Pediatric Heart Transplant Society

PEDIATRIC HEART TRANSPLANTATION TODAY

PHTS Newsletter

Dr. Juan "Chuck" Alejos, Senior Editor
Dr. Neha Bansal, Junior Editor

October 2024



Dear PHTS Community

Hoping that you all had a safe and exciting summer! Many of you have returned from your vacations with friends and family where you may have reconnected with friends and now you watch as your children head back to school and some make the transition to the next stage in life. We are experiencing the start of chilly days autumn, and our thoughts go to flannel shirts, freshly carved pumpkins and the sound of leaves crunching beneath our feet. As we think of changing seasons, our minds wander to the importance of nurturing ourselves for the sake of those around us. We have a very difficult job of caring for the sickest of the sick and we recognize how important one's mental and physical wellness is. Thus, this edition is dedicated to wellness and self-care. This is a small reminder that each one of you deserves the time and space to care for your own physical and emotional wellbeing. You, your families and your patients deserve it!

Wishing you all

Neha and Chuck



Newsletter Junior Editor
Neha Bansal, MD
Mount Sinai Medical Center



Newsletter Senior Editor
Juan 'Chuck' Alejos, MD
Mattel Children's Hospital

PHTS GROWTH*

12702 → Patients Enrolled Total
13.070 → Listings/relisting entered
9667 → Transplants entered
562 → Listings for 2023
482 → Transplants for 2023
238 → Listings for 2024
202 → Transplants for 2024

*as of September 1, 2024



President
Shriprasad Deshpande, MD
Children's National Health System



Vice President
Kevin Daly, MD
Boston Children's Hospital

FOLLOW US ON SOCIAL MEDIA

@PHTSociety

www.PHTSociety.org



Ratna Behal, MD
UCLA Mattel Children's Hospital

Enhancing Wellbeing in Pediatric Heart Transplantation Providers

Nearly 20 years ago, the late David Foster Wallace addressed the graduating Class of 2005 at Kenyon College with the following parable: “There are these two young fish swimming along, and they happen to meet an older fish swimming the other way, who nods at them and says, ‘Morning, boys, how’s the water?’ And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes, ‘What the hell is water?’” 1 He goes on to remind us that **“the most obvious, ubiquitous, important realities are often the ones that are the hardest to see and talk about.”** 1

For too long, the vast majority of medical centers and healthcare organizations incorrectly placed the onus of boosting professional satisfaction (“wellness”) entirely on the individual healthcare provider. In doing so, they abdicated themselves of the shared responsibility to address the critical role that organizational factors and the practice environment play in either supporting provider engagement or contributing to burnout.3 While these organizational factors can seem nebulous, this “water” that surrounds and affects all of us has been characterized and grouped by Shanafelt and colleagues into 7 dimensions: workload and job demands, control and flexibility over work, work-life integration, alignment of organizational culture and individual values, social support and community at work, and meaning or purpose derived from work.3 If we approach healthcare provider “wellness” and “wellbeing” from this lens – it transforms these banal concepts into concrete ideas that can be leveraged to improve the entire healthcare ecosystem. Put simply: if the fish in your fishbowl are getting sick, it’s just as imperative to change the water as it is to rehabilitate the fish.

As our society and healthcare system collectively emerges from the throes of COVID-19, the terms “burnout,” “compassion fatigue,” “moral distress/injury,” and “secondary traumatic stress” have become ubiquitous in their use to describe a pervasive epidemic facing healthcare professionals. Even in pre-pandemic years, national studies indicated that at least 50% of both US physicians in training as well as practicing physicians are experiencing burnout.3 Comparable rates of burnout have also been described in non-physician medical disciplines as well, including advanced practice providers, nurses, pharmacists, and social workers.4 Burnout is a well-characterized, psychological syndrome stemming from chronic exposure to work-related stressors. Its three key components are overwhelming emotional exhaustion, feelings of cynicism and detachment from work, and a reduced sense of personal accomplishment and self-efficacy.5 While burnout arises from chronic workplace stress, “compassion fatigue” specifically arises from the emotional and physical exhaustion resulting from repeated exposure to the suffering and trauma of others. It is often described as the "cost of caring" for others in emotional pain and is often characterized as a form of “secondary traumatic stress.”4 In addition, the concept of “moral distress” often exacerbates burnout in that the individual “knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.” 6

Leaving burnout unchecked has immense personal implications for healthcare providers. Healthcare organizations thus have a moral and ethical imperative to address this pervasive syndrome as it has been linked to broken relationships, alcohol and substance use, increased risk for cardiovascular disease, depression, and physician suicide.2,4 In addition to the profound personal repercussions for their employees, organizations have a strong professional, quality-based impetus to address this problem as well. Studies indicate that increased levels of burnout in providers correlate with decreased quality of patient care, increased medical errors, and a decrease in patient satisfaction. Distress in physicians has also been shown to affect prescribing habits, test ordering, and an increased risk of malpractice suits.2 Furthermore, widespread burnout in the healthcare workforce leads to increased physician turnover with the costs of replacing a physician estimated to be 2-3 times the physician's annual salary (when accounting for recruitment, onboarding, and lost patient revenue).2 For those providers who choose to stay in maladaptive environments, burnout affects productivity and professional work effort. A prospective, longitudinal study of >2000 physicians at the Mayo Clinic found that each 1-point increase in burnout (on a 7 point scale) was associated with a 30-40% likelihood that the individual would reduce their professional work effort in the next 24 months, which was corroborated independently with payroll records. 7

Several risk factors for healthcare provider burnout include working in a specialty with "frontline" access to clinical care (ie – pediatric primary care, general internal medicine, emergency medicine), early career status, excessive administrative tasks, electronic health record documentation demands, and increased time spent at work.2,4 These risk factors, coupled with the ongoing emotional toll of consistently bearing witness to the suffering of others places pediatric cardiac transplant providers across the inter-disciplinary care spectrum at high risk for burnout, compassion fatigue, and secondary traumatic stress. Though I work in pediatric palliative care, I have witnessed first-hand the various stressors that my cardiac transplant colleagues face: caring for critically ill (sometimes dying) children and their families, unpredictable schedules, unforeseen complications, long hours, and the decisional burden of transplant listing (among others).4 A recent study of four geographically diverse pediatric solid organ transplant centers across North America sought to investigate burnout and related constructs among pediatric solid organ transplant team members (physicians, surgeons, trainees, transplant coordinators [RN, NP, PA], psychologists, social workers, transplant administrators). Notably, the study was conducted pre-COVID-19 and showed that one-third (34%) of participants endorsed burnout (n = 135) while only 43% reported professional fulfillment with their work. Importantly, 15% of respondents endorsed clinically significant levels of post-traumatic stress symptoms related to patient deaths.4 Unsurprisingly, the rates of burnout and provider distress during the pandemic reached higher rates than were previously reported.4,8 Recent studies indicated that 20% of physicians and 40% of nurses planned to leave clinical practice after two years of the pandemic.8 Given that the scope of this problem is vast and its implications far-reaching, any attempted solutions require nuance, personalization, and most importantly, a blend of both individual and systemic initiatives to address healthcare provider wellbeing.

Although the epidemic of burnout in healthcare has been extensively documented and described for many years, the devastating effects of COVID-19 served as a catalyst for many national and international healthcare organizations to put forth action-oriented plans. As an example, the National Academy of Medicine in the United States offers a strategic blend of institutional and individual initiatives, as outlined by its 2024 National Plan for Health

Workforce Well-Being.8On an institutional level, fostering a culture that prioritizes workforce wellbeing is essential, with leadership playing a pivotal role in setting the tone. The National Plan emphasizes the need for systemic changes, such as reducing administrative burdens, ensuring adequate staffing, and offering flexible work schedules, to alleviate the intense pressures that contribute to burnout. Providing access to mental health resources, including counseling and peer support programs, is also crucial. On an individual level, the National Plan advocates for self-care practices, emphasizing the importance of physical, emotional, and social wellness. Healthcare providers are encouraged to engage in mindfulness practices, build resilience through peer mentorship, and maintain a healthy work-life balance. By implementing these evidence-based strategies, institutions can not only enhance the well-being of their providers but also improve patient care outcomes. 8

For pediatric cardiac transplant teams, the following actionable steps may serve as some "best practices" to consider as tools to prevent burnout among team members. Although there are individual-level suggestions here, please remember that the "water" or practice environment that we work in is equally important to address:

- Ensure staffing is appropriate for the number of patients 2,3,4,8
- Ensure sufficient coverage for leave to allow all team members to properly utilize their paid time off 4
- Ensure all team members are functioning at the highest level of their licensure
- Maximize electronic health record efficiency; consider scribe support 2
- Promote community among team members through social gatherings 2,4
- Ensure that all team members have access to mental health resources (e.g. – 988 National Suicide and Crisis Lifeline in the United States)
- Provide emotional debriefing sessions conducted by trained facilitators after patient deaths or when needed during particularly high-stress situations; include all members of the inter-disciplinary team 4
- Special thanks to Jessica Lloyd, MD for her collaboration and support in editing this article.

References

1. Wallace DF. This Is Water: Some Thoughts, Delivered on a Significant Occasion, About Living a Compassionate Life. Hachette UK; 2009.
2. Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. 2017;92(1):129-146. doi:10.1016/j.mayocp.2016.10.004
3. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet. 2016;388(10057):2272-2281. doi:10.1016/S0140-6736(16)31279-X
4. Cousino MK, Bogle C, Lim HM, et al. Burnout, professional fulfillment, and post-traumatic stress among pediatric solid organ transplant teams. Pediatr Transplant. 2021;25(4):e14020. doi:10.1111/petr.14020
5. Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol 2001;52:397–422.
6. Jameton A. Dilemmas of moral distress: moral responsibility and nursing practice. AWHONNS Clin Issues Perinat Womens Health Nurs. 1993;4(4):542-551.
7. Shanafelt TD, Mungo M, Schmitgen J, et al. Longitudinal study evaluating the association between physician burnout and changes in professional work effort. Mayo Clin Proc. 2016;91(4):422-431.
8. National Academy of Medicine. 2024. National Plan for Health Workforce Well-Being. Washington, DC: The National Academies Press. https://doi.org/10.17226/26744.

PHTS Live!

Upcoming Topics

- **October**
  EP 101 for the Heart Transplant/Heart Failure Specialist
- **November**
  What grant mechanisms are available to investigators for registry-based research?
- **December**
  SRTR and Long-term Outcomes Calculator

Host



Juan Alejos, MD



Manu Varma, D.O.



Lynsey Barkoff, CPNP



New Junior Faculty Leader

Alicia M. Kamsheh, MD, MSCE

Washington University in St. Louis
School of Medicine

Call for Members!

PHTS Mentorship Committee

The PHTS Mentorship Committee pairs junior members of the PHTS with senior members at a different center for mentoring.

We encourage participation from both physicians and allied health members.

If you're interested in more information, reach out to Claire Covington at Claire.Covington@kirso.net

Member Spotlight



Enduring Hearts
Healthy Kids ♥ Stronger Hearts ♥ Longer Lives

Jenna Schauer, MD

Abstract Accepted to AHA 2024

Poster Presentation

Psychoactive medication use in pediatric heart transplant: An assessment of prevalence, risk factors, and outcomes



action

Scott Auerbach, MD

Abstract Accepted to 2024 Single Ventricle Investigator Meeting

Oral Presentation

Impact Of Ventricular Assist Device Use On Single Ventricle Pediatric Heart Transplant Outcomes In A Linked Cohort Of The Advanced Cardiac Therapies Improving Outcomes Network (ACTION) And Pediatric Heart Transplant Society (PHTS) Databases



Jacob Simmonds, MD

Manuscript accepted for publication in JHLT

Mechanical Circulatory Support Early After Pediatric Heart Transplantation – an analysis from the Pediatric Heart Transplant Society



Melanie Everitt, MD

Manuscript accepted for publication in JHLT

Clinical Outcomes After a Biopsy Diagnosis of Antibody-mediated Rejection in Pediatric Heart Transplant Recipients Journal of Heart and Lung Transplantation



Shahnawaz Amdani, MD

Manuscript accepted for publication in JACC

Prevalence and Impact of Recurrent Rejection on Pediatric Heart Transplant Recipients: A PHTS Multi-Institutional Analysis

Fall Call for Proposals

Submission open from October 1 - 31, 2024

The PHTS Fall Proposal Cycle will be open from October 1 - 31, 2024. Data frequency request MUST be submitted at least 2 weeks prior to the proposal deadline to allow sufficient time for the DCC staff to process these requests prior to your proposal submission. More information can be found at www.PHTSociety.org



New PHTS Hospital

Helen DeVos Children's Hospital

Helen DeVos Children's Hospital is PHTS's 64th Hospital

Call for Members!

PHTS Clinical Approach Committee

Are you interested in helping write a clinical approach document with the help of PHTS leadership? Email DeAnna Archer deanna.archer@kirso.net for more information.

The committee is especially looking for early career and junior faculty members to help lead the efforts!

PHTS System Upgrade Meeting

PHTS will be hosting a meeting to discuss potential PHTS System upgrades and requires input from the PHTS Community. Please make sure to attend one of the meeting times listed below.

- Meeting 1: October 8th from 2:00 PM to 3:00 PM CST
- Meeting 2: October 9th from 1:00 PM to 2:00 PM CST

Register at www.PHTSociety.org

PHTS Virtual Fall Business Meeting

Tuesday, October 29, 2024
11:00 - 1:00pm CT

Register at
www.PHTSociety.org



PHTS Fall Annual Meeting

Sunday, November 17, 2024
Ann & Robert H. Lurie Children's Hospital of Chicago
Registration information coming soon



Before the PHTS Fall Annual Meeting, join PHTS and Enduring Hearts for another

PHTS and Enduring Hearts Mix and Mingle!

Ann & Robert H. Lurie Children's Hospital of Chicago

More information coming soon

Job Postings

Pediatric Heart Failure/Heart Transplant Cardiologist

The Department of Pediatrics at the University of Washington is seeking an open rank faculty position as full-time Assistant Professor (without tenure by reason of funding), Associate Professor (without tenure by reason of funding) or Full Professor (without tenure by reason of funding) on the Clinician Scholar pathway to join the Division of Cardiology. Academic rank at the time of appointment is commensurate with experience and qualifications. Anticipated start date is Winter 2024.

Information and questions can be directed to Yuk Law, MD, Cardiac Transplant and Heart Failure Services| Director, Seattle Children's Hospital at yuk.law@seattlechildrens.org.

Heart Transplant Advanced Practice Provider, Children's Hospital Colorado

Children's Hospital Colorado is seeking a Pediatric Heart Transplant/Heart Failure Advanced Practice Provider to join our team of 5 additional Transplant APPs, 2 RN coordinators, 1 VAD APP, and 6 Transplant cardiologist. Responsibilities include all phases of the transplant process from initial referral through outpatient follow up. This position will be responsible for providing comprehensive assessment, diagnosis, planning, implementation and evaluation to pediatric heart failure and transplant candidates and recipients both inpatient and outpatient. Additional responsibilities include rotational on call duties shared with 5 additional Transplant APPs for donor/recipient heart transplant coordination and liaison function with organ procurement agencies, data collection and documentation for clinical management and certification requirements, developing educational/teaching materials and protocols; development of clinical protocols, policy and procedures; community education and public relations.

Please contact Dr. Melanie Everitt if interested in learning more about the position. Melanie.everitt@childrenscolorado.org

The Congenital Heart Center at Levine Children's Hospital (LCH) seeks to recruit a Pediatric Heart Failure and Transplant Cardiologist as the Medical Director

The Congenital Heart Center at Levine Children's Hospital (LCH) seeks to recruit a Pediatric Heart Failure and Transplant Cardiologist to join our growing faculty as the Medical Director of Pediatric Advanced Heart Therapies Program.

To learn more or to submit a CV for confidential consideration, please contact: Amber Chau, Administrative Assistant for Levine Children's Congenital Heart Center at amber.chau@atriumhealth.org.

APP Position at Joe DiMaggio Children's Hospital

The Heart Institute at Joe DiMaggio Children's Hospital is actively seeking a motivated and dynamic Physician Assistant or Nurse Practitioner to join our team. The selected candidate will collaborate with a team of physicians, mid-level providers, and RN coordinators working closely with the CVICU and Congenital Cardiology teams to care for pre- and post-heart transplant patients, and patients with advanced heart failure and ventricular assist devices.

Please contact myself (ldaddese@mhs.net) or Michelle Biazon (mbiazon@mhs.net) if interested.

Job Postings

Phoenix Children's - Heart Transplant, Heart Failure and Mechanical Circulatory Support Team.

Phoenix Children's - Division of Cardiology, is actively seeking up to 3 full-time faculty to join the Advanced Heart Failure – Cardiac Transplant Team at the level of Instructor, Assistant, or Associate Professor of Clinical Pediatrics and Child Health. There is an opportunity for the right candidate to join as or develop into the role of Director of Mechanical Circulatory Support depending on experience. The program performs an average of 12-15 heart transplants annually, follows heart failure patients in both the inpatient and outpatient setting and supports a mechanical circulatory support program offering the full range of pediatric and adult devices.

Interested candidates should send a curriculum vitae with a cover letter of introduction to:

David Blaha
Physician Talent Acquisition Partner
dblaha@phoenixchildrens.com

VAD APP

he role of the advanced practice provider (physician assistant or nurse practitioner) at Johns Hopkins All Children's Hospital is one of collaboration and partnership within an inter-professional team. APPs are board-certified providers who assume responsibility and accountability for health stabilization, promotion, and maintenance of acute and chronic illness or injury under the supervision of a physician. APPs are expected to participate in evidenced-based clinical practice, clinical research, ongoing innovative education, and shared governance throughout the organization.

Questions: Please email Maria Goode, mgoode4@jh.edu

If you have a job posting that you would like to share with the PHTS Membership, visit the PHTS Basecamp board called Resources for Job Opportunities to add your job posting.