



**Pediatric
Experience
Collaborative**

2020 ANNUAL REPORT

In This Report

- 3** Welcome Letter
- 4** Overview of Pediatric Experience Collaborative (PEC)
- 5** Overarching Objectives
- 6** 2020 Timeline of Key Events
- 7** 2020 Collaborative by the Numbers
- 8** PEC 2020 Strategic Plan
- 9** Virtual Visit Inventory
- 10** Workgroups
- 13** Open Forums
- 14** Best Practice Sharing
- 16** Collaborative Key Members and Financials

Member Organizations

- Ann & Robert H. Lurie Children's Hospital of Chicago
- Boston Children's Hospital
- Children's Healthcare of Atlanta
- Children's Hospital Colorado
- Children's Hospital of Philadelphia
- Children's Hospital of Wisconsin
- Children's Mercy Hospital
- Cincinnati Children's Hospital
- Dayton Children's Hospital
- Hassenfeld Children's Hospital at NYU Langone
- New York Presbyterian Hospital/Morgan Stanley
- Seattle Children's Hospital
- St. Jude Children's Research Hospital
- Texas Children's Hospital

Dear Colleagues,

We are thrilled to share the 2020 Pediatric Experience Collaborative Annual Report.

2020 was a year unlike any other. Our country faced enormous challenges due to the COVID-19 pandemic and racial unrest. These matters affected our hospital staff, patients, families, and communities. Throughout this time, our 14 member hospitals supported each other by frequently meeting to learn from and share with one another to successfully navigate the rapid changes that were occurring.

In March, a three-year strategic plan was established which outlined actions to ensure the Collaborative achieves concrete results. For 2020, the focus was on Virtual Visits which resulted in the creation of three workgroups. Our Spring Summit concentrated on Virtual Visits including crucial input from families and staff.

Some additional highlights from the year include:

- Created an avenue of member sharing on weekly basis through Open Forums
- Established Virtual Visit workgroups: Virtual Visit Provider Survey, Virtual Visit Family Advisory Focus Group, and Virtual Visit Comment Analysis
- Collection on each member's virtual visit dashboards and efforts
- Collection of each member's equity, diversity, and inclusion dashboards and efforts
- Sharing best practices and learning opportunities through webinars, presentations, engagement on Basecamp and through the Virtual Summits

A HUGE thank you to Children's Hospital of Philadelphia for their work and contribution to our Steering Committee. We are excited to now welcome Lurie Children's Hospital to the Steering Committee and look forward to their insights and leadership in 2021 and beyond.

Congratulations to Harris Baden from Seattle Children's Hospital who is our new Institutional Co-Chair.

We are excited about 2021! We are refining our strategic plan to help us better serve the members of our Collaborative. The workgroups will provide key insight into outlining best practices and research for better patient experiences. We look forward to supporting these efforts and building on our past achievements.

Best,

Sara Toomey and Tiffany Messer
Pediatric Experience Collaborative Co-Chairs

Overview of Pediatric Experience Collaborative

Mission Statement

The Pediatric Experience Collaborative (PEC) leverages the advantages of scale by collaborating and sharing expertise, data, and experiences amongst participating children's hospitals to optimize patient, family, and care provider experiences.

Values



Advocacy

Advance efforts to improve pediatric patient, family and staff experience within our hospitals, regionally, and nationally



Co-design

Co-create interventions with patients, parents, care providers and all our stakeholders



Collaboration

Partner with participating hospitals to share knowledge and learnings



Dissemination

Share lessons learned, best practices, and evidence based research



Innovation

Advance evidence-based and innovative solutions around pediatric patient, family, and care provider experiences



Integration

Partner with groups within our hospitals (e.g. Safety, quality, finance) to understand the interdependency and combine efforts related to improving the care experience



Standardization

Work toward standardization of definitions, processes, and measures whenever possible



Transparency

Share data, interventions, successes, and failures



Aims

Set Experience Standards

Define Best Practices

Enhance Family Engagement

Create a National Networking Community

Share Learnings

Overarching Objectives

Partner – not compete - nationally across children's hospitals to optimize the experiences of patients, families, and care providers through transparent sharing, learning from one another and developing best practices.

Key Goals



Optimize PFX through Co-Designed Improvement Projects

Co-design evidence-based initiatives for members to deploy locally, which will collectively optimize the pediatric healthcare nationwide



Share Information

Share information among members to enhance the available body of knowledge that reduces extra effort, allows for replication, lessens failures and enhances successes across members



Influence Market

Influence the marketplace by demonstrating outcomes only possible at scale due to the network of members, standardized evidence-based best practices for pediatrics, and the ability to deploy throughout the country

2020 Timeline of Key Events:

Jan 2020:

Welcomed Tiffany Messer, our first Parent Co-Chair

March 2020:

Established weekly COVID-19 Open Forums in response to pandemic

May 2020:

Finalized and initiated 3-year strategic plan

July 2020:

Initiated three workgroups with a focus on virtual visits

October 2020:

Elected new Steering Committee Member [Lurie Children's Hospital] and Institutional Co-Chair [Harris Baden, Seattle Children's Hospital] to start January 2021

November/December 2020:

Collected information on patient experience virtual visit dashboards and health equity efforts

Ongoing:

Networked and discussed best practices in patient experience via monthly membership calls and open forums

Feb 2020:

Updated member hospital project inventory

April 2020:

Surveyed member hospitals on virtual visits and held a quarterly webinar on virtual visits

June 2020:

First Virtual Summit with a focus on virtual visits. Highlights included our first parent-panel and open topic discussions

September 2020:

Quarterly webinar on Equity in Experiences and Language Differences

November 2020:

Second Virtual Summit with a focus on co-designing projects. Sessions included physician-led panel, parent-partnered presentations and hot topic discussions

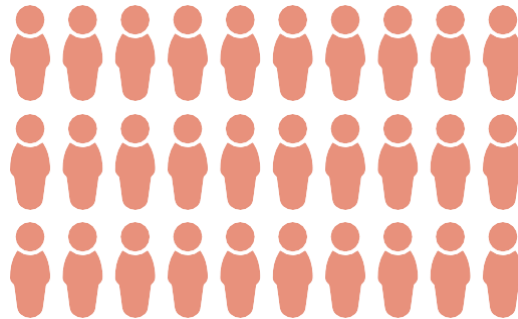
December 2020:

Quarterly webinar on Experience Improvement Projects Impacting Non-Clinical Staff

2020 PEC by the Numbers

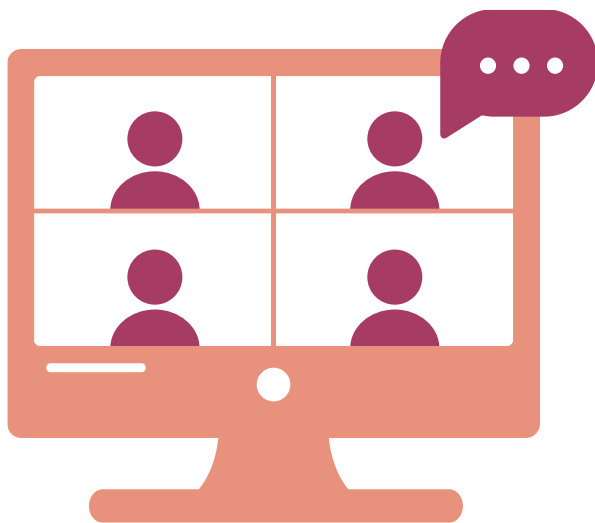


Member Hospitals



34

Total
Presentations
From Member
Hospitals



2

Virtual Summits
Hosted

3



New Workgroups



152

Total Number of
Summit Attendees

PEC 2020 Strategic Plan

Recognizing the rapid spread of telemedicine at many of our organizations, the Collaborative's 2020 strategic plan focused on *Virtual Visits*.

Virtual Visits Strategy

Phase 1

Understand Current Efforts Around Virtual Visits

Distribute Virtual Visit survey to understand current surveying efforts at each hospital.

Phase 2

Gather Data on Virtual Visits Through Workgroup Efforts

Form workgroups to better understand the Virtual Visit experience from both provider and family perspectives.

1. Provider Survey, 2. Family Advisory Council Focus Group, 3. Survey Comment Analysis.

Phase 3

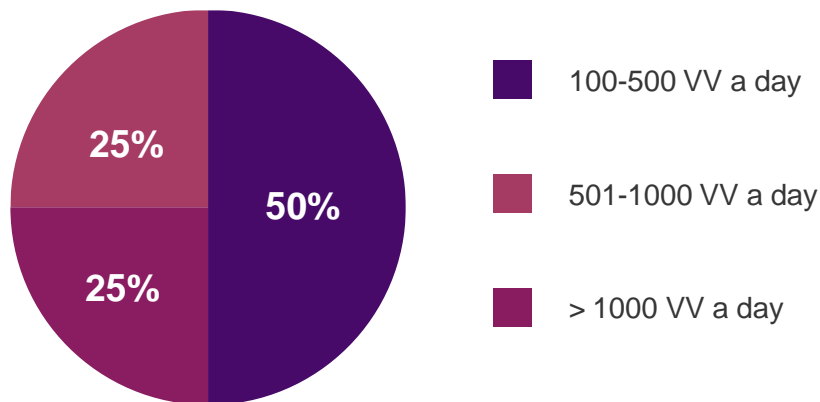
Share Learnings and Outcomes

Present the findings from each workgroup and share within the Collaborative.

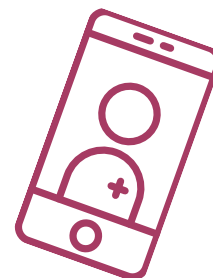
Virtual Visit Inventory

In **April 2020**, information was collected on the state of Virtual Visits at our member hospitals as we adapted to the pandemic. (N=8)

71% of member hospitals conducted Virtual Visits.



From **October-November 2020**, we assessed how many members included Virtual Visits within their dashboards. (N=14)



43% of hospitals have Virtual Visits embedded in their current dashboard

36% of hospitals have separate Virtual Visits dashboards

21% of hospitals do not have any dashboards with Virtual Visits highlighted

Types of Virtual Visits:

- New Patient
- Follow Up
- Urgent Care
- In-Patient

Platforms Used:

- Zoom
- SBR
- Microsoft Teams
- Epic Haiku/Canto
- Others/Hospital Specific Solutions

Workgroups

Virtual Visit Family Advisory Council Workgroup

Co-Chairs: Tiffany Messer, Parent Co-Chair and Shelby Chapman, Colorado Children's Hospital

Aim: Develop a facilitation guideline for hospitals to use while conducting focus groups on the Virtual Visit experience with their parent partners/FACs.

Methods: Eleven member hospitals conducted focus groups using the facilitation framework. The focus groups assessed the strengths and opportunities for Virtual Visits, common technology challenges, and enhancements that can improve the Virtual Visit experience for patients and families. A synthesis of each focus group was submitted by the member hospitals. From each synthesis, common themes were identified.

Number of Collaborative Member Hospitals Involved: 11

Number of Parents Involved: 127

Preliminary Findings:

Factors that make it more likely for a family to choose Virtual Visits	Advantages of Virtual Visits
<ul style="list-style-type: none">Distance to the hospitalConvenienceRisk of exposure to COVID-19 or other infectious diseasesRoutine follow-up appointmentsProvider recommends Virtual Visits	<ul style="list-style-type: none">Ability of provider to see the patient in their home environmentPatients are more comfortable at homeAbility to meet with multiple providers at the same timeMany families reported providers seemed less distracted, more prepared, and more emotionally connected.

Pre-Visit Enhancements	During the Visit Enhancements
<ul style="list-style-type: none">Simplify the scheduling & check in processClearly communicate the expectations for the visitConduct a pre-visit "technology check"Send a text reminder with a link 30 minutes prior to the visitNotify the family if the provider is running late	<ul style="list-style-type: none">Provide a consistent experience using a single Virtual Visit platform and standard procedures across all clinics/departments"Website" manner training for providersCommunicate with the family how to follow-up with the provider after the visit with questions/concernsEnhance technology capabilities

Workgroups

Virtual Visit Comment Analysis Workgroup

Co-Chairs: Lisa Rubino, Boston Children’s Hospital and Julia Wignall, Seattle Children’s Hospital

Number of Collaborative Member Hospitals Involved: 9

Aim: To understand themes, sentiment, and trends for patient and family comments related to virtual visits across nine participating pediatric hospitals

Method: Through an iterative, intercoder reliability process, a codebook was established. Each hospital conducted thematic and sentiment analyses of their comments (about 500 per hospital).

Preliminary Findings:

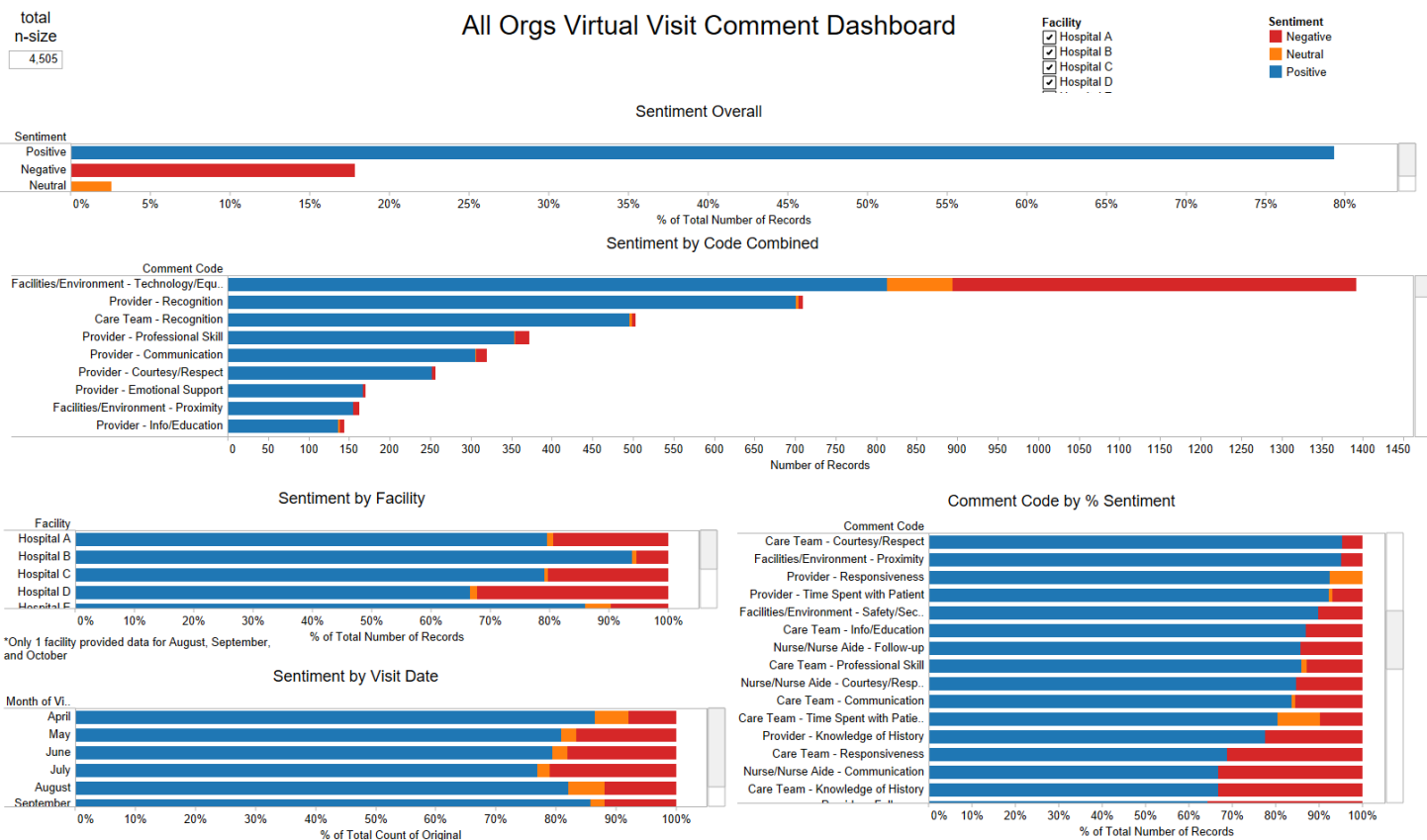
Sentiment

- Comments were overwhelmingly positive (~ 80%). One hospital had 93.9% positive comments!
- Comments seemed to **be less positive** over time, similar to the quantitative results. (May – 80.8% positive, July – 76.8% positive)
- Press Ganey clients had a **higher percentage** of negative comments than NRC clients (32.2% negative vs. 23.9% negative)

Themes

- Technology** was the most mentioned item and had variable sentiment
- When **scheduling** is mentioned, it is most often commented on **negatively**
- Waiting** is mentioned **much less** than in-person visits
- The provider & care team** are mentioned in a **positive** light and the **process** is mentioned more **negatively**
- After recognition, the most discussed topic relating to provider/care team is **professional skill**.
- Proximity** is mentioned **much more** than in-person visits

Snapshot of Comment Analysis Dashboard



Workgroups

Virtual Visit Provider Survey Workgroup

Co-Chairs: Harris Baden, Seattle Children's Hospital and Taylor Sewall, NYP Morgan Stanley Children's Hospital

- **Aim:** Developing and fielding a provider survey to assess the provider experience with virtual visits.
- **Outcomes:** A survey tool and guideline for survey implementation for all hospitals in the Collaborative. We will analyze the data from each hospital's survey responses and synthesis the themes identified for provider experience to help guide future work in virtual visit experience. Site specific reports will also be shared with participating hospitals.
- **Number of Collaborative Member Hospitals Involved:** 9
- **Status Update:** Data collection planned for early 2021 with analysis to follow.

Family Involvement (*established in 2019)

Co-chairs: Abby Kozak, Lurie Children's Hospital and DeeJo Miller, Children's Mercy Hospital

- **Aim:** By April 2021, our workgroup will develop a Best Practice Guide to summarize our findings on the standardization of measuring Patient Family Advisor (PFA) engagement and share best practices on each of the following data elements: Actual Task of PFA, PFA Status, Start Date of PFA Engagement, Time Spent, Type of Activity, and Unique Number of Advisors.
- **Number of Collaborative Member Hospitals Involved:** 11
- **Number of Parent Family Advisors Involved:** 6
- **Preliminary Findings:** Created a PFA Engagement Best Practice Guide, which tracked 24 data elements collectively by members of workgroup to measure PFA engagement.

Key Takeaways

Shared best practices among our organizations for tracking and measuring PFA engagement

Created standard names and definitions for 24 data elements

Identified and focused on 6 specific data elements that demonstrate impact of PFA engagement

Summarizing data element names, definitions & specific tracking/measuring examples in a best practice guide

Each of our organizations are at different stages for tracking PFA engagement which made it difficult to create a reporting system

No "one-size-fits all" solution

Open Forums

As our hospitals adjusted to the constant changes of the pandemic, we implemented an open forum discussion as a platform for our members to learn and discuss policy changes on a weekly basis beginning in March of 2020. Starting in August 2020, these discussions moved to a bi-weekly basis cadence.



I liked that the open forum fosters transparency and seamless sharing even during uncertain times. During the pandemic in 2020, we were able to learn so much from each other and I also found the companionship and the shared anxiety navigating uncharted waters very comforting!

- Shobha Iyer ,CHOA



Discussion Topics:

- Transparency of Surveys
- Staff Resiliency and wellbeing
- Staffing Pool
- Rounding Changes
- Communication to Families and Patients
- Surge Management
- Waiting Room Change
- Remote Working
- Hospital Budget and Costs
- Point of Care Testing/Wait Times
- Vaccines and Testing
- Interpreters for Virtual Visits
- Visitor Policies
- Masking for Clinical Staff, Non-Clinical Staff and Visitors
- Screening for Clinical Staff, Non-Clinical Staff and Visitors
- Virtual Visits and Surveying



Best Practice Sharing

Quarterly Webinars Hosted

Multiple hospitals presented on the following topics: *Patient Experience Week, Virtual Visits, Equity in Experiences and Language Differences, and Experience Improvement Projects impacting Non-Clinical Staff*

Member Presentations at Summits

Multiple hospitals presented on the following topics: *How to Bring Families and Staff Back Safely, How PX Team Roles are Changing, ED/Urgent Care Physician Perspective and Journey with Improvement Project, Co- Designing with Patients and Families*

Hot Topic Discussion Sessions

Virtual summits included hot topic breakout rooms on the following topics: *Sharing Insights Rooted in Data, Social Determinants of Health, Staff Wellness, Safety at Hospitals, Virtual Visit Best Practices*

Parent Driven Presentations

Virtual summits included parent presentations on *Telehealth and COVID-19 Response Parent-Panel and Co-Designing with Family*

26

Open Forum
Discussions

91

Basecamp (online
sharing platform)
posts

31%

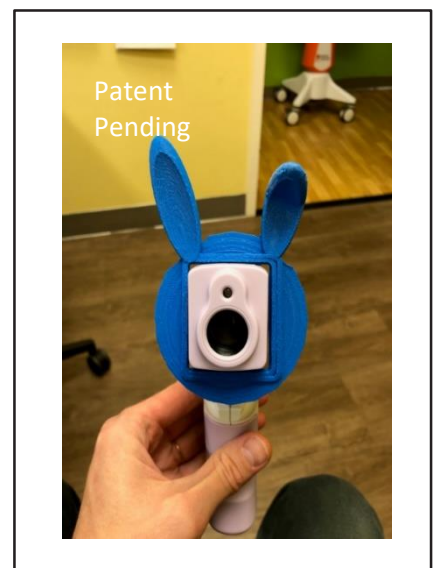
had over 5 responses

Best Practice Sharing

Through our webinars, Basecamp messages and open forums, we have had many avenues for members to learn and implement best practices. Below are two projects from member hospitals have shared with the members to facilitate new ideas for adapting to COVID regulations and changes

Innovative Ideas: Thermometer

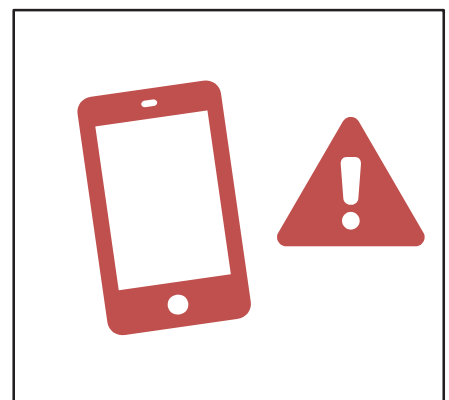
Children's Hospital Colorado (CHCO) shared their creation of **custom 3D printed thermometer covers** (patent pending) to make COVID-19 temperature screening less daunting for patients and families. With the covers in place, the thermometers are transformed to depict fun shapes, such as flowers and bunny ears, which makes getting your temperature taken less intimidating and much more fun for younger patients.



Patient Experience Survey Questions: Feeling Safe

Children's Hospital of Atlanta (CHOA) shared with the Collaborative that they added a survey question on what would make parents and their children feel safe when returning to the hospital. Other hospitals like Cincinnati Children's Hospital also added this question and compared their research with CHOA to validate key components.

- Key Components: Staff wearing masks and evidence of area being cleaned
- Family quotes shared with families
- Hospital Policies modified based off feedback



Steering Committee Members (3-year terms)

Pediatric Collaborative Experience

Aniqa Mian, MPH

Tiffany Messer, MEd (Parent Co-chair)

Boston Children's Hospital

Lisa Rubino, MBA

Sara Toomey, MD (Co-Chair)

Children's Hospital of Philadelphia

Alan Cohen, MD

Brooke Rothman, MS

Anna M. Spraycar, MSOD

Cincinnati Children's Hospital

Samuel Hanke, MD, MBA

David Krier, MHA

Linda Nourse

Dayton Children's Hospital

Shehzad Saeed, MD

Amy Thorson, MBA

Seattle Children's Hospital

Harris Baden, MD

Julija Gelazis, MBA

Elizabeth Nicklos

Operations Team Members

Pediatric Collaborative Experience

Aniqa Mian, MPH

Boston Children's Hospital

Lisa Rubino, MBA

Children's Hospital of Philadelphia

Brooke Rothman, MS

Cincinnati Children's Hospital

Linda Nourse

Dayton Children's Hospital

Joe McCann

Kathleen Matic, M.D., FAAP

Seattle Children's Hospital

Elizabeth Nicklos

Financials

In response to COVID-19, the Steering Committee extended the annual dues of \$10,000 to cover two years of membership.

A total of \$110,000 dues were collected for FY20/21. \$20,000 were returned to three hospitals for hosting previous conferences.

There was a total of \$63,000 in expenses which included consulting fees, project management support, and miscellaneous expenses.