

**SALA INSTITUTE
FOR CHILD AND FAMILY
CENTERED CARE**

January 2017

**Building a Better
System of Care:
Using Design Thinking
to Envision a Model of
Care Coordination**



**HASSENFELD
CHILDREN'S
HOSPITAL
OF NEW YORK
AT NYU LANGONE**

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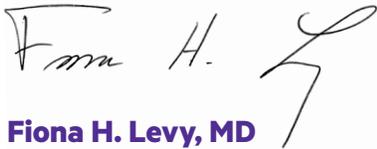
Dear Colleagues,

The Sala Institute for Child and Family Centered Care hosted its second annual National Expert Advisory Panel (NEAP) meeting in New York City in July 2016. This panel is composed of a diverse group of thought leaders from NYU Langone Medical Center, NYU, and around the country with expertise in patient and family engagement, safety, resilience, outcomes research, education and learning, technology, and children's healthcare. Invited guests included family advisors, who collectively have decades of experience coordinating complex care and services for their children at Hassenfeld Children's Hospital, and national experts in care coordination and design thinking.

The topic for our meeting focused on the challenge facing families and providers across the nation of how to reshape and enhance care coordination for children with complex, chronic conditions. The Sala Institute leadership team designed the meeting to support learning about best practices from two leading experts in the field, and included small group design sessions in which NEAP members collaborated with invited guests.

We set out to identify care coordination strategies that recognized the importance of family engagement, explored innovative ways of thinking, and harnessed a diversity of opinions to lead to actionable plans. We invite you to read this digest of the NEAP meeting and our novel approach to harnessing the collective wisdom and experience of panel members.

Sincerely,

A handwritten signature in black ink, appearing to read "Fiona H. Levy". The signature is fluid and cursive, with a large, stylized initial "F" and "L".

Fiona H. Levy, MD

Executive Director, Sala Institute for Child and Family Centered Care
Vice Chair for Clinical Affairs, Department of Pediatrics

Background

Current State of Care Coordination for Children Across the U.S.

Two experts in care coordination and innovation presented talks aimed at highlighting the complexities of pediatric care delivery and optimizing outcomes for children and families.

Bonnie Geld, MSW, ACHE, vice president of the Center for Case Management, in Wellesley, Mass., presented “New Models in Case Management: Solutions for the Care Continuum.”

Geld pointed out that while we are creating strong standards of practice, it is essential to remember that each individual is different. Her key recommendations included shifting the goal from the IHI triple aim (care, health, cost) to its quadruple aim (better outcomes, lower costs, improved patient experience, improved clinician experience); focusing on coordination of care and structured, well-communicated handoffs for sustainable discharges; recognizing the critical importance of transition periods; “unsiloing” of traditional care coordination disciplines such as social work and case management, and creating a common leadership structure; developing shared goals; and standardizing practices in ambulatory care.

As we migrate to a new model of care coordination — planning meticulously for every possible challenge across the continuum of care and remembering that the patient is at the center of every decision— we need to provide clinical and psychosocial interventions that are in concert with each other, said Geld. Key interventions she discussed include sharing accountability for success, implementing common tools and standardized processes that meet system needs, developing critical thinking and predictive thinking skills across the continuum of care coordination, navigating psychosocial providers from crisis intervention to teaching long-term coping and self-management skills, creating efficiencies of scale in utilization, and teaching how to broker care across the continuum.

Geld also noted that health literacy and education efforts need to be consistently applied to solutions and interventions, and that technology is an imperative tool to support the continuum of service (Exhibit 1).

Exhibit 1: Each Patient Is Unique

Standardized	Customized
<ul style="list-style-type: none"> • Common method of assessment across all access points • Standardized handoffs and communications • Disease management (diagnosis, recovery, maintenance) • Generational tools (from face-to-face to instant message) • Brokering care across the continuum (payer models) • Advocating for access 	<ul style="list-style-type: none"> • Integrating the patient story • Understanding family and informal support • Understanding unique elements of disease • Education level • Coping skills and compliance • Path to self-management

Source: Bonnie Geld

Ellen-Marie Whelan, NP, PhD, FAAN, Chief Population Health Officer at CMS for the Center for Medicaid and CHIP Services (CMCS) and a senior advisor at the Center for Medicare and Medicaid Innovation, presented “Health System Transformation: Supporting Innovative Pediatric Models.”

Whelan shared analysis of the characteristics, systems, and policies in the evolving state of healthcare delivery system reform and emphasized the importance of working across sectors of healthcare and functions within healthcare systems to achieve the goals of better care, smarter spending, and healthier people.

She also discussed the Health Care Innovation Awards (HCIA), funded by the Centers for Medicare & Medicaid Services. The awards, delivered in two rounds — each at up to \$1 billion in total — provide organizations across the country with funding to test compelling new ideas aimed at delivering better healthcare at lower costs.

A total of 11 of the Health Care Innovation Awards target children with medical complexity. Programs are using a variety of strategies to address these children’s needs, including expanded care from pediatric ACOs

(accountable care organizations), use of community-based consultation models, and implementation of comprehensive medical/behavioral care clinics.

Many programs struggling with limited community resources are embedding social workers in primary care settings and on care coordination teams, using community health workers and trained peers familiar with community resources, and providing care through telehealth services.

HCIA recipients include the Children’s Hospital Association, in partnership with 10 of the nation’s leading children’s hospitals, which received a three-year, \$23 million award to test the CARE (Coordinating All Resources Effectively) program for children with medical complexity. The program features a hospital- or practice-based care-coordination team that includes nurse care coordinators, social workers, medical assistants, and patient navigators. Families are provided with an individualized plan that helps identify the appropriate contact for their child’s specific needs; a member of the care-coordination team is available to families 24/7.

Current State of Care Coordination at Hassenfeld Children's Hospital

Fiona Levy, MD, executive director of the Sala Institute and vice chair for clinical affairs in the Department of Pediatrics, provided an overview of the current state of care coordination at Hassenfeld Children's Hospital.

She presented the steps leading up to the NEAP meeting, including initial planning and scope definition, research, focus group meetings and data collection, and applying design thinking to the initiative.

In an effort to enhance the care of children with complex and chronic illness, the Sala Institute is exploring novel care coordination approaches to test and refine in the coming year. For purposes of this work, the following were chosen to define and focus a large body of work known broadly as care coordination: Care coordination is a collaborative process that links children and families to services and resources in a coordinated manner to maximize the potential of children and provide them optimal healthcare.¹

1. Pediatric care coordination is a patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families.
2. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.²

For this initiative, the Sala Institute is focusing on children under the age of 18 with complex needs, as follows:

- Significant chronic conditions in two or more body systems
- A progressive condition associated with deteriorating health and decreased life expectancy
- Continuous dependence on technology
- Progressive or metastatic malignancies that impact life function³

In the first phase of this initiative, the primary focus will be in the ambulatory and home setting and within the Hassenfeld Children's Hospital network (Exhibit 2).

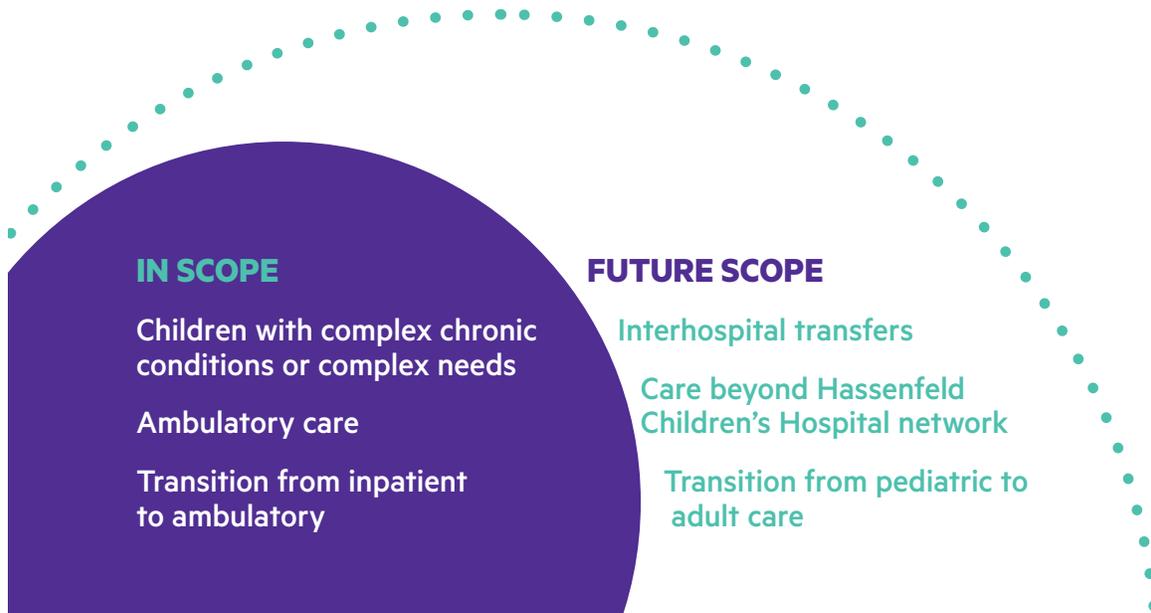
Children with complex conditions who receive care in the ambulatory setting are largely from Manhattan, Brooklyn, Queens, the Bronx, Staten Island, and Long Island. The majority of these children see pediatric specialists in cardiology, endocrinology, epilepsy, gastroenterology, hematology/oncology, neurology, orthopedic surgery, and pulmonology. The children are covered by a full range of insurance carriers including Medicaid.

1. American Academy of Pediatrics, 2004

2. The Commonwealth Fund, 2009

3. Simon TD et al. Pediatric Medical Complexity Algorithm: A New Method to Stratify Children by Medical Complexity. Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) Medical Complexity Working Group, June 2014

Exhibit 2: Care Coordination Project Scope



Focus Groups and Data Collection

In June 2016, the Sala Institute launched a series of focus groups to identify the major challenges of care coordination. To better understand the environment, the team met with a wide array of stakeholders, including: current patients and families; physicians, from trainees to division directors; front-line nurses, nurse managers, and nurse practitioners; teen and family advisors; social workers, case managers, and child-life specialists; and members of hospital administration.

Participants gathered in large groups (via committee meetings and staff gatherings) and smaller groups (via one-on-one interviews, teleconferences, and email correspondence) to discuss “pain points” (road blocks, resistors, challenges) and “known successes” in coordinating care.

Key Findings

The participants in the focus groups identified significant opportunities across all segments surveyed.

Parents described numerous challenges, including the responsibility of medical management, a lack of education and resources, limited access to medical records, lack of a cohesive/shared medical plan, and the difficulty in accessing specialty services when they are located in different sites (Exhibit 3).

Physicians and nurse practitioners described a wide range of difficulties, including insurance/vendor barriers, lack of standardized and accessible medical records, language barriers, and differing levels of awareness of services and professional training on care coordination approaches (Exhibit 3).

Social workers, care managers, registered nurses, medical administrators, and support teams cited gaps in interdisciplinary communication among providers, lack of a central repository of contact information for specific services, inconsistency of attending physician schedules, and transportation barriers (Exhibit 3).

Exhibit 3: Major Challenges

Patients & Family	Medical Team	Support Services
<ul style="list-style-type: none"> • Burden of medical management • Lack of education and resources • Limited access to medical records • Lack of cohesive/shared medical plan • Decentralization of specialty services 	<ul style="list-style-type: none"> • Insurance/vendor barriers • Lack of standardized documentation of medical records • Language barriers • Minimal education/training on care coordination 	<ul style="list-style-type: none"> • Gaps in interdisciplinary communication among providers • Lack of central repository/list of specialist contacts • Inconsistent provider schedules • Transportation barriers

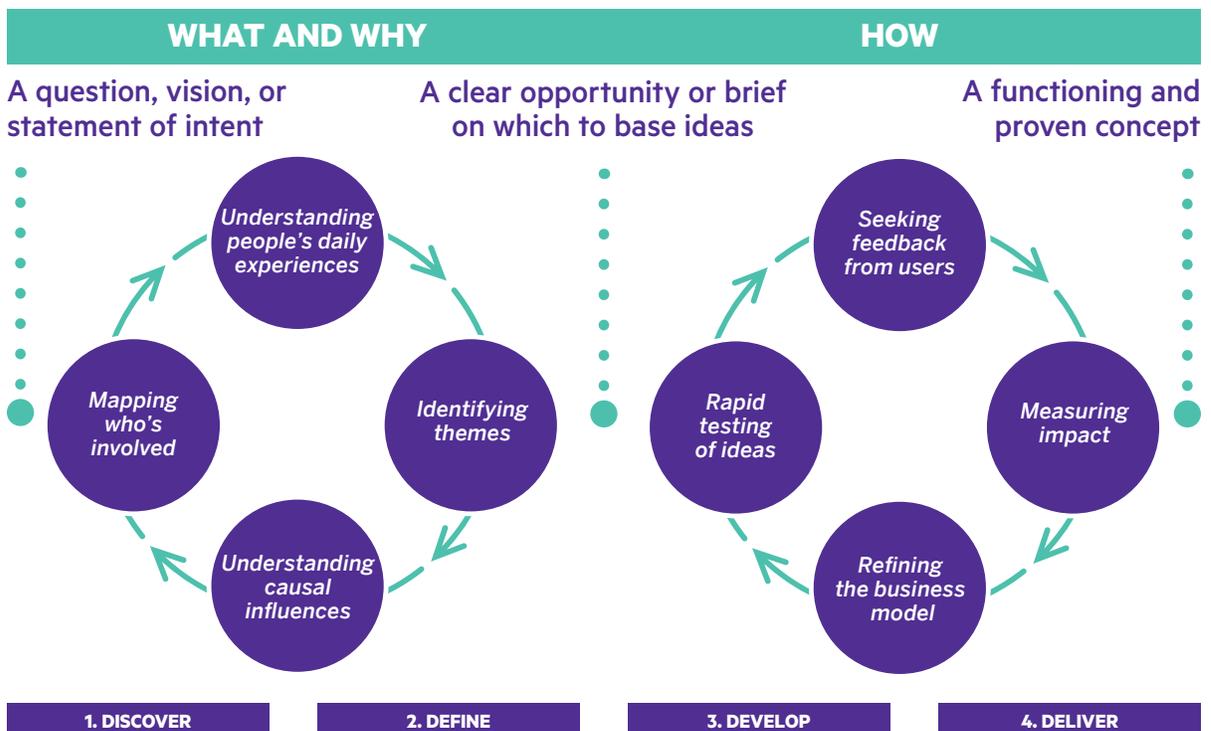
Design Session

Building on the national perspective and the findings at Hassenfeld Children’s Hospital, **Jen van der Meer**, MBA, an adjunct professor at NYU ITP and the founder and CEO of Reason Street, provided insight into the use of design thinking and the ways in which the process can be applied to care coordination.

The design thinking process defines the problem and then investigates potential solutions, always with the needs of the user demographic at the core of concept development. Action and creation are key elements of design thinking: By creating

and testing something, you can continue to learn and improve upon your initial ideas (see Exhibit 4).⁴ There are five steps to design thinking: Empathize, Define, Ideate, Prototype, and Test.⁵

Exhibit 4: Design Thinking: What, Why and How



4. Stanford University Institute of Design, 2016

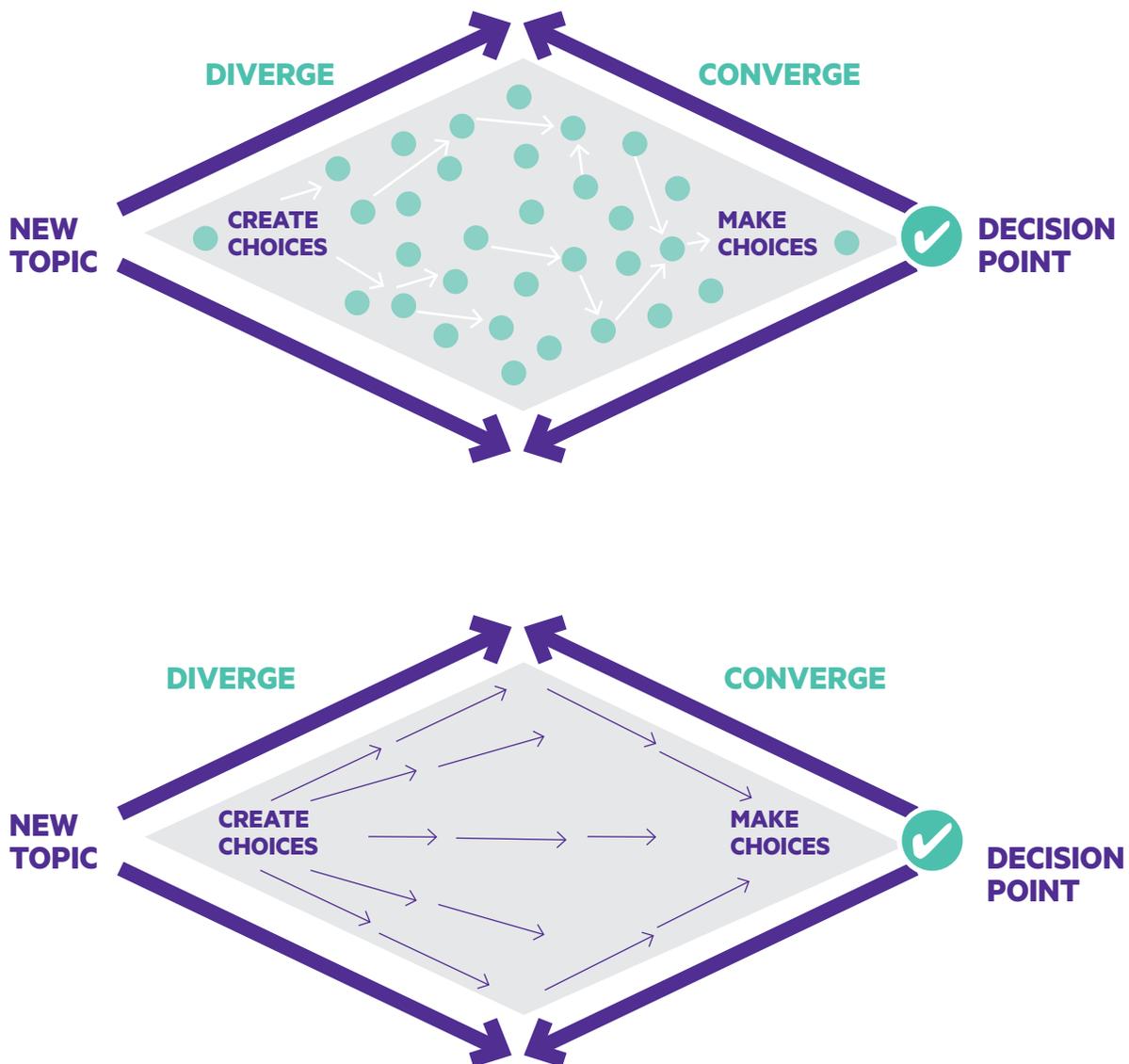
5. Ibid.

At its core, design thinking is a human-centered approach that questions the way things work. Care coordination — and the way the Sala Institute views the world — is very much about the life of the patient and the family, said van der Meer. If you fail to consider these multistate cultures and how they interact over care coordination, you can optimize for the life of the clinician, but it may be at the expense of the patient, and it

may be at the expense of the ultimate clinical outcomes, she said.

Van der Meer pointed out that design thinking and the scientific method are both important in the healthcare setting, but the lack of generative thinking tends to result in the optimization of the status quo, not the creation of something new and better (Exhibit 5).

Exhibit 5: Diverge, Converge to Create New and Better Ideas



Enhancing Care Coordination with Design Thinking

With van der Meer’s talk as a jumping-off point, NEAP meeting participants were divided into three diverse and representative groups to analyze different challenges, using a case study that looked at the complexities of care coordination from three different and important perspectives.

Prior to the meeting and in preparation for the design breakout groups, the Sala leadership team, in consultation with clinical experts and families, used the data generated by the focus groups to create three different personas, representing the perspectives of patients and families, care coordinators, and pediatric care providers. Those personas — composites created to reflect real-life

situations experienced by individuals involved in care coordination — served to humanize the data and create a richer picture of common strengths, struggles, and resources.

Composites included a patient (Hudson) and his mother (Sofia), representing patients, families, and caregivers; a care coordinator (Eleni, a social worker); and a physician (Jasmine) and a nurse practitioner (Diego), representing pediatric care providers (Exhibit 6).

Exhibit 6: Patient and Parent Personas Illustrate Stakeholders’ Perspective in Current State of Care Coordination

Persona: Sofia, Mom and Caregiver to Hudson



Name: Sofia
Age: 41
Job(s): Public school teacher
Lives with son, sister, and two nieces in Brooklyn

Goals

- Raising her son to be happy and able
- Would love to meet a romantic partner again
- One day maybe: going back and getting her master’s to become a principal

Interests

- She loves to cook for her family
- Dreams of having time to read or go back to her book club

Pains

- Living in a state of constant exhaustion, trying to juggle care
- Filled with worry – the daily challenge of coordinating the details
- Arranging the bus to school

Fears & Secrets

- Unending worry about Hudson today, but who will take care of him when she’s gone

Family Health Rx

- Her son has cerebral palsy
- She’s struggling with high blood pressure, she can’t find time to exercise

Context

Persona: Hudson, Patient and Son to Sofia



Goals

- Go to college
- Become a scientist
- Create more independence (not be so dependent on Mom)
- Get a part-time job
- Make more friends

Pains

- He's in a wheelchair and struggles with life skills
- When he gets home from school he's in his apartment alone

Conditions

- Has cerebral palsy
- He's seen by:
 - Orthopedics
 - Neurology for seizures
 - Pulmonary
 - Occupational therapy
 - Physical therapy
 - Psychology

Name: Hudson

Age: 14

School: Freshman in HS

Lives with mom, aunt, and 2 cousins in Brooklyn

Interests

- Minecraft and sports video games
- FEMA soccer fan
- Loves learning

Fears & Secrets

- Struggles with being in a funk but doesn't want to add to Mom's burden
- Is easily frustrated with physical limitations

Context



Once in the brainstorming sessions, each group further developed these composites, ultimately creating personas that resonated strongly and generated the empathy required to develop workable solutions to the challenges of care coordination.

Each group was encouraged to utilize design thinking as a means of problem solving (Exhibit 7).

For Group 1, looking through the lens of the patient and family, the goal was to develop a care-coordination concept that fit within the busy life of a working caregiver parent, who often coordinates care from her phone, and to consider ways in which patients may be engaged in the coordination process.

For Group 2, from the perspective of the care coordinators, the challenge was to develop and define the care coordinator role, and to clarify the needed expertise to shift the paradigm to family- and patient-centered care.

For Group 3, representing the point of view of pediatric providers, the goal was to define and clarify the role and process of care coordination, and to develop concepts that could help pediatric providers move seamlessly across the continuum of care.

Exhibit 7: Design Thinking to Generate a Powerful Ideation Session

Best Practices for Group Brainstorm	How Might We...	Problem Solving Prompts
<ul style="list-style-type: none"> • Defer judgment • Be visual • Have one conversation at a time • Build on the ideas of others • Stay on topic • Go for volume of solutions • Encourage wild ideas 	<p><i>State the Fact:</i> Navigating insurance, appointments, and referrals is challenging for everyone.</p> <p><i>Ask:</i> How might we explore the opposite?</p> <p><i>For example:</i> How might we give caregivers access to the best information and make scheduling easier?</p>	<ul style="list-style-type: none"> • Amp up the good • Remove the bad • Explore the opposite • Question assumptions • Identify unexpected resources • Change a status quo

Each of the three groups was encouraged to create novel approaches that addressed the following attributes and principles:

- Family- and child-centered
- Touched the greatest mix of stakeholders
- Greatly enhanced the process of care
- Had the greatest potential for learning
- Had meaningful measurable outcomes

Common Themes

Numerous recommendations emerged from the design sessions. Key drivers for a successful future state spanned the following areas:

- Personalized care centered around patients and families
- Virtual technology/telehealth
- Standardized interdisciplinary care and communication tools
- Social and community engagement

To successfully implement patient- and family-centered care, it is vital to include patients and families as essential members of care coordination teams and in the design of any related management functions; provide patients and families with education and other tools for empowerment; and ensure the inclusion of family-driven goals and expectations.

To best incorporate virtual technology and telehealth, it is important to use technology to unify communication with providers and improve access to resources; enhance access to patients' medical history with self-service and "real-time" functions; and provide a searchable database/directory of service providers that can easily be accessed by patients, families, and staff.

To enhance interdisciplinary care and communication, system mapping must be performed before designing or testing any care coordination pilot, in order to better understand who, where, when, and how we are currently providing care coordination to

children with complex illnesses, and where there are gaps or redundancies. It is also important to view care coordination as a function, not a role, and to recognize that fluidity is necessary — and that many people may perform the same function (patients, parents, nurses, NPs, social workers, case managers).

To optimize social and community engagement, social media can be utilized to create virtual social and community networks. Additional opportunities for improved engagement include creating connections with peer mentors and support groups, providing opportunities for families to participate in group therapy, and involving the community (schools, religious groups, co-ops, and other support services) as integral contributors to patients' care.

Participants at the NEAP meeting also discussed additional ideas, including creating an "assessment team" of a physician, nurse, social worker, and the family, with one integrated narrative and ongoing negotiation among team members; supporting partnerships with families by understanding their preferences in participation in care coordination and care management; and using functional mapping (breaking out the steps needed for care coordination using input from families, the medical team, and support services).

Moving Forward

The Sala Institute achieved a better understanding of the challenges impacting the delivery of effective and efficient coordinated care through the pre-meeting focus groups with clinicians and families. Two significant, but solvable, challenges identified were 1) coordinating appointments when patients need to see multiple specialists on the same day; and 2) arranging medical transport for patients to and from ambulatory locations. Sala is forging connections between ambulatory practice leadership and internal experts who are developing solutions that meet patients' and families' needs.

Key leaders from the Sala Institute and family advisers, in partnership with the NYU Langone IT team, have also begun work to create an electronic community resource platform for families and staff involved in care coordination. This virtual platform will provide real-time resources and information specific to each of the user's needs. For example, parents of a child with cystic fibrosis residing in Brooklyn will be able to access information specific to their child's condition and resources in their neighborhood. It will be easily accessible from mobile devices and carefully curated to ensure that information is relevant and accurate.

The Sala Institute will contemplate additional functional mapping of current care-coordination delivery at Hassenfeld Children's Hospital ambulatory locations. Design and testing of new, family-centered models of service delivery are intended to meet all current and future functions.

As we look ahead, the Sala Institute will continue to leverage relationships with NEAP members. This diverse group brings valuable expertise in many aspects of children's healthcare, including patient and family engagement, safety, resilience, outcomes research, education and learning, and technology. The panel members' knowledge and experience will continue to inform the strategies developed to optimize care coordination for children and their families in NYC and beyond.

The Sala Institute supports children and families as partners with healthcare professionals in all aspects of care delivery. To that end, experienced family advisors have been engaged in every step of the process to improve care coordination from creating the project, identifying its scope, participating in focus groups, and to presenting innovative ideas at the NEAP meeting. Family advisors will continue to play a vital role in the testing, implementation, and evaluation of strategies to enhance care coordination for children with complex conditions at Hassenfeld Children's Hospital.

Appendix

Members

National Expert Advisory Panel

July 20, 2016

Christina Bethell, PhD, MBA, MPH is a professor in the Bloomberg School of Public Health at Johns Hopkins University, where she serves as the founding director of the Child and Adolescent Health Measurement Initiative (CAHMI) within the Department of Population, Family and Reproductive Health. The CAHMI was established in 1996 as a national collaborative to advance a family-centered, population-based framework and common measurement and family engagement methods to promote the early and lifelong health of children, youth, and families. This work has led to the development, validation, and national, state, and local implementation and reporting of measures with a focus on early childhood development, children with special healthcare needs, adolescent preventive services, medical, home and a variety of family-centered care topics.

Dr. Bethell leads the National Data Resource Center for Child and Adolescent Health (www.childhealthdata.org), supported through Health Resources and Services Administration's Maternal and Child Health Bureau, as well as efforts to develop, test, and disseminate family-driven quality measurement and improvement tools such as the Well Visit Planner. She is passionate about enabling data-driven partnerships and leveraging the new brain sciences, mindfulness, and other mind-body methods to transform health and related services, with a focus on addressing childhood trauma, promoting positive health, and advancing High Reliability Organizations. She earned an MBA and MPH from the University of California, Berkeley, and PhD in public policy from the University of Chicago.

Arthur Caplan, PhD is the Drs. William F. and Virginia Connolly Mitty Professor and founding head of the Division of Bioethics at New York University Langone Medical Center

in New York City. He is the cofounder and dean of research of the NYU Sports and Society Program and head of the ethics program in the Global Institute for Public Health at NYU. Prior to coming to NYU he was the Sidney D. Caplan Professor of Bioethics at the University of Pennsylvania's Perelman School of Medicine in Philadelphia, where he created the Center for Bioethics and the Department of Medical Ethics. Dr. Caplan has also taught at the University of Minnesota, where he founded the Center for Biomedical Ethics, and at the University of Pittsburgh and Columbia University. He received his PhD from Columbia University. He is the author or editor of 32 books and more than 600 papers in peer-reviewed journals. His most recent books are *Contemporary Debates in Bioethics* (Wiley, 2013) and *Ethics in Mental Healthcare: A Reader* (MIT Press, 2013).

Dr. Caplan has served on a number of national and international committees, including as chair, National Cancer Institute Biobanking Ethics Working Group; chair of the Advisory Committee to the United Nations on Human Cloning; chair of the Advisory Committee to the Department of Health and Human Services on Blood Safety and Availability; the Presidential Advisory Committee on Gulf War Illnesses; the special advisory committee to the International Olympic Committee on genetics and gene therapy; the ethics committee of the American Society of Gene Therapy; the special advisory panel to the National Institutes of Mental Health on human experimentation on vulnerable subjects, and the Wellcome Trust on research in humanitarian crises. He served as co-director of the Joint Council of Europe/United Nations Study on Trafficking in Organs and Body Parts. He is currently the ethics adviser to DOD/DARPA on synthetic biology, a member of the National Council on Youth Sports Safety, on the board of directors of the Bazelon Center for Mental Health Law, a member of the Ethics

and Ebola Working Group of the World Health Organization, and non-voting chairperson of the Compassionate Use Advisory Committee for Johnson & Johnson. Dr. Caplan also serves as the non-voting Chairperson of the Compassionate Use Advisory Committee (CompAC), an independent group of internationally recognized medical experts, bioethicists, and patient representatives formed by the NYU School of Medicine, which advises J&J's Janssen Pharmaceuticals unit about requests for compassionate use of its investigational medicines.

Dr. Caplan writes a column on bioethics for NBC.com. He is a commentator on bioethics and healthcare issues for WebMD/Medscape. He is a regular commentator on medicine and science for WGBH radio in Boston and WMNF public radio in Tampa. He appears frequently as a guest and commentator on various other national and international media outlets.

Dr. Caplan is the recipient of many awards and honors, including the McGovern Medal of the American Medical Writers Association and the Franklin Award from the City of Philadelphia. He received the Patricia Price Browne Prize in Biomedical Ethics for 2011. He was named a person of the Year-2001 by *USA Today*. He was described as one of the 10 most influential people in science by *Discover* magazine in 2008. He has also been honored as one of the 50 most influential people in American healthcare by *Modern Health Care* magazine, one of the 10 most influential people in America in biotechnology by the *National Journal*, and one of the 10 most influential people in the ethics of biotechnology by the editors of *Nature Biotechnology*. In 2014 he was selected to receive the Public Service Award from the National Science Foundation/National Science Board, which honors individuals and groups that have made substantial contributions to increasing public understanding of science and engineering in the United States.

He holds seven honorary degrees from colleges and medical schools. He is a fellow of the Hastings Center, the NY Academy of Medicine, the College of Physicians of Philadelphia, the American College of Legal Medicine, and the American Association for the Advancement of Science.

Cindy Christian, MD holds the Children's Hospital of Philadelphia (CHOP) endowed Chair in the Prevention of Child Abuse and Neglect, is a professor of pediatrics at the Perelman School of Medicine at the University of Pennsylvania, and serves as an assistant dean in the medical school's Program of Diversity and Inclusion. Dr. Christian completed her pediatric residency and child abuse pediatrics fellowship at the Children's Hospital of Philadelphia, where she has spent her career. For more than two decades, she directed the child protection program at CHOP. She is a faculty director of the Field Center for Children's Policy, Practice and Research at the University of Pennsylvania. She is the immediate past chair of the American Academy of Pediatrics Committee on Child Abuse and Neglect. In 2010 Dr. Christian was appointed the first medical director for the Philadelphia Department of Human Services, leading the development of policies and strategies to improve the health of Philadelphia's dependent children.

Kathleen Gorman, MSN, RN, FAAN, NEA-BC is executive vice president of Patient Care Services and Chief Operating Officer at Children's National Health System since 2012. From 2009–2012 she served as senior vice president of patient care services and chief nursing officer at the Children's Hospital of Philadelphia and assistant dean of clinical practice at the University of Pennsylvania, School of Nursing. From 1998–2009 Ms. Gorman was the vice president of Quality and Clinical Support Services at Children's National Health System. She received her bachelor's and master's of science in nursing from the University of Nebraska Medical Center, College of Nursing. She is a nurse leader who has advanced patient safety, quality, and clinical resource management to improve care outcomes and inform policy for children and families. Ms. Gorman has presented and published extensively on quality, safety, outcomes, and leadership in healthcare. In advancing the national agenda on improving child health through pediatric quality, she has led and participated in committees under the National Quality Forum, the Leapfrog Group, Children's Hospital Association (CHA), American Board

of Pediatrics, Institute of Medicine and others. Ms. Gorman serves on the board of directors for The DAISY Foundation and the Quality, Safety and Performance Committee for CHA. She was the recipient of the distinguished Alumni Award for the University of Nebraska Medical Center and is a graduate from Wharton School of Business: Johnson & Johnson Nurse Executive Fellow program. She has been recognized as a top woman leader by Becker's Hospital Review in 2012, 2013 and 2014. Ms. Gorman was inducted as a Fellow in the American Academy of Nursing in 2014.

Kimberly Eaton Hoagwood, PhD is the Cathy and Stephen Graham Professor of Clinical Psychology in Psychiatry and Vice Chair for Research in the Department of Child and Adolescent Psychiatry at the New York University School of Medicine. She also works with the Division of Children, Youth and Families at the New York State Office of Mental Health (NYSOMH) as a research scientist. Previously she was professor of clinical psychology and Psychiatry at Columbia University, specializing in children's mental health services research. Before coming to New York, she was associate director for child and adolescent mental health research with the National Institute of Mental Health (NIMH), and oversaw the portfolio of research on child and adolescent mental health, from basic to applied studies. This gave her a broad perspective on research gaps and on ways to connect different areas of science through interdisciplinary theory and methods. She served as the scientific editor for the Office of the Surgeon General's National Action Agenda on Children's Mental Health with Dr. David Satcher.

Dr. Hoagwood is director and principal investigator of the Center for Implementation-Dissemination of Evidence-Based Practices among States, known as the IDEAS Center, an Advanced Center funded by the National Institute of Mental Health (www.ideas4kidsmentalhealth.org). She co-directs the Community Technical Assistance Center with Dr. Mary McKay, funded by the New York State Office of Mental Health (www.ctacny.com). She is principal investigator on several other major grants and subcontracts, all focused on improving the quality of services

for children and families. Her special emphasis is on parent activation in children's health services, as well as the organizational and policy contexts for children's mental health services.

Leora Horwitz, MD, MHS is associate professor of population health and of medicine at NYU School of Medicine. She founded and directs the NYU Langone Center for Healthcare Innovation and Delivery Science, and is director of the Division of Healthcare Delivery Science in the Department of Population Health in the NYU School of Medicine. Dr. Horwitz is an academic general internist with an active clinical practice and a health systems research-focused career. Her research focuses primarily on systems and practices intended to bridge gaps or discontinuities in care. She has studied shift-to-shift transfers among physicians and among nurses, transfers from the emergency department to inpatient units, and the transition from the hospital to home. She has received funding for this work from the National Institute on Aging, the Agency for Healthcare Research and Quality, and the Hartford Foundation. Under contract to the Centers for Medicare and Medicaid Services, she led the development of the all-condition 30-day readmission quality measure for hospitals that is endorsed by the National Quality Forum and is now publicly reported. She founded and chairs the Transfers and Handoffs Interest Group at the Society of General Internal Medicine and has advised the Hospital to Home (H2H) Excellence in Transitions program and the Premier Hospital Engagement Network.

Fiona Levy, MD serves as the inaugural executive director of the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital of New York at NYU Langone, and vice chair for clinical affairs for the Department of Pediatrics at New York University School of Medicine. Dr. Levy came to NYU Langone from the Cohen Children's Medical Center of New York, where she served as the chief quality officer for Cohen Children's and the Pediatric Service Line at the North Shore-LIJ Health System, and professor of pediatrics at Hofstra North Shore-LIJ School of Medicine.

Prior to her return to her hometown of New York City, Dr. Levy was the vice president for quality and director of hospital access and inpatient services at Children's Medical Center Dallas and Professor of Pediatrics at UT Southwestern School of Medicine.

Dr. Levy earned a BA in chemistry from Wellesley College, and received her medical degree from New York Medical College in Valhalla, New York. She completed a residency in pediatrics at SUNY Health Science Center in Syracuse, New York and a fellowship in critical care medicine at Children's Hospital and Medical Center, Seattle, Washington. Dr. Levy also has a master's degree in business administration from Washington University in St. Louis.

Dr. Levy serves as a member of the Patient Safety Team for the Child Health Patient Safety Organization, the Clinical Steering Team for Children's Hospitals' Solutions for Patient Safety, and the Children's Hospital Association Quality and Performance Committee of the board of trustees.

K. Ron-Li Liaw, MD is director of the Sala Institute Center for Child and Family Resilience and Director of the Pediatric Psychiatry Consultation-Liaison Service at Hassenfeld Children's Hospital of New York at NYU Langone. Dr. Liaw is a clinical assistant professor of Child and Adolescent Psychiatry at the NYU School of Medicine. Her areas of expertise include children's and families' responses to acute and chronic stress, trauma and resilience, co-morbid medical and mental health issues, patient and family-centered care, integrated healthcare models and systems redesign, diversity, wellness, and strength-based approaches to health promotion and family empowerment.

Dr. Liaw received her bachelor's degree in anthropology from Rice University and her medical degree from Baylor College of Medicine with high honors. She completed her adult psychiatry training at Harvard Medical School, Massachusetts General Hospital, and McLean Hospital, where she served as chief resident. She also completed a research fellowship at the Dana-Farber Cancer

Institute and the Mind/Body Institute, as well as a clinical fellowship in psychodynamic psychotherapy at the Boston Psychoanalytic Society and Institute. Dr. Liaw completed her child and adolescent psychiatry residency at NYU Langone Medical Center.

Dr. Liaw has served as assistant unit chief of the Adolescent Inpatient Unit at Bellevue Hospital, where she was director of staff education. She is the professor for the NYU College of Arts and Science undergraduate course, Looking Back on Growing Up, a child development course, through the use of cinema. She is the NYC wellness consultant for Paul Newman's Hole in the Wall Gang Camp serving children with cancer and other life-threatening illnesses, and serves on the advisory board for NYC Parents In Action.

Dr. Liaw has received numerous teaching and clinical awards from the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, Harvard Medical School, and NYU School of Medicine. She was the recipient of the Laughlin Fellowship, given annually by the American College of Psychiatrists to the 10 residents from the USA and Canada who are most likely to make a significant contribution to the field of psychiatry.

"Be CAP-tivated" is a 10-minute film produced by the Workforce Committee of the American Academy of Child and Adolescent Psychiatry (AACAP) and its Campaign for America's Kids. It documents a "day in the life" of four young and engaging child and adolescent psychiatrists, including Dr. Liaw. She was invited presenter at TEDxNYU 2013 and gave a talk entitled, "The H Word," interweaving patient and family stories and the building of a new children's hospital. She was an invited guest on NBC's *TODAY Show* to provide expert advice on how to talk with kids about death and divorce. Dr. Liaw was named to the 2013 Super Doctors Rising Stars list published in the *New York Times Magazine*.

Michele Lloyd is vice president for children's services at Hassenfeld Children's Hospital of New York at NYU Langone. As the senior leader of Children's Services since 2012,

she is responsible for ensuring the strategy and operations for the seamless integration of programs and services for children and their families across the Medical Center. In collaboration with the Children's Services leadership team, she oversees the key priority areas of patient safety and quality, child and family experience, program growth, and financial sustainability. Along with the chair, Department of Pediatrics, she provides senior leadership to the Sala Institute for Child and Family Centered Care.

Prior to NYU Langone, Ms. Lloyd worked in several capacities as a senior leader at The Children's Hospital of Philadelphia (CHOP). Most recently as senior vice president for operations, she provided executive leadership for a diverse portfolio of patient care services and administrative operations during a period of unprecedented organizational transformation and growth.

Catherine Manno, MD is the Pat and John Rosenwald Professor of Pediatrics, chair of the Department of Pediatrics, and an internationally recognized pediatric hematologist who helped to develop pioneering approaches for the treatment of bleeding disorders. She was recruited to NYU Langone in 2008 as chair of the Department of Pediatrics and physician-in-chief of the future Hassenfeld Children's Hospital of New York at NYU Langone. Dr. Manno came to NYU Langone from the Children's Hospital of Philadelphia, where she had been a faculty member for over 20 years. She is a fellow of the American Academy of Pediatrics, a member of the American Pediatric Society, a former chair of the NIH-NHLBI Program Project Review Committee, and a member of the board of the American Medical School Pediatric Department Chairs.

Nader Mherabi is senior vice president, vice dean, and chief information officer and is responsible for all information technology (IT) activities for NYU Langone Medical Center. He previously was vice president for IT Product Solutions and chief technology officer for NYU Langone, responsible for technology strategy, infrastructure engineering, networks, data centers, application architecture, systems

deployment, and support across the Medical Center.

Mr. Mherabi has designed, developed, and implemented many large-scale diverse systems for NYU Langone and has extensive experience in IT systems development technologies, hospital clinical systems integration, research and education systems. Mr. Mherabi successfully developed an operational architecture for NYU Langone for in-house application development and integration, an electronic data repository and dashboard and warehouse, research infrastructure for computational and collaboration, and over 40 additional mid-size applications in research, education and clinical care environments.

During his 23 years in the information technology field, Mr. Mherabi has designed, developed and implemented large-scale diverse systems for top Fortune 500 companies worldwide, such as Credit Suisse and CitiGroup, and held several prominent IT management positions including senior director at Mount Sinai NYU Health, vice president at Credit Suisse First Boston, vice president at Citibank, and senior application developer at AT&T and Aurora Consulting.

Stephen Muething, MD is co-director of the James M. Anderson Center for Health Systems Excellence at Cincinnati Children's Hospital Medical Center and professor of pediatrics at the University of Cincinnati College of Medicine. Dr. Muething was recently awarded the Michael and Suzette Fisher Family Chair for Safety at Cincinnati Children's Hospital. He leads the strategic goal of eliminating all serious harm for patients and employees. His improvement work and research focuses on high reliability culture, situation awareness, and managing by prediction.

Dr. Muething is also clinical director of the Children's Hospitals' Solutions for Patient Safety. This network of more than 90 children's hospitals is collaborating to eliminate serious harm for all pediatric patients across the United States. He serves on multiple national pediatric safety groups

and is a frequent consultant for regional, national, and international safety initiatives. He spent the first decade of his clinical career building a pediatric practice and inpatient unit in rural Indiana. He then focused on inpatient systems at Cincinnati Children's as a leader of the Hospital Medicine program and was at the forefront of multiple transformations in care delivery including family-centered rounds, systematic adoption of evidence-based practice, and inpatient microsystems. Dr. Muething continues his clinical work serving as a Safety Officer at Cincinnati Children's.

Lucy Pereira-Argenziano, MD is director of the Sala Institute Center for Patient Safety and Quality and a Member of the Division of Neonatology in the Department of Pediatrics at Hassenfeld Children's Hospital of New York at NYU Langone. Dr. Pereira-Argenziano received her medical degree from SUNY Health Sciences Center of Brooklyn. She completed her pediatric residency and neonatal-perinatal fellowship at Cohen Children's Medical Center, North Shore-LIJ. In addition, Dr. Pereira-Argenziano received quality improvement training through the Greater New York/ United Health Fund Clinical Quality Fellowship and the Intermediate Improvement Science Series (I2S2) at Cincinnati Children's Hospital. She was a faculty member at Cohen Children's Medical Center prior to joining the Sala Institute in May 2015.

While at Cohen Children's Medical Center, Dr. Pereira-Argenziano established the North Shore LIJ Health System Neonatal Service Line Quality Committee, which worked to create standard practice guidelines, common quality metrics and product usage across the multiple hospitals throughout the Health System; this included creation of a Neonatal Service Line Quality dashboard. In addition, she developed quality improvement education for GME trainees and additional health team members including nurses and respiratory therapists throughout the Children's Hospital.

Juliette Schluter is director of The Center for Child and Family Experience of the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital of New York at NYU Langone. Her focus is on building the infrastructure to support patient and family engagement at the system level and in the delivery of care. She provides leadership for child and family education, the Family and Youth Advisory Councils, the Family Faculty program, and engagement in the experience of care. Juliette has over two decades of experience working with and leading healthcare professionals in patient- and family-centered care assessment, programming design, and implementation.

From 1995 through 2010, Ms. Schluter provided leadership for hospital-wide implementation of patient- and family-centered care at the Children's Hospital of Philadelphia (CHOP). While there, she created and served as lead author of *The Promise of Partnership*, a toolkit used to teach healthcare professionals best practice behaviors for patient- and family-centered care. *The Promise of Partnership* was chosen by the Institute for Healthcare Improvement for its Open School module on patient- and family-centered care. She also co-created the Family Faculty, an award-winning program in which parents teach healthcare professionals about the experience of illness. She established CHOP's Family Advisory Council, created and developed the Family-Centered Intern program, developed a Patient and Family Advisor training curriculum and founded and wrote *Partners for Excellence*, a workshop to teach parents about using healthcare resources effectively.

She has served as a contributing author for numerous publications including *Partnering with Patients and Families to Design a Patient and Family Centered Health Care System*, *Essential Allies, A Guide for Staff Liaisons*, *Words of Advice, A Guide for Patient and Family Advisors* and *Family-Centered Home Care* for the American Academy of Pediatrics.

Since 1996, Ms. Schlucter has served as guest faculty and consultant to the Institute for Patient and Family-Centered Care. She has served on family-centered education advisory councils for the Accreditation for Graduate Medical Schools and the Association of American Medical Colleges and served on the board of the Association of the Care of Children's Health. She is currently a member of the Institute of Medicine's committees to advance patient engagement and shared decision making.

Donald F. Schwarz, MD, MPH, MBA is vice president, program, at the Robert Wood Johnson Foundation, the nation's largest philanthropy dedicated solely to health. In this role, he guides the Foundation's strategies to build a culture of health in America, enabling everyone to live the healthiest life possible. Dr. Schwarz, a nationally-recognized leader in public health and children's healthcare, was formerly Deputy Mayor for Health and Opportunity and Health Commissioner for the City of Philadelphia. Before entering government service, he was professor of pediatrics in the University of Pennsylvania Schools of Medicine and Nursing and deputy physician-in-chief and Craig-Dalsimer Division Chief of Adolescent Medicine at the Children's Hospital of Philadelphia.

Leilani Schweitzer, BA is assistant vice president for communication & resolution, Stanford University Hospitals. Ms. Schweitzer did not choose a career in health care, it chose her. Eleven years ago her son died after a series of medical mistakes; now she works in risk management at the same hospital where those errors happened. In her work with Stanford Healthcare's risk management, she uses her own experience with medical errors to navigate between the often insular, legal, and administrative sides of medical error; and the intricate, emotional side of the patient and family experience. Her work with The Risk Authority gives her a unique view of the importance and complex realities of disclosure and transparency in healthcare. Her talk about transparency in healthcare has been viewed more than 50,000 times.

Eileen M. Sullivan-Marx, PhD, RN, FAA is dean of the New York University College of Nursing and the Erlene Perkins McGriff Professor of Nursing. She assumed the deanship at NYU in 2012 after a distinguished career at the University of Pennsylvania School of Nursing, where she was the Shearer Endowed Term Chair, Professor of Scholarly Practice, and Associate Dean for Practice & Community Affairs. She is a distinguished nursing leader, educator, and clinician known for research and innovative approaches in primary care, testing methods of payment for nurses particularly, with Medicaid and Medicare, sustaining models of care using advanced practice nurses locally and globally, and developing health policy in community-based settings. With a strong belief in the integration of practice, research, education, and interdisciplinary teamwork, Dr. Sullivan-Marx has built and sustained models of team care, including a private family practice, growing a Program of All Inclusive Care for Elders (PACE) from 75 persons to 525 persons in five years that saved the state of Pennsylvania fifteen cents on the dollar in Medicaid funding, and launched numerous older adult team programs in academic centers as well as the Veterans Administration. Dr. Sullivan-Marx has been on numerous community planning and advisory boards, including the Children's Hospital of Philadelphia's Patient and Safety Board from 2009-2012.

She was the first nurse to serve as the American Nurses Association representative to the American Medical Association's Resource Based Relative Value Update Committee and did so for 11 years, demonstrating through research that nurse practitioner and physician work can be valued equally in that payment structure. Dr. Sullivan-Marx has been active in regional, state, and national policy, serving as chair of the Pennsylvania Commission on Senior Care Services in 2008, as a member of the Philadelphia Emergency Preparation Review Commission in 2006, and as an American Political Science Congressional Fellow and Senior Advisor to the Center for Medicare & Medicaid Services Office of

Medicaid and Medicare Coordination in 2010 just after passage of the Affordable Care Act. As part of this position, she worked to bring promising models of care to scale such as the PACE Programs. She currently serves on the American Academy of Nursing's (AAN) Board of directors and is an AAN Edge Runner, a fellow in the New York Academy of Medicine, and a fellow in the Gerontology Society of America.

Among the numerous awards that she has received are the International Sigma Theta Tau Honor Society Best of Image Research Award (1993) and its Excellence in Practice Award (2011), the Springer Publishing Research Award, and the Doris Schwartz Gerontological Nursing Research Award. She is a Distinguished Alumni of the University of Rochester School of Nursing.

Dean Sullivan-Marx began her nursing career in 1972 in Philadelphia, earned a BSN (1976) from the University of Pennsylvania, and an MS (1980) from the University of Rochester School of Nursing as a family health nurse practitioner. She received a PhD from the University of Pennsylvania School of Nursing in 1995. Her nurse practitioner career was exemplified by forging and sustaining primary care practices, which she successfully and uniquely integrated into her academic research and teaching career.

Mark Wietecha, MS, MBA is president and chief executive officer of Children's Hospital Association (CHA), an institution representing over 200 hospital organizations and major pediatric programs with a mission to improve child health through innovation in care, education, and research. CHA advances these aims by fostering national collaboration to improve pediatric health policy and practice to better serve the unique healthcare needs of children. This is accomplished through specialized CHA pediatric programming in

public policy, advocacy, analytics, education, research and work improving the quality, safety, and cost of care.

Prior to joining CHA in 2011, Mr. Wietecha was the executive chairman of Kurt Salmon (2004 to 2011), overseeing a global consulting firm of over 2,000 professionals serving clients on five continents in six languages. In addition to the Children's Hospital Association board of trustees, he serves on the boards of the Council of Teaching Hospitals and Health Systems of the Association of American Medical Colleges (AAMC), the Coalition to Protect America's Health Care, OpenNotes, an organization advancing greater patient engagement in care, and Virtual PICU Systems, where he is past chairman of the board. He is a former trustee and past chairman of the board of overseers of the UCLA Health System, a former director and past deputy chairman of the board of Management Consulting Group, a public London-listed company, and a former director and past chairman of the board of Kurt Salmon Associates.

Mr. Wietecha's professional work in both adult academic and pediatric medicine has been recognized as among the best in the country, and he has advised most of the *U.S. News & World Report* "Best" medical centers and children's hospitals. He has been named among the nation's "Most Influential Consultants" by *Consulting Magazine* and as one of the "5 Healthcare Leaders to Know" by *Becker's Review*. He is a regular presenter on the future of health care and cited in such media as the *New York Times*, *Wall Street Journal* and *National Public Radio*.

Mr. Wietecha's past training includes a master of science from the Ohio State University and a master of business administration from Indiana University. He is based in Washington, D.C.

Invited Guests and Family Partners

National Expert Advisory Panel

July 20, 2016

Bonnie Geld, MSW, ACHE is vice president of the Center for Case Management. Ms. Geld brings over 20 years experience in the area of case management with a focus on process improvement, team building, and successfully integrating the social work and RN roles. She was formerly the director of care management and patient placement at Baystate Health in western Massachusetts and has developed and implemented successful care management programs in other states, including in large adult systems in Texas. She has launched a variety of educational programs and workshops on promoting team interventions, rapid cycle assessments, and integrated care planning. Ms. Geld has extensive experience in LEAN project management as well as teaching affiliations in college social work and sociology programs.

Kimberly McHugh Kilcoyne is a senior family advisor at the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital of New York at NYU Langone, and an art teacher. She is the mother of Maeve, a 7-year-old with Ohtahara Syndrome, as well as two younger boys. Maeve is a medically fragile child who receives care from numerous specialists throughout the hospital, as well as full-time nursing care at home. Ms. Kilcoyne presented in Chicago at the Children's Hospital Association about the work that she is doing as a family advisor. She sits on safety committees and as a member of the Family Faculty, speaks frequently to incoming pediatric residents and the nursing staff about Maeve's story, and how to improve care for patients and families. She and her family spend a lot of time in the hospital and are witnessing firsthand the changes being made by the Family Advisory Council.

Naomi Linder-Perlman, JD is a senior family advisor at the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital of New York at NYU Langone. In this role, Ms. Linder-Perlman serves as a partner on numerous hospital committees providing insight from the patient and family perspective. She is the proud parent of two teenage girls, one whom has Sturge-Weber syndrome and has received extensive medical care over the past 17 years. She has represented the Sala Institute at Solutions for Patient Safety conferences as both a representative of the NYU Langone team and also as a panelist sharing the value of family-centered care to other institutions. In addition, Ms. Linder-Perlman is on several national boards for organizations that advocate for children with disabilities and is a frequent speaker at conferences on inclusion and advocacy. As a healthcare and special education lawyer with over 25 years of experience representing hospitals in quality and safety from a risk and legal perspective, she brings a unique understanding to the table with regard to balancing the needs of the hospital with the needs of the family.

Sarah MacArthur, MD is a hospitalist attending at NYU Langone Medical Center and the director for Digital Health Innovation and Entrepreneurship within NYU's Center for Healthcare Innovation and Delivery Science (CHIDS) and the Institute for Innovations in Medical Education (IIME). Prior to her medical training, Dr. MacArthur was extensively involved in IT innovation startups. She attended the Brearley School, received her BA from Yale University and her MD from Columbia. She trained in both psychiatry and internal medicine residencies at NYU. Prior to joining NYU Langone's faculty, she served as the Internal Medicine Department's chief resident focused on quality and value within Internal Medicine.

Anne Meara, RN, MBA joined the NYU Langone Health System as vice president, care management, in February 2016. Ms. Meara has over 25 years of experience in hospitals, managed care companies and a large integrated delivery system. Her skill set combines a clinical background in nursing with extensive management experience in healthcare operations, strategic planning, care management, and population health management. Immediately prior to joining NYU Langone, she was with Montefiore Health System in Bronx, NY, where she developed and grew Montefiore's nationally recognized innovative care management programs with a particular focus on complex, vulnerable populations.

Jen van der Meer, MBA is the founder and CEO of Reason Street, where she drives business model exploration and validation for clients with a concentration in outcomes-based healthcare. She has worked with HHS on open data initiatives, a number of pharma and payers on open innovation, and actively works with leading health tech startups on defining new business models in health. Ms. van der Meer works at the emerging edge of technology and design, and she started her career as an equity analyst on Wall Street covering semiconductor startups and early stage internet (including the Netscape IPO). She has held executive management roles at Organic and Frog Design in the early years, before becoming an entrepreneur, building large scale design and design strategy practices for those companies. Her social data and community company, Drillteam, was acquired by Dachis Group (now Sprinklr). She also teaches Lean LaunchPad at NYU ITP and is a judge, mentor, and business model coach for NYU Entrepreneur's Institute, the NYU Blackstone Mentors, the NYU Stern 200k Challenge, and she serves on the Steering Committee for the NYU Makerthon. Ms. van der Meer received her MBA from HEC in France, and BA from Trinity College.

Beth Silber, MPA is family consultant at the Sala Institute for Child and Family Centered Care at Hassenfeld Children's Hospital of New York at NYU Langone. In this role Ms. Silber supports family-centered care programs at Hassenfeld Children's Hospital by providing family advisor leadership for programs and valued patient and family perspective on hospital committees. Ms. Silber established the first Children's Hospital Family Advisory Council at NYU Langone, comprised of families of children with a variety of diagnoses and care experiences. As council chair, she recruits, orients and trains new family advisors. She frequently teaches healthcare professionals about the impact of illness on families through the Family Faculty Program. She has developed the NYU Langone Family-to-Family Program, bringing families together for support and connection during hospitalizations and outpatient visits. A respected and central voice in safety and quality initiatives, Ms. Silber is co-author of the publication, *Keeping a Child Safe in the Hospital: A Qualitative Study of Parent Perspectives*. Previously Ms. Silber served as a family advisor at Kravis Children's Hospital at Mount Sinai and as a parent advocate in the Oncology Clinic. She obtained her B.S. at Cornell University in Policy Analysis and her master of public administration (MPA), Health Policy & Management from NYU Wagner Graduate School of Public Service.

Ellen Marie Whelan NP, PhD, FAAN is the chief population health officer at CMS for the Center for Medicaid and CHIP Services (CMCS) and a senior advisor at the Center for Medicare and Medicaid Innovation (CMMI) where she coordinates the pediatric portfolio across the Center. In both positions Dr. Whelan works on the design, implementation and testing of delivery system transformation and payment reform initiatives.

Previously, Dr. Whelan was associate director of Health Policy at the Center for American Progress during the development and passage of the Affordable Care Act and started her policy career in the U.S. Senate for five years, first as a health policy advisor for Tom Daschle, as a Robert Wood Johnson health policy fellow, and then as staff director on Senate Committee on Health, Education, Labor and Pensions with Senator Barbara Mikulski. Before coming to Capitol Hill, Dr. Whelan was a health services researcher and faculty member at the University of Pennsylvania and Johns Hopkins University and practiced as nurse practitioner for over a decade. She has worked in a variety of primary care settings and started an adolescent primary care clinic in West Philadelphia.

Dr. Whelan holds a bachelor's degree from Georgetown University, a master's degree and Ph.D. from the University of Pennsylvania and the Leonard Davis Institute of Health Economics, and completed a postdoctoral fellowship in primary care policy with Barbara Starfield, MD, at the Johns Hopkins School of Public Health.

Karen Zander, RN, MS, CMAC, FAAN is president and CEO of the Center for Case Management. Her pioneering work with clinical case management and CareMap® systems, begun at New England Medical Center Hospitals in Boston almost 30 years ago, is internationally recognized. Hospitals and Health Networks named her a "Cutting Edge" leader. She is the author of many articles about case management and editor of The New Definition newsletter. Ms. Zander has also written several case management texts: 1) *Competency Evaluation Tools for Case Management Professionals*, 2) *Emergency Department Case Management: The Compendium of Best Practices 2nd edition* with K. Walsh, and 3) *Hospital Case Management Models: Evidence Connecting the Bedside to the Boardroom*. Ms. Zander holds a BSN from Illinois Wesleyan University, an MS in Psychiatric-Mental Health Nursing from Boston University, post-graduate credits from Massachusetts Institute of Technology, and a doctorate in humane letters (DHL), honoris causa, from Illinois Wesleyan University. She has been on the Partners Care at Home Advisory board, and has been a cellist in the New Philharmonic Orchestra for 20 years.

About the Sala Institute for Child and Family Centered Care

The Sala Institute provides a foundation for collaboration and partnership between multidisciplinary staff and the families of the children in our care at Hassenfeld Children’s Hospital of New York at NYU Langone. Sala is responding to the evolving needs of children, families and staff by introducing dynamic new programs, such as pediatric palliative care and pain management, nutrition and wellness, and integrative health. It also builds on strong existing programs, including direct therapeutic and supportive services. Anchored in the belief that when patients, families, and healthcare providers build ongoing partnerships in a family centered culture—the results are improved safety, higher quality of care, better patient outcomes, and more supportive experiences for patients and their families.

The first of its kind in mission and structure, the Sala Institute operates through four interrelated centers:

- Center for Child and Family Resilience
- Center for Child and Family Experience
- Center for Patient Safety and Quality
- Center for Education, Learning, and Innovation

Each center was designed with a unique expertise and focus, and together they support the needs and preferences of every child and family. This unprecedented integration of the centers is what makes Sala unique and creates the remarkable opportunity for excellence, which is being realized every day.

