

Seattle Children's

Community Benefit Report 2018-2019



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www.seattlechildrens.org

Our Mission

We provide hope, care and cures to help every child live the healthiest and most fulfilling life possible.

Our Vision

Seattle Children's will be an innovative leader in pediatric health and wellness through our unsurpassed quality, clinical care, relentless spirit of inquiry and compassion for children and their families.

Our founding promise to the community is as valid today as it was over a century ago. We will care for every child in our region, regardless of their family's ability to pay.

We will:

- Practice the safest, most ethical and effective medical care possible.
 - Discover new treatments and cures through breakthrough research.
 - Promote healthy communities while reducing health disparities.
 - Empower our team to reach their highest potential in a respectful work environment.
 - Educate and inspire the next generation of faculty, staff and leaders.
 - Build on a culture of philanthropy for patient care and research.
-

Our Values

Compassion
Excellence
Integrity
Collaboration
Equity
Innovation

ON THE COVER

Top: Patients and families of children with chronic health conditions or special needs enroll in our Finding Strength for the Long Haul Class. Read more on page 2.

Bottom Left: Emmy Cole, 5, (bottom left) with her family is thriving after cancer treatment at Seattle Children's. More about Emmy's journey can be found on page 8.

Bottom Right: Lori Geibert, RN (left) is one of almost 2,000 nurses we have as part of the Seattle Children's workforce. Training the next generation of health care providers is important to our mission. Read more about our health professions education on page 6.



Letter from Our CEO

Our future depends on the potential of today's children. Yet many obstacles stand in their way to a healthy, fulfilling life. Inadequate access to mental health care, too few safe places to play, and housing, food and economic insecurity are just some of the challenges that can determine a child's lifelong physical and emotional health.

At Seattle Children's, we seek to build on community and family strengths in order to overcome the myriad challenges kids face — immediately and over the long haul.

Our top priority is to provide the best and safest care we can for the children and families we serve. Throughout our region and beyond, we represent the promise of hope, care and cures.

That promise drives everything we do. Not just at the hospital bedside, but wherever there are opportunities to keep families safe and healthy, and eliminate health disparities.

We advocate for essential resources, get pediatric specialists closer to where children live, train the next generation of child and adolescent health experts, promote equity and community health, and research new ways to treat and cure childhood diseases.

We've achieved many successes by working with families, community partners, public health officials and many others. This report highlights some of our most recent efforts to keep our promise to children and families.

Thank you for being part of our journey.

Sincerely,

Jeff Sperring, MD
CEO, Seattle Children's



What is community benefit?

A community benefit is a program or service that meets at least one of these objectives:

- Improves access to healthcare.
- Enhances the health of the community.
- Advances medical or health knowledge.
- Relieves or reduces the burden of government or other community efforts.

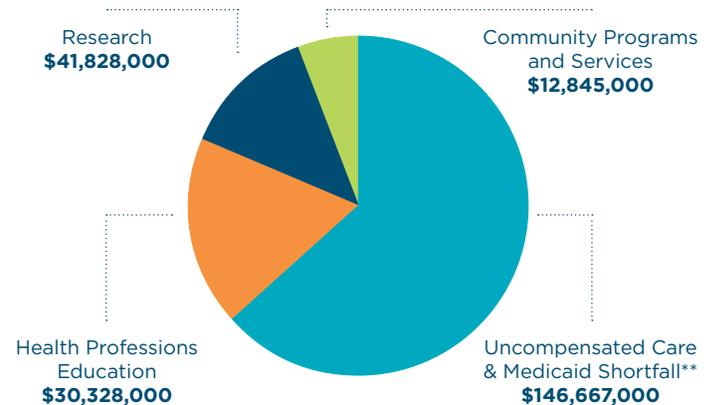
Community benefits are classified as uncompensated care, research, health professions education and community health improvement. Community benefit is also the basis of the tax-exemption of nonprofit hospitals.

Learn more about how we contribute to the community at www.seattlechildrens.org/communitybenefit

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Total 2018 Investment in the Community: \$231,668,000*



* Does not include grants and contributions Seattle Children's received that support community benefit programs.

** Reflects costs after subtracting payments from Medicaid, donations, and grants Seattle Children's received that support these programs, including a \$40 million one-time donation supporting Uncompensated Care.

Community Programs and Services

Our mission isn't limited to helping children and families who come to us. We go to them with services and programs that meet their needs where they live. Working with others in the community, we tackle the root causes of illness and injury, advocate for family voices and promote changes that build on strengths and make communities safer and healthier.



Mark Fadool, director of mental health services at the Odessa Brown Children's Clinic co-developed a program to teach soccer coaches social and emotional skills they can incorporate into training and games with their players.

Fostering wellness and community through soccer

When is soccer practice more than soccer practice? When the players are learning social-emotional skills they can use both on and off the field.

That's the goal of a soccer wellness program for 7 to 13 year-old kids started by Mark Fadool, director of mental health services at the Odessa Brown Children's Clinic.

Developed in partnership with the Rainier Vista Boys and Girls Club and led by coaches from the Nowland Premier Soccer Academy, the program offers six weekly sessions for kids held four times a year.

The program provides access to premier-level coaching that would be unaffordable to many children, but the driving force was a request from the Rainier Vista Boys and Girls Club for help providing mental health support to youth dealing with a host of stressors.

Fadool sees the soccer wellness program as a way to deliver a fun and innovative social-emotional program to kids living in Southeast Seattle. The program has been able to provide additional support to the under resourced East African community by the use of soccer's worldwide popularity.

All coaches receive training in supporting social-emotional health and provide time before and after practice for players to reflect on behavioral goals like being a good teammate. "Not all kids need the extra support, but all kids can benefit from improved social and emotional skills while having fun," Fadool said.

The strength to cope

Parents need patience and compassion — not just toward their children but toward themselves. That's especially true for parents of children with chronic conditions or special needs. They must juggle frequent medical appointments, make sure their child's needs are being met and cope with any mental or behavioral health challenges that may arise.

Shayla Collins is one of dozens of such parents who have learned how to manage the added stress, anxiety and frustration through the *Finding Strength for the Long Haul* class offered by Odessa Brown Children's Clinic.

"The class taught me it's OK to feel something, but rather than immediately react, I need to give myself time to pause and figure out how — or if — I want to respond," says Shayla, who became a class facilitator herself after taking part in the first class in 2017.

The five-week class, which is offered in English and Spanish, emphasizes mindfulness and self-compassion — concepts that help parents maintain a healthy emotional balance as they care for their kids while also facing other issues.

"Many of the families who participate are immigrants, refugees and people who are facing poverty or other adversity," says Kim Arthur, who coordinates the classes. "There are a lot of programs to help children with chronic conditions, but we find that parents are eager to connect and get support too."



Shayla and Marcus Collins and their two children, Noah and Israel.

2018-2019 Highlights of Community Programs and Services



694 youth received care at school based health centers run by Seattle Children's Odessa Brown Children's Clinic



3,702

children and teens were properly fit and received free bike helmets



399

children received low cost car or booster seats

108

children and families who are homeless received free healthcare at youth clinics in partnership with Seattle Children's



1,207

safe firearm storage devices distributed



161

children, teens and adults received free or low cost life jackets

184,000

community and youth athletes cared for by athletic trainers across the region



5,889

took part in programs about eating healthy and staying active



3,707

individuals received healthcare-related legal advice from the Washington Medical-Legal Partnership



541

hours of pro-bono legal advice given by MLP attorneys

2,645

rides to and from the airport for patients and families free of charge



1,522

people served through the Journey Program, which provides grief and loss services



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Research

Our research brings hope to children and families battling diseases that can't be cured with current therapies. We work in the laboratory and at the bedside to translate our discoveries into better ways to prevent, treat and eliminate pediatric disease for our patients and for children around the world.

Overcoming vaccine hesitancy

Dr. Doug Opel developed a survey several years ago to identify families at risk of falling behind on their childhood vaccination schedule. The Parent Attitudes about Childhood Vaccines (PACV) was a tool to help him study why that happens and how to intervene.



Dr. Doug Opel

Opel is now looking at whether the survey can play a direct role in improving vaccination rates. By making it part of well-child visits doctors can address the specific concerns of families who the survey identifies as vaccine-hesitant.

More than 150 families in 24 clinics around Western Washington took part in a randomized pilot study led by Opel with funding from the National Institutes of Health.

Families received either the PACV survey or a general survey with no mention of vaccines at their two-month and six-month checkups. The PACV survey provided doctors — who have a lot of ground to cover during an appointment — with a heads up about which families might be vaccine-hesitant and what issues to discuss.

The results of the study are being analyzed to see if taking the PACV survey ultimately resulted in higher rates of vaccine compliance by the time a child was eight months old. Even if it doesn't, this study is an important first step to identifying innovative ways to help promote vaccine acceptance.

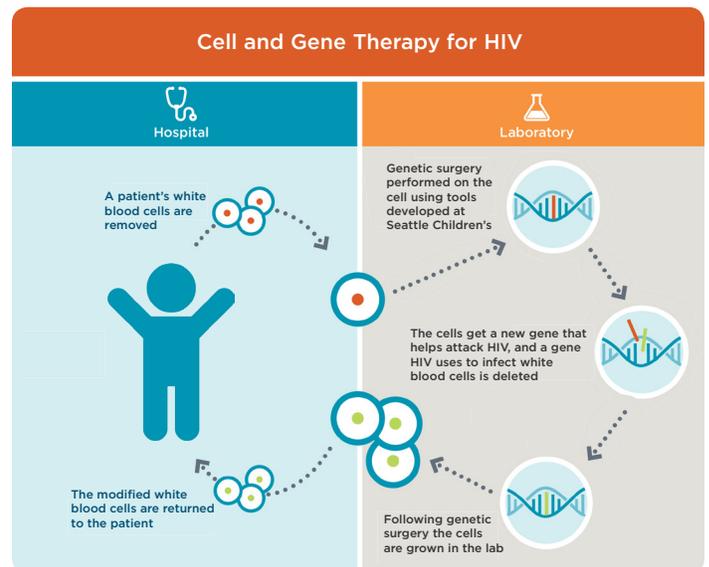
“The current measles outbreak is just one example of why it's critical to help vaccine-hesitant families understand the benefits of vaccinating their child,” Opel says.

Arming T cells to fight HIV

Modern drugs suppress the potentially deadly HIV virus, but come with negative side effects ranging from nausea to more serious conditions like liver complications — an increased concern for young patients because they have to bear the burden of treatment longer than people who are infected as adults.

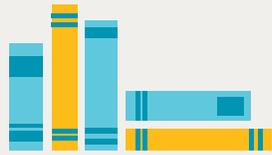
T cells are a crucial part of the body's immune system, but HIV destroys their ability to fight infections. Drs. Thor Wagner and David Rawlings used gene editing to show that T cells can be programmed to both kill and resist HIV in human blood samples. They used a specific enzyme to damage the gene that controls a receptor on the T cell surface targeted by HIV, eliminating the receptor and preventing the virus from invading the cell. At the same time, they introduced a new gene that gives the T cell virus-killing capabilities.

If future research proves the treatment safe, doctors could take T cells from an HIV positive patient, modify them to kill and resist HIV, and then return them to the patient. “We hope this treatment can prevent the need for HIV drugs that have negative side effects for people who need them to stay alive,” Rawlings says.



At Seattle Children's we are working to program T cells to both kill and resist HIV.

2018-2019 Highlights of Research



7 interdisciplinary centers dedicated to researching pediatric health

We are ranked

5th

among pediatric institutions in National Institutes of Health (NIH) funding



6,905 students received science education from the mobile Science Adventure Lab



535

studies sponsored by

169

different entities

Each study furthers our goal of identifying new approaches for preventing, diagnosing and treating childhood diseases



326

student interns and

70

postdoctoral fellows hosted by the research institute



We are **1 of 31** fully dedicated pediatric research centers in the world



265 national and international providers, ethicists and trainees attended the annual Bioethics Conference



175

areas of clinical, translational and community research



299

principal investigators on staff who lead research studies



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Health Professions Education

Providing children and families with the best care possible depends on surrounding them with highly trained doctors, nurses and other health care providers. As home to the University of Washington’s pediatric residency and fellowship programs and a training ground for nurses and other providers, Seattle Children’s helps the next generation of health professionals gain invaluable experience working beside world-class specialists. We also offer continuing education and outreach to healthcare providers already caring for kids in our community.



Olivia Kerwin (pictured left) and Samantha Kunze Garcia (pictured center), both registered nurses on the Medical Unit, participated in a Nursing Evidence-Based Practice Fellowship in 2018 led by Denise Sackinger, nursing quality, safety and Magnet support leader for Nursing Professional Development (pictured right).

Fellowships drive change

A simple question asked by two young nurses may lead to changes across Seattle Children’s thanks to the hospital’s Nursing Evidence Based Practice (EBP) Fellowship.

Soon after being hired in 2016, Olivia Kerwin and Samantha Kunze Garcia became concerned that implicit — or unconscious — bias by nurses might be affecting patients and families of low-income and/or minority status. They applied for the nursing EBP fellowship to take a closer look at the issue.

The fellowship provides coaching to nurses as they work on a project relevant to their unit. Fellows meet with a mentor for two hours a month and are paid to work on their project for an additional six hours a month. About 45 nurses have taken part in the eight-month program so far.

After reviewing more than 160 articles about implicit bias in healthcare settings, Kerwin and Kunze Garcia approached senior nursing leaders who approved their idea to develop an Equity, Diversity and Inclusion (EDI) training for all Seattle Children’s nurses.

“In the beginning we were really just hoping to begin a conversation,” Kerwin says. “It was incredible that Seattle Children’s nursing leaders were willing to listen to and work with us.”

Pathway to advocacy

Doctors in training at Seattle Children’s and the University of Washington who want to develop skills in specific areas can pursue their passions through several training pathways.

The Resident Education and Advocacy for Child Health (REACH) pathway teaches residents how to protect and improve the health of communities by understanding and responding to a community’s particular needs.

Residents begin by learning to assess community health needs, plan programs and evaluate results. They gain skills and understanding related to health policy, the social determinants of health and data collection/analysis/reporting.



Second year REACH pathway residents and their faculty mentors.

They complete their training by applying their new skills during a rotation in one of two locations — the Yakima Valley Farm Workers Clinic in the small Eastern Washington town of Toppenish or in Kisii, Kenya, where they work alongside residents from the University of Nairobi.

The REACH pathway is a win-win. Residents gain desired skills while their training locations benefit from their time and talents as they advocate for under resourced populations.

2018-2019 Highlights of Health Professions Education



196 professionals trained in suicide prevention



65 medical, nursing and psychiatry Grand Rounds lectures given to community providers and offered to a worldwide audience via our video library



600 students participated in healthcare job shadows

Providers in Training



960
physicians in training



747
nursing students



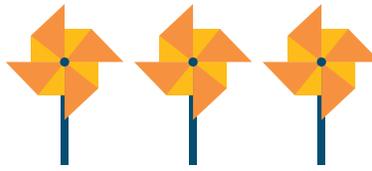
36
advanced practice provider students



131
pharmacy, social work, dentistry and other students

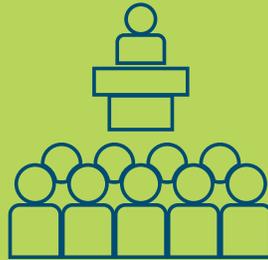


758
medical students



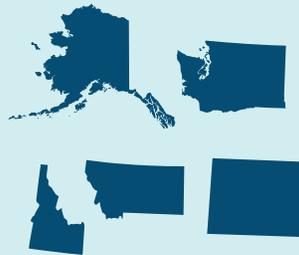
3,390

healthcare providers and state employees were educated on child abuse and neglect prevention



More than
4,000

healthcare professionals participated in continuing education events



Our medical students train at **22** different sites in Alaska, Idaho, Montana, Washington and Wyoming



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Uncompensated Care

Families with a seriously ill or injured child already have enough on their minds. They should not have to worry about how to pay the mountain of medical bills that can pile up even if they have insurance. Our financial assistance fund fills the gap between what families can afford to pay and the cost of helping their child live the fullest life possible. In 2018 we provided over \$146 million in uncompensated care to children in Washington, Alaska, Montana and Idaho.



Emmy Cole spent over 200 nights at Seattle Children's during more than 18 months of treatment. Today there is no evidence of Emmy's cancer recurring, and she is thriving.

Fund lifts financial burden

Dani Cole will never forget getting into an elevator at Seattle Children's with her husband James and their daughter Emmy.

James was holding Emmy's hand as she lay in a hospital bed being pushed by a nurse. They were on their way to the eighth floor — the cancer unit.

"All I could think about was how can this be possible?" Dani recalls. "How can our bright angel have a tumor wrapped around her spine?"

At 2 years old, Emmy had been diagnosed with neuroblastoma, a form of cancer found mostly in children that occurs when special nerve cells called neuroblasts mature into tumor cells instead of normally functioning nerve cells.

The news caused the bottom to fall out of their world. On top of the sheer terror they felt hearing words like "mass" and "tumor," they were devastated to learn that the medical care required to save Emmy would quickly eat up the lifetime maximum of their insurance coverage.

"While I was still trying to process the fact that our little girl had cancer, I had no idea how we were going to afford Emmy's treatment, let alone pay our mortgage, our car payment and all of our day-to-day bills," Dani says.

Then they found out they qualified for financial assistance from the Uncompensated Care Fund at Seattle Children's. At first, they didn't appear to qualify, but when Dani told a team member from the financial assistance program she was taking the year off to care for Emmy, the drop in income made them eligible.

"You can't imagine the weight off our shoulders when we realized the fund would pick up anything our insurance wouldn't — and that we could focus entirely on getting Emmy well," says her mom.

Over the next 18 months, Emmy spent more than 200 nights at Seattle Children's for treatment that included three surgeries, five rounds of chemotherapy, 20 rounds of radiation, a stem cell transplant and a type of immunotherapy. It was a long and grueling journey, but it saved her life.

"Through it all, we never had to ask about cost when our care team recommended tests and treatments," Dani says. "Without Seattle Children's financial assistance we would have gone into debt and lost our home. To this day, I have zero idea how much Emmy's treatment cost, but we are forever grateful."

Our Community Benefit Priorities

We work with partners in the community to address four urgent health needs identified by our 2016-2019 Community Health Assessment. Here are some of our recent accomplishments in each of the four priority areas.

Mental and Behavioral Health

We are committed to helping all children get the mental health care they need. Our mental and behavioral health experts not only diagnose and treat problems like anxiety and depression, they strive to understand them and find better ways to help children and families prevent and overcome them. Working with partners, we expand the capacity of the community to provide services that are essential to a child's well-being.

First aid for kids in crisis

Many people know how to save a life by performing CPR, but few know how to have a conversation with an adolescent struggling with depression or addiction — a skill that can also save a life.

A new class offered at Seattle Children's gives parents and other adults who interact with young people skills to help an adolescent who is experiencing a mental health challenge.

Youth Mental Health First Aid is an evidence based training program that provides practical information about common youth mental health issues, adolescent development and how to support young people in crisis and non-crisis situations. Participants practice asking difficult questions such as, "Are you thinking about killing yourself?" and learn that asking someone if they are thinking about suicide does not put the idea in their head.

Laura Crooks, Seattle Children's former senior director of patient and family experience and now CEO at Children's Village in Yakima, WA was instrumental in bringing the class to Seattle Children's after losing her own son to suicide. "The Youth Mental Health First Aid class helps you understand when there's really a problem," she says. "We'd like to see this class become as prevalent as CPR. Everyone should take it."



After losing her son to suicide, Crooks has worked to improve the mental health system in Washington state by bringing Youth Mental Health First Aid to Seattle Children's.

Youth Mental Health First Aid class at Seattle Children's is taught in partnership with USA Youth Mental Health First Aid, Chad's Legacy Project, and King County.

“ The Youth Mental Health First Aid class helps you understand when there's really a problem. We'd like to see this class become as prevalent as CPR. Everyone should take it.”

— Laura Crooks



Parents talk to a mental health screener via video chat.

Video chat referrals boost access

When children need mental health care, primary care providers refer them to mental health providers. As simple as that sounds, many parents struggle to complete the first step of the mental health intake procedure.

Recent research led by Dr. Tumaini Coker found that a video chat referral process, developed by an academic-community partnered research team, increased the odds threefold that parents would finish the screening necessary to get mental health care for their child.

Funded by the Patient-Centered Outcomes Research Institute, the study aimed to improve access to mental health care for families in under resourced areas. Nearly 350 parents of children ages 5-12 participated in the randomized trial. Nearly 90% of the children were Latinx and all were covered by Medicaid.

The video chat referral process provides parents with more personal support than the usual telephone referrals. At the primary care clinic, parents are shown a five-minute video about what to expect, meet with a care coordinator, and then schedule a video chat with a screener from the mental health center.



Dr. Tumaini Coker, research lead.

During the chat, parents can see the screener asking the questions, which can make them feel more comfortable about sharing personal information.

Suicide and Violence Prevention

Seattle Children's works to promote firearm safety and address the underlying causes of youth violence and suicide. We give away free firearm safe storage devices at community events as well as at the hospital, and we act proactively to prevent suicide within the population we serve.



Seattle Children's now screens all admitted children ages 10 and older for suicide or self-harm.

Asking lifesaving questions

Between 2007 and 2016, the suicide rate for boys age 10-14 had doubled; for girls age 10-14 over the same time period, the suicide rate had tripled.

Seattle Children's created a new clinical services pathway to guide providers in screening, assessing and referring youth for suicide risk. All children 10 and older admitted to the hospital or emergency department are now asked four questions about self-harm, death and dying.

"Many kids who are experiencing suicidal ideation or thoughts about harming themselves don't disclose this until they engage in the behavior," said clinical psychologist Molly Adrian. "We believe that asking all children these questions will help us catch the threat early and better respond to and treat the distress that is creating the urge to die."

If a child is found to be at risk, their health provider discusses the findings with the family, helps them create a crisis prevention plan and transfers care to a mental health provider through a warm handoff in which the providers and the family are all present.

Suicide screening will expand beyond the hospital to include all Seattle Children's patient care sites. In addition, the majority of Seattle Children's care providers will receive six hours of suicide prevention training.

All of these steps align with the goals of the national Zero Suicide Initiative, which challenges health systems to make improvements that can prevent death by suicide of individuals under their care.

Safer firearm storage

Mental health issues such as depression are a major risk factor for suicide — more so if there is a firearm in the house and if it is not safely stored.

A study led by Dr. Neil Uspal gathered information about firearm ownership and safe storage practices from families whose child sought mental health care in our emergency department or inpatient Psychiatry and Behavioral Medicine Unit.

When data analysis is complete, Uspal's study will show whether giving families a free firearm storage device — either a lock box or a trigger lock — affects whether the device is being used.

"We were worried that nobody would want to be in the study because we asked pretty specific questions about people's firearms such as how many they own, where they store them, and where they store ammunition," Uspal says. "But once we explained the study and why it was important, people were very interested in participating."

Separate from the study, the inpatient Psychiatry and Behavioral Medicine Unit now offers a free firearm storage device to firearm owning families of all children. The Odessa Brown Children's Clinic and the ambulatory psychiatric clinics also offer free firearm storage devices to the families they serve.



Some of the safe firearm storage devices that are given away for free.

Healthy Eating, Active Living and Food Security

Nutritious food and physical activity are essential for children to grow up strong and healthy. We work alongside the community to fight hunger, improve access to nutritious food and increase opportunities for children and families to be physically active.



Seattle Children's on site food pantry.

Fighting food insecurity

During financial hardships, families make difficult trade-offs. Families reduce their food quality and variety, even skipping meals, in order to make ends meet. The lack of steady nutrition caused by food insecurity (hunger) hampers a sick child's healing and ability to stay well.

Children with chronic illnesses also have special dietary needs, which can be costly, and might not be covered at community food banks. Parents and caregivers of children with chronic illness may face loss of income if they reduce their work hours to care for kids.

A growing number of specialty clinics within Seattle Children's now ask families about food insecurity. Families who want help are given a two-day supply of nutritious food from our food pantry, which is supported by donors, grants, the hospital, and a partnership with Northwest Harvest. To help families with ongoing food resources, we link them to WithinReach, a local nonprofit that connects people with the social services they need to stay safe and healthy.

A survey of families from two clinics serving children with end-stage kidney disease showed a correlation between improved food security and fewer hospitalizations and infections.

Obesity tied to neighborhood traits

Childhood obesity continues to be a serious health concern in the United States, putting children at greater risk for developing conditions like heart disease and type 2 diabetes.

Research led by Dr. Brian Saelens found that a child's weight status changes over time based on the availability of nutritious food and the opportunity for physical activity in the neighborhood where they live. The study involved more than 600 children ages 8-13 in Seattle/King County and San Diego County.

When he began his research Saelens found that children were more likely to be overweight or obese in neighborhoods with no parks or low quality parks and no supermarkets or a high concentration of fast food restaurants. They also were more sedentary and consumed more calories.



Dr. Brian Saelens' research ties long-term health outcomes for kids to the neighborhood they grow up in.

The opposite was true for children living in neighborhoods with at least one high-quality park, at least one supermarket, a smaller concentration of fast food restaurants and more opportunities to walk.

After following up two years later, Saelens found that children in the less favorable neighborhoods — i.e. lacking access to nutritious food and opportunities for physical activity — had become even more likely to have weight issues. Meanwhile, the opposite was true for those in the more favorable neighborhoods.

Saelens hopes his research will help change the way neighborhoods grow and develop. "Activity and healthy eating aren't always at the forefront of our minds when we think about how things are built," he says.

Coordinated Care for Children and Teens with Chronic Conditions

Caring for children with complex chronic conditions requires providers in the hospital and in the community to work as a team to address their many medical issues. We strive to coordinate a child's care across all services, support families as they care for their child outside the hospital and help children make a successful transition to adult care.



TLC for kids with medical complexity

Raising a child with medical complexity is an enormous challenge. They need ongoing care for multiple chronic conditions and face many medical and psycho-social issues over time. We lift some of the weight from a family's shoulders through TLC — short for transitional longitudinal care.

This program prepares families to go home after hospital stays and coordinates care for their child going forward. We assign each family a registered nurse care manager to serve as a single point of contact for all their needs and questions.

"It could be a medication issue, an equipment issue, a financial issue or a school issue," says Kathy Mullin, Director of Care Coordination at Seattle Children's. "The registered nurse case manager can help families navigate the system to answer their questions and obtain the help they need from Seattle Children's and in the community."

The program is especially helpful to families who are just starting their journey with a child with medical complexity. "Every step is new to them and it gives them peace of mind to know there is somebody they can call," says Erin Martin, one of the program's registered nurse care managers.

Preparing family caregivers

The healing process doesn't end at the hospital. Much of a child's recovery takes place at home under the care of their family. That's why we continually work to improve the hospital-to-home transition.

Dr. Arti Desai recently created an outcome measure to assess how well the hospital prepares families to care for their child at home and supports them after discharge. Desai interviewed patient families to uncover eight concepts that were most important to them during the hospital-to-home transition.

"The measure asks about things like did they get enough discharge education, did they feel confident when they got home, were their follow-up providers informed about the care they received in the hospital," Desai says.



The hospital collects feedback on these outcomes through a short survey given to families. "Our main goal is to give families a voice in telling us how well we're preparing them to deal with a challenging time in their life," Desai says.

This survey, and other measures she has developed with colleagues, have guided efforts to improve the discharge instructions families receive from the hospital so they can better manage their child's care at home.

In addition, Desai is working to ensure that up-to-date care plans for children with medical complexity — who have chronic conditions that require closely coordinated care from multiple specialists — are readily available to other providers once a child leaves the hospital.



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Prevention WINS

The mission of Prevention Works in Seattle (WINS) is to prevent underage drinking, substance abuse, and associated problems through education, advocacy, and networking with students, families, and the community.

Find out more at:
<http://www.preventionworksinseattle.org/>