ICAP Project: Data Report Out & Sustainability

AUGUST 28, 2015
## Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Speaker</th>
<th>Time</th>
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<tr>
<td>Welcome and Reminders</td>
<td>Faiza Wasif, MPH</td>
<td>5 mins</td>
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<tr>
<td>Data Report Out</td>
<td>Kavita Parikh, MD</td>
<td>15 mins</td>
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<td>Eric Biondi, MD</td>
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<tr>
<td>Questions</td>
<td>Teams</td>
<td>10 mins</td>
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<tr>
<td>Pre &amp; Post Project Survey Data</td>
<td>Kavita Parikh, MD</td>
<td>10 mins</td>
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<td>Eric Biondi, MD</td>
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<tr>
<td>ICAP Sustainability</td>
<td>Kavita Parikh, MD</td>
<td>10 mins</td>
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<td>Eric Biondi, MD</td>
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<tr>
<td>Questions &amp; Thank you!</td>
<td>All</td>
<td>10 mins</td>
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ICAP MOC Eligibility Criteria

AAP-Established Minimum Criteria for Participation
The project requires active physician participation for 9 months. Physicians must:
☑️ Lead the implementation for the Improving Community-Acquired Pneumonia Management Quality Improvement (ICAP) project core changes for 9 months
☑️ Provide direct or consultative care to patients as part of the project
☑️ **Physician Leader:** Attend 4 meetings that can be learning session webinars or conference calls/webinars where collaborative data are reviewed or plans for new improvement activities are made.

**Other participating physicians:** Attend at least 4 meetings at which collaborative data are reviewed and plans for improvement activities are made (can be local team meetings, conference calls/webinars, or learning sessions)
☑️ Collect and submit data on a subset of patients as defined by the project
☑️ Review periodic (3-month) run charts
☑️ Implement change package ideas/tools designed to improve CAP care

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Claiming MOC Credit (25 Points)

Complete and sign your Attestation Form at the end of the project
• Your Attestation Form is downloadable via your ABP profile online, instructions will be sent at the end of June.

Return completed, signed and scanned form to Faiza Wasif (fwasif@aap.org) with copy to ericeconboy@aap.org by September 4, 2015

Lead physician “attest” for any participating physician in your practice (sign off on their form)

Project leader(s) “attest” for any lead physicians (sign off on your form)

The information in the Attestation Form will be sent by AAP to the ABP

The ABP will update your ABP Portfolio at www.abp.org indicating that credit has been earned toward MOC Part 4

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Qualitative Interviews & Sustainability Cycle

✓ Submitting Sustainability Data
In December 2015, we encourage ICAP hospital sites to submit another season of community acquired pneumonia data into the Quality Improvement Data Aggregator (QIDA) ICAP Chart Review tool in order to review your sustainability in ICAP measures. The charts that are entered in December 2015 can reflect as few as 15 charts or as many as 60 that reflect your winter 2015 pneumonia cases.

✓ Participating in Qualitative Interviews
Phone interviews will be conducted with ICAP hospital teams in order to best inform the subsequent quality improvement collaborative projects run by the AAP Value in Inpatient Pediatrics (VIP) Network. As many of the hospital core improvement teams may participate in the 20-30 minute phone interview as feasible. The AAP QuIIIN staff and interview team will be contacting your hospital site to schedule these interviews starting in August 2015 through October 2015.

PLEASE RESPOND ON FORMS IF YOU ARE INTERESTED OR NOT!
Narrow-spectrum Antibiotics – ED

![Graph showing narrow-spectrum antibiotic use for CAP in ED cycles 1 to 6.
Cycle 1 (N=584): 9.6% Goal, 13.2% All Practices.
Cycle 2 (N=697): 13.2% Goal, 27.3% All Practices.
Cycle 3 (N=597): 15.4% Goal, 36.1% All Practices.
Cycle 4 (N=601): 80.0% Goal, 80.0% All Practices.
Cycle 5 (N=704): 80.0% Goal, 80.0% All Practices.
Cycle 6 (N=580): 80.0% Goal, 80.0% All Practices.]

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Narrow-spectrum Antibiotics - Inpatient
Narrow-spectrum Antibiotics - Discharge
Rates of Macrolide Usage – ED & Inpatient

Rates of macrolide usage for CAP for 0-5 years of age - ED

Rates of macrolide usage for CAP for 0-5 years old - Inpatient Setting

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Rates of Macrolide Usage (5-18 yrs) – ED & Inpatient

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Chest X-Ray Utilization – Inpatient

![Graph 1: Chest X-Ray utilization for CAP during inpatient admission](image1.png)

- Cycle 1 (N=584)
- Cycle 2 (N=697)
- Cycle 3 (N=597)
- Cycle 4 (N=601)
- Cycle 5 (N=704)
- Cycle 6 (N=580)

Percent

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

![Graph 2: Chest X-Ray (more than 1) utilization for CAP in the inpatient setting](image2.png)

- Cycle 1 (N=194)
- Cycle 2 (N=209)
- Cycle 3 (N=177)
- Cycle 4 (N=159)
- Cycle 5 (N=191)
- Cycle 6 (N=137)

Percent

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

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Pulmonary Ultrasound & CT Utilization

Pulmonary Ultrasound utilization for CAP

CT utilization for CAP
CBC Utilization – Inpatient Setting

CBC utilization for CAP in the inpatient setting

CBC utilization (more than 1) for CAP in the inpatient setting

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Concurrent Asthma Treatment
Project Testimonials
ICAP Testimonials

Firstly, on behalf of our hospital, team and entire group, we thank you for this wonderful opportunity and an experience. Secondly, “ICAP” project is a medium for us to improve practice and care of patients. This taught us communication, team work, networking and more importantly doing the right thing. Coaching, sharing literatures and Webinar opened to more possibilities in understanding practice management.

Overall, this QI project is a “blast” and one of the important tools for health care professionals.

This project was well received in our hospital as it is a collaborative effort under AAP.

I being a pediatric hospitalist in a tertiary care teaching hospital, very much thankful to the AAP for giving me a chance to take part in quality improvement project for inpatient community acquired pneumonia. As there are lot of research going on around the world its near to impossible to get known to everything specially when the work schedule is very busy. Development of guidelines is very essential to reflect the new approach to the patient care. But due to various reason, it is very difficult to implement the patient care according to the new guidelines.

I’m so excited after the improved quality of the care in our patients with uncomplicated community-acquired pneumonia.

I would love to, myself, get involved further in a similar project with the AAP.
The ICAP Project has helped our Children's Hospital become more standardized in the treatment of uncomplicated community acquired pneumonia. I believe that the effects of this project also filter into the community and to our referring Pediatricians. Working through the project has helped our team gain a greater appreciation for quality improvement and a deeper understanding of its effectiveness. We hope for continued involvement in future AAP QI Projects.

ICAP was a wonderful experience for our team and our whole Pediatrics Department. We learned not only about best practice in pediatric pneumonia, but also about how to rigorously approach quality improvement from a multidisciplinary perspective. Our experience with ICAP has already informed several other QI projects at our institution and it will continue to do so.

The resources provided for the ICAP project were very useful in educating our staff and referring providers in community acquired pneumonia guideline usage. More importantly, by participating in a national collaborative study, the changes we wished to make were accepted as much more credible. Our team continues to improve its QI capabilities by participation in VIP projects.
Sustaining Your Progress
Create and sustain a work group

Assemble stakeholders
- physicians (continuum)
- department care providers (continuum)
- service/support department members
- especially IT, Finance, Quality

Regular meetings \(\rightarrow\) frequent at first

Have stakeholders bring a colleague
- helps when “transitions” occur, folks not available
- include night shift colleagues as much as possible

Commit to regular meetings
- “send someone else if you can’t be there”
# Regular Education and Review

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<th>Section</th>
<th>Details</th>
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<tr>
<td>Orientation of new providers</td>
<td>- New physicians, RNs, pharmacists</td>
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<tr>
<td>Annual reviews of pathways with providers</td>
<td>- Pathways, scoring, teamwork, charting, results</td>
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<td>- Review of key drivers/ lessons learned from previous PDSA cycles</td>
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<tr>
<td>Update evidence regularly</td>
<td>- Review new guidelines and consensus statements</td>
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<tr>
<td>Twice a year discussions with quality reviews</td>
<td>- Integrated into pediatric committee meeting</td>
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Collaborate with Colleagues

Use members of your cohort for feedback, ideas, and advice
- EMR, ED, scoring, pathways, engagement

Use the SOHM elibrary/listserv
- http://sohmlibrary.org/

Reach out to local children’s hospital

Benchmark with others in area
Integrate protocol into workflows

**EMR/ Order sets**
- pre-checked orders initiate protocols
- eliminate unnecessary treatments
- reduce calls to physicians

**EMR documentation/ orders**
- linked to protocols and data points extractable
- decision support related to protocols

**Links to evidence in EMR/ order sets**
Acknowledgments
Congratulations to All Participating Hospital Sites

- AnMed Women’s and Children's Hospital
- Anne Arundel Medical Center
- Augusta Health
- Bakersfield Memorial Hospital
- Baystate Children's Hospital
- Blank Children's Hospital
- Cardinal Glennon Children's Hospital
- Carilion Roanoke Memorial Hospital
- Children's Healthcare of Atlanta at Scottish Rite
- Children's Hospital of Illinois @ OSF St. Francis Medical Center
- Children's Hospital of San Antonio
- Children's Hospital of the University of Illinois
- Children's Memorial Hermann Hospital
- Chippenham Medical Center
- Dell Children's Medical Center
- East TN Children's Hospital
- Elmhurst Hospital Center
- Hackensack University Medical Center
- Johns Hopkins Bayview Medical Center
- Kosair Children’s Hospital
- Lehigh Valley Health Network
- Levine Children's Hospital
- Lucile Packard Children's Hospital at Stanford
- Maimonides Infants and Children's Hospital
- Mary Washington Hospital
- Memorial Children's Hospital
- Metrowest Medical Center
- Mission Children's Hospital
- New York-Presbyterian Morgan Stanley Children's Hospital
- Columbia University Medical Center
- Nishtar Hospital, Multan
- Northwestern Lake Forest Hospital
- Ochsner Hospital for Children
- Our Lady of the Lake Children's Hospital
- Peyton Manning Children's Hospital at St. Vincent
- Primary Children's Hospital
- Progress West Hospital
- Rush University Medical Center
- Sacred Heart Medical Ctr & Children's Hospital
- Santa Monica UCLA Medical Center
- Scottsdale Healthcare Shea Medical Center
- Shand's Childrens Hospital
- Silver Cross Hospital
- Sparrow Hospital Childrens Center
- St. Luke's University Hospital
- Stormont-Vail HealthCare
- SUNY Downstate Medical Center
- Texas Children's Hospital
- University of Kentucky
- Upstate Medical University
- Vermont Children's Hospital
- WakeMed
- WVU Children's Hospital
- Yakima Valley Memorial Hospital
Thank you ICAP Coaches!

Joanne Nazif – ICAP Project Lead Coach jnazif@montefiore.org

Matthew D Garber, MD, FHM FAAP
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Michael P Koster, MD FAAP
Rhode Island Hospital

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Tufts Medical Center

Michelle M Marks, DO FAAP
Cleveland Clinic Foundation

Russell J McCulloh, MD FAAP
Children's Mercy Hospitals & Clinics

Vineeta Mittal, MD
Children's Medical Center Dallas

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Children's Mercy Hospital/PedsID

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Dartmouth-Hitchcock Medical Center

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University of Utah Health Care

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Connecticut Children’s Medical Ctr/Peds

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Vanderbilt University School of Medicine

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Children's Mercy Hospital

Natalia L Paciorkowski, MD, PhD FAAP
Rochester General Hosp/Peds

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Thank you ICAP Expert Group!

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Thank you ICAP PHM 2015 Poster Presenters & Speakers!

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TIME FOR QUESTIONS
Reminders

- Return completed, signed and scanned ABP MOC Part 4 Attestation forms to Faiza Wasif (fwasif@aap.org) with copy to ericeconboy@aap.org (Liz Rice-Conboy) by September 4, 2015.
- ASAP, please submit your additional consent forms regarding optional (1) qualitative interviews and (2) submitting sustainability data to QIDA to Faiza and Liz.
- Thank you!