Achieving the Optimal Patient and Family Experience
2018 National Expert Advisory Panel
Letter from the Executive Director

Executive Director

We are pleased to share the proceedings from our fourth annual meeting of the Sala Institute for Child and Family Centered Care (Sala) National Expert Advisory Panel (NEAP), held at NYU Langone Health in October 2018. Attendees included members of the NEAP, guest speakers, and colleagues from the newly formed Sala Internal Professional Advisory Group. (See Appendix A for a full list of NEAP members and participants.)

The goal of this report is to share a summary of the meeting’s presentations and discussions as well as to demonstrate how the meeting outcomes will help shape Sala’s vision and strategic goals for the next five years. As we look to the future, we are energized by the exciting work ahead.

Sincerely,

Fiona H. Levy, MD
Executive Director, Sala Institute for Child and Family Centered Care
Vice Chair for Clinical Affairs, Department of Pediatrics
**Background and Overview**

Sala was founded with a vision to create an enduring, broad, and flexible family centered culture that would best serve children at Hassenfeld Children’s Hospital at NYU Langone and beyond. Leveraging key areas of focus—resilience, experience, quality and safety, and learning—we have worked in partnership with patients, families, and healthcare professionals to guide the evolution of a family centered culture at Hassenfeld Children’s Hospital. Within the unique structure of Sala, the four centers function to design, promote, and fund the implementation of new programs and initiatives that are integral to the care provided at Hassenfeld Children’s Hospital.

The fall of 2018 marked the fifth anniversary of Sala and provided the impetus to reflect on past achievements and to plan for opportunities ahead. Throughout the last five years, many people and events have informed the creation of Sala-supported programs and initiatives. Going forward, we look to the output of the 2018 NEAP meeting and the recommendations from the Sala Year-Five Programmatic Assessments as two key influences in the design of a Sala Strategic Plan for our next five years. (See Appendix B for details on the Year-Five Programmatic Assessments.)

During Sala’s first five years, our efforts were focused on the recruitment of needed expertise and building of foundational programming in support of family centered care, resilience, and quality and safety at Hassenfeld Children’s Hospital. For our next five years, we are now positioned to build upon this foundation, leveraging Sala’s unique structure and key partnerships, and direct our efforts in support of an optimal patient and family experience at Hassenfeld Children’s Hospital.

**NEAP Meeting Introduction**

The meeting began with Fiona H. Levy, MD, Executive Director, Sala Institute for Child and Family Centered Care, sharing how and why the Sala leadership team arrived at the topics of discussion and goal for the 2018 NEAP meeting. Dr. Levy explained that Sala leadership identified three potential drivers of patient and family experience viewed through our proposed broader definition: learning, technology, and staff resilience. The selection of these three levers was informed by the many people and experiences that have shaped the work of Sala over the last five years and the results of our recent Sala Year-Five Programmatic Assessments.

Dr. Levy shared the goal of the NEAP meeting was to develop an understanding of how Sala could:
- Create learning opportunities for trainees, staff, healthcare professionals, patients, and families that support the practice of patient and family engagement
- Harness the power of technology to facilitate patient and family engagement
- Address the emotional, psychosocial, and physical needs of frontline staff and providers so they are prepared, able, and willing to engage with families
- Understand the power of technology to facilitate patient and family engagement
- Harness the power of technology to facilitate patient and family engagement
- Create learning opportunities for trainees, staff, and families through the practice of professionals, patient, and family engagement

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The meeting concluded with Fiona H. Levy, MD, Executive Director. The meeting concluded with Fiona H. Levy, MD, Executive Director.
K. Ron-Li Liaw, MD, director, KiDS of NYU Foundation Center for Child and Family Resilience, and Lucy Pereira-Argenziano, MD, director, Center for Patient Safety and Quality, presented brief summaries of the work that has been accomplished. Dr. Levy presented the summary on the Center for Child and Family Experience as well as an overview of the Year-Five Programmatic Assessments conducted by external national experts that helped inform the focus areas and approach proposed to the NEAP.

KiDS of NYU Foundation Center for Child and Family Resilience (CCFR)
Fostering excellent care, comfort, and well-being

Key Achievements:
- Implemented the Family Stress Screening and Response System in Pediatric Acute and Intensive Care
- Established the Integrated Behavioral Health Program at the Fink Children’s Ambulatory Care Center
- Improved pain management for infants and children
- Harnessed expertise to establish the Pediatric Advanced Care Team (PACT) and Pediatric Integrative Health Programs

Figure 1: Program Development Model

Recommendations
Synthesis of NEAP common themes and with group discussion
- Keynote talk on current state of patient experience presented by national content experts
- Keynote talk on current state of patient experience presented by national content experts
- Presentations on learning, technology, and staff resilience presented by content experts, each subsequently followed by a facilitated panel discussion
- Participants share the key concepts and common themes identified by the NEAP assessment process

Meeting Agenda
NEAP 2018
Center for Patient Safety and Quality (CPSQ)

Working as a team to eliminate preventable harm

Dr. Pereira-Argenziano described CPSQ's initial priority to build a robust infrastructure with the goal of eliminating preventable harm to infants, children, and young adults at Hassenfeld Children's Hospital through the provision of safe, effective, and high-quality care. The work began with the implementation of foundational elements of a quality and safety program (Figure 2).

- Recruiting leaders with expertise in safety and improvement science
- Engaging existing clinical leaders in safety and improvement work
- Establishing a quality and safety committee and data infrastructure within Hassenfeld Children's Hospital
- Participating in international safety and improvement collaboratives in order to speed the adoption of best practices and grow expertise
- Beginning work to improve family engagement in harm prevention

With the support of Sala, teams of clinical leaders and frontline staff identified key standards of excellence and are working to achieve consistent implementation across all of Hassenfeld Children's Hospital.

Key Achievements:
- Led participation in and execution of CHSPS Hospital Acquired Condition Reduction Work
- Facilitated participation in key national pediatric care improvement collaboratives such as Improving Pediatric Sepsis Outcomes
- Provided expertise and leadership to Cause Analysis program for risk detection, analysis, mitigation, and corrective action
- Supported and provided expertise for implementation of the medical center's work to become a High Reliability Organization

Center for Child and Family Experience (CCFE)

Engaging children and families as partners

Dr. Levy explained that one of CCFE's initial priorities had been the building of key partnership programs that would serve as the foundation of much of Sala's work to come. These included the Sala Family and Youth Advisory Councils, Sala Family Advisors, Sala Patient and Family Faculty Program, and the Sala Knowledge Library.

Following the inception of this foundational programming, the center has focused on developing and implementing innovative programming in support of child and family centered care at Hassenfeld Children's Hospital. As a result of our patient and family partnership programs (Figure 3), we are able to:

- Prepare family members to serve on hospital committees
- Provide peer support to families whose children are receiving care throughout Hassenfeld Children's Hospital
- Partner with expert clinicians to teach family centered care principles to staff and trainees
- Participate in the co-design of key hospital programs and initiatives, uniting the distinct expertise of health professionals, children, and families to advance the care at Hassenfeld Children's Hospital

Key Achievements:
- Grew Sala Family and Youth Advisory programs in size, diversity, and breadth of partnership
- Supported the child and family education program through MyWall, Welcome Materials, and the Sala Knowledge Library
- Advanced the Sala Patient and Family Faculty Program
- Engaged family members to serve on our hospital safety and quality improvement teams
- Supported implementation of family centered care best practices

Figure 3: Patient and Family Partnership Programs
To explore our belief that patient and family experience should be viewed through a broader lens than previously considered, we invited nationally recognized experts from the field of patient experience to provide the keynote address.

### Year-Five Programmatic Assessments

In the late summer and fall of 2018, we undertook three separate programmatic assessments of patient and family centered culture, the Quality and Safety Program, and the Pediatric Advanced Care Team (PACT) at Hassenfeld Children's Hospital. These assessments provided an external expert review of the effectiveness, breadth, and depth of Sala-supported programs.

The three assessments were structured similarly. They were conducted by nationally recognized experts, and each included a review of written materials, interviews with staff and parents of hospitalized children, and the observation of delivery of care within Hassenfeld Children's Hospital.

The assessments identified areas of strength and opportunity within each of the programs as well as several high-level themes that spanned all of the programs. Dr. Levy summarized the findings from the program assessments in order to inform the subsequent discussion regarding Sala's future strategic plan. (See Table 1 for summary findings.)

### Keynote Address

Patient experience is an essential aspect of care that should be viewed through a broader lens than previously considered. To explore our belief that patient and family experience should be viewed through a broader lens than previously considered, we invited nationally recognized experts from the field of patient experience to provide the keynote address.
**Keynote Address:**
A Strategic Blueprint for Transformational Change: Imperatives for Patient Experience in Hospitals across the United States

During the Keynote address, Rachel Biblow, Press Ganey senior vice president of transformational solutions, and James Merlino, MD, Press Ganey chief transformation officer, shared their expertise in the field of patient experience and their knowledge of national efforts. Ms. Biblow and Dr. Merlino presented frameworks that highlighted the complexities of patient and family experience in the care of children and offered what they consider to be imperatives in our attempt to transform current efforts to improve experience to highly reliable, highly integrated work with significant impact for patients, families, and staff.

Ms. Biblow began by emphasizing the critical interdependency of safety, quality, and patient centricity as the primary elements of patient and family experience. These elements can be optimally achieved only when care teams are engaged and supported by the system. Dr. Merlino expanded upon this idea, explaining that while patient experience started as simply measuring satisfaction with what patients expect or focusing on "customer service," it has evolved to encompass what patients later experience when evaluating the care provided. These expectations can be quantified and managed by creating a culture that drives critical competencies of empathy, emotional intelligence, and managing people with the integration and prioritization of these competencies into the fabric of the organization.

Ms. Biblow described her approach to patient and family experience.

- Define the Experience: For your organization and create a narrative for every single person to use.
- Develop a Strong Foundation: Leader development and engagement plan.
- Best practices and tactics across safety, quality, and engagement.

In reflecting on his own experience as a surgeon and national leader in patient experience, Dr. Merlino noted, "We know how to do the clinical piece really well; our challenge is to take care of the people aspect. The people aspect is what will help drive patient and family experience.

With this holistic definition of experience in mind and supporting Sala’s broadening approach to patient and family experience, Ms. Biblow recommended three best practices to approach transforming the experience of care (Figure 4):

- Inventory current state of initiatives and programs contributing to each element of experience in order to consolidate and prioritize.
- Agree on and embrace a definition of patient experience based on the unique culture at Hassenfeld Children’s Hospital in order to be intentional about improving the patient experience. A clear definition of experience leaves little open to interpretation.
- Develop strong leaders with a shared plan to create a culture of engagement that drives critical competencies of empathy, emotional intelligence, and managing people. Integration and prioritization of these competencies ensures everyone is working as a team toward the same goal of optimal experience.

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After meeting participants were provided background on Sala’s vision, foundational programs and achievements, strengths and opportunities, and the need for transformational change as hospitals across the country work to address patient experience, they were asked to discuss three selected focus areas—learning, technology, and staff resilience—as drivers of patient and family experience at Hassenfeld Children’s Hospital.

For each of the three topics:

• Content experts gave brief presentations designed to provide context for the focus area, specifically on existing work at Hassenfeld Children’s Hospital and NYU Langone and on trends and progress in the national landscape.

• Sala leaders facilitated small panel discussions during which panelists shared their reflections and expertise in response to the prior presentation and facilitator questions.

• Meeting attendees joined in open questions and discussion.

• Presentations and panel discussions were guided by three to four specific questions designed to challenge thinking and stimulate group discussion.
Session 1: The Learning Environment as a Catalyst of Patient and Family Engagement in the Moment of Care

Speakers:
- Heather Howell, MD, assistant professor of pediatrics and director of the Pediatric Residency Program at the NYU School of Medicine, and Donna Hallas, PhD, clinical professor of nursing and director of the Pediatric Nurse Practitioner Program at the NYU Rory Meyers College of Nursing.

Panelists:
- Steve Muething, MD; Donna Hallas, PhD; Leora Horwitz, MD; Heather Howell, MD.

Session 1 Guiding Questions:
1. What is the risk of not addressing patient and family engagement in student and staff education?
2. What can learning environments do to advance or encourage patient and family engagement?
3. Building on your skills and knowledge in the field of medical education, what is the current state/near future state of healthcare professional education as a facilitator of patient and family engagement?

Session 1 Presentation:
In reflecting on their experiences at NYU Langone and work across the country, Dr. Howell and Dr. Hallas both shared that building foundational knowledge of family engagement and preparing medical residents and nursing students to effectively engage with patients and families are key components to delivering experience of care for both the clinicians and patients and their families. Dr. Howell noted that residents perceive family engagement as important, but due to the current models of training and gaps in training curricula, residents often lack the confidence in advanced communication with patients and families, potentially muddling optimal patient and family engagement.

Dr. Hallas expressed the same sentiment for nursing students, recommending prioritizing problem-based and simulation-based learning to supplement existing classroom sessions. These training-based and simulation-based learning opportunities can help students and trainees master the skills required for effective patient and family engagement, including critical thinking abilities and interpersonal skills.

Session 1: Summary of Key Points from Presentation, Panel, and Group Discussion
1. Improved experience of care for patients, families, and staff requires that healthcare professionals and trainees acquire foundational knowledge of family engagement. While many trainees and young professionals learn by modeling the engagement behaviors of senior clinicians, rarely is there opportunity for direct training on family engagement. Additionally, the national trend of increased supervision of trainees has led to more observation than practice of engagement behaviors. This can lead to variation in practice, something often noted by patients and families. Explicit training could help clarify behavioral expectations and embed patient and family engagement principles into a competency or skill-based assessment, increasing reliability and consistency of patient and family engagement practice across the institution.

2. Patients and families may benefit from receiving guidance and education on engaging with their care team. Families do not necessarily know how to effectively engage with their care team; providing them with more support on how to partner with providers could benefit both patient and family relationships. Additionally, families may also benefit from understanding how to increase reliability and consistency of patient and family engagement practice across the institution.

3. There is an opportunity to broaden the type of learning modalities used when building foundational knowledge of patient and family engagement as a driver of family-centered culture, safety, and quality. There are multiple learning opportunities in which foundational knowledge can be built, including a standard curriculum that considers the breadth of individuals who interact with patients and families throughout a hospital admission and across the care continuum.

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1. Proficiency in understanding and interpretation of patient and family engagement is crucial. While many trainees and young professionals learn by modeling the engagement behaviors of senior clinicians, rarely is there opportunity for direct training on family engagement. Additionally, the national trend of increased supervision of trainees has led to more observation than practice of engagement behaviors. This can lead to variation in practice, something often noted by patients and families. Explicit training could help clarify behavioral expectations and embed patient and family engagement principles into a competency or skill-based assessment, increasing reliability and consistency of patient and family engagement practice across the institution.

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Session 2: Harnessing the Power of Technology to Facilitate Patient and Family Engagement

Speaker: Nader Mherabi, senior vice president, vice dean, and chief information officer, NYU Langone Health

Panelists: Kathy Gorman, MSN, RN; Devin Mann, MD; Nader Mherabi; Michael Smith, JD, family advisor

Session 2 Guiding Questions:

- Building on your expertise in this field, what is the current state/near future state of technology as a facilitator of family engagement in care?
- What can technology bring to the table to enhance partnerships?
- What is the risk of not using technology to enhance family partnership?
- Does use of technology pose any inherent risk to engaging families?

Session 2 Presentation:

Reflecting on his experiences at NYU Langone and beyond, Mr. Mherabi shared that the majority of people in the United States use digital tools in most aspects of their lives and so now more than ever technology has gained traction in healthcare, helping facilitate patient and family engagement and supporting patient/provider communication. Mr. Mherabi suggested that patient and family engagement has the potential to continue to definitely benefit from digital tools. He stressed that in order to be successful, these tools need to be created securely, thoughtfully, and with significant provider and family involvement. Mr. Mherabi highlighted three key concepts critical to the creation of technologic solutions (Figure 5).

Figure 5

Session 2: Summary of Key Points from Presentation, Panel, and Group Discussion

1. There are four primary areas of patient and family engagement where tools can be deployed and used to enhance care: real-time communication, condition-specific education and community building, logistics and care management, and real-time observation/monitoring. In order to be successful, IT integration needs to prioritize the advancement of patient and family engagement while ensuring functionality for both clinicians and patients and families.

2. When considering implementation of new technologies, we must ensure that providers, staff, and patients and families are engaged beginning in the planning phase. Opportunities are often missed when discussions about selection and implementation of technology happen in silos. Providers and families conveyed the importance of integrated and agile technology that limits the number of platforms or applications needed and can be easily accessed from any device or location. Technologies should be co-designed to promote flexibility and personalization when possible to meet varying needs of providers, patients, and families.

3. The maturation of technology beyond today’s electronic medical record that can “tell the patient story” could have a large impact on the experience of care for both providers and patients and families. Families are often asked to repeat information for different care team members and in different care settings. From the family perspective, this can impede building trust with the medical team, and from a provider perspective, there is concern that information may be inadvertently omitted or inconsistent.

4. There is opportunity for technology to have a great and important impact on education. Technology can take patient and family education beyond handouts to two-dimensional and three-dimensional technologies, which could exponentially increase the experience, understanding, and safety of care.
Session 3: The Role of Staff Resilience in Fostering Patient and Family Engagement

Speakers:
K. Ron-Li Liaw, MD, director, KiDS of NYU Foundation Center for Child and Family Resilience
Annie Robinson, MS, wellness program facilitator, NYU School of Medicine

Panelists:
Benard Dreyer, MD; Annie Robinson, MS; Cindy Christian, MD; Leilani Schweitzer; K. Ron-Li Liaw, MD; Sara Chokshi, DrPH, family advisor

Session 3 Guiding Questions:
• Building on your expertise in this field, what is the current state/near future state of staff resilience?
• How can environments that foster staff resilience enhance provider, patient, and family engagement?
• What is the risk of not fostering staff resilience?
• Does fostering staff resilience pose any inherent risk to the quality of care, productivity of staff, or level of engagement with families?

Session 3 Presentation:
Dr. Liaw and Ms. Robinson discussed the recent national call to action to identify and address contributors to burnout in medical schools and throughout academic medical centers. Together, they highlighted some of the more commonly ascribed causes of burnout across the individual, local, and system levels (Figure 6). The symptoms of burnout result in a disengaged workforce that could significantly impact the experience of care—both satisfaction and outcomes—for patients and families. They shared strategies being adopted nationally to reduce burnout and to promote engagement, and they discussed the resources and practices that the NYU School of Medicine has recently adopted to promote medical student well-being.

Session 3: Summary of Key Points from Presentation, Panel, and Group Discussion
1. Develop staff resiliency programming based on the notion that healthcare providers are inherently resilient and that there is inherent reward in caring for children and their families. Positive relationships with patients and families contribute significantly to providing meaning to the work of healthcare professionals. We should consider providing staff training in effective and transparent communication as a way of bolstering these valued relationships and therefore improving resiliency.

2. Consider a shift in focus from building the resiliency of individuals to preventing and reducing individuals’ stress, particularly from inefficient systems. There is opportunity to work toward eliminating unnecessary processes that waste time and resources and lead to frustration and stress. Additionally, when thinking about designing new systems and processes, consider staff satisfaction, as well as staff capacity and readiness to succeed. Consider the importance of collaboration and teamwork. When thinking about changes, consider the impact on the overall healthcare system and how these changes will affect the work of other healthcare providers. We should consider how our work affects the work of other healthcare providers and how our work affects the overall healthcare system.

3. Address the inherent stress of caring for children and families. There is opportunity to offer staff the same support we provide currently for patients and families. Can we make space and time for reflective practice, wellness resources, support, and debriefings?

4. Build systems or processes that make it easy to give positive feedback and express gratitude to interprofessional colleagues at all levels of the institution. Positive and impactful actions occur daily and recognition promotes joy in work, but there is no easy mechanism to deliver positive feedback currently at Hassenfeld Children’s Hospital.

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Figure 6: Key Drivers of Burnout and Engagement
Putting It All Together

By the conclusion of the 2018 NEAP meeting, we had identified three well-defined areas of opportunity to inform the goal of optimal patient and family experience at Hassenfeld Children's Hospital.

1. **Advance the foundational knowledge of family centered care principles and practices for healthcare professionals, staff, and patients and families.**
   - Considerations for achievement:
     - Focus on a standardized curriculum that incorporates critical competencies and behaviors for all care team members throughout Hassenfeld Children's Hospital.
     - Ensure leaders at all levels promote the practice of continual learning.
     - Incorporate a wide range of influences, from technology to interprofessional collaboratives, to create and innovate the standardized curriculum and approach to family centered care training.
     - Training should provide an opportunity for staff to practice and receive feedback from peers and families.
     - Provide patients and families with a variety of learning opportunities that support them in their engagement with the healthcare team. Ensure that these are individualized and flexible in order to meet patients and families where they are in the healthcare journey.

2. **Create capacity in our staff to have meaningful engagement with patients and families by simultaneously addressing healthcare professional and staff well-being and by improving efficiencies in existing systems and processes.**
   - Considerations for achievement:
     - Build upon the inherent resiliency of healthcare providers by giving staff opportunities to receive and provide support and to share successes and gratitude.
     - Promote provider and staff engagement and wellness as the positive antithesis of burnout, characterized by vigor, dedication, and absorption in work.
     - Promote partnership with patients and families as a key contributor to joy in work, and use varying learning modalities to teach family engagement through all levels of the organization.
     - Focus on reducing added stress that comes from having inefficient processes and systems. These processes and systems are often the cause of variation in staff engagement with patients and families.
     - Encourage technology solutions to be integrated into processes when it can facilitate elimination of waste and when there is benefit for providers and patients and families.
     - Ensure technology is co-designed or chosen with provider and patient and family input to implement technologies that are integrated and sustainable. Technologies should be integrated to avoid having providers, patients, and families navigate between many different platforms or applications. These technologies need to be easily adopted as part of routine practice for providers, patients, and families.

3. **Augment the current center, department, and project-based approach to improving patient experience and safety with one that is integrated around a shared goal to optimize the experience of care for patients, families, healthcare professionals, and staff.**
   - Consideration for achievement:
     - Develop an integrated goal that promotes the convergence of safety, clinical excellence, workforce engagement and well-being, and patient and family experience to achieve optimal experience of care.
Moving Forward:
Sala’s Strategic Plan 2019–2023

We believe that with strong foundational programming in place at Hassenfeld Children’s Hospital and the unique structure of Sala, we are well positioned to leverage our expertise and resources and direct our efforts to optimize the patient and family experience in a manner that synergistically and simultaneously addresses safety and quality, satisfaction, engagement, and resilience. The 2018 NEAP meeting provided support for this goal and important guidance in how to approach the work.

Uniting the learnings from the NEAP meeting, the results of our Sala Year-Five Programmatic Assessments, the thoughts of a newly formed Sala Internal Professional Advisory Group, and the observations and priorities of leaders from Hassenfeld Children’s Hospital, we created a Sala Strategic Plan that accounts for center-specific efforts to sustain and advance existing programming and defines an ambitious, integrated Global Aim to guide our work for the next five years:

Global Aim:
To leverage Sala in support of Hassenfeld Children’s Hospital leadership, to optimize patient and family experience through creating and sustaining a patient and family centered culture, providing safe and quality care, and developing and supporting a resilient workforce.

As a first step in achieving our Global Aim, we defined a Strategic Goal for fiscal year 2019. In doing so we required that the goal:
• Align with Sala vision and ongoing center-specific operational work
• Include a measurement strategy that aligns with existing data requirements and priorities, provide no additional burden to clinical staff, include opportunities for point of care measurement, and be reflective of a broader definition of patient and family experience that includes satisfaction, safety, and resilience
• Consider recommendations from the NEAP meeting and external expert and resource reviews of patient and family experiences that include engagement
• Be viewed as both achievable and important

To improve patient and family experience by August 31, 2019 as measured by a 20 percent improvement in a composite measure.

Sala’s Integrated Strategic Goal for Fiscal Year 2019

Driving our ability to meet this goal will be:
• Leveraging technology
• The practice of co-design
• Family-centered care
• Patient and family engagement
• A compelling case in support of change
• Improved efficiency of key operational processes

Access these efforts will be adherence to the principles of:
• Patient and family-centered care
• Ensuring quality, safety, and engagement
• New work environments to ensure consistent patient and family experience

Moving forward, we are excited to continue our journey, building upon the years of work that we deliver the care.

Hassenfeld Children’s Hospital and the Hassenfeld professionals and staff are committed to a journey in support of the children and families cared for at the hospital. We are excited to continue to combine our efforts, building upon the years of work that we deliver the care.

*Our planned composite measure includes a patient and family feedback component coupled with a safety measure. Patient and family feedback will be captured through a survey, using existing validated questions. The safety measure used will be a Serious Harm Event score that represents the count of serious harm events that occur in Hassenfeld Children’s Hospital.
the CNO, she was the vice president of quality and empowerment.

Past leadership roles include senior vice president of Patient Care Services and chief of service for Child and Family Resilience, chief of service for Child and Adolescent Psychiatry at the NYU School of Medicine. Dr. Horwitz is the PI of the Greater New York City Practice Program. He also hosts a weekly radio show, on the Sirius XM Doctor Radio Channel. Dr. Levy earned a bachelor's degree in chemistry from New York Medical College in Valhalla, New York. She completed a residency in pediatrics at Children's Medical Center Dallas and professor of Medicine in 2005 and from 2007–2008. For over 30 years, he led a primary care program at Bellevue, including co-located comprehensive behavioral health services, and a quality and clinical resource management to improve patient safety, and systems improvement to undergraduate, graduate, and mid-career health professional learners. In all of her work–as a practicing clinician, an educator, and a leader of institutional change and a member of the AAP Task Force on LGBT Health and Wellness. As president-elect, Ms. Gorman serves on the Board of Directors for NEAP Members in Attendance.

Dr. Batalden completed her undergraduate education at Wellesley College, and received her medical degree from New York Medical College in Valhalla, New York. She completed a residency in pediatrics at UT Southwestern School of Medicine. The DAISY Foundation, the Quality, Safety and Performance Committee for CHA, and Finance Committee, including editing the AAP publication Plain Language Pediatrics.

K. Ron-Li Liaw, MD, holds the Anthony A. Latini Professorship for Healthcare Innovation and Delivery Science at NYU Langone, director of the Division of Healthcare Delivery Science in the Department of Population Health at NYU School of Medicine, associate president for Healthcare Innovation and Delivery Science at NYU Langone, director of the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital at NYU Langone, and is the Institute's faculty director of the Field Center for Children's Hospitals' Solutions for Patient Safety, Washington, D.C. as “Woman Who Mean Business.”

Ms. Gorman was inducted as a fellow in the American Academy of Nursing. Following 20 years of leadership roles in the field of patient safety, she has led and participated in committees on LGBT Health and Wellness. As president-elect, Ms. Gorman serves on the Board of Directors for NEAP Members in Attendance.
Lucy Pereira-Argenziano, MD, is a member of the Division of Neonatology in the Children's Center of Brooklyn. She completed her child and adolescent psychiatry fellowship in the Gerontology Society of America, and a fellowship in the Gerontology Society of America. She is a frequent consultant for regional, national, and international safety and quality initiatives. He has extensive experience in hospital clinical systems engineering, networks, data centers, application and vice president for operations, she provided executive leadership for a diverse portfolio of patient care facilities with 68 single-patient rooms providing solutions for patient safety ventilator acquired events. The H Word, interweaving patient and family stories across the institution. Mr. Mherabi currently leads architecture, systems deployment, and support for more than 35 medical and surgical specialties (SPS) and now serves as the Strategic Advisor. This significant contribution to the field of psychiatry. Dr. Liaw has received numerous teaching and clinical honors. She completed her adult psychiatry training in healthcare. Her TEDx talk about transparency in healthcare has been viewed more than 100,000 times. She speaks nationally on disclosure and compassion in healthcare. Her work on communication and disclosure in healthcare has been viewed more than 100,000 times. She is a frequent consultant for regional, national, and international safety and quality initiatives. He has extensive experience in hospital clinical systems engineering, networks, data centers, application and vice president for operations, she provided executive leadership for a diverse portfolio of patient care facilities with 68 single-patient rooms providing solutions for patient safety ventilator acquired events. The H Word, interweaving patient and family stories across the institution. Mr. Mherabi currently leads architecture, systems deployment, and support for more than 35 medical and surgical specialties (SPS) and now serves as the Strategic Advisor. This significant contribution to the field of psychiatry. Dr. Liaw has received numerous teaching and clinical honors. She completed her adult psychiatry training in healthcare. Her TEDx talk about transparency in healthcare has been viewed more than 100,000 times. She is a frequent consultant for regional, national, and international safety and quality initiatives.
where she was accountable for an array of delivering care that ensures the safety of patients and advance safe, high quality, and compassionate care. In addition to advancing thought leadership, her outreach efforts, she commissioned high-quality research that nurse practitioner and physician work together to improve and every one of us to play a role.

She is passionate about improving safety, quality and operational oversight for several clinical support areas, ensure the highest standards for patient care as well as to improve patient access and referring physician relations. He also championed organizational cultural alignment around the patient as a key component of patient centered care.

She implemented a funded study on vaccine hesitancy in prenatal and postpartum states, national, and international conferences. Her first research focuses on improving healthcare outcomes and family engagement and experience. Through...
Kimmel Pavilion including The Hassenfeld Children's Hospital at NYU Langone NICU graduate.

Ms. Brown has assumed leadership roles reflective of her dedication to the Child Life profession, having served as a wellness coach.

Dr. Herbsman has worked at Rusk Rehabilitation at New York Presbyterian Hospital, Columbia University, and a master's degree from Nova University and a bachelor's degree in business administration from Drexel University. She holds a medical degree from Case Western Reserve University and a master's degree in public administration from the University of Cincinnati.

She is the medical director of the Neonatal ICU at Hassenfeld Children's Hospital and the medical director of the Intracranial Video EEG monitoring service.

Heather Howell, MD, joined NYU Langone in 2012. She is the hospitalist at the Children's Center for Cancer & Blood Disorders and teaches trainees a wide set of patient-care skills with a focus on child life.

Dr. Fisher is certified by the American Board of Surgery in General Surgery and Pediatric Surgery. He completed his general surgery residency at the University of Pittsburgh and a fellowship in pediatric ECMO at the Children's Hospital of Philadelphia. He has served as a master trainer for the Extracorporeal Life Support Organization, and has been a councilor on the Extracorporeal Life Support Organization Board of Directors.

Dr. Merlino holds a bachelor's degree in business administration from the University of Pennsylvania and a medical degree from Jefferson Medical College.

Dr. Fisher is certified by the American Board of Surgery in General Surgery and Pediatric Surgery. He completed his general surgery residency at the University of Pittsburgh and a fellowship in pediatric ECMO at the Children's Hospital of Philadelphia. He has served as a master trainer for the Extracorporeal Life Support Organization, and has been a councilor on the Extracorporeal Life Support Organization Board of Directors.
Appendix B

for the Social Work Department (Pediatrics/Psychiatry) at NYU Langone Health and oversees the Pediatric and Perinatal Bereavement Program at the Hassenfeld Children's Hospital. Ms. Lauinger has a special interest in the psychological, emotional, and social effects of childhood illness, grief and bereavement, and family centered care.

Beverly Mitchell, BSN, RN, CNOR, is the assistant nurse manager for the Hassenfeld Operating Room, where she manages the staff and daily operations of Hassenfeld's pediatric ORs and procedure rooms. She holds a Bachelor of Science in Nursing from New York University's Rory Meyers College of Nursing, as well as a bachelor's degree and Master of Fine Arts in arts administration. She is a graduate of Cincinnati Children's Intermediate Improvement Science Series. Ms. Mitchell entered nursing after a 15-year career in the theater.

Pradeep Mally, MD, is the chief of the Neonatology Service and director of the Neonatal-Perinatal Fellowship Training Program and Residency Education in the Neonatal Intensive Care Unit at NYU Langone. Recruited to the Neonatology Program from New York Medical College Westchester in 2002, Dr. Mally is pursuing innovative research on the use of neurally adjusted ventilator assist (NAVA) as a new mode of neonatal ventilation. He is also involved in a number of clinical research projects such as late preterm neonates and its morbidities and identifying biomarkers of neonatal sepsis. Dr. Mally is also involved in the Neonatology Program's quality care and patient satisfaction and is particularly involved in the education of residents, medical students, and fellows, and was chosen as Best Pediatric Teaching attending of the NYU Pediatric staff [2004–05]. He has mentored fellows, residents, and students alike several of whom have presented their research at national meetings, and/or published peer-reviewed papers. He is the Fellow of the American Academy of Pediatrics.

Nicole A. Piasio, BSN, RN, CPN, is a pediatric and neonatal transport senior nurse clinician and clinical resource nurse at Hassenfeld Children's Hospital at NYU Langone Health. In addition to her clinical responsibilities, Ms. Piasio oversees many of the operations for the Pediatric and Neonatal Transport Team and is responsible for dissemination of new and sustaining education programs for her team. She is the co-chair of the pediatric sepsis oversight committee liaison and interventions work group and serves on many quality and safety committees throughout Hassenfeld Children's Hospital, for which she is responsible for monthly data collection, tracking, and reporting. Ms. Piasio is a member of the Quality and Performance Improvement Council and Nursing Practice Council at an institution-wide level and is the nursing lead for the Pediatric Interdisciplinary Resuscitation Program. Prior to her work at Hassenfeld Children's Hospital, she was a clinical neonatal intensive care nurse at New York Presbyterian Hospital and at The Children's Hospital of Philadelphia. Ms. Piasio holds a Bachelor of Science in Nursing from New York University's Rory Meyer's School of Nursing.

Michael Smith is a family advisor on the Family Advisory Council (FAC) of Hassenfeld Children's Hospital. He is excited to be part of a diverse group of parents that provide crucial input to hospital staff and leadership to ensure programs and initiatives are co-designed with patient and family perspectives. Mr. Smith learned of the FAC after his son underwent surgery to repair a congenital heart defect at NYU Langone Health, and he applied to volunteer. Being able to advise the hospital on various aspects involving a child's stay and recovery, and to see that advice being utilized with the opening of the new Hassenfeld Children's Hospital, has been very moving to him. Mr. Smith works as in-house counsel to The Harry Fox Agency, the leading provider of rights administration, licensing, and royalty services for the music industry. He assists the various divisions within the company with their legal needs, and advises corporate leadership on current issues that may impact the company.
Sala Year-Five Programmatic Assessments

Patient and Family Centered Culture at Hassenfeld Children's Hospital

assessment focused on the Sala-supported programs, resources, and initiatives for comprehensiveness and effectiveness, and staff understanding and application of family centered best practices. Review included:

- Center for Child and Family Experience strategic plans
- Sala-supported partnership programs
- Development and implementation of family centered care best practice standards
- Approach to family centered care education and training for clinical and support staff
- Child and family resources and educational materials
- Approach to distribution and utilization of patient and family experience data as it relates to advancing patient and family centered care
- Outcome measurement strategy

Reviewers:
- Sara Toomey, MD, Mphil, MPH, MSc
  Chief Experience Officer at Boston Children's Hospital
  Assistant Professor of Pediatrics, Harvard Medical School
- Lisa Rubino, MBA
  Director, Patient Experience at Boston Children's Hospital
  Quality and Safety Program at Hassenfeld Children's Hospital

assessment focused on components of the Quality and Safety Program supported by Sala's Center for Patient Safety and Quality. Review included evaluation of the infrastructure, effectiveness, and outcomes.

Review included:

- Center for Patient Safety and Quality strategic plans
- Hassenfeld Children's Hospital Quality and Safety Performance Improvement Plan (QSPIP)
- In-patient and ambulatory quality and safety committees' structure, function, and outcomes
- Development and implementation of safety best practice standards
- Staffing model in support of quality and safety work
- Approach to Quality Improvement and Safety Science education and training for clinical and support staff
- High Reliability Organization work plan and outcomes

Reviewers:
- Anne Lyren, MD, MSc
  Clinical Director of the Solutions for Patient Safety National Children's Network
- Joyce Deptola, RN
  Director of Quality and Safety at University Hospital Rainbow Babies and Children's Hospital

Pediatric Advanced Care Team (PACT) Program

assessment focused on the Sala-supported PACT program and its integration with Integrative Health and Acute Pain Programs, in order to evaluate infrastructure, effectiveness, and outcomes.

Review included:

- Center for Child and Family Resilience strategic plans
- Alignment with PACT national best practices and standards
- PACT Team – Composition and capacity
  – Organizational structure and linkages to NYU Langone Health Supportive Care Program (Adult Palliative Medicine) and NYU School of Medicine Department of Pediatrics
  – Staffing, coverage, and team functioning
  – Competencies and professional development
  – Team and provider wellbeing
- Service standardization and optimization
- Program development
- Integration with Hassenfeld Children's Hospital Integrative Health Program
- Integration with Hassenfeld Children's Hospital Acute Pain Program

Reviewers:
- Joanne Wolfe, MD, MPH
  Director, Pediatric Palliative Care
  Division Chief, Pediatric Palliative Care Service, Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute
  Associate Professor of Pediatrics, Harvard Medical School