

Catalyst Conversation: Children's Hospitals

Session Discussion Notes & Summary Guide

1. Proactive Prevention Programs & Child Safety Initiatives

Discussion Question: *What proactive prevention programs or child safety initiatives is your organization implementing to keep children healthy and out of the hospital entirely?*

- **Injury Prevention & Safety Education:**

- Organizations like Loma Linda, Dayton Children's, and Nationwide Children's run safety programs covering car seat safety, sun safety, swimming/water safety, bike safety, and seasonal boating safety.
- Programs include injury prevention centers, car seat giveaways, and proper installation classes.

- **Mental Health & Social Navigation:**

- Nationwide Children's operates mental health foundations and provides content to parents and schools regarding social media navigation, addressing how teens interact online, and managing social topics via emails and newsletters.
- Other initiatives involve pediatric health chat bots to combat misinformation and answer the most common parenting questions, alongside specialized injury prevention efforts.

- **Community Outreach & Engagement:**

- Utilizing community health workers to staff events and partner with Medicaid Accountable Care Organizations (ACOs) (e.g., Children's National having 400k attributed lives).
- Partnering with local libraries for art-based learning programs, hosting community events like festivals/fairs with food trucks and car draws, and engaging Girl Scouts on safety education.

2. Managing Urgent Care & Emergency Department Growth (Throughput & Capacity)

Discussion Question: *What innovative strategies or clinical models is your hospital using to manage urgent care and emergency department growth, particularly around optimizing patient throughput and capacity?*

- **Innovative Urgent Care Models:**
 - Implementing advanced urgent care models (such as operating until 9 PM, connecting patients directly to primary care providers, and utilizing adult providers).
 - Structuring urgent care across a 4-tier model (critical care, emergency care, urgent care, and primary care).
- **ED Throughput & Communication Tools:**
 - Using "Kids Express" (open 10 AM–8 PM with nurse practitioners) to manage low-acuity walk-ins and reduce ER wait times.
 - Deploying online wait times, "save my place" appointment pre-sets, and Triage-in-ED communication strategies to set expectations and reduce walkaways.
- **Managing Demand and Balancing Capacity:**
 - Addressing the "balloon physics" challenge of urgent care vs. ED usage—educating patients on where to go to avoid cannibalizing emergency resources.
 - Implementing scheduling updates on wait times (using campaigns like TikTok "Which way do I go?") to improve patient flow and decrease time to care.

3. Evolving Partnership Strategies & Referral Pipelines

Discussion Question: *How is your organization evolving its partnership strategies with community providers, schools, and rural outreach networks to maintain strong subspecialty referral pipelines?*

- **School-Based Partnerships & Telehealth:**
 - Partnering with school districts (like Salina ISD and Baltimore City schools) to offer telehealth appointments, behavioral health in schools, and school-based physicals.
 - Providing CHOP partners and organizations with in-home asthma checks (Community Asthma Prevention Program) and rehab services in the home.
- **Athletic Training & Rural Outreach:**

- Partnering with schools for sports medicine by placing athletic trainers in schools, creating a virtuous cycle where schools are easy to work with and push out newsletters.
- Deploying consultancy programs and transport/mobile health programs (such as Stony Brook's mobile dental unit) to serve rural and underserved counties.
- **Physician Outreach & Subspecialty Pipelines:**
 - Engaging physician liaison teams, conducting market referral surveys, and utilizing advisory groups and Doximity channels.
 - Partnering with EMS providers, conducting provider consults on holidays, and engaging with specialized networks (such as MD Anderson's integration with West Texas) to sustain referral pipelines.