

Children’s Health Plan FINAL

Slide 1 – Title - **Children’s Health Plan For the State of Tennessee FINAL**

Slide 2 – Introduction

- Final versions of the following Plans were requested by the State of Tennessee in the September 18, 2017 Terms of Certification, and were subsequently submitted on July 31, 2018. Feedback from multiple meetings and conversations with the state has been incorporated into these Plans.
  - Behavioral Health Plan
  - Children’s Health Plan
  - Rural Health Plan
  - Population Health Plan
- The content of these Plans is consistent with requirements as outlined in the Terms of Certification governing the Certificate of Public Advantage and represent those actions to be taken by Ballad Health deemed by the State of Tennessee to constitute public benefit.

Slide 3 – Spending Requirements

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total:
Expanded Access to HealthCare Services	Behavioral Health Services	\$ 1,000,000	\$ 4,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 85,000,000
	Children’s Services	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 27,000,000
	Rural Health Services	\$ 1,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 28,000,000
Health Research and Graduate Medical Education		\$ 3,000,000	\$ 5,000,000	\$ 7,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 85,000,000
Population Health Improvement		\$ 1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 7,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 10,000,000	\$ 75,000,000
Region-wide Health Information Exchange		\$ 1,000,000	\$ 1,000,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000	\$ 8,000,000
<b>Total:</b>		\$ 8,000,000	\$ 17,000,000	\$ 28,750,000	\$ 33,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 36,750,000	\$ 308,000,000

Slide 4 – Important Dates

Plans Due in First Six Months (July 31, 2018)

- Behavioral Health Plan\*
- Children’s Health Plan\*
- Rural Health Plan\*
- Population Health Plan\*
- Capital Plan

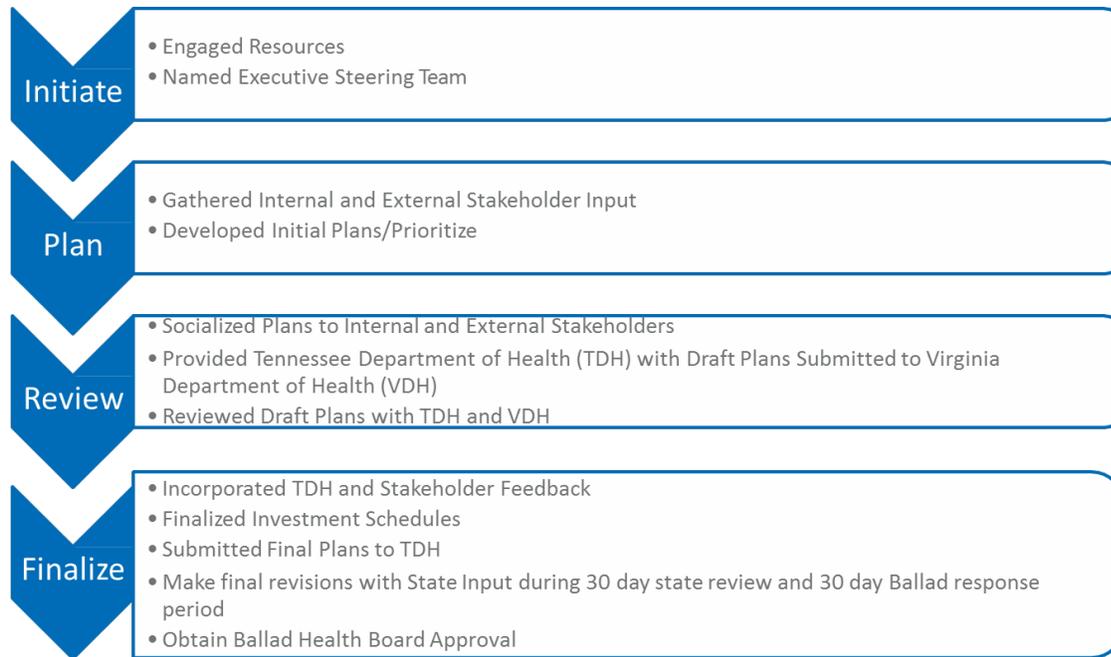
Plans Due in First Twelve Months (January 31, 2019)

- HIE Plan
- Health Research/Graduate Medical Education (HR/GME Plan)

*\* Consistent with The Commonwealth of Virginia Department of Health request, Ballad previously submitted draft versions (on June 30, 2018) of these Plans and provided those copies to the State of Tennessee. This document presents the final versions of these plans, incorporating feedback received*

*from the State following review of the draft submissions during an on-site meeting at Ballad's corporate offices on July 10, 2018, submission of the updated plans on July 31, 2018, and a second review session at the Tennessee Department of Health offices on August 10, 2018.*

#### Slide 5 – Process for Plan Development



#### Slide 6 – Process and Participation for Plan Development

In developing these plans, Ballad has referenced previously developed plans and analyses and solicited extensive stakeholder input including:

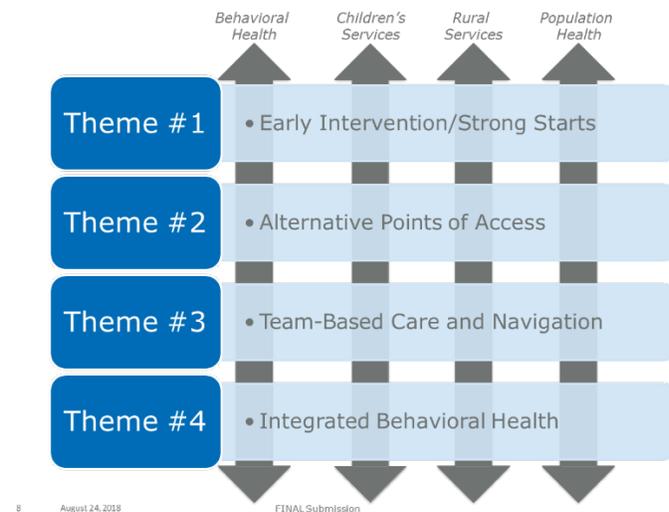
- Reviewing the following documents and plans:
  - Tennessee State Health Plan
  - Key Priorities for Improving Health in Northeast Tennessee and Southwest Virginia: A Comprehensive Community Report <sup>1</sup>
  - Legacy WHS and MSHA Community Health Needs Assessments
- Conducting approximately individual 150 interviews
- Holding approximately 40 meetings with external groups
- Convening the Population Health Clinical Committee
- Presenting the plan overview to a number of Ballad community boards in Tennessee and in an open meeting in Kingsport

#### Slide 7 - Process and Participation for Plan Development (continued)

- Convening the Accountable Care Community Steering Committee
  - Healthy Kingsport and United Way SWVA were selected through an RFP process to co-manage this effort for both TN and VA
  - Obtained cross-state participation in initial meeting with discussion of metrics with special focus on those most amendable to community intervention
  - Conducting bi-weekly calls with lead organizations

- Provided draft Virginia plans to the State of Tennessee on June 30, 2018. Additionally, Ballard representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on July 10, 2018 to review and discuss the draft plans. Feedback from that meeting and subsequent communications were incorporated into the July 31, 2018 plan submissions.
- Ballard representatives and representatives from the State of Tennessee and the Virginia Commonwealth met on August 10, 2018 to review and discuss the July 31 version of the plans. Feedback from that meeting has been incorporated into this submission.

Slide 8 – Strategic Themes Across All Plans



Slide 9 - Strategic Themes Across All Plans (continued)

1. **Early intervention and strong starts**
  - Efforts will be designed around the concept of primary, secondary and tertiary prevention, with a special population focus on children.
  - Example: Prevent cervical cancer through HPV vaccinations AND detect in early stages through effective screening.
2. **Alternative Points of Access**
  - Preventive and acute services must be easily accessible by the population and designed with their preferences and limitations in mind.
  - Example: Mobile blood pressure and diabetes screening co-located at food assistance delivery sites.

Slide 10 - Strategic Themes Across All Plans (continued)

3. **Team Based Care and Navigation**
  - Care teams should be designed around the needs of the whole person and include perspectives and skills from pharmacists, social workers, community health workers, navigators and case managers.
  - Example: Embed behavioral health navigators in primary care practices to link patients with necessary behavioral health services at Ballard Health and our CSB partners.
4. **Integrated Behavioral Health**

- We should design a behavioral health perspective into all care processes and systems.
- Example: Perform Screening, Brief Intervention and Referral to Treatment on ED and Inpatient admits to identify behavioral health risk and initiate treatment in patients regardless of their presenting problem.

#### Slide 11 – Table of Contents for Each Plan

- Plan Overview
  - TN Certificate of Public Advantage Requirements
  - Key Metrics Assessed
  - Key Strategies
  - Crosswalk to Conditions
  - Investment Plan
  - Existing Partnerships and Collaborations
- Strategic Approach
- Implementation Roadmap

#### Slide 12 – Title - Children’s Health Plan – 1. Plan Overview

#### Slide 13 – Plan Overview –TN COPA Children’s Health Plan Requirements

1. Facilitate recruitment of pediatric sub-specialists in accordance with Niswonger Children's Hospital physician needs assessment
2. Develop Comprehensive Regional Pediatric Center at Niswonger, develop emergency rooms (with pediatric capabilities) in Kingsport, TN and Bristol, TN
3. Deploy pediatric telemedicine and/or rotating pediatric specialty clinics in Rural Hospitals, to achieve quick diagnosis and treatment of children in the Service Area in the right setting in close proximity to patients’ homes.

#### Slide 14 – Plan Overview – Children’s Health Plan Key Metrics

- C6: Pediatric Readiness of Emergency Department
- C8: Specialist Recruitment and Retention
- C17: Asthma ED Visits - Age 0-4
- C18: Asthma ED Visits - Age 5-14

#### Slide 15 – Plan Overview – Strategies for the 3-Year Children’s Health Plan

- **Strategy #1:** Develop Necessary Ballard Children’s Health Services Infrastructure
- **Strategy #2:** Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol
- **Strategy #3:** Develop Telemedicine and Rotating Specialty Clinics In Rural Hospitals
- **Strategy #4:** Recruit and Retain Subspecialists
- **Strategy #5:** Assess, align and continuously evaluate pediatric trauma needs across the system

Slide 16 - Plan Overview – Strategies Related to TN COPA Children’s Health Plan Requirements

TN COPA Requirement	1. Children’s Health Infrastructure	2. ED Capabilities: Kingsport/ Bristol	3. Telemedicine and Specialty Clinics	4. Recruit/ Retain Subspecialists	5. Assess, align and continuously evaluate pediatric trauma needs across the system
1. Facilitate recruitment of pediatric subspecialists in accordance with Niswonger Children's Hospital physician needs assessment			Y	Y	Y
2. Develop Comprehensive Regional Pediatric Center* at Niswonger, develop emergency rooms (with pediatric capabilities) in Kingsport, TN and Bristol, TN  (* Request made to remove CRPC from the Terms of Certification)		Y		Y	Y
3. Deploy pediatric telemedicine and/or rotating pediatric specialty clinics in Rural Hospitals, to achieve quick diagnosis and treatment of children in the Service Area in the right setting in close proximity to patients’ homes.			Y	Y	

Slide 17 – Plan Overview – Children’s Health Plan Estimated Investment Summary (Amounts not adjusted from original Plan)

Children's Health Plan	Year 1		Year 2		Year 3		Year 1-3 Total	
	Low	High	Low	High	Low	High	Low	High
#1 - Develop Necessary Infrastructure	\$130,000		\$270,000		\$280,000		\$680,000	
#3 - Develop Telemedicine and/or Rotating Specialty Clinics in Rural Hospitals	See Rural Health Plan							
#4 - Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol	\$410,000		\$130,000		\$270,000		\$810,000	
#5 - Assess, align and continuously evaluate pediatric trauma needs across the system	\$410,000		\$650,000		\$660,000		\$1,720,000	
<b>Sub-Total</b>	<b>\$950,000</b>		<b>\$1,050,000</b>		<b>\$1,210,000</b>		<b>\$3,210,000</b>	
#2 - Recruit and Retain Subspecialists	\$50,000	\$1,400,000	\$950,000	\$3,880,000	\$1,790,000	\$6,650,000	\$2,790,000	\$11,930,000
<b>Total</b>	<b>\$1,000,000</b>	<b>\$2,350,000</b>	<b>\$2,000,000</b>	<b>\$4,930,000</b>	<b>\$3,000,000</b>	<b>\$7,860,000</b>	<b>\$6,000,000</b>	<b>\$15,140,000</b>

<i>Underspend from FY 19 of \$239,000 spent on FY 20 or FY21 expenses</i>		<b>\$239,000</b>		
<i>COPA-Mandated Minimum Expenditures</i>	<i>\$1,000,000</i>	<i>\$2,000,000</i>	<i>\$3,000,000</i>	<i>\$6,000,000</i>

## Slide 18 – Plan Overview – Existing Partnerships and Collaborations

### **Project ECHO**

- This initiative involves partnership with East Tennessee State University (“ETSU”). In order to provide gap coverage and help decrease the work burden of our single providers, there has been a series of educational offerings to the rural pediatric providers. The first subspecialty explored was pediatric neurology. The Pediatric Neurologist is currently employed through a physician service agreement with ETSU and Legacy Mountain States Medical Group, and has developed educational materials for physicians in the community, enabling them to treat lower acuity neurologic conditions in their office. She has also developed treatment protocols for these conditions and those have been shared with the community providers as well.
- Next steps:
  - Continue to work with ETSU to offer educational sessions and CME credits to the community providers.
  - Expand the project to include other subspecialties, targeting 2 projects per year over the next 3 years.
  - Provide the educational information to the local emergency departments.
  - Augment the program with telemedicine services for the providers.

## Slide 19 – Plan Overview – Existing Partnerships and Collaborations

### **Families Thrive**

- Families Thrive is operated within Niswonger Children’s Hospital (NsCH) through a local non-profit organization called Families Free, which specializes in addiction services for women. The program works in conjunction with the special care unit developed to serve babies experiencing neonatal abstinence syndrome. Families Thrive offers counseling services for moms who have babies in the hospital, relaxation activities, workshops geared toward the development of positive coping skills, and parenting classes. In preparation for discharge from the hospital, the counselors work to ensure that the moms are also linked in with community resources for a continuation of services.

### **Trauma-Informed Hospital**

- Development in conjunction with ETSU department of psychology and Johnson City Police Department. Many patients and families visiting facilities for acute care services also experience some form of stress or trauma. This is particularly true for pediatric patients. Establishing NsCH as a trauma-informed hospital will offer the opportunity to better meet the emotional and behavioral needs of patients and families. The Children’s Resource Center within NsCH is working on this trauma- informed hospital initiative as part of its strategic plan.
- For example, the NsCH clinical team is evaluating Adverse Childhood Events (“ACEs”) screening tools to identify patients and families in need of trauma-informed care.

## Slide 20 – Plan Overview – Existing Partnerships and Collaborations

### **School Partnerships**

- Acute care telemedicine appointments are currently offered in 66 schools throughout Tennessee (*See Exhibit A*). This program works in conjunction with Niswonger Children’s Hospital, Ballard Health urgent care, and the technology company, eMD Anywhere. This program allows efficient access to care for children at school in an effort to decrease absenteeism rates and ensure children receive sick care. Ballard is currently discussing ways to expand this program in the schools to include crisis behavioral health services and behavioral health visits. Ballard will also work closely with the Tennessee Coordinated School Health program to provide educational opportunities for school nurses. There will be an annual conference that focuses on care issues that affect their role in schools.

### **Pediatric Advisory Council**

- Ballard currently utilizes a multispecialty physician led clinical council to address all aspects of care improvement. As a subset of this council, Ballard is in development stages for a regional pediatric advisory council. This council will be led by the pediatric service line leader for Ballard and will include membership of physicians throughout the region. The role of this council will be to advise on decisions related to local children’s health initiatives. This approach will allow Ballard to develop a care delivery model for the region that is comprehensive and utilizes community resources to their maximum potential.

## Slide 21 – Plan Overview – Existing Partnerships and Collaborations

### **Philanthropy in Support of Niswonger Children’s Hospital**

- Because of the increased funding needed to support pediatric subspecialists, the Ballard Foundation is currently developing a plan for a capital campaign that allows Ballard the opportunity to endow positions for our physicians. (*See Exhibit B for Future Business Plan*)
- The Foundation is also developing a sustained giving campaign that will provide ongoing funds for physician support as well as equipment and supplies needs. This plan does include renovation efforts for the facility which involves Niswonger operating room space and the neonatal intensive care space.
- Ballard is also evaluating expansion of the physician clinic space as an effort to house all the subspecialty practices in a common location. This will help provide seamless visits for patients with complex medical needs.
- In the past, the legacy MSHA Foundation supported many capital needs at Niswonger Children’s Hospital:
  - The initial campaign which funded the construction of the space now housing the Niswonger Children’s Hospital on the Johnson City Medical Center campus
  - \$500,000 in support of the neonatal abstinence services unit, opened in May 2017
  - \$500,000 in support of the new Children’s Resource Center – providing outreach programs to the community
  - Support for significant equipment purchases such as the new “smart pump” technology that provides safer medication delivery for children

Slide 22 – Title – Children’s Health Plan – 2. Strategic Approach

Slide 23 – Strategic Approach – Strategy 1 – Develop Necessary Children’s Health Infrastructure

**Why**

- Building a coordinated children’s health program across Ballad Health’s service area and expanding Ballad’s pediatric clinical capabilities will require a core support infrastructure, including additional leadership and partnerships.

**How**

- **Internal/Management**
  - Effective with the merger, Ballad Health appointed an Assistant Vice President for Pediatric Services
  - Project Management Support
    - Work with corporate EPMO on the best model for support
    - Develop overall plan to achieve adequate project management support for the regions pediatric services
  - Elevation level of support
    - Nursing director will change to Assistant Vice President
    - Quality manager will change to Quality Director
  - Additionally, Ballad Health will be recruiting additional resources, including:
    - Pediatric Chief Medical Officer
    - Project Administrator
    - Clinical Data Analyst
    - Clinical Specialist
    - Clinical Coordinator
    - Pediatric Operating Room Manager
    - Health Promotion Coordinator
    - Complex Care Coordinator (2.0 FTE)
    - Child Life Specialist
- **Community and Other Resources**
  - Ballad Health will continue to build on existing relationships with other Children’s Hospitals.

Slide 24 – Strategic Approach – Strategy 1 – Develop Necessary Children’s Health Infrastructure

**How (continued)**

- **Community and Other Resources (continued)**
  - Ballad Health will continue to build relationships with community resources focused on pediatric health, including private practitioners, community organizations, and local and state governments.
    - Assist with funding the construction of the Miracle Field facility in Kingsport, Tennessee. This facility will make available to children with disabilities activities to promote physical activity, inclusion and other activities to promote health.

- One such relationship effort will include the establishment of a Pediatric Advisory Council with Ballad and non-Ballad pediatricians to establish clinical protocols for inpatient, emergency department, urgent care and outpatient initiatives.
- The council's initial priority will be the implementation of standardized clinical care protocols for children with asthma.
  - A Ballad Medical Associates pediatric group is currently participating in a project with the Pediatric Healthcare Improvement Initiative of Tennessee (PHiIT). The learnings from this collaboration should provide a basis for revising and standardizing current protocols. (*See Exhibits C and D*)
  - The council will also explore opportunities to collaborate with other resources, such as working with Coordinated School Health staff to ensure asthma home plans are on file at the schools.

Slide 25 – Strategic Approach – Strategy 1 – Develop Necessary Children's Health Infrastructure

**Metrics Addressed**

- C17: Asthma ED Visits - Age 0-4
- C18: Asthma ED Visits - Age 5-14

Slide 26 – Strategic Approach – Strategy 2 – Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

**Why**

- Establishing pediatric specialty centers and ED capabilities in Kingsport and Bristol will allow pediatric patients to receive care closer to home.

**How**

- Complete necessary renovations to one of Ballad Health's Kingsport hospitals and to Bristol Regional Medical Center in order to better accommodate pediatric patients and their families.
  - Ballad Health is currently studying the region's trauma needs and anticipates completion of this engagement by July 31, 2018.
  - Once complete, Ballad Health will be able to designate which emergency room in Kingsport will include the pediatric capabilities.
  - Ballad Health anticipates completing necessary facility renovations in Kingsport and Bristol within the 2019 fiscal year.
- Expand dedicated emergency medicine provider coverage for pediatrics to ensure 24/7 coverage.
- Implement operational changes including the development of a dedicated pediatric triage line, urgent care triage protocols, and transfer protocols to Niswonger ED.

Slide 27 – Strategic Approach – Strategy 2 – Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol

**Metrics Addressed**

- C6: Pediatric Readiness of Emergency Department
- C8: Specialist Recruitment and Retention

**Potential Barriers to Success**

- The primary barrier to establishing expanded pediatric ED capabilities will be the availability of pediatric specialists for coverage.

**Potential Mitigation Tactics**

- Identify new opportunities to partner with other Children’s Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- Utilize pediatric telehealth to expand access to limited resources
- Utilize pediatric readiness assessment data to ensure that all Ballad ED’s are equipped to provide emergency care for the children of the region

*Metrics from Exhibit C, per the Tennessee Terms of Certification Governing the Certificate of Public Advantage, September 18, 2017*

Slide 28 - Strategic Approach – Strategy 3 – Develop Telehealth and Rotating Specialty Clinics in Rural Hospitals

**Why**

- Access to Pediatric care through telemedicine and/or rotating clinics allows Niswonger specialty capabilities to expand to serve the pediatric populations in more rural areas of the region.

**How**

- Pediatric telehealth gaps will be addressed through the installation of comprehensive telehealth equipment at all Ballad Health EDs (see Rural Health Plan). This will allow connectivity to Niswonger Children’s Hospital from all Ballad Hospital EDs.
- In addition to the expansion of telehealth to all Ballad Health EDs, Ballad will also expand pediatric access to telehealth services for those in the service area unable to travel to a Niswonger pediatric specialty location. Such access will be provided through locations established at rural hospitals and Ballad Medical Associates locations.

Slide 29 - Strategic Approach – Strategy 3 – Develop Telehealth and Rotating Specialty Clinics in Rural Hospitals

**How (continued)**

- Additionally, Ballad Health is committed to participating in other provider/academic partnership agreements as necessary to achieve this Plan. Ballad Health currently enjoys partnership with ETSU, among others, and is committed to exploring similar affiliation opportunities with Vanderbilt University and Cincinnati Children’s Hospital and with institutions in Virginia, such as the University of Virginia Health System (“UVA”) and Virginia Commonwealth University (“VCU”).
- Niswonger Children’s Hospital will evaluate opportunities to leverage existing telemedicine services within select TN school systems to provide behavioral health counseling services (*see Exhibit A for listing of existing telemedicine sites*). Expansion opportunities may include increasing the number of schools with access to these telemedicine services (4 new schools are currently considering initiating the service) and the potential placement of behavioral health counselors within school district zones to maximize coverage. Initial conversations with local TN school representatives indicate strong support for such coverage. Currently, Ballad is:
  - Working with local partners to frame the service
  - Evaluating programs in Georgia and Massachusetts to determine how the services can be integrated in the schools
  - Developing a financial plan for counselors to be provided for each school system

- Exploring expansion of the use of current telemedicine services in schools to include behavioral health services
- Evaluating inpatient support options utilizing telehealth
  - PICU
  - Inpatient consults
  - Radiology
  - Anesthesia coverage

Slide 30 - Strategic Approach – Strategy 3 – Develop Telehealth and Rotating Specialty Clinics in Rural Hospitals

**Potential Barriers to Success**

- Development of telemedicine and/or rotating specialty clinics is dependent on access to needed pediatric subspecialists.

**Potential Mitigation Tactics**

- Identify new opportunities to partner with other Children’s Hospitals through coverage agreements, co-recruiting of telemedicine and other options

Slide 31 - Strategic Approach – Strategy 3 – Develop Telehealth and Rotating Specialty Clinics in Rural Hospitals

**Other Considerations**

- The Rural Health Plan includes incremental investments into telehealth services. See additional details in Rural Health Plan
- Ballad Health continues to explore opportunities to partner with other providers to provide additional access points through the use of telehealth services

**Metrics Addressed**

- C6: Pediatric Readiness of Emergency Department
- C8: Specialist Recruitment and Retention

Slide 32 - Strategic Approach – Strategy 4 – Recruit and Retain Subspecialists

**Why**

- Access to pediatric subspecialists meets community need and supports CRPC certification.

**How**

- Recruit or partner for access to pediatric subspecialists, guided by Niswonger provider workforce needs assessment (*see Exhibit E for Future Business Plans and Exhibit F for Pediatric Sub- Specialty Locations*), established referral patterns, coverage requirements necessary for trauma needs, and other market conditions.
- Survey employed pediatric subspecialists to understand perception of workload, satisfaction, and perceived needs to help retention and support recruiting efforts.
- Reassess (at least every three years) workforce analyses to ensure recruiting and retention remain focused on community need areas.
- Explore relationship with East Tennessee State University (“ETSU”) and East Tennessee Children’s Hospital (“ETCH”) to support Niswonger pediatric subspecialty coverage. Additionally, explore relationships with the University of Virginia (“UVA”) and Virginia Commonwealth University (“VCU”) to develop pediatric subspecialty access points in Virginia. (*See Exhibit G for Future Business Plans*)

Slide 33 - Strategic Approach – Strategy 4 – Recruit and Retain Subspecialists

**Metrics Addressed**

- C8: Specialist Recruitment and Retention

**Potential Barriers to Success**

- Timing and complexity of negotiating affiliation coverage agreements with external entities
- The primary barrier to implementation of this strategy is the ability to recruit pediatric subspecialists - who are in high-demand nationally

**Potential Mitigation Tactics**

- Identify new opportunities to partner with other Children’s Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- The Behavioral Health Plan will include focus on team-based care models in pediatric practices and on recruiting behavioral health specialists, including psychiatrists

Slide 34 - Strategic Approach – Strategy 4 – Recruit and Retain Subspecialists

Specialty	Incremental FTEs
Pediatric Surgery	2.0
Pediatric Gastroenterology	1.0
Pediatric Pulmonology	2.0
Pediatric Neurology	1.0
Pediatric Urology	1.0
Pediatric Critical Care/Intensivist	1.0
Child Abuse	0.5
<b>Total</b>	<b>8.5</b>

- There are many variables which affect the ability to recruit pediatric subspecialists. The availability of physicians throughout the country is an ongoing challenge as supply continues to diminish. Serving a predominantly rural area requires a focus on the volume needed in a particular specialty to provide safe clinical care. In the areas of coverage gaps, Ballard Health and Niswonger Children’s Hospital ensures that there are transfer agreements in place with facilities which offer services not available in our region. We also work closely with individual providers

to refer patients to the appropriate outpatient clinic in other areas based on patient preference and clinical need.

Subspecialty coverage will be continually evaluated based on volume, gaps, and overall regional needs. A yearly recruitment strategy will be developed based on those coverage needs.

Slide 35 - Strategic Approach – Strategy 5 – Assess, align and continuously evaluate pediatric trauma needs across the system

### **Why**

- Niswonger Children’s Hospital is the de facto pediatric trauma center for the region. Being able to treat and stabilize pediatric trauma is necessary due to the distance from the closest CRPC.

### **How**

- Recruit and retain pediatric subspecialists per Strategy #4
- Address additional operational and service needs as detailed in pediatric trauma gap assessment (e.g., transfer agreements, data tracking, transport team)
- Hire additional administrative and clinical personnel as necessary per pediatric trauma gap analysis
- Assessment of pediatric trauma need
  - Work with adult trauma services on level of care for pediatrics
  - Evaluate services based on state criteria and ACS criteria
- Develop formal plan for child abuse prevention
  - Work with regional resources to solidify approach to child abuse prevention
  - Continue recruitment for child abuse prevention practitioner
- Continue with regional alignment of pediatric services as well as strategic partners to assist with gaps. Explore means for virtual support
- Align local non-profit organizations for support

Slide 36 - Strategic Approach – Strategy 5 – Assess, align and continuously evaluate pediatric trauma across the system

### **Metrics Addressed**

- C6: Pediatric Readiness of Emergency Department
- C8: Specialist Recruitment and Retention

### **Potential Barriers to Success**

- Availability of pediatric specialists for coverage
- Ability to partner with other children’s hospitals for coverage

### **Potential Mitigation Tactics**

- Identify new opportunities to partner with other Children’s Hospitals through coverage agreements, co-recruiting of telemedicine and other options
- Utilize pediatric telehealth to expand access to limited resources

Slides 37 – 41 – Implementation Roadmap – Milestones and Metrics for Measuring Strategies

Slides 42 – 59 – Exhibits

Slide 60 – Future Business Plans