Children’s HeartLink envisions a world in which all children have access to high-quality cardiac care.

Children’s HeartLink leads long-term partnerships between the world’s leading teaching hospitals and hospitals in countries just embarking on their goals to treat children with heart disease. Our model of phased support prioritizes clinical and organizational capacity-building across health systems. Our goal is to develop 50 Children’s HeartLink Centers of Excellence by 2030.

Partner Hospitals

**PHASE 1**
- Qingdao Women and Children’s Hospital (Qingdao, China)
- Serdang Hospital (Sepang, Malaysia)

**PHASE 2**
- G. Kuppusamy Naidu Memorial Hospital (Coimbatore, India)
- Hospital de Messejana (Fortaleza, Brazil)
- Instituto do Coracao (São Paulo, Brazil)
- Postgraduate Institute of Medical Education and Research (Chandigarh, India)
- TEDA International Cardiovascular Hospital (Tianjin, China)
- Vietnam National Children’s Hospital (Hanoi, Vietnam)

**PHASE 3**
- Hospital da Crianca e Maternidade (São José do Rio Preto, Brazil)
- Nhi Dong 1 (Ho Chi Minh City, Vietnam)
- Rabindranath Tagore International Institute of Cardiac Sciences (Kolkata, India)

**CENTERS OF EXCELLENCE**
- Amrita Institute of Medical Sciences (Kochi, India)
- First Hospital of Lanzhou University (Lanzhou, China)
- Institut Jantung Negara (Kuala Lumpur, Malaysia)
- Narayana Hrudayalaya Institute of Cardiac Sciences (Bangalore, India)
- West China Hospital of Sichuan University (Chengdu, China)

Transforming Health Care

**Developing a Center of Excellence**

**PHASE 1** Building the Foundation

**PHASE 2** Refining Capabilities

**PHASE 3** Preparing to Lead

**Center of Excellence**

Fulfilling Our Vision: Local Providers and Mentors

The problem of lack of access to care can only be solved through local treatment centers. That’s why empowering local providers is the heart of our mission.

Our model of phased support builds on the capacities of the local health system and focuses on advancing clinical skills, organizational capacity, training education, and patient centered care. Rather than funding fly-in surgical teams, we lead long-term mentoring relationships between training partners and local providers. We know that establishing a pediatric cardiac care center is a long-term endeavor that requires a certain level of health system capacity and government stability. This is why Children’s HeartLink intentionally partners with hospitals that are secure in meeting the basic public health needs of their population and are committed to developing a pediatric cardiac program and referral network.

Site Selection Criteria

- Active cardiac surgery program
- Patient volume >100/year
- Part of a referral network
- Commitment to grow pediatric program
- Commitment to teaching and research
- Evidence of government support
## Developing a Children’s HeartLink Center of Excellence

<table>
<thead>
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<th>PHASE 1</th>
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<tr>
<td><strong>Building the Foundation</strong></td>
<td><strong>Refining Capabilities</strong></td>
<td><strong>Preparing to Lead</strong></td>
<td>When these local hospitals and programs consistently deliver high-quality, complex care, with evidence of stability and sustainable outcomes, they become a Children’s HeartLink Center of Excellence. Centers of Excellence also serve as regional training partners and commit to training other pediatric cardiac specialists from low-resource environments. This is the heart of our train-the-trainer delivery model and how we ensure the most number of kids will have local access to cardiac care.</td>
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**Our first years with a new partner site are spent working together to assess the current capacities and needs of the hospital. Based on those needs, we match a training hospital, then embark on a long-term relationship. Several site visits occur between the mentor and partner hospitals, each dedicated to broad capacity building based on site-based needs assessments. These first visits create many early successes that inspire and strengthen the commitment of practitioners, administration and volunteers.**

**By the time a partner hospital is in Phase 2 of their relationship with Children’s HeartLink, specific areas of need have been identified. Together with the volunteer team, members of the pediatric cardiac team and hospital leadership develop strategic development plans focused on specific areas of capacity development.**

**After 4-6 years, a partner hospital is typically in Phase 3 and is focusing on becoming a regional leader in pediatric cardiac care. Their clinical skills and patient outcomes have seen marked improvements, along with the ability to treat kids with more complex conditions. Their relationship with the volunteer team shifts to building a training program and sharing their knowledge throughout regional health systems.**

**Benchmarks of Success**
- Commitment to a quality improvement & growth plan
- Baselines established for patient volume, in-hospital mortality & infection rates
- Establishment of an infection prevention & control monitoring system
- Team communication plan
- Partnerships between practitioners & regional primary health care systems

**Benchmarks of Success**
- Significant increase in patient volume
- Significant decrease in postoperative infection rates
- Mortality rate <10%
- Commitment to support clinical research
- Serves as a regional patient referral center
- Family and patient education is incorporated into care

**Benchmarks of Success**
- Significant increase in patient volume
- Significant decrease in postoperative infection rates
- Mortality rate <4%
- Self-sustaining quality improvement system
- Continuing education program for all practitioners
- External regional training efforts supported by hospital leadership

**Benchmarks of Success**
- Visionary leadership & dedication to regional partnerships & training
- Contributor to the body of evidence of pediatric cardiac care in low-resource settings
- Full range of pediatric cardiac services (surgery, cardiology, ICU, anesthesia & perfusion)
- Patient volume of 250+ pediatric cardiac surgeries per year
- Mortality rate of <4%

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**We can’t change the incidence of congenital heart disease. But with your help, we can reach more children who need lifesaving care.**

**Congenital Heart Disease (CHD) Facts**
- 1:100 babies is born with a heart defect
- 70% are surgically correctable
- 90% of children with CHD have no reliable access to cardiac care
- Heart defects are the most common congenital anomaly
- CHD is the 7th leading cause of death under 5 years of age
- Only 3% of child deaths from CHD occur in high-income countries

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