

**Baylor College of Medicine
Faculty Awards for Excellence in Patient Care**

Award Category (check one): Early Career Star

GENERAL INFORMATION	
Name	Erin X
Degrees Attained	M.D., M.S. (Biological Science), B.S. (Chemistry)
Baylor I.D. Number	00000
Current Faculty Rank and Title	Assistant Professor of Pediatrics
Date of Initial Appointment at Baylor College of Medicine	2010
Email Address	erinX@email.com
Department	Pediatrics
Department Chair, Medical Director, Center Director or Section Head	Dr. Y
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DOCUMENTATION OF EXCELLENCE IN PATIENT CARE	
List achievements and provide examples or documentation of clinical excellence.	
1. QUALITATIVE DOCUMENTATION OF ACHIEVEMENT	
<p style="text-align: center;">CATEGORY OR TYPE OF ACTIVITY <i>Please list qualitative examples of clinical excellence. Include explanations or examples in the space provided. Add lines as needed.</i></p>	<p style="text-align: center;">EXAMPLES AND DOCUMENTATION <i>Where applicable, please attach additional evidence.</i></p>

<p>Clinical Quality Measures</p> <p>I lead patient experience initiatives across three hospital sites and hold leadership positions in this role (including Director of Patient-Centered Care).</p> <p>I co-created and validated a communication assessment tool that allows EC patients/caregivers to evaluate their EC physician's communication skills.</p> <p>My quality metrics exceed set thresholds for 2016-2017.</p>	<ul style="list-style-type: none"> • In collaboration with my section's leadership, I manage all patient experience initiatives and projects/processes for all three campus emergency centers (EC). Press Ganey patient satisfaction scores have improved during my tenure as Director of Patient- Center Care. • The communication assessment tool is used at all three locations, and has led to documented improvements in communications by EC physicians (see appendix 2 and 6). • As the medical director for the TCH West Campus EC, I review and complete all peer reviews (PPE) for the TCH West Campus Emergency Center (physicians and advanced practice providers). • My quality metrics for 48-hour readmission rates and PPE are below set thresholds, as can be seen in Appendix 1. I have included a copy of my complete Clinical Scorecard for 2016 -2017.
<p>Customer/Patient Satisfaction Surveys</p> <p>Surveys of patients consistently reveal high levels of satisfaction with the services I provided, and for the units that I lead.</p>	<p>Internal patient satisfaction surveys provide qualitative evidence of high degrees of satisfaction (verbatim & patient comments). A summary of the information is provided in Appendix 2.</p> <p>Key points from the survey are:</p> <p>Patients note that I am kind and approachable. I am a good listener. Patients report that I ask good questions and sit down when speaking with them.</p>
<p>Clinical Care Awards or Other Recognition of Excellence</p> <p>I have won awards for my clinical care. I also have been awarded educational awards. Since 2012, I have won four awards for excellence in patient care in the area of pediatric emergency medicine. I also have been recognized for excellence in education with four awards. These of these awards resulted from peer-reviewed selection processes (Norton, Rose Fulbright Faculty Excellence Awards and Academy of Distinguished Educators Educational Showcase).</p>	<ul style="list-style-type: none"> • First Place, Best Platform Presentation, Department of Pediatrics Education Day Retreat. Baylor College of Medicine. Houston, TX: Dec 01, 2017. • Norton, Rose, Fulbright Faculty Excellence Award, Development of Enduring Educational Materials. Baylor College of Medicine. Houston, TX: Nov 17, 2017. • Academy of Distinguished Educators Educational Showcase Top 5 Poster Finalist. Baylor College of Medicine. Houston, TX: Sep 29, 2017. • 2017 Top Doctors for Pediatric Emergency Medicine. Houstonia Magazine. Houston, TX: Aug 2017. • Texas Children's Hospital "Best of the West" Quarterly Award. Texas Children's Hospital. Houston, TX: Jul 31, 2017. • Texas Children's Hospital Patient Experience Super Star. Texas Children's Hospital. Houston, TX: Apr 24, 2017. • Norton, Rose, Fulbright Faculty Excellence Award, Teaching and Evaluation. Baylor College of Medicine. Houston, TX: Jul 23, 2016. • Texas Children's Hospital Pediatric Emergency Medicine Annual Super Star Award. Texas Children's Hospital, Section of Emergency Medicine. Houston, TX: Oct 11, 2012.
<p>Peer Faculty Evaluations</p> <p>Faculty evaluations by peers are consistently high with regards to my contributions in the areas of being a team player and seeing patients efficiently.</p>	<p>2012 Pediatric Emergency Medicine (PEM) faculty peer review comments include the following:</p> <ol style="list-style-type: none"> 1. Always willing to help see patients when the ER is full 2. Works efficiently and pays attention to ER flow

<p>Learner/Trainee Evaluations As an Emergency Medicine (PEM) faculty member, I teach a variety of learners, including BCM medical students, BCM pediatric residents, BCM/UT/Brook Army Medical Center emergency medicine residents, and BCM PEM fellows. Their evaluations of my clinical qualities are above average in all instances.</p>	<p>In Appendix 4, 2011-2016 selected learner evaluations are included that demonstrate excellence in clinical qualities. These include scores of 7.8/8 on items related to clinical excellence, across all years in which the data was collected. A summary of relevant learner evaluations is given below.</p>
<p>Referring Physician Evaluations or Recommendations</p>	<p>N/A</p>
<p>Citizenship Activities or Recognition</p>	<p>My committee service has been continuous since 2013. Based on the value of my contributions, I have been reappointed to the committee for five consecutive years. In 2016, I was appointed Vice-Chair of the Committee, which again constitutes evidence of excellent participation.</p>
<p>Alignment with Service Line Goals I support Service Line Goals by ensuring that the patient experience is of the highest quality possible</p>	<p>As noted under Clinical Quality Measures, Press Ganey patient satisfaction scores have improved during my tenure as Director of Patient-Centered Care.</p>
<p>Other Evidence</p>	<p>N/A</p>
<p align="center">2. QUANTITATIVE DOCUMENTATION OF ACHIEVEMENT IN PATIENT CARE</p>	
<p align="center">CATEGORY OR TYPE OF ACTIVITY <i>List quantitative examples of patient care excellence. It is strongly suggested that you provide evidence for at least one metric within each area (A, B, C and D).</i></p>	<p align="center">EXAMPLES AND DOCUMENTATION <i>Where applicable, please attach additional evidence.</i></p>
<p>A. Dissemination of Knowledge</p>	
<p>Case Reports</p>	<p>N/A</p>
<p>Publications I have disseminated information to peers through internal guides at Texas Children’s Hospital and to the Pediatric Emergency Medicine Board Review Series.</p>	<p>Three publications:</p> <ul style="list-style-type: none"> • X, E, et al (2015). Communicating with the Difficult Patient or Family Member. In: Communicating with Pediatric Patients and their Families—The Texas Children's Hospital Guide for Physicians, Nurses, and Other Health Care Professionals. Chapter 31, pp 253-260. • X, E (2012). Orthopedic Surgery, Part 1. Pediatric Emergency Medicine Board Review Series. Oakstone Publishing, Slides 1-95.C. • X, E (ed) (2011). Orthopedics and Sports Medicine. Texas Children's Hospital Handbook of Pediatrics and Neonatology. McGraw Hill, Chapter 24, pp 253-261.

Online or Other Digital Communications

I use social media, include blogs, articles in community magazines and Twitter Chats, to reach a wide audience of parents and family members with important pediatric-relevant information. Some of these posts have reached very large audiences (more than 100,000 accounts, page views or readership).

In addition, local and national television media outlets seek my expertise on a variety of topics related to pediatric emergency medicine.

X, E. Texas Children's Hospital Blog. Authored 32 original blogs on a variety of pediatric-relevant topics. Top physician blog contributor. Page views to date (Sep 12, 2017): 162,019.

X, E. Katy Magazine. Authored 2 original articles. Magazine readership value: 120,000/article:

- "An Important Message about Dry and Secondary Drowning" (Jun 2017);
- "A Katy Parent's Guide to the New Super Lice" (Apr 2016)

X, E. Absolutely! Katy/Memorial Community Magazines. Magazine readership value: 30,000/article:

- "Absolute Q & A: The Flu" (Jan 2016)

X, E. "Twitter Chats." Twitter. Invited content expert. Wrote and published unique opinions and responses for 2 Twitter Chats using the @TexasChildrens and @X handles:

- "Navigating the Pediatric ER with a Rare Disease" - @RareDiseases, @NORD; #RareERchat (May 2016) 119,078 accounts reached and 2,920,309 impressions;
- "Keeping Your Family Safe with these Smart Travel Tips" - @EverydayHealth - #HealthTalks (Jun 2014).

X, E. "TCH Ask the Expert." Junior League of Houston.

Authored 2 original articles:

- "Treating your Child's Scratches and Cuts: From the medicine closet to the EC" (Jan 2015);
- "Flu symptoms: When to bring your child into the EC" (Jan 2014)

X, E. "Talk to the Doc." Houston Family Magazine. Authored 4 original articles. Magazine readership value: 180,000/article:

- "How much caffeine is too much?" (Jul 2017);
- "Laundry Detergent Pods" (Dec 2014);
- "Wait Times in the Pediatric EC" (Jan 2014);
- "Keeping Children Safe at Home can Prevent Trips to the EC" (Sep 2013)

Health Education Website - Stay Well Fast Facts website.

Edited 6 pediatric topics. TCH. Jun 2015. Page views to date (Sep 13, 2017): 169:

- "Abrasions;"
- "Bruises;"
- "Emergency Contact Information;"
- "First-Aid Kit;"
- "Splinters;"
- "Toy Safety – Prevention."

Given 37 interviews via regional and national media outlets (i.e., television and radio) to inform and educate the public on medically-relevant topics. Examples:

- "Pokemon 'No': 7 other games to get you moving instead of Pokemon Go." CNN website. Invited content expert. Interviewed on exergaming. Aired Jul 14, 2016;
- "Secondary drowning." Huffington Post. Invited content expert. Participated in videoed interview on secondary drowning. Published July 13, 2016. Website visits to date (10/5/17): 185+ million. Interview/news report link (posted on Facebook) with: 340,000 views, 2,596 shares, and 96 comments;

	<ul style="list-style-type: none"> ○ "Dangers of leaving children in hot cars." Today Show. Invited content expert. Interviewed on heat illness/stroke. Aired Jul 13, 2015; ○ "Laundry detergent pods." NBC Nightly News with Brian Williams. Invited content expert. Interviewed on dangers of laundry detergent pods. Aired Nov 10, 2014. Viewership: Up to 8 million viewers/week; ○ "Firework safety." Radio Disney. Invited content expert. Participated in interview on firework safety and injury treatment. Aired Jun 29, 2014; ○ "Tamiflu shortages." NBC Nightly News with Brian Williams. Invited content expert. Interviewed on flu prevention and symptoms. Aired Dec 10, 2013. Viewership: Up to 8 million viewers/week.
<p>Service as a Peer Reviewer As the EC Medical Director, I review/perform peer evaluations concerning medical care provided, communication, and professionalism for the West Campus EC.</p>	<ul style="list-style-type: none"> ● For each peer review evaluation, I review the case, gather input from all parties involved, and provide feedback to individual providers and/or section, as necessary. Reviews are done as official inquiries through TCH Quality Outcome and Measures Board and through internal PEM case review process. Perform 1-2 case reviews per week. ● Appendix 5: PEM case review algorithm utilized for systematic review of cases.
<p>Other Evidence of Clinical Excellence I led the development and validation of physician communication assessment tool. This is the current tool used at Texas Children’s Hospital (TCH) and other pediatric emergency centers to determine individual provider scores/competency in communication/patient satisfaction.</p>	<p>The Validated Physician Assessment Tool used to collect physician interpersonal and communication scores may be found in Appendix 6. I have submitted and presented successfully four peer-reviewed abstract presentations based on this work:</p> <ul style="list-style-type: none"> ● X, E. et al. Psychometric development and validation of an assessment tool for pediatric patient caregivers to provide feedback about emergency physician interpersonal and communication skills. Baylor College of Medicine Pediatric Education Retreat. Houston, TX. December 2017; et al, ● X, E. An assessment for learning: Development and validation of a tool for pediatric patients and caregivers to provide feedback about interpersonal and communication skills of emergency physicians. Baylor College of Medicine Educator’s Showcase. Houston, TX. September 2017; ● X, E., et al. Psychometric Development and Validation of a Tool for Pediatric Patient Caregivers to Provide Feedback About Emergency Physician Interpersonal and Communication Skills. Joint Statistical Meetings - American Statistical Association (JSM) 2017 Meeting. Baltimore, MD. August 2017; Other authors, ● X, E. An assessment for learning: Development and validation of a tool for pediatric patients and caregivers to provide feedback about interpersonal and communication skills of emergency physicians. Pediatric Academic Societies (PAS) 2017 Meeting. San Francisco, CA. May 2017.

B. Quality Improvement and Patient Safety Contributions

<p>Development of Evidenced-based Medicine Practice I served as a Subject Matter Expert on migraine for Texas Children’s Hospital.</p>	<p>Evidence-based Outcomes Center (EBOC) Team, Subject Matter Expert. "Migraine Treatment Guideline." TCH. Oct 2017.</p>
<p>Collaborative Clinical Care I collaborate with multiple departments, sections, and disciplines to enhance communication and develop standardization and process improvement. These collaborations focus on a wide range of processes, all intended to improve outcomes for patients. Seven projects to which I am contributing or have contributed are provided as evidence of this work.</p> <p>In addition, I created and implemented an American Medical Association (AMA) Involuntary hold algorithm, which involved multidisciplinary baseline creation.</p>	<p>Examples of process improvement collaborations:</p> <ul style="list-style-type: none"> • TCH "Radiology - Direct Admission Process." Physician leader - developed and implemented a direct admission process for patients with positive imaging (i.e., appendicitis, pyloric stenosis, testicular torsion) in TCH Outpatient Radiology Department. 2017 -present. • TCH EC "Pull-to-Full" process. Physician leader - implemented Main Campus EC process to improve flow/efficiency metrics for EC patients. 2017 - present. • Creation and implementation of "Pulmonary Hypertension Process" to streamline the management and disposition of patients with pulmonary hypertension who present to our community hospitals. 2017 - present. • TCH "Outside Hospital - Direct Admission Process." Physician leader- developed and implemented a direct admission process for patients at external/transferring hospitals for both surgical and medical patients. 2016 - present. • TCH EC "EC21P" process. Collaborative project between PEM and hospital medicine to improve EC flow metrics for admitted patients. 2016 - present. • Creation and implementation of "EC-to-Inpatient" process for psychiatric patients waiting for inpatient psychiatric transfers. Role: Physician leader. 2016-present. • TCH Super Track. Physician leader - created, implemented, and revised area to manage/treat low-acuity patients in the EC. Addition of scribes to assist in patient flow/efficiency. 2015 -present. <p>Multidisciplinary shared baseline creation and implementation. (Appendix 7: shared baseline).</p> <ul style="list-style-type: none"> • Creation and implementation of "AMA and Involuntary Hold" algorithm to safely/legally manage and streamline process for patients/families who are wanting to leave the EC against medical advice. Role: Physician leader. Multidisciplinary team: CPT team, Risk management, Social Work, Security/HPD, Harris/Montgomery County District Attorneys. 2016-present.
<p>Disease Management Program I participate as a member on Texas Children’s Hospital Care Process Team for Diabetes. This represents a team approach using evidenced-based practice, data analytics, and quality improvement strategies to improve disease based care.</p>	<ul style="list-style-type: none"> • TCH Care Process Teams: Diabetes. Have participating as an appointed member representing the emergency department, since 2015.
<p>Local Care Path Development or Championship</p>	<p>N/A</p>

<p>Other Evidence Since 2010, as the physician leader, I have created and implemented a variety of patient-centered processes designed to improve the EC patient experience.</p>	<p>Examples of projects and activities to improve the patient experience are below. These projects have been sustained once implemented, which provides evidence of their quality and value.</p> <ul style="list-style-type: none"> • "ULeadership rounding." Physician leader - Created process and accountability structure to ensure enhanced patient experience and deliver service recovery. Building foundation for feedback and accountability. 2015 -present. • "Room Orientation" checklist Physician leader - Created process and orientation checklist to ensure patients/families consistently oriented to their EC room. 2015-present. • "Front-of-the-House." Physician leader - Redesigned EC waiting area (with Play Stations, cell phone charger stations, flat screen televisions, vending machines) to help improve perceived wait times and patient/family comfort 2015 - present. • "Reassessment Team" and Care Cart. Physician leader- Created and staffed a team centralized in the waiting area to perform clinical reassessments and service recovery. 2011 - present. • "Left-Without-Being-Seen" process. Physician leader - Created and implemented training and service recovery/de-escalation process to help front-line staff effectively manage difficult encounters and prevent patients from leaving prior to being seen. 2011 -2013. • "Hourly Rounding" process. Physician leader - Implemented nursing and patient and family advocacy rounding in the EC and waiting area. 2010 - present. • "White Boards." Physician leader - Created and implemented communication white boards in the EC to improve communication between EC staff and patients/families. 2010 - present.
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<p>C. Leadership and Service</p>	
<p>Leadership/Active Role in Professional Organizations</p>	<p>N/A</p>
<p>Service or Section Leadership My leadership activities have increased over time. I currently participate as a leader in three major roles.</p>	<ul style="list-style-type: none"> • Executive Steering Committee Member and Facilitator Co-Lead, TCH Breakthrough Communication: 12/2015 – present • Director, Public Relations, Baylor College of Medicine, Department of Pediatrics, Section of Emergency Medicine: 08/2012 -present. • Director, Patient-Centered Care, Baylor College of Medicine, Department of Pediatrics, Section of Emergency Medicine: 08/2010 - present
<p>Clinical Directorship</p>	<ul style="list-style-type: none"> • Medical Director, Texas Children's Hospital (TCH) Emergency Center (EC). Houston, TX: March 2016 - present. • Assistant Medical Director, TCH EC. Houston, TX: 05/2014 - 03/2016.

<p>Hospital Committees</p>	<ul style="list-style-type: none"> • Member, Antibiotic Stewardship Committee: 04/12/2017 - present. • Member, System-Wide Bereavement Committee: 01/12/2017-present. • Member, Blood Bank Committee: 04/12/2017 - present. • Member, Trauma Committee: 2016-present. • Member, TCH Breakthrough Communication Executive Steering Committee: 2015-present. • Physician leader, Emergency Center Patient Experience Committee: 2015 - present. • Member, West Campus Quality Committee: 05/12/2014 - present. • Physician leader, Emergency Center Patient Satisfaction Team: 11/2010 - present. • Member, EC Nursing Committee: 11/12/2008 - present.
<p>Community Outreach, Work with Underserved or Rural Populations</p>	<p>N/A</p>
<p>Development of a New Line of Care</p>	<p>N/A</p>
<p>Other Evidence I have led three different process improvement efforts that improved outcomes for patients. These programs and my roles are described here, along with evidence of their effectiveness.</p>	<ul style="list-style-type: none"> • As a member of the Executive Steering Committee and facilitator co-lead of the TCH Breakthrough Communication committee, I was actively involved in the development of the workshop curriculum and survey/evaluation tool; co-lead the research committee - tasked with data management/analysis; co-led/managed the 11 AACH (American Academy of Communication in Healthcare)-trained facilitators. • As Medical Director of the EC, I was actively involved in the development and implementation of multiple quality improvement and process improvement efforts to improve left without being seen (LWBS) rates for the EC. Multiple lean strategies implemented to improve patient flow. Collaboration with WC administrative and nursing leadership, inpatient (CCMIPHM/Surgery) physician/nursing leadership, registration, environmental services, and child life/patient-family advocacy. <ul style="list-style-type: none"> ○ Appendix 8: Run chart(s) of improvement in Door-to-Doc, LWBS (ESI 415s), and patient satisfaction. • As physician co-lead, I was instrumental in the development of a direct admission process for patients needing transfer from non-TCH hospital emergency centers. Over the last year, we have seen an improvement in door-to-OR and length-of-stay of patients with acute appendicitis. <ul style="list-style-type: none"> ○ Appendix 9: Process algorithm for patients directly admitted from non-TCH emergency ctrs.
<p>D. Productivity</p>	

<p>Patient Care Productivity My net revenues exceed my salary, and I rank in the top 1/3 of my peers (Texas Children’s Hospital, West Campus)</p>	<ul style="list-style-type: none"> • Please see Appendix 1 and Appendix 10: Clinical productivity PEM Scorecard 2016-2017. Rankings amongst peers, n=37, primary site West Campus. <ul style="list-style-type: none"> ○ Avg patients per hour: 1.73, rank 9/37 ○ Net Revenue/Hr: \$xxx, rank 8/37 ○ Actual wRVUs/Hr: xxx, rank 6/37 ○ Net Revenue/Clinical Salary: 105.48%
<p>Improvement in Resource Management and Utilization</p>	<ul style="list-style-type: none"> • Appendix 1 and Appendix 11: My 48-hour readmission rate is below set threshold of 1%.
<p>Efficiency</p>	<ul style="list-style-type: none"> • Appendix 1 and Appendix 11: My average door to disposition selection is 114 minutes.
<p>Business development</p>	<p>N/A</p>
<p>Other Evidence</p>	<p>N/A</p>