

The *U.S. News & World Report* Best Children's Hospitals rankings are in!



Hopkins Insider

News for JHM faculty, staff and students on the East Baltimore campus and beyond

June 2019

JOHNS HOPKINS CHILDREN'S CENTER

Among the **Best** in the Nation

#9 on *U.S. News & World Report's* 2019–20 Best Children's Hospitals list



Dr. Alicia Neu, chief of the Division of Pediatric Nephrology, and a young patient

U.S. News & World Report Announces Results for 2019–20 Best Children's Hospitals

The annual *U.S. News & World Report* rankings for Best Children's Hospitals for 2019–20 were announced today, and we are pleased to share that Johns Hopkins Children's Center was once again named among the best in the U.S. The Children's Center is ranked #9 nationally, and it remains the highest-ranked pediatric hospital in Maryland.

This ranking is a testament to the dedication of our exceptional physicians, nurses and staff members. We thank you for your commitment to excellence and for the innovative, compassionate care you deliver every day to our young patients and their families.

As in previous years, our Children's Center is ranked among the top children's hospitals in all 10 specialties surveyed by *U.S. News & World Report*. Eight of our specialties are ranked among the top 20 nationally, with four in the top 10 and one in the top five. Six of our specialties improved their rankings from last year.

Sincerely,

Paul B. Rothman, M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

Kevin W. Sowers, M.S.N., R.N., F.A.A.N.
President, Johns Hopkins Health System
EVP, Johns Hopkins Medicine

In addition, Johns Hopkins All Children's Hospital in St. Petersburg, Florida, ranked nationally in two specialties: Cancer and Pulmonology. We appreciate the high-quality care that our colleagues there deliver to our pediatric patients.

We also congratulate our peers at Boston Children's Hospital, which ranked #1 this year. For a complete list of the 2019–20 Best Children's Hospitals, visit the *U.S. News & World Report* website at health.usnews.com/best-hospitals/pediatric-rankings.

The pediatric care at Johns Hopkins Children's Center and Johns Hopkins All Children's Hospital is among the best in the nation. We want to thank the caregivers and staff members at both hospitals for their commitment to clinical excellence and patient- and family-centered care.

Congratulations, and thank you again for all that you do to care for our young patients and the communities we serve.

Johns Hopkins Children's Center Specialty Rankings

Ranked in all 10 surveyed specialties:

- #5 Cancer
- #8 Neurology & Neurosurgery
- #8 Urology
- #9 Nephrology
- #11 Gastroenterology & GI Surgery
- #11 Pulmonology
- #12 Neonatology
- #19 Orthopedics
- #25 Cardiology & Heart Surgery
- #33 Diabetes & Endocrinology

To learn more about the 2019–20 specialty rankings, visit hopkinschildrens.org/usnews.



Deanna Green, pediatric pulmonologist and medical director of the Cystic Fibrosis Care Center and The Cystic Fibrosis Therapeutic Development Center at Johns Hopkins All Children's Hospital, and a patient

Johns Hopkins All Children's Hospital Rankings

Congratulations to Johns Hopkins All Children's Hospital in St. Petersburg, Florida, which ranked nationally in two specialties: Cancer and Pulmonology.

U.S. News & World Report Best Children's Hospitals Rankings — 2019–20 Methodology

The *U.S. News & World Report* Best Children's Hospitals rankings are released annually each summer. Data from the previous calendar year is collected for the pediatric hospital survey, which participating hospitals submit to *U.S. News* each February.

In 2019, 10 specialties were included in the rankings: Cancer, Cardiology & Heart Surgery, Diabetes & Endocrinology, Gastroenterology & GI Surgery, Neonatology, Nephrology, Neurology & Neurosurgery, Orthopedics, Pulmonology and Urology.

In addition to the specialty rankings, an Honor Roll recognizes the 10 hospitals with the highest rankings across all 10 specialties.

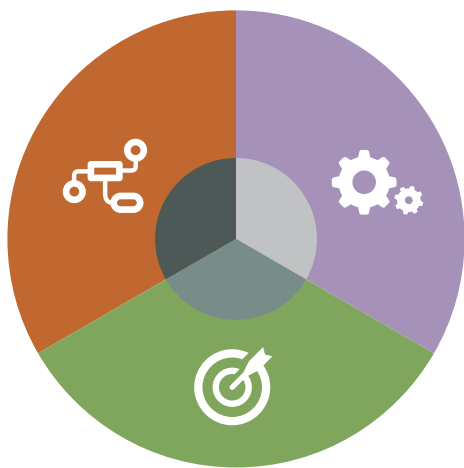
This year, points were given to a hospital based on its rank in each specialty, and the points were totaled. The 10 hospitals with the most points were placed on the Honor Roll, with their ranking determined by their point totals.

U.S. News adjusts its methodology each year. In 2019, the organization made a few changes to the measures and weights, such as reducing the weight placed on bloodstream infections and pressure ulcers. More

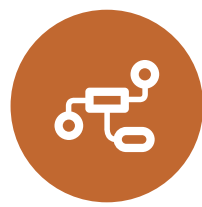
changes are expected in 2020.

Year-round, Johns Hopkins faculty members Aaron Milstone and Jessica Rice, along with other faculty members at children's hospitals nationwide, work closely with *U.S. News* representatives to revise the methodology to reflect current literature and best practices, and to gauge the true quality of pediatric care.

METHODOLOGY



To determine a hospital's ranking, three main areas are assessed: structure, process and outcomes. Each component counts as one-third of a hospital's score in nine of the 10 ranked specialties.*



STRUCTURE

This refers to hospital resources directly related to patient care. Examples include the ratio of nurses to patients, offering of specialized clinics and programs, and certification by recognized external organizations.



PROCESS

This refers to compliance with best practices, activities to prevent infections and expert opinion of pediatric specialists — in other words, reputation.

In 2019, over 15,000 pediatric specialists were asked for their opinion on which children's hospitals provide the best care for patients with the most challenging conditions or who require particularly difficult procedures. Most specialists were surveyed online via doximity.com, and others responded to a limited-distribution paper survey.



OUTCOMES

These measures include death but can also include functional success, such as that among children with cystic fibrosis, and adverse events such as bloodstream infections and failure of transplanted organs.

**In the Pediatric Cardiology & Heart Surgery specialty, the weight of the outcomes component is 38.3%; the weight of the process component is 28.3%.*

When Distance Is a Hurdle

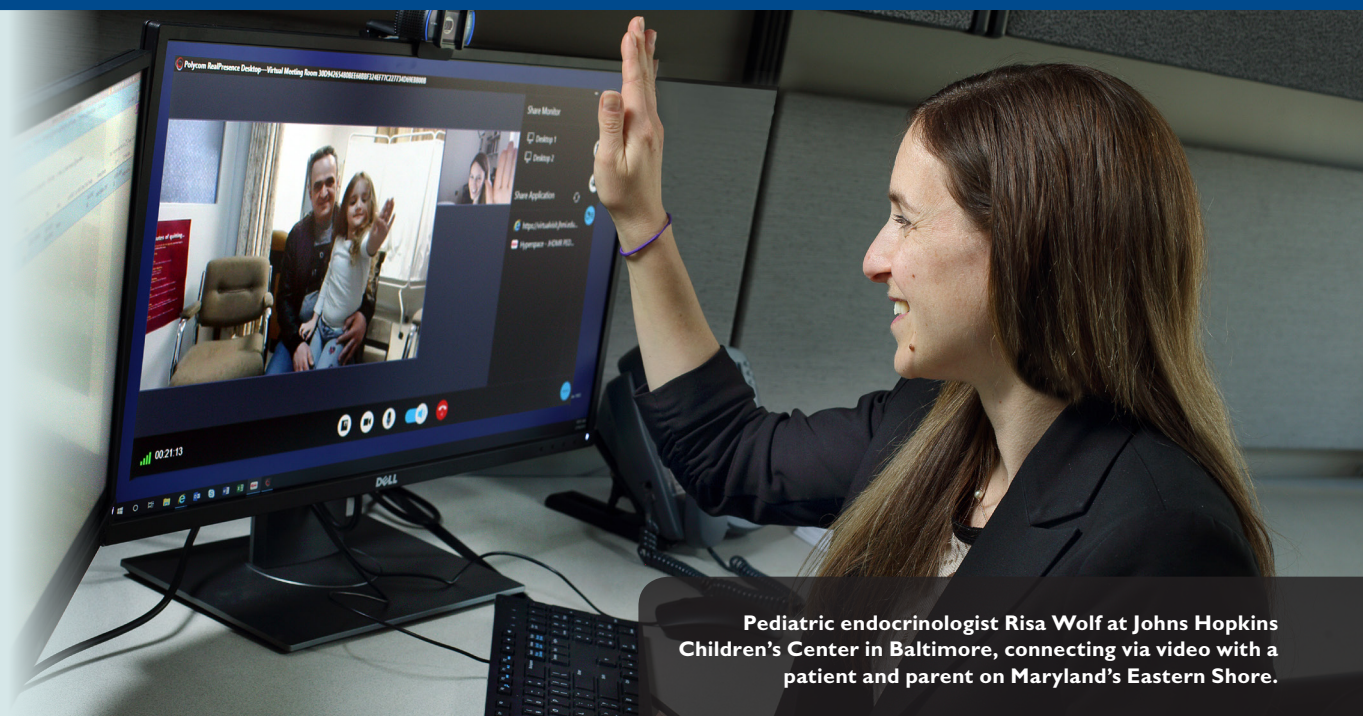
PATIENTS WITH CHRONIC CONDITIONS who live in rural areas, infants awaiting preoperative assessments and children in intensive care settings — these were the concerns of Johns Hopkins Children's Center clinicians in their development of recent telemedicine initiatives.

"This is where the future of health care is headed," says pediatrician **Helen Hughes**. "Video technologies can allow us to do so many things for our patients without having to see them in person every time."

Hughes is referring to the Children's Center's telemedicine program on Maryland's Eastern Shore, where families of patients with chronic conditions have had to frequently travel long distances to see their child's pediatric subspecialists in Baltimore.

"There were weeks when Colin and I would cross the Chesapeake Bay Bridge five times for five different appointments," recalls parent Christy Russell. Now Russell's and other families take a much shorter trip to the nearby Talbot County Health Department, the Children's Center's partner in the initiative, to follow up with pediatric subspecialists such as nephrologist **Alicia Neu**, endocrinologist **Risa Wolf** and pulmonologist **Laura Sterni**.

In another initiative, Johns Hopkins pediatric intensivists are assessing infants awaiting surgery. However, they are conducting the preoperative



Pediatric endocrinologist Risa Wolf at Johns Hopkins Children's Center in Baltimore, connecting via video with a patient and parent on Maryland's Eastern Shore.

evaluations at Mt. Washington Pediatric Hospital in Northwest Baltimore via video — not in person at the Children's Center — as these are medically fragile babies, some of whom are on ventilation support. The initiative benefits families, too.

"Transporting a medically fragile infant is expensive and not without risks, and the chances are the family could not be there (at the Children's Center) at the same time because they've used up all of their available time away from work and other children," says pediatric anesthesiologist **Sally Bitzer**. "This is a way in which they can also be part of the visit."

Although the two-year program is in its infancy, results include fewer surgery cancellations due to patients showing up for their anesthesiology assessment the morning of their surgery.

In yet another telemedicine project, nurses new to

the intensive care unit (ICU) benefit from another experienced set of eyes and ears when managing complex patients. The eyes and ears belong to veteran ICU nurses remotely stationed in a room lined with monitors that virtually connect them with new nurses in the 44-bed ICU. These base nurses act as knowledgeable backup resources to improve safety.

"If I have to check medications or run to the pharmacy, I can call the base nurse and ask her to keep an eye on my patient, which gives me peace of mind," says ICU nurse **Priya Toussaint**.

Under the tele-ICU model, the unit has had improved patient adherence to high-risk medications and fewer central line-associated bloodstream infections (CLABSI).

—Gary Logan