



Expansion of a Healthcare System: Establishing Orthopaedic Care at CHOP's New Hospital in King of Prussia

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Over the past 25 years, CHOP has become a victim of its own success. When I joined CHOP Orthopaedics in 1996, it was the 4th best pediatric orthopaedic practice in the Philadelphia area—far behind DuPont/Nemours, and weaker than St. Christopher's and Shriner's Hospital of Philadelphia. Our practice was small, local, and financially fragile; it was supported mostly by part-time faculty. But, at that moment in CHOP's history, the first of two visionary, transformative strategies were underway.

The first strategy was surrounding CHOP with a large community network of pediatricians—the Kid's First practices. It was a win-win, because CHOP got referrals, and the large, connected network of referring primary care doctors benefitted from CHOP's scale, at a moment in American healthcare history when "managed care" was transforming healthcare finances, and crushing many 20th century private practices. CHOP's network grew the hospital far past Nemours and St. Christopher's, and allowed many specialties like Orthopaedics to thrive.

The second strategy led to even more explosive growth at CHOP, and the need for The King of Prussia Hospital (KOPH). CHOP's clinical and business leaders began to recognize a transformation of America's pediatric healthcare in the early 21st Century: the need for tertiary/quaternary pediatric hospitals to care for the sickest of the sick, and the rarest of the rare conditions impacting children. Although Boston Children's had a bit of a head start, CHOP quickly caught up, attracting regional, national and international families with programs like The Center for Thoracic Insufficiency, The Center for Fetal Medicine, the Brain Tumor program, and many medical programs. These were backed by huge science investments, attracting hundreds of physician thought-leaders in many specialties. The rapid clinical growth in the past 15 years also created a hospital capacity crisis at CHOP: the inpatient census was often beyond 100%, elective admissions were halted and surgery cancelled. Post-ops sometimes spent their whole inpatient stay in the PACU. Meanwhile, not a single new inpatient OR room has been built since 2009. CHOP built some ASCs, but that was no help for the explosive growth of programs in Orthopaedics, Neurosurgery, or Cardiac Surgery. A victim of its own success, CHOP leadership recognized a new hospital was needed—a pediatric hospital with a "community model" that could offload primary and secondary care to make room for the most complex care at the Philadelphia Campus.

In early 2017, I was asked by the Chief of Surgery at CHOP to lead all the surgical services at the new KOPH.

There was excitement about the new capacity - new ORs, ICU and inpatient beds, etc. But there was great concern among CHOP surgical leaders about the community model: most had never practiced in a hospital without residents and fellows on call. How could this new APP workforce possibly handle all the consults in 6 different surgical specialties? How will all the fracture reductions and other ED procedures be performed safely? Who will assist in the ORs? To learn and be able to respond to these concerns, I did lots of research. I traveled to Texas Children's Hospital, which has 2 community hospitals like KOPH. I learned how to train APPs in pediatric surgical specialty care, make a call schedule, and create lines of communication with on-call teams at the main hospital to assure consistent standards of care. CHOP hired this APP workforce in 2021, and I engaged Bev Teti and other surgical APPs to train the workforce. Our rotating residents, working with Todd Lawrence, did an incredible job with fracture training. Dr. Lawrence did a "Board Exam" of every APP in the Fall of 2021 to assure they met standards. The APP team was ready for KOPH Opening Day on 1/26/22, and the results have been outstanding. Open only 2 months, KOPH is already at 80% capacity, with more than 100 children/day seen in the ED. It is attracting families from all over Pennsylvania, and even Delaware and New Jersey.

In addition to the unfamiliar community APP model, the second big challenge has been covering two hospitals. CHOP's explosive growth is a stress to our culture in Orthopaedics. When I arrived in 1996, I was the 3rd full-time orthopaedic surgeon—now we have 28 Faculty members, including 18 full-time surgeons. We have to cover 8 sites in PA and NJ, and now we suddenly cover a whole new hospital, meaning a completely separate attending on-call schedule. We were already stretched thin, and it was challenging our unity and close "family" culture. Necessarily, some surgeons had to move most of their practice to KOPH to free OR space in Philadelphia for cases that cannot yet be done at KOPH: spine, CP, tumors, etc. There was a risk of creating "two practices", which would be unacceptable. I made these issues the focus of our FY22 Strategic Plan and the theme of our annual Faculty Retreat. I appointed Alex Arkader as our new Director of Culture, with funding for happy hours and dinners, CHOP Ortho swag, etc. Our VP in 2020, Professor Covid-19 (Wuhan, China), taught us many ways to stay more connected virtually. Our Wednesday morning case conference will now always be hybrid, allowing input from Faculty covering KOPH and other satellites. Our monthly CHOP Ortho Newsletter is a virtual way to celebrate our people with pictures, stories, and shout-

outs for accomplishments. Much more work is needed, but the progress is palpable on our team.

Enlightened humans recognize that the only constant is change; modern American healthcare is particularly impermanent. Clinical leaders need great vision to see and plan for that different future, along with the humility to understand we can't precisely predict it. We need the compassion to understand that the future will hurt some colleagues while helping others. When systems get bigger, healthcare workers

become more anonymous. The risk is a "plug and play" model with interchangeable "providers." We won't let that happen in CHOP Ortho, even though we are 6x bigger than when I arrived. We will never forget that great healthcare is about the people, not the buildings. We must keep our workforce happy, engaged, inspired and appreciated. It's a never-ending battle, but one that is worth the huge time, energy and money needed to fight it.