

THE PROCESS OF TREATMENT AT THE CHILDREN'S NATIONAL HOSPITAL IN WASHINGTON D.C.

Conversation with Katie Worst | Nurse Practitioner

[The process of treatment at the Children's Hospital in Washington D.C.]

[Katie Worst, Nurse Practitioner, Washington D.C., USA]

My name is Katherine Worst, I'm a nurse practitioner at Children's National in Washington DC and I'm also a nurse practitioner with the CTO program. I first get introduced to families after they've reached out to our program for help. So, families will reach out to our program with something they need help with regarding their child and a colorectal diagnosis. And then our nurses will gather information about their past medical history, and what surgeries they've had, what medication they've tried, and what problems they're having right now that they want us to fix. That information is then given to me as well as Dr. Levitt and our entire team. So, a group of urologists, gastroenterologists, gynecologists, we all sit around a table and listen about each of these patients before they've ever walked into the door. We come up with a plan for that patient. Because a lot of these patients are traveling from really far away in order to come see him, so we want to make sure that we have a good plan for them, and everything that they need to be addressed is going to be addressed on that visit. We don't make them travel to come see us, and then in a separate time, execute this plan. They come and they meet us and we execute the entire plan all in one visit. So, we talk about the patient at that initial meeting, we come up with a plan, and then it kind of gets handed off to the nurse practitioners and other advanced practice providers, such as myself, where we outline that plan and in what logical order, and we put orders in for all the studies or procedures that they're going to need to take place.

The patient usually comes to DC several weeks later, and then we get to meet them in clinic with Dr. Levitt and talk to them about their issues and if anything has changed from the time we first spoke with them, until then. After that clinic visit, we'll do any testing that they need to have done, and a lot of times we try to do that testing on their first day they'll come to the hospital, and then the next day we meet them in clinic, and we get to talk to them about everything that's going on. And then if they need a procedure, that's usually in the next day or two after we meet them.

Following that procedure, a lot of times the nurse practitioners will meet with the family again immediately following the procedure to talk to them about what happens next. So now they had an exam, let's say, and we need to give them a plan as to whether or not they need additional surgery, and if they do need additional surgery, why? And what does that look like? And then what do the family need to expect? So, we'll sit down and have that conversation with them.

And likewise, if they don't need surgery. So then how do we fix the problem if it's not a surgical problem? What do we need to do to help them get into a better place? And so, the nurse practitioners and advanced practice providers will sit down with them to talk about that plan.

If they've had reconstructive surgery, so they had the big surgery, then we'll sit down with them and talk to them about the next steps following reconstruction and what to expect and what post-operative care is going to look like. So, then the families typically go home, and then their post-operative appointments are typically with the advanced practice providers in clinic, to kind of go over just the healing process and what additional interventions need to be done, and then long-term management of their bowels.