Upper Control Limit
- Lower Control Limit
- Monthly SPS Rate
- SPS Centerline (0.107)

Annotations

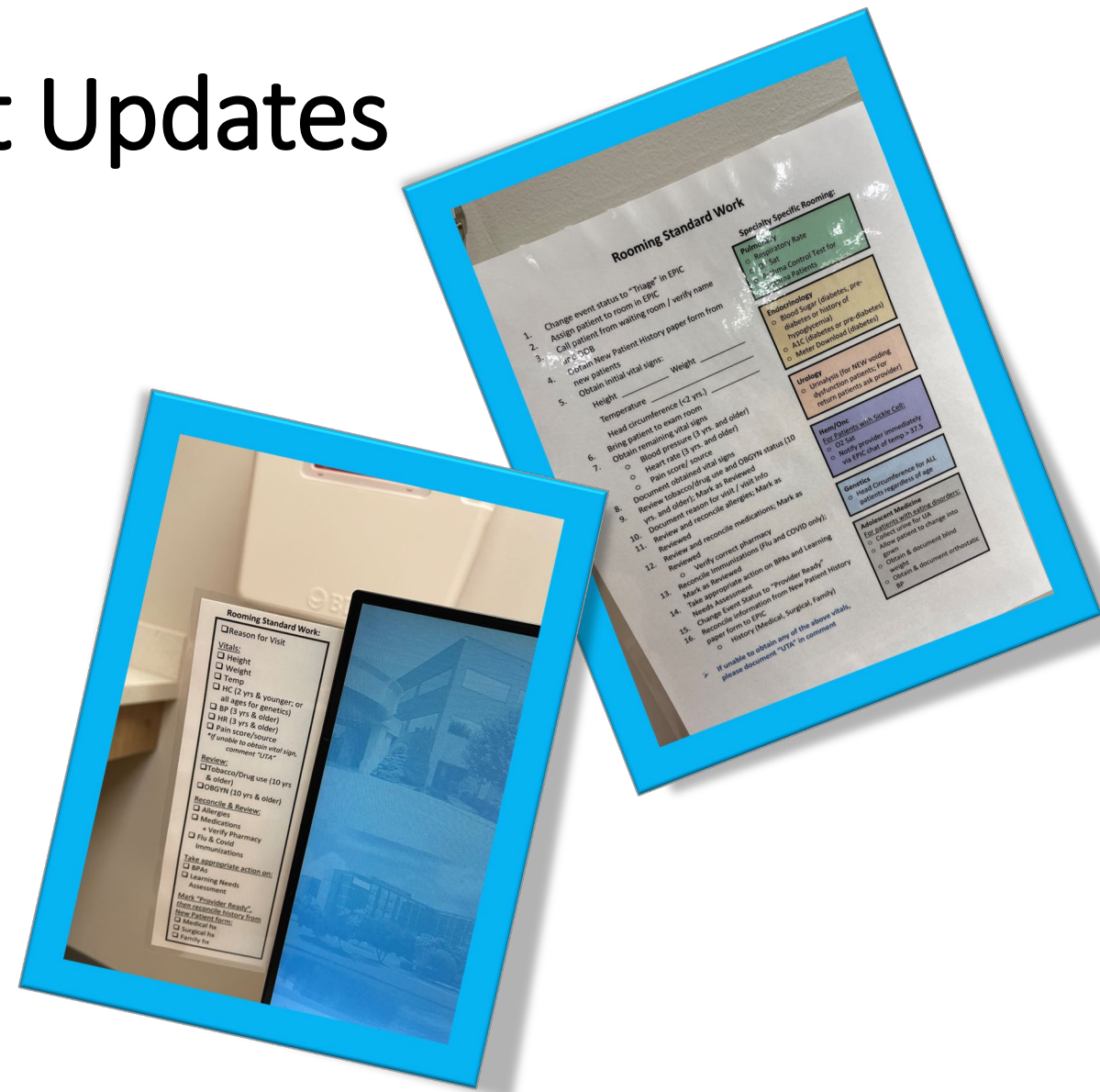


Clinical Updates



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.

- Visitor restrictions for kids under 12 are starting in PICU, NCCC and 5 Children's



**Patient Visitor
Restrictions**

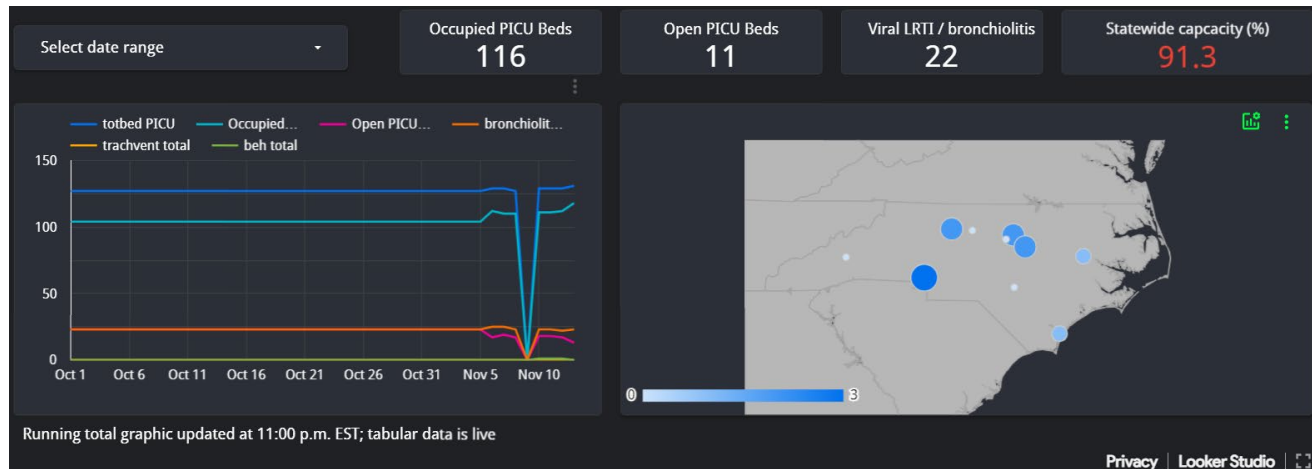
- State partnership to provide a 54-bed inpatient psychiatric hospital for children and adolescents
- Each day in North Carolina, well over 250 people are waiting for behavioral health services in emergency departments (includes more than 50 children and adolescents)



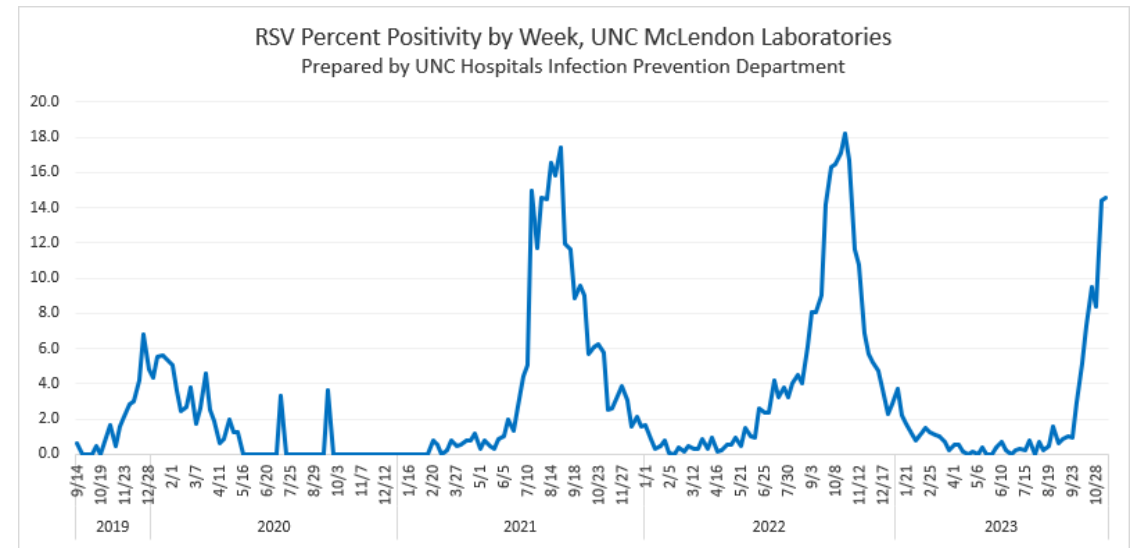
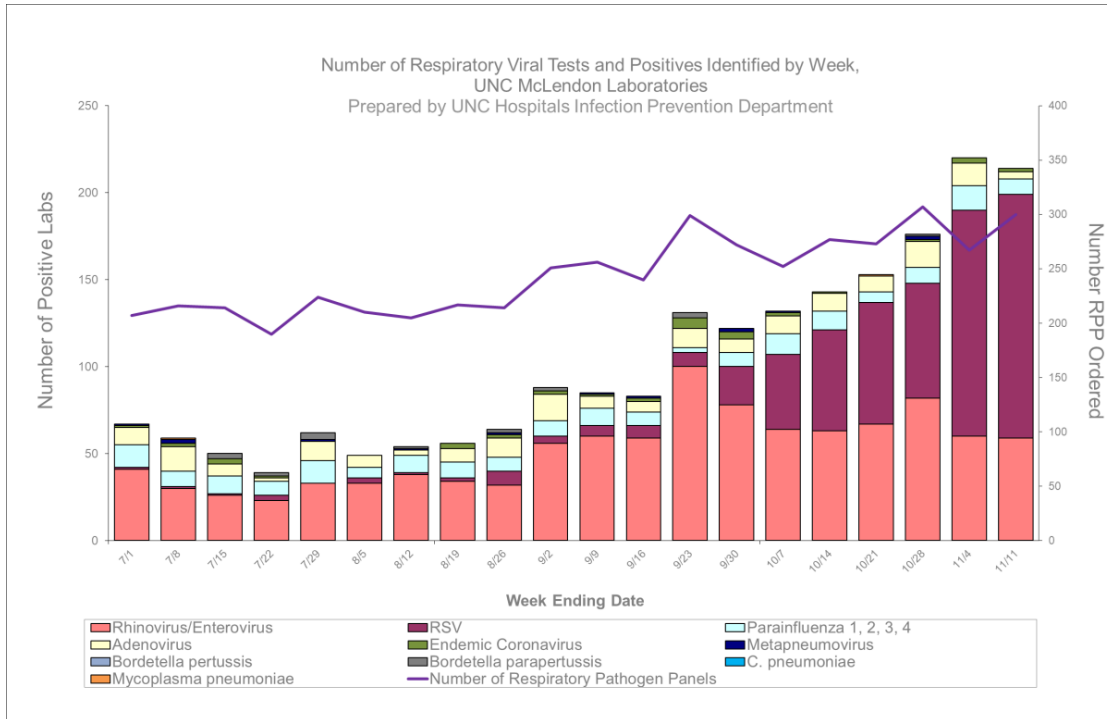
NC PICU DASHBOARD

Bed capacity, clinical diagnoses and transfer/referral data for NC

	Institution	City	Open to transports?	ECMO center	Transfer Phone Number	Data age (days)	Occupied PICU beds	Open PICU Beds	Viral LRTI / bronchiol	Percent Full
1.	Mission	Asheville, NC	No	NO	1-877-647-7466	6	9	0	1	100.0
2.	Levine	Charlotte, NC	Yes	YES	1-704-446-5437	211	18	2	1	90.0
3.	Hemby	Charlotte, NC	Case-by-case	NO	1-336-718-0050	0	7	1	3	87.5
4.	Brenner	Winston-Salem...	Yes	YES	1-336-716-7654	1	9	2	0	81.8
5.	Cone	Greensboro, NC	Case-by-case	NO	1-336-271-4845	1	4	0	2	100.0
6.	Duke	Durham, NC	Yes	YES	1-919-681-3440	1	18	2	4	90.0
7.	UNC	Chapel Hill, NC	Case-by-case	YES	1-984-974-4500	0	20	0	2	100.0
8.	WakeMed	Raleigh, NC	Yes	NO	1-919-350-1000	268	8	2	1	80.0
9.	Cape Fear	Fayetteville, NC	No	NO	1-910-615-8307	1	7	0	null	100.0
10.	Maynard ECU	Greenville, NC	Yes	YES	1-252-847-7777	259	9	1	3	90.0
11.	New Hanover	Wilmington, NC	Case-by-case	NO	1-910-815-5155	1	7	1	5	87.5



Updates from Infectious Disease



Data courtesy of Lauren DiBiase, MS

Nirsevimab Shortages

Nirsevimab Dosing		
50 mg	All infants	1 st season, <5 kg
100 mg	All infants	1 st season, ≥5 kg
200 mg	High-risk only	2 nd season (≥8 months)

- Two dosing forms: 50 mg and 100 mg (200 mg: 100 mg x2)
- Both forms on shortage
 - 100 mg: 40 doses **total** for System (not counting VFC)
 - 50 mg: ~1000 doses on hand to be given (plus VFC)
- ~51 total doses given in the system last week
- Recommendations (brief):
 - Use palivizumab for eligible babies (criteria unchanged from prior years)
 - 100 mg doses prioritized for highest-risk infants, distributed to Children's Hospital and Blue Ridge.
 - **NO 200 mg doses.** Many high-risk infants eligible for palivizumab
 - Give the 50 mg doses! Most will be given to outpatients
 - CDC has advised *not* giving 50 mg x2

DEI Updates

November 2023



- Upcoming events
 - Grand Rounds: November 30 w/ Shay Greene
 - Town Hall: December 7th
- Want more folks to volunteer for subcommittees



