



Joe DiMaggio Children's Hospital

PCTAP Hospital Presentation
January 16, 2025

WELCOME AND INTRODUCTION

I. Introductions:

- Caitlin Stella, CEO, JDCH
- Dr. Frank Scholl, Chief JDCH Heart Institute, Chief Pediatric & Congenital Cardiac Surgery
- Dr. Tom Forbes, Chief Pediatric Cardiology
- Dr. Ryan Moran, Medical Director Cardiac Quality
- Sara Widing, Sr. Director
- Breanna Benitez, Director of Nursing, JDCH Cardiac Services

II. Joe DiMaggio Children's Hospital & Heart Institute Overview

III. Data & Statistics

IV. Quality Improvement Initiative

V. Questions & Answers



JDCH HISTORY & OVERVIEW

History:

- JDCH Opened in 1992 at Memorial Regional Hospital
- Freestanding Hospital Opened 2012
- 4 Floor Vertical Expansion Opened October 2022

Overview:

- Tertiary/Quaternary Referral Center in South Florida
- US News Nationally Ranked – Orthopedics, Neonatology, Behavioral Health
- RPICC (Regional Perinatal Intensive Care Center)
- 3 NICUs (Level 3 &4), 3 EDs & 2 Urgent Care Centers in Broward County
- Over 50+ Pediatric Specialties & Services Offered
- 8 Pediatric Specialty Care Centers – Broward & Palm Beach Counties
- Pediatric Heart & Kidney Transplant Services
- Magnet Designated for Excellence in Nursing, Pinnacle of Excellence Award for Patient Satisfaction
- Children’s Hospitals’ Solutions for Patient Safety – State & National Leadership Roles
- Patient & Family Centered Care Philosophy
- Child Life Zone, Healing Power of Play & Integrative Therapies – Music, Art, Yoga, Gaming, Canine, etc.



JDCH HISTORY & OVERVIEW

Metrics:

- 216 Beds, including 20 bed cardiac specialty floor
- 252 total neonatal/pediatric beds in Memorial Healthcare System – Level 3 NICU beds at Memorial West & Memorial Miramar
- 375,000+ pediatric patient encounters each year
- 160,000+ hospital-based outpatient visits/diagnostics
- 86 Pediatric Heart Transplants since December 2010
- 27 Pediatric Kidney Transplants since July 2018
- Deliveries = ~60% of births in the market

Current Projects:

- Memorial Regional Hospital – State-of-the-Art Expansion of Mother Baby Unit including Antepartum & High-Risk Services
- Expansion of Children’s Services to Memorial Miramar – Women’s & Children’s Pavilion
- Free-Standing Emergency Rooms – Pediatric Services in 3 Locations – 2 with Memorial & 1 with Broward Health
- “Teach by the Beach” Annual Education Symposium for Pediatrics



JDCH HEART INSTITUTE HISTORY

- Founded in 1992, Joe DiMaggio Children's Hospital has been a leader in pediatric healthcare for over three decades.
- Offers and provides the full continuum of care for pediatric & congenital cardiology: fetal cardiology – birth, childhood and adult congenital care.

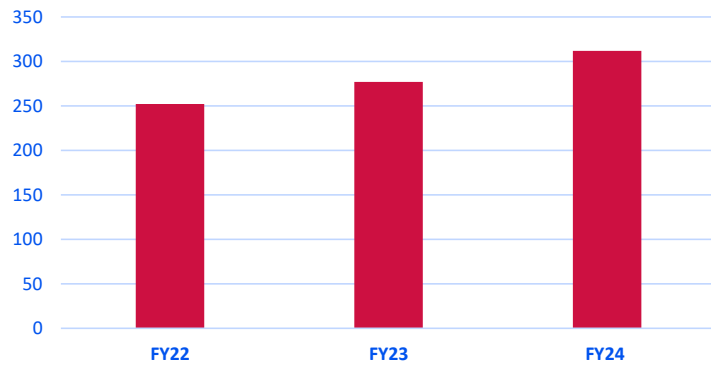
Major milestones:

- 2006 Program began with employment of cardiologists and beginning of Heart Institute
- 2010 Achieved Pediatric Heart Transplant CON & completed first pediatric heart transplant
- 2018 Adult Congenital Heart Disease Accreditation – First in Florida
- 2021 First Pediatric VAD Patient in State to be discharged home
- 2022 Opened Dedicated Cardiac Floor:
 - 20 bed combined CVICU/CVIMCU
 - Centralized Echocardiography Lab
- 2023 Opened 4 Cardiac Procedural Suites including hybrid operating suite and bi-plane imaging with dedicated Pre-op/PACU
- 2023 Re-located CRISP Registry to JDCH as host site for national interventional cardiology registry
- 2024 Opened Hospital-Based Comprehensive Exercise Physiology Lab
- 2025 Acquired 14 Pediatric Ambulatory Cardiologists

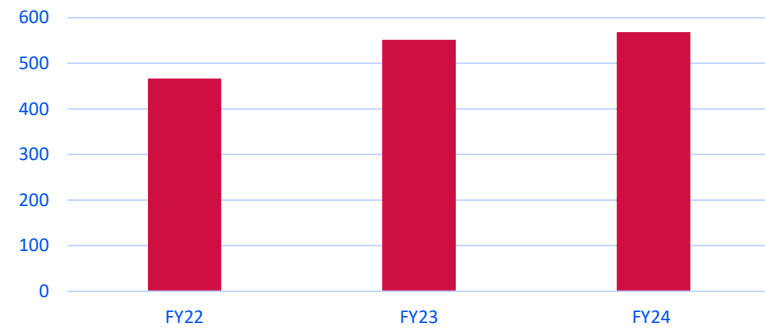


VOLUMES & PATIENT EXPERIENCE

Pediatric & Congenital Heart Operations



Pediatric & Congenital Catheterizations & EP Procedures



- 86 Pediatric Heart Transplants since December 2010
- Continue to trend in the 99th percentile for patient experience
- 2023 – 2024 Press Ganey Pinnacle of Excellence Award



DATA & STATISTICS

Nursing Indicators

National Database Nursing Quality Indicators (NDNQI) Nursing Sensitive Clinical Indicators- CVICU

CVICU		4Q22	1Q23	2Q23	3Q23	4Q23	1Q24	2Q24	3Q24	OUTPERFORMING	
Falls With Injury	Unit rate	0.00	0.00	0.00	0.00	0.67	0.00	0.00	0.00	7/8	Yes
	Benchmark	0.05	0.03	0.05	0.06	0.07	0.04	0.12	0.02		
Hospital Acquired Pressure Injury (HAPI) Stage 2 and Above	Unit Percentage	0.00	0.00	5.88	0.00	0.00	0.00	0.00	0.00	7/8	Yes
	Benchmark	3.41	3.50	4.02	3.42	3.02	2.85	2.36	2.57		
CLABSI	Unit rate	1.01	2.71	0.75	0.00	0.00	0.00	0.00	1.00	7/8	Yes
	Benchmark	1.38	1.33	2.01	1.52	1.13	1.45	1.04	1.50		
CAUTI	Unit rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8/8	Yes
	Benchmark	1.52	0.89	1.73	1.49	1.16	0.89	1.27	1.36		
Device Related Pressure Injury (DRPI)	Unit Percentage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8/8	Yes
	Benchmark	1.55	2.46	1.81	1.88	1.49	1.38	1.04	1.50		

Legend: **Green** = Outperformance for the quarter
Red = Underperformance for the quarter
ND = No data (No line days or No catheter days)
 Ex: 4/8 = unit outperformed 4 of 8 quarters
YES = Unit outperformed a majority of quarters
NO = Unit did not outperform a majority of quarters

Benchmarking Comparison Group = Pediatric Hospital's (Mean)

For Internal Distribution Only



DATA & STATISTICS

Nursing Indicators

National Database Nursing Quality Indicators (NDNQI) Nursing Sensitive Clinical Indicators- CVOR

CVOR		4Q22	1Q23	2Q23	3Q23	4Q23	1Q24	2Q24	3Q24	OUTPERFORMING
Patient Burns	Unit Rate	ND	ND	ND	ND	ND	0.00	0.00	0.00	Not Enough Data
	Benchmark	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.04	
Surgical Errors	Unit Rate	ND	ND	ND	ND	ND	0.00	0.00	0.00	Not Enough Data
	Benchmark	0.00	0.00	0.00	0.05	0.00	0.05	0.00	0.06	

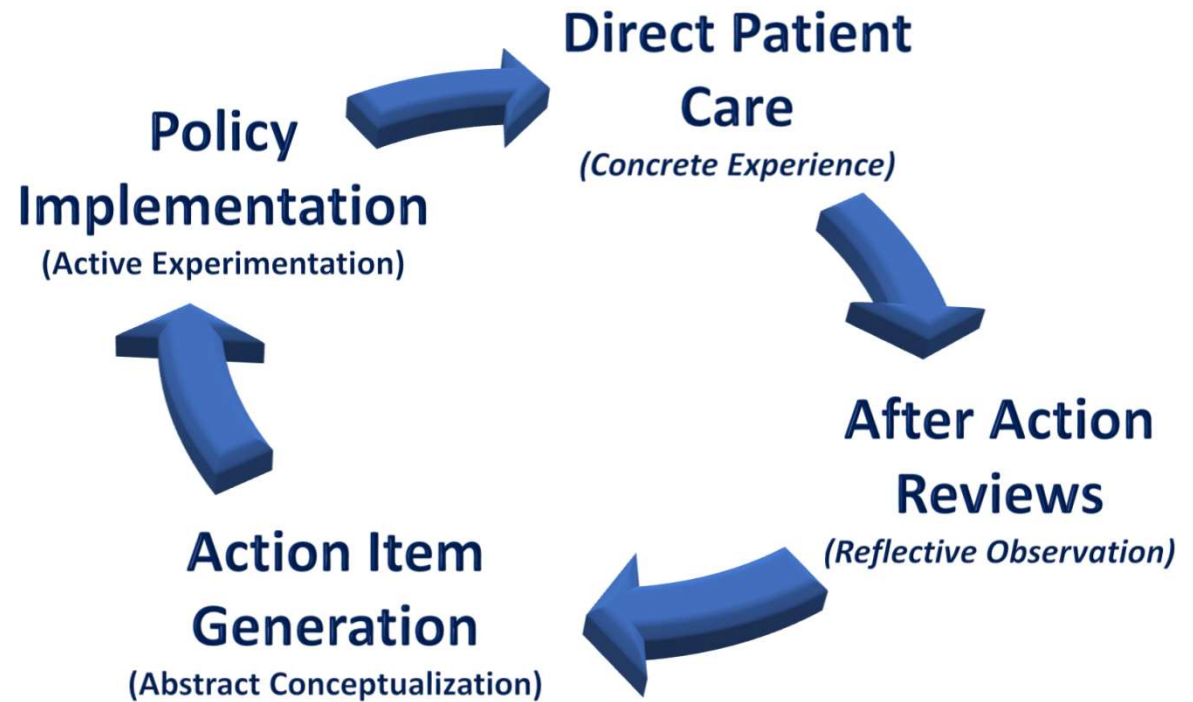
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QUALITY IMPROVEMENT PROGRAM

- Need recognized to develop a unified quality improvement system that:
 - Offers a System of Learning to Promote Process Improvement
 - Through Improved Translation of Data to Action
 - Applies Kolb Adult Learning Theory to Team Based Learning
 - Invests in the Processes Outside of Patient Care to Build Better Services



QUALITY IMPROVEMENT PROGRAM

- **Program Development Since 2019:**

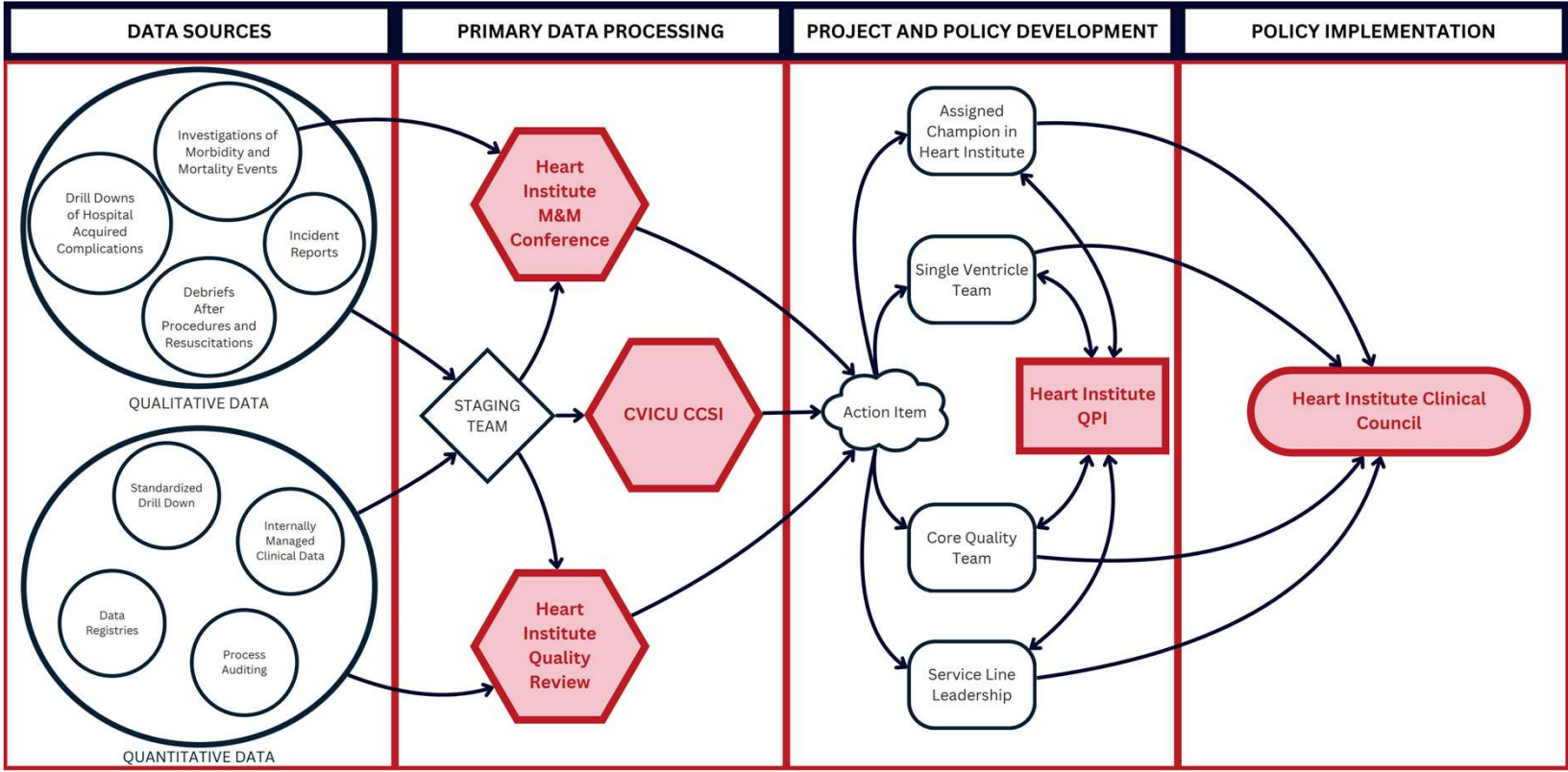
- Participation in Pediatric Cardiac Critical Care Consortium (PC4)
- Development of Strategic Plan for Data Translation into Policy Implementation
- Expansion and Dedication Human Resources to Quality Improvement Activities

- **Heart Institute Quality Team:**

- Dr. Ryan Moran, Medical Director for Quality, PC4 Champion
- Tiffini Joseph, Cardiac Quality Nurse Specialist
- Renikko Aylene, PC4 Data Champion
- Jaclyn Campbell, Senior Clinical Nurse Educator
- Nicole Williams, Nurse Manager
- Breanna Benitez, Director of Nursing



HEART INSTITUTE QUALITY STRUCTURE



QUALITY IMPROVEMENT PROJECTS

CLABSI Example

- **Interprofessional CVL Conference every other week:**
 - Assures a team reviews solely the status of every CVL in the CVICU
 - Provides attention to potential points of failure that require consideration beyond standard preventative measures
 - Provides Cross-Monitoring for Primary Care Team
- **Direct Observation Auditing and Education Program for Maintenance Activities**
 - Provides Education through Direct Feedback
 - Provides Monitoring of Process Measures for both SPS Standard Elements as well as Unit Derived Performance Standards
- **Daily Rounding Checklist**
 - Assures Cue to Action and Compliance with Key Preventative Measures

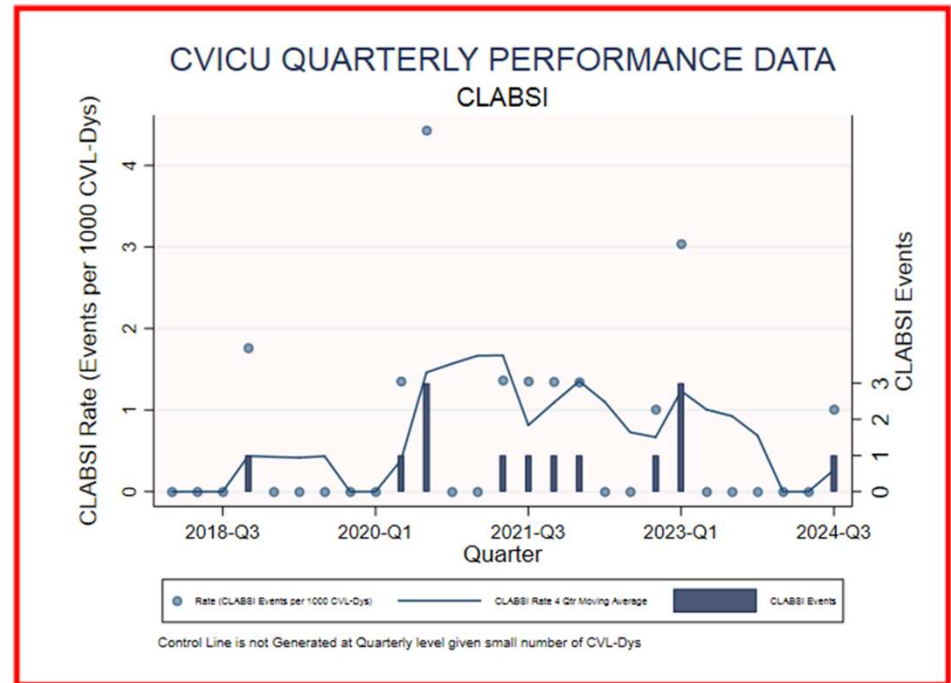


QUALITY IMPROVEMENT PROJECTS

CLABSI Example

Results:

- 135 Direct Observation Activities Since September 2023.
- Improved Compliance with Tubing Disconnections During Accessing Procedures
 - Only Noncompliant 2/11 Events Since May 2024 in comparison to 6/8 Events Prior to May 2024
- CLABSI Rate Outperforming Based on PC4, NDNQI, and SPS metrics over past 2 years
- Had longest period without CLABSI reportable to NHSN this year (557 days)



QUALITY IMPROVEMENT PROJECTS

Failure to Rescue / Surgical Mortality Example

- Pre-emptive Resuscitation Action Plans
- Weekly Conferences to review post-operative Flight Plans and identify patients at risk or deviating from expected clinical course
- Patient Safety Huddles
- Delirium Surveillance Process



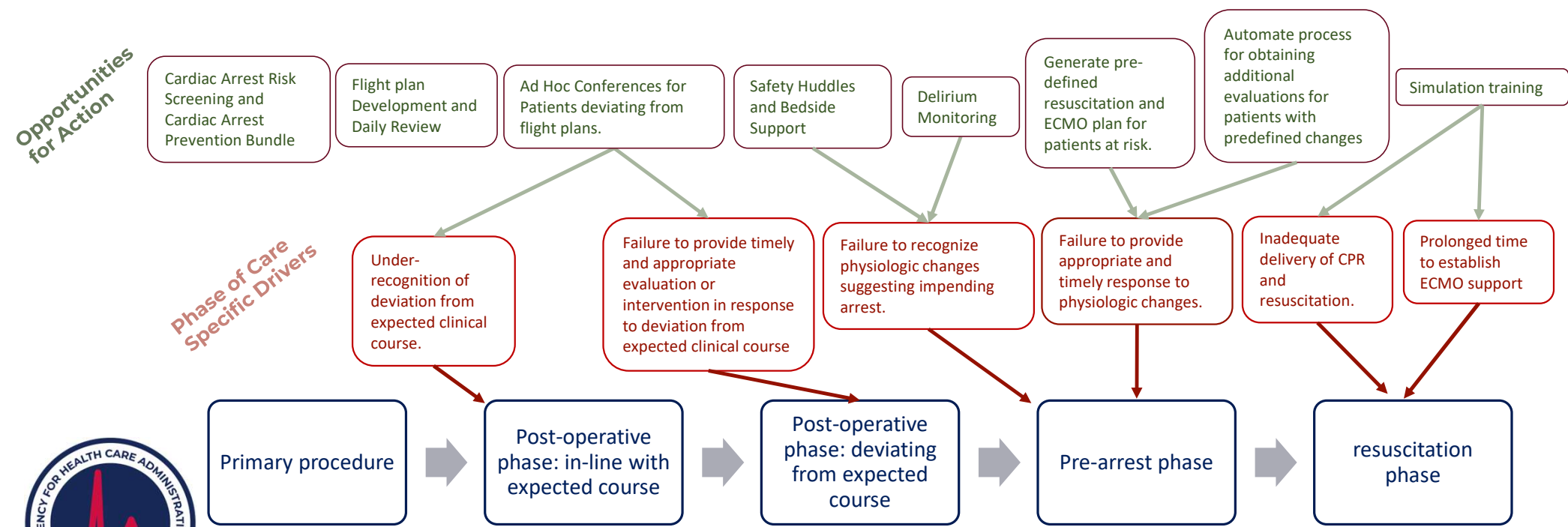
Launched 1st Meeting Feb2024



QUALITY IMPROVEMENT PROJECTS

Failure to Rescue / Surgical Mortality Example

Comprehensive Mapping of Processes, Drivers and Points of Action for Surgical Mortality in Post-operative Course



QUALITY IMPROVEMENT PROJECTS

Failure to Rescue / Surgical Mortality Example

Results: 50% reduction in risk adjusted surgical in-hospital mortality for 2024 to date (PC4).

SURGICAL PROGRAM RISK ADJUSTED METRICS [SURGICAL IN-HOSPITAL MORTALITY]			
	RATE	NUMERATOR	DENOMINATOR
BEFORE 2024	4.86	28	637
2024 TO DATE	2.38	3	152
CICU POST OP QUALITY RISK ADJUSTED METRICS [CICU SURGICAL MORTALITY]			
BEFORE 2024	3.63	25	643
2024 TO DATE	2.53	3	152



QUALITY IMPROVEMENT PROJECTS

Norwood Example

- Internal Investigations:
 - Extensive Retrospective Review of Prior Surgical Cases
 - Analysis of:
 - Patterns Related to Mortality and Deterioration
 - Pre-Operative Risk Factors
 - Post-operative Courses for High Performers
- Process and Carepath Development:
 - Comprehensive Care path for the post-operative management of the Norwood Procedure
 - Pre-surgical Planning for HLHS
 - Changes to Surgical Approach
 - Post-operative in-OR huddle and review of hemodynamics.
 - Extensive Post-operative carepath with decision support tool for first 24 hours.
- Results:
 - 4 Norwood Procedures since starting implementation of quality initiatives, all surviving to discharge.



Q&A AND FEEDBACK



CONTACT INFORMATION



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