On behalf of the Council on Quality Improvement & Patient Safety (COQIPS) Executive Committee, I would like to welcome two individuals who will serve as members on the Education Committee and as Co-Editors for the Quality Connections Newsletter beginning with the next issue: Tricia Pil, MD, CSSBB, FAAP, and Allison Markowsky, MD, FAAP. They bring a wealth of experience in quality and writing and we are looking forward to their work on the newsletter!

We also want to thank three individuals who are rotating off of the Executive Committee at the end of June: Dr. Sean Gleeson, Dr. Daniel Neuspiel and Dr. Rick Shiffman. Each of them has helped to move the Steering Committee on Quality Improvement and Management to the Council on Quality Improvement and Patient Safety. Their dedication and knowledge in guidelines, evidence, transparency, and patient safety have made an indelible impact on our Council.

The COQIPS nominations committee (Dr Laura Ferguson, Dr Jeff Brown, Dr Marybeth Browne, and Dr Shelly Springer) has placed five COQIPS members up for election for the three open spots on the Executive Committee. The nominations committee was charged with finding individuals who have expertise in patient safety, measurement and guidelines/evidence/transparency. The candidates are: David D. Jaimovich, MD, FAAP, James C. Ledbetter, MD, FAAP, Ricardo A. Quinonez, MD, FAAP, Elizabeth Vickers Saarel, MD, FAAP, and Hsiang Shonna Yin, MD, MS, FAAP. You will be asked to select three of these five well-qualified candidates. Please remember to log-on and submit your selections before March 31, 2015!

In addition to the election of Executive Committee members, we would like COQIPS members to also vote on two changes to our bylaws. The first bylaws change proposes that parents, foster parents, guardians, and patients 16-years-of-age and older be included as eligible affiliate members of the Council. An integral part of the Council’s work is to support the Institute of Medicine’s domains, which includes family-centered care. As we plan and implement projects to do this, it will be critical to have patients/families engaged.

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at the beginning of those conversations so they can contribute meaningfully to the Council’s activities. We ask that you support this change in the bylaws so that our Parent Liaison, Lisa Rossignol, will be able to enhance the incredible work that she is already doing.

The second bylaws change deals with our Council dues. The COQIPS Executive Committee has voted to collect dues from our membership and we would like to explain why. Most councils are formed from the combination of a committee and a section and most sections collect dues. Our Council was formed from only a committee with no money in the bank. Your dues will help create programs that would benefit COQIPS members, the Academy, and most importantly, children. Your feedback will be collected by our annual needs assessment to help guide the Council’s projects and initiatives. Do we want to provide a visiting professorship to institutions? Do we want to have travel awards for physicians-in-training? Do we want to develop awards for outstanding work in Quality Improvement and Patient Safety? Do we want coffee at our next “H” program? You get the idea! We propose that dues for our membership be $25 per year. Other physicians who are not eligible to be members of the AAP and other professionals would be able to join our council for $50 per year. We also propose free membership for physicians-in-training (to encourage them to join COQIPS) and for parents/patients (as cost is a barrier to parent/patient participation). Please vote yes for these bylaws.
David D. Jaimovich, MD
Dr. Jaimovich is a Pediatric Intensivist and realized early in his career that quality of care and patient safety were essential to daily activities. Since 1990, he has been involved in patient safety initiatives at the bedside and subsequently as Chair of the Hospital Quality Committee. Dr. Jaimovich transitioned from active clinical practice to become the Vice-President and Chief Medical Officer of Joint Commission International where he devoted his full professional time to developing, implementing and executing projects in the United States and around the world to improve the safety of patient care.

As the only pediatric physician on the executive team of the Joint Commission, Dr. Jaimovich was able to develop quality and safety programs, one of which specifically focused on Emergency Department preparedness for pediatric patients. As President of Quality Resources International, a multi-national enterprise, Dr. Jaimovich continues his quest to implement quality and safety in all processes that impact the care of patients.

If elected to the Executive Committee of the Council on Quality Improvement and Patient Safety, Dr. Jaimovich will focus on collaborating with the membership and the Sections of the AAP to promote patient safety projects that can focus on the special needs of Pediatric patients throughout all of the disciplines. Furthermore, he will seek to establish quality indicators that represent the current state of pediatric patient safety and measure, analyze and present the results so that Quality Improvement can be a sustainable reality for pediatric patients.

James C. Ledbetter, MD, FAAP
Dr. Jim Ledbetter is board certified in Pediatrics, and in Developmental and Behavioral Pediatrics. He is currently employed as a Developmental & Behavioral Pediatrician in the Pediatric Development and Rehabilitation Clinic at Randall Children’s Hospital in Portland, OR. He served three years in the US Air Force as a general pediatrician before coming to Denver to complete a fellowship in Developmental Disabilities at the JFK Center and the University of Colorado Health Science Center, as well as a research fellowship with the Developmental Psychobiology Research Group, Denver. He was the Medical Director of the Special Needs Primary Care Clinic, The Children’s Hospital, Denver, from 1995-1997.

Dr. Ledbetter has experience in private practice as a Developmental Pediatrician and as a staff pediatrician in the Emergency Departments of several community hospitals. He has served as the Medical Consultant to the Colorado Department of Public Health and Environment’s Section on Children and Youth with Special Health Needs and the Colorado Medical Home Initiative 2002-2005 and then the Medical Director of the Oregon Center for Children and Youth with Special Health Needs 2006-2008.

Dr. Ledbetter has worked with the National Initiative on Child Health Quality in developing Leadership Collaboratives and implementing practice change using an incremental approach through the Plan-Do-Study Act method and is very interested in developing practical and measurable outcomes in quality improvement and safety as it relates to child health care.

Ricardo A. Quinonez, MD, FAAP
Dr. Quinonez completed his medical training at the University of San Carlos in Guatemala City and Pediatric residency at Baylor College of Medicine/Texas Children’s Hospital in Houston, Texas. He is currently an Associate Professor and Chief of the Division of Pediatric Hospital Medicine in the Children’s Hospital of San Antonio – Baylor College of Medicine. Dr. Quinonez is an elected member and former Chair of the Executive Committee for the Section of Hospital Medicine of the American Academy of Pediatrics and Co-Chair of the Academic Pediatric Association’s Quality Improvement Special Interest Group. He is a member of the Joint Council for Pediatric Hospital Medicine a committee tasked with coordinating national activities of pediatric hospital medicine and guiding the path towards formal recognition of PHM as a subspecialty.

One of Dr. Quinonez’s main interests is in the development of high quality

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clinical indicators to assess the quality of care that children receive. He has served in national expert panels assessing quality indicators for pediatrics from conditions as diverse as respiratory illness in children to inflammatory bowel disease. Dr. Quinonez led the group that developed and published the Choosing Wisely® list for Pediatric Hospital Medicine for the Society of Hospital Medicine and has written about the important issue of overuse and overdiagnosis in children.

Dr. Quinonez completed advance training in Quality Improvement and Evidence Based Medicine at Texas Children’s Hospital where he served as the Director of Quality and Research for the Section of Hospital Medicine of Baylor College of Medicine-Texas Children’s Hospital.

**Elizabeth Vickers Saarel, MD, FAAP**
Dr. Saarel is an Associate Professor of Pediatrics and Director of Electrophysiology for the Division of Pediatric Cardiology at the University of Utah and Primary Children’s Hospital. She is a pediatric electrophysiologist and a Fellow of the American Academy of Pediatrics, the Heart Rhythm Society and the American College of Cardiology (ACC).

Dr. Saarel has extensive experience in quality improvement. In 2010 she received advanced training from the Intermountain Institute for Health Care Delivery Research. She is an expert panelist for the ACC National Cardiovascular Data Registry and a Member of the ACC Congenital Heart Disease and Pediatric Cardiology Quality Metrics Working Group. Dr. Saarel directs QA efforts and is a member of both the Congenital Heart Center Quality Steering and Quality Improvement Committees at Primary Children’s Hospital.

Dr. Saarel’s research focuses on the prevention of sudden death, the safety of sports, and the treatment of arrhythmias in children. She leads two NIH-funded pediatric studies, the normal ECG project and a registry for implantable cardioverter-defibrillators. She is an author of more than 50 articles and book chapters.

Dr. Saarel attended medical school at the University of California Los Angeles and completed her residency in pediatrics at Case Western Reserve University and Rainbow Babies and Children’s Hospital. She practiced general pediatrics in New York and North Carolina for 5 years before completing a fellowship in Pediatric Cardiology and Electrophysiology at the University of Michigan. She lives in Salt Lake City with her husband and 2 children.

**Hsiang Shonna Yin, MD, MS**
Dr. Yin is a general pediatrician and an Assistant Professor of Pediatrics and Population Health at the NYU School of Medicine / Bellevue Hospital Center. She is a member of the CDC’s PROTECT (Prevention of Overdoses and Treatment Errors in Children Taskforce) initiative, and served as co-chair of the subcommittee focused on the standardization of pediatric medication dosing instructions. She also serves as a member of the FDA’s Risk Communication Advisory Committee.

Dr. Yin has provided health literacy expertise to many groups, including the CDC, FDA, IOM, and AAP. She was a Robert Wood Johnson Foundation Physician Faculty Scholar (2009-2012), and recipient of the Pfizer Fellowship in Health Literacy / Clear Health Communication (2007-2009).

Dr. Yin has been part of the AAP COQIPS MOC Pilot Project Planning Committee, providing health literacy expertise. She previously worked with the AAP’s Health Literacy Project Advisory Committee, leading the effort to use the 2003 NAAL (National Assessment of Adult Literacy) data to provide the first national estimates of the impact of low parent health literacy on pediatric health. She first-authored the paper that arose from this work, which was published in a special issue of the journal *Pediatrics*.

Dr. Yin is a graduate of the Massachusetts Institute of Technology and the University of Rochester School of Medicine, completed residency training in Pediatrics at the NYU School of Medicine, and received her Masters of Science degree in Clinical Investigation through the CDC-sponsored Medicine and Public Health Research Fellowship Program at the NYU School of Medicine.
Updates from the COQIPS Executive Committee

Education Committee— Save the Date, Call for Abstracts & New Co-Editors

Call for Abstracts—DEADLINE: April 10, 2015 at 11:59 PM EST
COQIPS welcomes the submission of scientific abstracts for its program at the 2015 AAP National Conference & Exhibition. Successful submissions will follow the SQUIRE guidelines. For more information on requirements and to submit your abstract, please visit: https://aap.confex.com/aap/2015/cfp.cgi

Join us in welcoming our new Quality Connections Co-Editors!

Allison Markowsky, MD, FAAP
Assistant Professor of Pediatrics, George Washington University School of Medicine, Washington, DC
Assistant Medical Director, Children's National Pediatric Hospitalist Program at Stafford Hospital, Stafford, VA

Tricia Pil, MD, CSSBB, FAAP
Clinical Assistant Professor, University of Pittsburgh School of Medicine, Pittsburgh, PA
Medical Director for Quality and Safety, Childrens Community Pediatrics, Pittsburgh, PA

For more information on how to get involved in the education committee please contact Dr Laura Ferguson (L Ferguson@tamhsc.edu) or staffperson Cathleen Guch (cguch@aap.org).

COQIPS Membership Update - Welcome New & Renewed Members!

Council membership continues to increase. To date, COQIPS has 513 members! We would like to welcome and congratulate the following new and renewed members:

Natasha Afonso  Kimberly Ernst  Nuzhat Nisar
Hasan Al Ajmi  Jeffrey B Gould  David Okuji
Francisco Alvarez  Kate Humphrey  Christine Page-Lopez
Farranaz Alvarez Nunez  Satoko Igarashi  Faisal Mohamed Patel
Katherine Baker  David Jaimovich  Elinor Pisano
Krisztina Balazs  Shephali Katira  Nadine Salle
Greg Barabell  Bassem Kurdi  William Selby
Alsan Bellard  Christina Lettieri  Michael Shannon
Vinod Bhutani  Wayne Liang  Paula Soung Behnke
Elizabeth Bird  Richard Lion  Jonathan Swanson
Chelsea Bodnar  Tricia Lucin  JoAnn Welch
Christina Chan  Kristin Lynch  William Wenner
Katherine Claflin  Ann Mann  Cornelia Winkler
Alston Dunbar  Jaime McKinney  Shiva Zargham
Gabriela Echenique Subervi  Carmen Mejia-Carvajal

For more information about how to get involved in the membership committee please contact Dr Wayne Franklin (waynehfranklin@gmail.com), committee chairperson or staffperson, Vanessa Shorte (vshorte@aap.org).

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Guidelines, Evidence, and Transparency Committee (GETS)

The Guidelines, Evidence, and Transparency Committee (GETS) is in the process of developing a Clinical Practice Guideline Manual. This American Academy of Pediatrics (AAP) publication will provide insight to guideline developers on a variety of topics. Some key components of the manual will focus on topic identification, financial and intellectual transparency, evidence aggregation, manuscript development, peer review, literature surveillance, implementation, and measurement. The committee anticipates that a draft will be submitted for publication in fiscal year 2016.

Policy Committee

COQIPS has established a Policy Committee under the leadership of Dr Terry Adirim. The committee consists of both council executive committee and general membership. The work of the Policy Committee includes keeping COQIPS members and AAP leadership informed of changes and additions to QI, quality measurement, patient safety legislation, and recommendations, rules established by the federal government, health care organizations, and other national stakeholder groups. In addition, the group will track and identify opportunities for the Academy, under the leadership of COQIPS, to develop policy, clinical reports, and technical reports to enhance quality and safety in pediatrics.

COQIPS is also working on developing the following pieces of AAP policy:

- A revision of the 2008 policy statement, Principles for the Development and Use of Quality Measures. COQIPS is collaborating with the Committee on Practice and Ambulatory Management. The authors anticipate disseminating a draft for peer review in Spring, 2015.
- Through a collaboration with the Committee on Medical Liability and Risk Management, the council is working on a new statement titled, Disclosure of Adverse Medical Events. This statement will be ready for peer review in early 2015.
- In collaboration with the Committee on Hospital Care, the council intends to revise the Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care. An intent for this revision will be forthcoming in the first half of 2015.
- The policy statement on Toward Transparent Clinical Policies was reaffirmed in 2014.

Cast your vote by March 31st!

The five COQIPS members on the ballot for the one COQIPS Executive Committee vacancy are listed below.

Please see pages 3-4 for candidate bios.

David D. Jaimovich, MD  
James C. Ledbetter, MD  
Ricardo A. Quinonez, MD  
Elizabeth Vickers Saarel, MD  
Hsiang Shonna Yin, MD, MS
CHIP Reauthorization Needs Your Support!
The American Academy of Pediatrics (AAP) has long supported the Children’s Health Insurance Program (CHIP) and other programs that help ensure all children are covered by quality, affordable health insurance. Medicaid and CHIP provide health insurance coverage to more than 40% of children in the United States, making both programs combined the largest insurer of U.S. children. Since its Bipartisan beginning in 1997, CHIP has been a vital program for children and pregnant women in working families who earn too much to qualify for Medicaid but too little to afford private health insurance. CHIP, along with Medicaid, has helped to cut the number of low-income, uninsured children across the country by an astounding 50 percent, from 25% in 1997 to 13% in 2012, while improving health outcomes and access to care for children and pregnant women. Without Congress adding funds beyond September 2015, coverage for millions of children will be disrupted. Many families would be forced to pay more for marketplace coverage or would lose access to affordable coverage altogether.

Congress last reauthorized CHIP in 2009 under the Children’s Health Insurance Program Reauthorization Act (“CHIPRA”) and extended its life further within provisions of the Affordable Care Act of 2010. CHIPRA included provisions to strengthen the quality of care provided to and health outcomes of children in Medicaid and CHIP. The CHIPRA provisions required the United States Department of Health and Human Services to identify and publish a core measures set of child specific health care quality measures for voluntary use by State Medicaid and CHIP programs. CHIP has bipartisan support. Currently, there are several bills before Congress. Numerous organizations support reauthorizing the CHIP program as-is and the AAP also seeks to include provisions that would provide support to continue the development and implementation of pediatric quality measures.

Write to your representatives in Congress advocating for the reauthorization of CHIP. More information and talking points can be found at the AAP’s Policy and Advocacy webpage at: https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/CHIP.aspx
My Quality Journey
Sean Gleeson, MD, MBA, FAAP, CPE
Medical Director, Partners For Kids
Vice President, Community Health and Wellness, Nationwide Children’s Hospital

My quality journey has taken a different path than that of many pediatricians in that from the very start of my career I took a path that was not the standard clinical care route. Throughout my education and training path, I was drawn to the opportunities that presented themselves for addressing the systems aspect of healthcare. Even in college, as an Economics major, my classroom time was spent examining the question of how decision-makers make choices on how to spend scarce resources. I completed a joint MD/MBA program, and was introduced to Total Quality Management (TQM) in my Health Care Management coursework. During residency I did an elective month with the hospital’s PHO as it began establishing network clinical quality standards.

My first job after residency was working for a health care management consulting company supporting client hospitals as they developed their clinical effectiveness programs. During this time I worked with a client hospital to start a comprehensive Quality Improvement (QI) program that went on to being highlighted at an Institute for Healthcare Improvement (IHI) National meeting. I also first started to see the power of benchmarking. As I showed providers their own data and external benchmarks it opened many doors to the QI process with physicians who were initially resistant.

I worked for Mercy Health Partners in Toledo as Regional Director of Clinical Effectiveness. I was responsible for developing clinical practice guidelines, and supporting the implementation of the new Computerized Physician Order Entry system. I saw the best way to change behavior was to make the desired actions the easy actions, on paper or in the digital world. It was during this time that I participated in the educational offerings of the American College of Physician Executives. Programs such as Three Faces of Quality by David Nash, and Managing Physician Performance in Organizations were both inspiring and practical. This led to my becoming a Certified Physician Executive (CPE). Our hospital joined the Centers for Medicare and Medicaid Services Premier Hospital Quality Incentive Demonstration Project in which hospitals in the top two deciles were rewarded annually with increased Medicare reimbursement. By engaging multidisciplinary teams motivated to improve, we were able to earn money in three of the five clinical areas.

My quality journey continued as the Chief Medical Officer of Grant Medical Center, a large trauma/surgical hospital part of OhioHealth. We implemented a major patient safety program, reducing serious safety events by 85%. The program involved the development of new ways for handling all aspects of organizational quality, from a new RCA process, to implementation of tools for Just Culture, to a restructured QI support infrastructure. In additional to the patient safety improvements, we were able to achieve top performance across a range of organizational quality indicators for surgical safety, ICU infections, and patient satisfaction.

Today, I am fortunate enough to be a part of Nationwide Children’s Hospital (NCH). NCH demonstrates what an organization looks like when QI has become part of its DNA. Not only does the hospital strive towards the total elimination of all preventable harm, but aim statements and key driver diagrams are so ubiquitous that even the finance team talks about their next PDSA cycle of improvement. NCH has subsequently developed an internal Quality Improvement Essentials course modeled after Intermountain Healthcare’s Advanced Training Program (ATP) that is taught twice a year. I am an Executive Coach to participants with each class cohort. My own formal QI education continued with the ATP with Dr. Brent James, Intermountain’s chief quality officer and executive director of the Institute for Health Care Delivery Research.

As Medical Director of Partners For Kids, the Accountable Care Organization affiliated with NCH, my role is to spread that passion for QI into the community. We have initiated The Breakthrough Series: IHI’s Collaborative Model for Achieving Breakthrough Improvement among the practices. We assist

Continued on next page
practices in transforming as part of the Patient Centered Medical Home recognition program, and provide practice facilitation based on QI principles.

For the last three years I have been a member of AAP SCOQIM (Steering Committee on Quality Improvement and Management) which evolved into COQIPS (Council of Quality Improvement and Patient Safety). As an Executive Committee member through that transition, I have been privileged to work with pediatric QI leaders from across the country.
The Children’s Hospital Association (“Association”) aims to achieve transformational advances in child health, quality, safety, cost, patient-centered care, and operational performance improvement.

Here are key initiatives for 2015:

- Advocate for and support the Pediatric Quality Measures Program (PQMP) and its seven Centers of Excellence in the development and dissemination of pediatric-specific measures.
- Advance quality measures and standards for pediatric care nationally, including quality metrics for use in H.R. 4930 “Advancing Care for Exceptional Kids Act of 2014” (ACE Kids Act).
- Collaborative networks developed in partnership with children’s hospitals are tackling conditions that result in significant morbidity or mortality for children:
  - Improving Pediatric Sepsis Outcomes: The Association is launching a national initiative to improve pediatric sepsis outcomes hospital-wide, from ED to ICU to discharge. This initiative will leverage the evidence and experience of work by the American Academy of Pediatrics and other regional and national work.
  - Childhood Cancer and Blood Disorders Network is focused on three critical areas:
    - Preventing Ambulatory Central Line-Associated Bloodstream Infections (CLABSI)
    - Improving Home Medication Adherence
    - SCOPE (Standardizing Care to improve Outcomes in Pediatric ESRD) Network
- Child Health Patient Safety Organization is a federally listed patient safety organization by the Agency for Healthcare Research and Quality offering children’s hospitals a protected space to share event data and learning to eliminate pediatric preventable harm.
- Strategic partnerships with national networks:
  - Children’s Hospitals’ Solutions for Patient Safety (SPS)
  - ImproveCareNow
  - Pediatric Rheumatology Care & Outcomes Improvement Network
  - Pediatric Cardiology Quality Improvement Collaborative

For additional information, contact Mimi Saffer, VP, Quality Improvement and Measurement at 919.542.3450.
Introduction to the Section on Medical Students, Residents, and Fellowship Trainees Liaison
Cory J. Darrow, MD, FAAP
SOMSRFT liaison to COQIPS

As the newly selected AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) liaison to the Council on Quality Improvement and Patient Safety (COQIPS), I am writing to introduce both myself and this newly created position. Currently, I am a second year fellow in Neonatal-Perinatal Medicine at University Hospitals Rainbow Babies & Children’s Hospital in Cleveland, OH, and my interest in quality improvement (QI) and patient safety has developed throughout my training thus far. During my pediatrics residency I took part in multiple projects focused on topics such as central line-associated bloodstream infection prevention, promotion of breastfeeding, and optimizing postnatal management of antenatally diagnosed hydronephrosis. These experiences taught me much about the methodology and importance of such projects, which I then applied when developing and implementing my ongoing fellowship QI project. This venture is focused on minimizing the incidence of extraterine growth restriction in our NICU’s very low birth weight neonatal population through the optimization of parenteral and enteral nutrition, among other interventions.

Taken together with my clinical experiences and the influence of my mentors, the appreciation I’ve gained for the impact of QI & patient safety work inspired me to apply for this liaison position when it became available. This unique role involves my active participation in the COQIPS Executive Committee as a non-voting member representing the SOMSRFT, as well as membership on the COQIPS Membership/Bylaws Committee. I am then tasked with summarizing these experiences and the Council’s current agenda in biannual reports to the SOMSRFT membership and Executive Committee. As this is a new position I’m learning about my role as I go, which it has been interesting and fun thus far!

Through the COQIPS Membership/Bylaws Committee meetings I’ve been involved in, it has become apparent that a large opportunity for growth of COQIPS is through greater trainee involvement. In fact, only about 1% of the >13,000 SOMSRFT members are also members of the Council! Given my role within this group, in the coming months I will be attempting to grow COQIPS membership by providing information to trainees in as many places as possible. I will then attempt to increase the value of COQIPS membership by informing trainees of the resources and opportunities that the Council has to offer. In future issues of Quality Connections you can hopefully look forward to hearing more real life QI & patient safety experiences from the trainee perspective as I’ll be attempting to recruit other SOMSRFT members to tell their stories here as well. Please don’t hesitate to contact me at cory.darrow@uhhospitals.org with any questions or suggestions, and don’t forget to recruit new COQIPS members from your colleagues and AAP groups too!
Dr Ricardo Quinonez Joins the Value in Inpatient Pediatrics (VIP) Network Steering Committee

The Value in Inpatient Pediatrics (VIP) Network Steering Committee is proud to announce the acceptance of Ricardo Quinonez, MD, FHM, FAAP to their leadership team. Dr Quinonez brings a wealth of experience and passion to the pediatric hospitalist community. He believes, “Pediatric hospitalists are riding the wave of the quality improvement (QI) movement better than anyone else. In fact we are steering the ship. QI and hospital medicine go hand in hand. Many pediatric hospitalists are QI leaders within their institutions while some are quality officers. Pediatric hospitalists are setting the standards for inpatient national QI and research collaboratives with successful and thriving organizations such as the Value in Inpatient Pediatrics (VIP) group… it is certainly an exciting time to be a pediatric hospitalist”.

Dr Quinonez is active in several pediatric hospitalist and quality improvement volunteer initiatives including his role as Chair of the American Academy of Pediatrics (AAP) Section on Hospital Medicine Executive Committee, expert advisor to the VIP Network “Improving Community-Acquired Pneumonia Management Quality Improvement Project” Planning Group and current member of the AAP Council on Quality Improvement and Patient Safety.

Dr Quinonez has served as the Director of Research & Quality for the Section of Pediatric Hospital Medicine at Texas Children’s Hospital in Houston, Texas and has served in national panels assessing quality indicators for pediatric conditions ranging from IBD to respiratory illnesses. He currently chairs the Quality Committee at Children’s Hospital of San Antonio where he is also the Chief of the Division of Hospital Medicine.

The VIP Steering Committee invites you to share your ideas for improving care with Dr Quinonez as well as other members of the VIP Steering Committee by emailing quiin@aap.org. To become a member of the VIP Network visit Join QuIIN.
Fifty-Two Teams Improve Care for Hospitalized Children via the Improving Community-Acquired Pneumonia (ICAP) Initiative

From the Quality Improvement Innovation Networks (QuIIN)

Despite more than 150,000 pediatric hospitalizations for community-acquired pneumonia (CAP) annually and the availability of evidence based guidelines, variability exists in several aspects of CAP management. In 2014, the American Academy of Pediatrics (AAP) Value in Inpatient Pediatrics (VIP) Network launched the Improving Community-acquired Pneumonia (ICAP) project to improve the care of children with CAP by increasing compliance with the evidence-informed CAP guidelines and clinical best practice. The following clinical goals were set when treating children hospitalized with CAP

- Increase overall usage of narrow-spectrum antibiotics for inpatients with uncomplicated CAP
- Decrease overall usage of macrolides for inpatients with uncomplicated CAP
- Decrease excessive utilization of complete blood counts
- Decrease excessive utilization of chest radiographs
- Decrease concurrent inpatient treatment for CAP and asthma

This ABP MOC Part 4 approved project led by Kavita Parikh, MD, FAAP (Children’s National) Eric Biondi, MD, FAAP (Rochester University Medical Center) and Joanne Nazif, MD, FAAP (Montefiore Medical Center) has engaged a diverse cohort of 52 hospital teams (51 domestic and 1 international) comprised of hospitalists and other healthcare providers in making quality improvement changes to meet the above outlined goals. Participants take part in periodic virtual learning sessions, collect de-identified chart data on a quarterly basis, engage in monthly coaching sessions with experts in the field, and organize local team meetings to address challenges and sustain positive change.

“We never expected such a fantastic response to this project. Before we knew it, we had 52 sites actively working to improve care at their institutions. When that first set of intervention data came through I think it validated the hard work and we feel that the site Principal Investigators are truly making a difference. The spirit and passion in this collaborative is unlike anything I’ve been a part of before. All the credit goes to the teams at the individual sites and I think the three of us are just grateful to be a part of it.” - Eric Biondi, MD, FAAP

To date, baseline data has been collected, as well as the first post-intervention data cycle which reflected several Plan-Do-Study-Act (PDSA) cycles at the participating hospital sites. Sites have seen improvements in many of the project measures – particularly the increase in usage of narrow-spectrum antibiotics and the decrease in usage of macrolides in the inpatient setting. With nearly six months to go before the project is complete, sites are on track to make positive, sustainable changes in the management of CAP.

To learn more about the ICAP project, please contact the QuIIN Project Manager, Faiza Wasif at fwasif@aap.org. To join the AAP Quality Improvement Innovation Networks (QuIIN) or learn more about the VIP Network visit http://quiin.aap.org.

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MAKE THE MOST OUT OF TIME INVESTED IN QI PROJECTS
EQIPP Courses Save Time and are Included with AAP Membership

Time. We never seem to have enough of it. It’s why we sometimes delay quality improvement projects that, ironically, could ultimately give us more time by helping eliminate inefficiencies in our practice and our care. The key to making the most out of our time invested in QI projects is to participate in programs that meet multiple needs—such as AAP EQIPP courses.

EQIPP courses enable pediatricians to efficiently identify and close practice gaps while delivering needed time-saving tools and resources throughout the process.

“You don’t have to reinvent the wheel,” explained Cynthia Henry, MD, FAAP. “There are a whole collection of resources and information [in the courses]—things that worked in other places—right there at the click of a button.”

EQIPP courses help pediatricians satisfy MOC Part 4 requirements and pediatricians can earn valuable AMA PRA Category 1 Credit(s)™.

Residency programs also find EQIPP courses ideal as they meet the multiple needs such as helping to satisfy QI curriculum requirements, ensuring residents receive the same QI education, and enabling program directors to monitor residents’ course progress while improving their own care.

As Dr. Gabay, FAAP, Program Director at Miami Children’s Hospital, describes: “EQIPP courses kill multiple birds at one time, with one stone. They satisfy QI curriculum requirements and faculty can participate with their residents - helping satisfy their MOC requirements and evaluating their care.”

While time-savings is a benefit of the courses, the most important reason hundreds of pediatricians participate in EQIPP courses each year is because they work.

“We quickly realized this [EQIPP course] was more than [meeting] a MOC requirement—this is quality improvement,” said Johanna Vidal-Phelan, MD, FAAP, about her and her colleagues experience with EQIPP. “We walked away energized about doing more quality improvement.”

“It improved my understanding, documentation and follow-up on both dried blood spot and newborn hearing screening. It opened my eyes to many available helpful recourses and tips,” stated Soheir Girgis MD, FAAP about EQIPP: Newborn Screening Evaluate and Improve Your Care.

Participating in EQIPP courses is a great way to maximize your time and AAP membership as all courses are included with membership. For more information about EQIPP courses visit www.eqipp.org or email eqipp@aap.org.

EQIPP Courses Are Included with AAP Membership!
www.eqipp.org
Topics Available: Asthma • Diabetes • GER/GERD • Growth Surveillance & Linear Growth Failure • Improving Immunization Rates • Medical Home • Newborn Screening • Oral Health • Eliminating Tobacco Use & Secondhand Smoke Exposure
Digital Navigator

Let the AAP help your practice become a medical home. The deadline to submit your application for the 2011 NCQA Standards is rapidly approaching. Act now and let the AAP Digital Navigator guide your practice as you aim to be PCMH NCQA recognized. For more information go to http://digitalnavigator.aap.org.

Happy Spring!

Expect the next issue in June 2015