Building a Transformational Culture from the Ground Up: Hassenfeld Children’s Hospital at NYU Langone Redefines Child- and Family-Centered Care

By Audrey Doyle

In August 2013, construction crews hadn’t yet broken ground on the 21-story building that would house Hassenfeld Children’s Hospital at NYU Langone. However, leaders of the organization’s Sala Institute for Child and Family Centered Care were already building the transformational culture that would empower the pediatric facility’s staff to achieve new levels of excellence in the care of patients and their families.

“Building the hospital from the ground up meant we could build the hospital’s culture from the ground up,” said Dr. Fiona Levy, executive director of the Sala Institute and vice chair for Clinical Affairs in the Department of Pediatrics at Hassenfeld Children’s Hospital at NYU Langone. “Laying our cultural foundation long before the hospital opened its doors allowed us to ensure that everything about the hospital is centered on children, their families, and the health care providers who partner with them in their care.”

The first children’s hospital to be built in New York City in 15 years, Hassenfeld Children’s Hospital occupies several floors of the new Helen L. and Martin S. Kimmel Pavilion, a $1.2 billion inpatient care facility located on Manhattan’s East Side. Accessible via a separate entrance, the 160,000-square-foot pediatric hospital, which opened its doors in June 2018, includes 68 private patient rooms in addition to its NICU and inpatient rehabilitation unit, and is home to more than 400 doctors representing more than 35 specialties.

According to Dr. Levy, Hassenfeld Children’s Hospital was designed with input provided by the Sala Youth and Family Advisory Groups, which consist of current and past Hassenfeld Children’s Hospital patients and their family members. The Sala Institute, a unique partnership of children, families, and care teams, works to design and implement programs focused on achieving better outcomes and improving best practices around family-centered care at Hassenfeld Children’s Hospital. The institute consists of four centers, each with a key area of focus: resilience, experience, quality and safety, and learning. All four centers work together to design, promote, and fund the implementation of new programs and initiatives that are integral to the care provided at Hassenfeld Children’s Hospital.

In this issue of Industry Edge, Dr. Levy shares her thoughts on key drivers of patient experience and transformational change, describes the role that children, their families, health care teams, and the Sala Institute played in designing the physical space as well as the culture of the new pediatric facility, and discusses the team’s planning opportunities that lie ahead.

**Industry Edge:** Why was the Sala Institute for Child and Family Centered Care established?

**Dr. Levy:** NYU Langone Health wanted to evolve (NYU Langone) Children’s Services into a comprehensive children’s hospital, and wanted all aspects of the new hospital—the physical attributes of the space, the organizational culture, and the way care is delivered—to be designed with the specific needs of children and families in mind. This was going to require a transformational change [that would be] building on the processes being used and the culture that already existed. Creating this transformative culture was going to require strong collaboration with patients and their families. The Sala Institute was established to guide us in this process. Our goal was, and still is, to develop innovative programs and spread them throughout Hassenfeld Children’s Hospital, and then more broadly in partnership with other children’s hospitals around the country.

**AT A GLANCE**

- Established to design and test strategies for advancing patient-centered care at NYU Langone’s Hassenfeld Children’s Hospital, the Sala Institute for Child and Family Centered Care comprises four highly integrated centers that work together to improve safety, quality, and experience outcomes.
- In an interview for Industry Edge, Sala Institute executive director Dr. Fiona Levy shared her thoughts on the key components of transformational change and described the deliberate design of the institute’s patient-centered culture.
- Some of the institute’s achievements to date include the development of programs to reduce patient and family stress and increase family participation on hospital committees, as well as safety tools including an integrated Safety Outcomes Dashboard and a High Reliability Organization tracking instrument.
IE: What attributes did leaders want the organizational culture at Hassenfeld Children’s Hospital to have, and how did the Sala Institute help to build that culture?

Dr. Levy: The culture needed to support the psychological and emotional well-being of patients, their families, and the clinical staff who work so hard to provide care. Plus, it needed to encourage and support the engagement of children and families as partners so we could ensure an optimal care experience, and it needed to have an infrastructure that’s focused on the delivery of safe, high-quality care for the pediatric population.

We believe patient experience isn’t just about satisfaction. It’s the holistic experience of care, which includes satisfaction in addition to the quality of your child’s outcome, the safety of your child’s care, and particularly in pediatrics, the ability of those caring for your child to engage with you and partner with you to promote healing and effective coping. In order to do that, the care team has to be engaged too.

Sala consists of four centers: the Center for Child and Family Resilience; the Center for Patient Safety and Quality; the Center for Education, Learning, and Innovation; and the Center for Child and Family Experience. Because patient experience, clinical quality, patient safety, and workforce engagement and resilience are all interdependent, each center is staffed with experts who collaborate to design, promote, and support the implementation of programs and initiatives that advance resilience, quality and safety, education, and experience.

When we formed Sala in 2013, this sort of structure was unique and facilitated the ability to advance programs and care beyond traditional siloed departmental structures found in most hospitals today. The way Sala integrates resilience, experience, quality and safety, and innovation is what’s novel about us and allowed us to really focus on culture change.

IE: In what ways did you engage children and families as partners in designing Hassenfeld Children’s Hospital?

Dr. Levy: We consider the perspectives of children and families to be essential in our ability to provide safe, effective, child- and family-centered care. So one of the first things we did was ask teams of clinicians, staff, families, and patients to participate in a foundational assessment of the culture of family-centered care and the environment of care in Children’s Services across NYU Langone locations to identify opportunities and share ideas for the ideal care experience.

With the founding of the Sala Youth Advisory Council and Sala Family Advisory Council, we started meeting monthly to engage teens and families in designing and improving the hospital experience.

They had a lot of great ideas. For example, families told us they craved sunlight and fresh air while staying in the hospital with their children, so we designed an outdoor Children’s Terrace that includes a roof garden and has a view of the Empire State Building. We implemented educational forums for families and ways to communicate with families during surgery, and we have a special room where teens can socialize. They also gave input on things like furniture selection and arrangement, artwork selection, and website design and content.

Teens and families also provided important input about in-room technology as we designed MyWall. This is a 75-inch electronic display screen and touchscreen tablet that patients and family members use to access information and entertainment, including a Sony PlayStation and dozens of games. They can learn more about the members of their care team and view educational materials and daily goals related to care and recovery. They can also use MyWall to watch TV and movies, access the Internet, order meals, call or Skype with other family members or teachers for homework, and adjust the room’s temperature, lighting, and window shades.

Another really nice example that illustrates some of the hallmark work we’ve done is a peer support program called Sala Family to Family Hours. These are informal gatherings that are hosted by Sala Family Advisors and are designed to give parents of hospitalized children respite, refreshments, and a chance to talk with other parents who may have had similar experiences.

IE: Working together, the four centers launched and began implementing programs designed to foster resilience, engage children and families as partners, and eliminate preventable harm. What are some of the goals you’ve accomplished so far?

Dr. Levy: We developed a Pediatric Integrative Health Program to reduce patient and family stress, and we worked with patients and families to create new safety tools, including mirror image educational materials that outline what families can expect from the care team and ways they can engage. We also implemented family-centered bedside rounds, developed and implemented the Sala Senior Advisor Family Program to increase family engagement and participation on hospital committees, and designed and implemented a Quality and Safety Plan that has resulted in an enhanced Quality/Safety committee structure and metrics.
At Hassenfeld Children’s Hospital, we wanted to consistently and proactively identify patients or families in distress. With that in mind, we worked with families to develop a Family/Visitor Crisis Response Team and a Pediatric Behavioral Emergency Response Team to help patients, families, and visitors who may be experiencing significant distress in the pediatric acute and intensive care units. If someone in distress starts acting in a way that might compromise the safety of others, members of our medical team will “call a code” and then come together and respond to the code in a safe and compassionate manner. Many hospitals have crisis management teams, but very few have families who helped design the teams and protocols.

IE: You mentioned mirror image educational materials as one of the new safety tools Sala developed. In what additional ways has the institute worked to eliminate preventable harm?

Dr. Levy: We’ve recruited leaders with expertise in safety and improvement science, engaged existing clinical leaders in safety and improvement science, established a quality and safety committee and data infrastructure, and participated in international safety and improvement collaboratives. We’ve also developed an integrated Safety Outcomes Dashboard and a High Reliability Organization tracking tool, and already we’ve experienced measurable improvements in clinical and cultural unit-based HRO initiatives including prevention of unplanned extubations, prevention of central line blood stream infections, and best practices in communication for inter-unit transfers. Much of the safety and HAC prevention initiatives are supported by our participation in the Children’s Hospitals’ Solutions for Patient Safety Network, a collaboration that strives to achieve zero harm across all children’s hospitals.

IE: How does the Center for Education, Learning, and Innovation advance and support a family-centered culture?

Dr. Levy: This team develops approaches that promote partnerships and learning among patients and their families, staff, trainees, and faculty. Currently they’re focusing on a Family Engagement in Research Program, which seeks to optimize the child and family centeredness of research and its outcomes through standardization and evaluation of researcher and family advisor partnerships. To do this, they’re piloting tools designed to promote family–researcher collaboration.

IE: What is the Sala Institute working on now?

Dr. Levy: For the first five years, we focused on recruiting experts and building foundational programming that would support family-centered care, resilience, and quality and safety at Hassenfeld Children’s Hospital. Recently we organized comprehensive external assessments by inviting national experts to participate in site visits with our teams. This exercise resulted in the identification of three drivers of patient experience that will bring us to the next level: learning, technology, and staff resilience.

Some of the things we’re planning related to these drivers are initiatives targeted at staff well-being, improving patient and family engagement through increased peer support, and improving efficiency. We decided to start with the NICU as our test unit, so we’ve begun a pilot program for point-of-care surveying of staff and families. We also have teams working on ways to increase staff resilience and family engagement, and ways we can improve the engagement of families in safety. In addition, a team is looking specifically at process inefficiencies in the NICU. Our strategic goal this year is to achieve a 20% improvement in a composite experience and safety measure by August 31.