

## Grant Application

1	Project Title	Enhancing transition to adult care for bleeding disorder, hemoglobinopathies, and other blood disorders seen at Valley Children's Hospital's Hematology Department through EMR EPIC integration: A Pilot Study
2	Clinical or Operational Area	Clinical
3	Healthcare System	Hospital
4	Hospital or Entity Name	Valley Children's Hospital
5	Applicant Name	Sarah Saravia
6	Applicant Title	Clinical Research Coordinator
7	E-mail Address	ssaravia@valleychildrens.org
8	Telephone	559-353-5185
9	Mailing Address, City, State, Zip Code	9300 Valley Children's PI Madera, CA 93636
10	<b>Please list the names and titles/roles of the additional members of the project team:</b>	
	<b>Name:</b>	<b>Title/Role:</b>
	Miryam Ayala	LCSW, Social Worker
	Marirose Larkins	RN, Hematology Case Manger
	Sarah Saravia	MA, Clinical Research Coordinator
	Padma Desai	MS, CCRP, Research Manager
	Brenda Lopez	BS, Clinical Research Coordinator
	Catherine Hanson	LCSW, Social Worker
	Bindu Sathi	MD, Pediatric Hematologist/Oncologist
	Latha Rao	MD, Pediatric Hematologist/Oncologist
	Vinod Balasa	MD, Pediatric Hematologist/Oncologist
11	Name of Senior Risk Management or Corporate Insurance Representative	Nathan Powell, Chief Risk Officer
12	Mailing Address, City, State, Zip Code	9300 Valley Children's PI Madera, CA 93636

**13. The issue being addressed involves the following clinical areas: (Check all that apply)**

- Ambulatory Care
- Emergency Services
- Hospital/System-wide Focus
- Obstetrics/Perinatal
- Radiology/Imaging Services
- Surgical/Peri-Operative
- Other (Please specify)

**14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)**

Our Hemophilia Treatment Center, along with other centers nationwide, is working on uniformly tracking transition plans. Our Quality Improvement (QI) team has been asked to start monitoring transition plans for all patients who have received comprehensive care and some form of documentation regarding their transition from pediatric to adult care with a bleeding disorder. With this pilot study we propose to initiate this pilot program for all bleeding disorder patients, hemoglobinopathies, and other blood disorders seen at VCH Hematology department whom may benefit with a transition care plan. This will aid in documenting and tracking referrals, facilitating patient transitions, and helping providers stay organized.

The objective of this initiative is to implement a comprehensive tracking system within our hematology department for patients undergoing pediatric-to-adult transition preparation, utilizing EPIC to enhance this process. Additionally, we aim to assess and monitor patients' readiness for this transition by conducting a survey. This project is crucial for ensuring that our transition processes are both effective and responsive to patient needs, ultimately advancing our commitment to delivering exceptional care and improving patient outcomes.

**15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)**

This project is vital for enhancing patient safety by allowing the clinical hematology team to systematically track patients approaching age 21 and ensure they are referred to their adult hematologist in a timely manner. By closely monitoring readiness for transition and managing the transition process, the team will monitor that no patient is left without the necessary care. This proactive approach ensures continuity of care for their bleeding disorder, ultimately improving patient safety and outcomes.

**16. What metric(s) will be used to measure progress and determine the success of this project?? (one paragraph maximum)**

To enhance patient safety and measure progress in our transition program, we will implement several key initiatives with IT's support. We propose to create a dedicated tab in EPIC to track patients transitioning to adult care starting at age 18. This tab will record the date the patient was approached, the provider involved, and include a text submission box for providers to document their interactions. Additionally, we will develop a RedCap survey to gather longitudinal data on patients' understanding of their transition from pediatric to adult care, tracking trends over a 3-year period (ages 18 to 20). This survey will use questions from a readiness assessment tool employed by social work to evaluate the patient's preparedness for this transition. To measure success, we

plan to analyze the collected data to evaluate the success of this project by looking for trends, descriptive statistics, and significant relationships in the data we collect.

**17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? (one paragraph maximum)**

Certain aspects of this project can be quantified. Because this is a longitudinal project we will be looking at baseline and follow up visits to measure whether our team is incorporating the proper transition care. Regular follow-ups will be conducted to confirm patients are seeing their adult specialists, with data systematically recorded and analyzed to ensure continuity of care. Provider feedback documented in EPIC will also be reviewed to address any challenges.

**18. Please provide a financial estimate of the project** \$15,000: Part of the funds (approximately \$5K) will be used to support the printing of educational material for adult transition care; In addition, the remaining funds (\$10K) will be utilized to support gas cards (\$25-\$50) and an inconvenience fee for taking our survey for our hemophilia and other bleeding disorder patient families to be able to attend their clinic visits in which they will be given transition educational material starting at 18 all the way to 21 years of age.

**19. What is the expected timeframe for completion of this project?** First round of research results will be done three years from when we first start implementing the project. EPIC transition clinic tracking will be part of continued care for our patients.

**20. Is this project based on successful practices evaluated from literature or other healthcare providers?**  Yes  No

**21. Is this project based on an original concept created by the project team?**  Yes  No

**22. Do you have plans to publish the project results in a professional publication or networking forum?**  Yes  No

**23. Is there anything else you'd like to share about this project?**

This research project is a novel endeavor for the Hematology department at Valley Children's Hospital, as it seeks to provide specialized care to patients with bleeding disorders, hemoglobinopathies and other bleeding disorders.

Facilitated by the Health Resources and Services Administration (HRSA), we sought to develop and implement a systematic approach to providing transition-care for Hematology patients.

**Signatures required to submit this application**

**Primary Clinical Sponsor** (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)



**VP Quality & Patient Safety &  
Clinical Value and Research**

**8/13/2024**

Signature

Title

Date

**Alternate Clinical Sponsor** (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

Signature

Title

Date

**Senior Risk Management Leader**

**Executive Director & Chief Risk Officer 8/13/2024**

Signature

Title

Date

**CEO or CFO of Applicant's Healthcare Facility**

**President and Chief Executive Office**

Signature

Title

Date

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***

**Signatures required to submit this application**

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Signature \_\_\_\_\_ Title **VP Quality & Patient Safety & Clinical Value and Research** Date **8/\_\_\_/2024**

**Alternate Clinical Sponsor** (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

Signature *Tadmarathy K. Kesari* Title Research Manager Date 08/15/2024

**Senior Risk Management Leader**

Signature *[Handwritten Signature]* Title **Executive Director & Chief Risk Officer** Date **8/15/2024**

**CEO or CFO of Applicant's Healthcare Facility**

Signature \_\_\_\_\_ Title **President and Chief Executive Office** Date **8/\_\_\_/2024**

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Senior Risk Management Leader**

**Executive Director & Chief Risk Officer**

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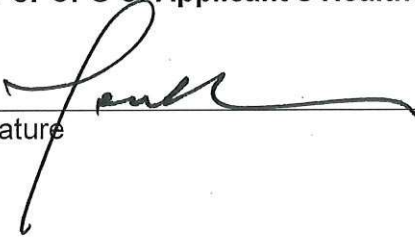
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**CEO or CFO of Applicant's Healthcare Facility**

**President and Chief Executive Office**

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



8/15/2024

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# Evaluation of Grant Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

**1. How will this project improve safety and/or reduce liability?**

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

**2. What is the potential to share this project or practice with other AEIX members?**

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited  
- i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

**3. What level of impact will this project or practice have on the severity of risk exposure?**

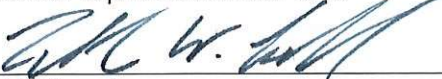
- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

**4. What level of innovation best describes this project?**

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

**5. Share your comments or recommendations.**

Click or tap here to enter text.

  
E-Signature

Executive Director &  
Chief Risk Officer

Title

8/15/2024

Date

Click or tap here to enter text.

559-790-2420  
Phone

Npowell1@valleychildrens.org

Email

Send the completed application in Word format, supporting documentation, and signed evaluation to [lane\\_taylor@premierinc.com](mailto:lane_taylor@premierinc.com) by **Friday August 16, 2024**.

**Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**