

RBHS Integration of Pediatric Surgical Programs in the Region

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Abstract:

With the merger of RWJBarnabas Health and Rutgers Biomedical and Health Sciences (RBHS), these institutions have come under one system umbrella and in such, there have been recent efforts in incorporating academic practice into all the institutions, creating more uniform and unified academic practice within the RWJBarnabas Health System. The primary goal of the project is to implement standardized, accountable care of the pediatric surgical patient across the system through standards of care, guidelines and policies that are easily accessible to all members of the surgical teams. The project will specifically highlight the example of integrating an institution joining the RBHS system for demonstrative purposes. The project will include strategies to foster collaboration, implement guidelines, define stakeholders and discuss expected difficulties in the implementation.

Primary Stakeholders:

Stakeholders of this project can be grouped into "institutional" and "system" participants:

- **Institutional:** Patients, Physicians, surgical Residents, Advance Practice Nurses / Nurse Practitioners, Institutional Leadership and the Community.
- **System:** System Leaders/Strategic Plan of the System.

Key Steps/Activities:

Institutional leaders will be tasked with promoting the system's approach to standardized patient care. Key stakeholders will need to be identified within the institutions, as well as each subset of staffing, to lead the individual effort. Pediatric surgeons and nurse practitioners are responsible for evaluating the institutions guidelines and policies in order to establish a consensus of system guidelines. Guidelines should adhere to available published evidence-based materials while incorporating specific institutional or regional preferences.

Effectiveness Measures:

Desired outcomes are achieved when the algorithms of patient treatment are comparable between institutions within the system. This is predominantly demonstrated with quality outcomes measurements where databases are populated with patient data and metrics. In the case of a successful and unified approach to patient treatment, outcomes databases will show low variability in outcomes. Contrary to that a disparity in outcomes between institutions will readily be identifiable and allow for purposeful quality improvement projects.

Communication/Engagement:

Information on progress will be distributed quarterly by email to managers and stakeholders. Communication will be shared through virtual meetings, specifically when major milestones have been achieved. This allows for an interactive exchange of ideas and future development. Although virtual meetings are effective, they do not allow for all individuals to voice their opinion or ideas. This can be due to several factors such as apprehension, fear of repression etc. It is therefore suggested that anonymous two-way communication take place such as online-surveys to allow for full participation.

Proposed Timeline:

This project is expected to be a 5-year process to reach effectiveness. Several adjustments are necessary along the way to account for changes in system dynamics, healthcare transitions and budget restraints. There should also always be an opportunity for the involved parties to consensually abandon such an undertaking.

Current Status/Future Directions:

The project, together with a proposed timeline, staffing models and a business plan, was recently submitted and approved by senior Rutgers leadership and the leaderships of two institutions within the system. These institutions are currently acting under the specifics and guidelines of this project as of April 2022. Depending on the outcome it may be able to serve as a template for future integrations and collaborations between institutions within RHBS.