Congratulations and welcome to our new Executive Committee members beginning July 1, 2015:

- Ricardo Quinonez, MD
- Elizabeth “Tess” Saarel, MD
- Hsiang “Shonna” Yin MD, MS

The American Academy of Pediatrics (AAP), in partnership with the American Board of Pediatrics (ABP), convened a national, multi-stakeholder Summit: Advancing Our Profession of Pediatrics to Advance Child Health on March 31 and April 1. This summit brought together leaders from the AAP with those from the ABP, the Children’s Hospital Association (CHA), Public and Private Payers, the Pediatric Quality Measures Program Centers of Excellence (PQMP COE), Family Voices, Agency for Healthcare Research and Quality (AHRQ) and the National Quality Forum (NQF). COQIPS was well represented with Joel Tieder, MD, MPH (Vice-Chair and Co-Chair of Measurement Committee), Terry Adirim, MD, MPH (Chair of Committee on Advocacy and Policy), Rita Mangione-Smith, MD, MPH (Co-Chair of Measurement for COQIPS as well as a lead investigator for PQMP COE in Seattle) and I attending.

The purpose of this Summit was to bring together experts from across the profession of pediatrics to build and begin working toward a shared agenda for ongoing dialogue, policy, collaborative action, and standardization related to the development, promotion, and implementation of quality health measures that matter for children and families, primary care pediatricians, pediatric subspecialists, researchers, and other stakeholders. Specific objectives of the Summit were to:

- Develop consensus around key Measurement Domains
- Develop consensus around sample measures within each Domain
- Identify keys to successful education, outreach and integration of measures into day to day practices of pediatricians and subspecialists
- Develop a recommended pathway for the profession of pediatrics (internal and external partners) to come together

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and establish an organized approach to addressing Summit objectives.

The conference was superbly facilitated by Ken Slaw, PhD (Director, Department of Membership/Director, Strategic Planning Initiative). Danielle Laraque, MD (Board Member), David Nichols, MD, MBA (CEO, ABP) and Errol Alden, MD (CEO, AAP) welcomed the members to the summit and challenged us with the objectives. Sandra Hassink, MD (President, AAP) discussed the Future Trajectory of Child Health and Our Profession of Pediatrics: Key Domains of Relevance. Ramesh Sachdeva, MD, PhD, JD, MBA (Associate Executive Director and Medical Director of Quality Initiatives, AAP) discussed the Critical Role of Measurement in the Future of Health Systems and Care Delivery. Geoff Simon, MD (Chair, Committee on Practice and Ambulatory Medicine) discussed the View of the Practitioner: Integrating Measurement into Day to Day Practice. Karen Remley, MD, MPH, MBA, future CEO of the AAP was present and contributed significantly to the conversation. Her background most recently is in the private payer marketplace (Anthem). Much of the rest of the time was a working meeting with many small group sessions.

The Domains discussed at the meeting included:
- Functional health/life course outcomes
- Care coordination
- Appropriateness of care
- Patient & family experience
- Social determinants of health

Although these were the initial domains discussed, these will be hammered out over the next several weeks through on-line discussions and a steering committee for this Summit. We are looking forward to future work of this group. Also, there was a call for other people who were not at the table. If you are part of another organization who was not at this table (within or outside of the AAP), please let AAP Staff, Lisa Krams, know (lkrams@aap.org).

Last but certainly not least, I would like to thank the COQIPS Executive Committee members who are rotating off on July 1, 2015 (below). Your dedication and service to children through the work of COQIPS, and formerly, the Steering Committee on Quality Improvement Management (SCOQIM) is greatly appreciated. I look forward to your continued engagement on COQIPS initiatives now and in the future.

Sean Gleeson, MD, MBA, FAAP
Daniel Neupsiel, MD, MPH, FAAP
Richard Shiffman, MD, MCIS, FAAP
Updates from the COQIPS Executive Committee

Education Committee Update
The COQIPS Education Committee would like to welcome the following new members:

- Alston Dunbar, MD, FAAP
- Gregory Hale, MD, FAAP
- Julia Shelburne, MD, FAAP

Drs Dunbar, Hale, and Shelburne will serve on the COQIPS Abstracts Committee and will provide oversight on the development of the COQIPS scientific abstracts program for the AAP National Conference and Exhibition.

2015 National Conference & Exhibition in Washington, DC
Save the date for the following COQIPS-sponsored education sessions!

H1065- Council on Quality Improvement and Patient Safety Program
Presenters: Laura Noonan, MD, FAAP, Greg Randolph, MD, MPH, FAAP, Lee Sanders, MD, MPH, Ulfat Shaikh, MD, MPH, FAAP, and H. Shonna Yin, MD, FAAP
Saturday, October 24, 2015
8:30 AM - 6:00 PM

An abbreviated agenda is listed below. A complete agenda will be sent in July/August to the full COQIPS listserv and will be available on the COQIPS website.

8:30 AM Scientific Session - Welcome
8:45 AM Platform Presentations
10:00 AM Break
10:15 AM Platform Presentations
11:30 PM Poster Viewing & Networking Reception
12:30 PM COQIPS Business Meeting
1:20 PM Break
1:30 PM Enhancing Family-Centered Communication by Addressing Health Literacy QI Learning Session (See “Opportunity to participate in a free, MOC Part 4 Project!” below for more information)

I2039- Successfully Engaging Families in QI to Enhance Medical Home Implementation
Presenters: Christine White, MD, MAT
Sunday, October 25, 2015
8:30 AM – 10:00 AM

F3110- Providing High Value Care for Children with Community-Acquired Pneumonia (Repeats as F4082)
Presenters: Kavita Parikh, MD
Monday, October 26, 2015
3:00 PM – 3:45 PM

Opportunity to participate in a free, MOC Part 4 Project!
Last fall, a planning group was assembled to spearhead the development and implementation of the Council’s very first MOC Part 4 project. The project focuses on improving health literacy and utilizes the COQIPS education (H) program at the 2015 AAP National Conference and Exhibition as a required face-to-face Learning Session. Although the afternoon portion of the education (H) program will function as a learning session

Continued on next page
for project participants, we welcome all those who are interested in building their health literacy skillset to attend.

Successful completion of the project grants participants 25 MOC Part 4 credits. In addition to MOC Part 4 credits, as an added perk, participants will be provided support to earn 20 MOC Part 2 credits.

Recruitment will begin this month, June 2015, through the COQIPS listserv. Priority enrollment will be given to COQIPS members through July 15, 2015.

For more information, contact either Cathleen Guch at cguch@aap.org or COQIPS Education Chairperson, Laura Ferguson, MD, FAAP at lferguson@medicine.tamhsc.edu.

COQIPS Membership Update - Welcome New & Renewed Members!

Council membership continues to increase. To date, COQIPS has 540 members! We would like to welcome and congratulate the following new and renewed members:

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<td>Robert Blake</td>
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<td>Gillian Brennan</td>
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<td>Katharine Hodock</td>
<td>Temitope Olaleye</td>
<td>Kristopher Yoon</td>
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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).

Policy Committee Update

The work of the COQIPS Policy Committee continues 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 committee works with membership to support the development of policy, clinical reports, and technical reports to enhance quality and safety in pediatrics.
Continued from previous page, **Updates from the COQIPS Executive Committee**

The council is working on several pieces of policy including:

- 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*.
- 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*.
- The Council is in the process of developing an intent for a new policy statement related to home medication safety, to be written in collaboration with the Committee on Drugs.

**Advocacy**

COQIPS has continued its advocacy efforts through its Rapid Response Team (RRT). Volunteers review policy and provide feedback when the AAP receives requests from outside groups, or when AAP’s Department of Federal Affairs identifies opportunities for the AAP to advocate on behalf of pediatricians and children. In recent months, the RRT has fielded public comment requests related to: AMA-PCPI Outcome Measures Toolkit, proposals for new & revised HEDIS measures for 2016, CMS’s draft electronic clinical quality measures, NCQA’s proposed changes to their Patient Centered Medical Home certification program, The Joint Commission’s pediatric asthma core measure set, and the Notice for Proposed Rule Making to the ONC’s Medicare/Medicaid Electronic Health Record Incentive Program Meaningful Use, Stage 3 and Standards for Certified Electronic Health Record Technology. All COQIPS members are eligible to participate in the Rapid Response Team.

If you are interested in contributing to AAP’s advocacy and public comment efforts in this capacity, please contact Lisa Krams, Manager of Quality and Health IT Policy, at lkrams@aap.org.
On April 16, 2015, the Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act, or MACRA, was signed into law. Most know this bill because it contains provisions to eliminate the Medicare sustainable growth rate or SGR, which has been the bane of Medicare providers since it was originally passed in 1997. Passing this bill averted a 21% cut to physician Medicare payments and permanently repealed the SGR formula. More importantly for pediatricians and the families we serve, MACRA extends the funding of the Children’s Health Insurance Program (CHIP) for two more years.

CHIP is a critical program for families that covers eight million children and pregnant women who earn incomes above Medicaid eligibility levels. CHIP is authorized through fiscal year 2019 but was only funded through the end of September 2015 but now under MACRA is funded through fiscal year 2017.

Other important provisions of MACRA include:

- Extension of Express Lane Eligibility, which permits states to rely on findings, for things like income, household size, or other factors of eligibility, from another program designated as an Express Lane agency to facilitate enrollment in health coverage. Express Lane agencies include: SNAP, School Lunch, TANF, Head Start, and WIC, among others. A state may also use information from state income tax data to identify children in families that might qualify so that families do not have to submit income information. This provision extends Express Lane Eligibility for an additional two years, through fiscal year 2017.

- Extension of Outreach and Enrollment Program helps states to find uninsured children that are eligible for CHIP or Medicaid coverage, and keep them enrolled as long as they qualify. This provision funds the outreach and enrollment program for an additional two years, through fiscal year 2017.

- Extension of Certain Programs and Demonstration Projects, which extends and funds both the Pediatric Quality Measures Program (PQMP) and the Childhood Obesity Demonstration project. Under the Pediatric Quality Measures Program, Centers of Excellence were funded to develop pediatric specific quality measures. Also under PQMP, CMS identified and published a core measure set of children’s health care quality measures for voluntary use by State Medicaid and CHIP programs. The Childhood Obesity demonstration project supports community strategies that aim to combat childhood obesity in low-income children aged 2-12 years.
Unbeknownst to me, my quality journey began during my pediatric residency at Harbor-UCLA Medical Center. I was doing a Hematology-Oncology rotation where we had a standard protocol for hypertransfusion orders. We were using hand-written paper orders that required individual calculations for patient factors such as weight. It seemed that hand writing orders and manually calculating doses would be more error prone than using a computerized system, so I programmed the orders into Excel and put the order sheet into the printer tray. Voila! Quickly generated accurate orders! Given the simplicity, my resident colleagues used the same system with good effect. Little did I know how that little project would foreshadow my activities today.

The next step on my journey was at Yale University, where I was in the Robert Wood Johnson Clinical Scholars Program. In this program, I learned about the health care system, about variations in care as described by Wennberg, and about the financing of health care. I became interested in minimizing variation of care through the use of technology. Back in medical school, a family practice doctor I worked with in the North Cascades used Scientific American CDs to keep up to date with the latest medical practices. Could electronic medical records be adapted to disseminate best practices and minimize variation of care – so that care in that small community of 3,000 could be just as good as that provided in a tertiary care hospital like Seattle Children’s?

Fortunately for me, Seattle Children’s was also interested in this question. Prior to my arrival, they had already created a clinical pathway for management of patients with asthma. The pathway used high doses of continuous albuterol shortly after presentation to the Emergency Department with an albuterol weaning protocol based on clinical respiratory scores. This standardization of care safely reduced length of stay for admitted patients, while keeping readmission rates the same. They then funded an initiative to see if we could reproduce the results of the asthma pathway with other clinical diagnoses. I was attracted to this project because I felt that the culture of the hospital was one that would tolerate change. For several years, executives had been going to Japan to learn how they could structure their Continuous Performance Improvement activities on the Toyota Production System. The physicians in leadership roles appreciated this methodology of teamwork and improvement and proved amenable to changing clinical practice.

The first two pathways that we worked on were for diagnosis and management of Urinary Tract Infections (UTI) and Diabetic Ketoacidosis (DKA). The UTI pathway team reviewed the evidence and came to conclusions later supported by the AAP guideline. We felt that voiding cystourethrograms (VCUG) for the first febrile UTI might be of limited utility and we estimated that we would reduce VCUG ordering by 30-50% with adoption of the pathway – which we later verified. With our DKA pathway, we found that using serum beta-hydroxybutyrate testing to drive clinical decision making and adopting two-bag systems reduced total ICU stay and variation in ICU stays. Subsequent improvement projects succeeded in reducing the incidence of clinically significant hypokalemia. These improvements were hardwired into practice using clinical decision supports (a more modern version of what I had done in residency), and we were able to identify and measure targets for improvement.

After working at this for 7 years, we streamlined the pathway creation process so that it takes about 8-9 months. We now have about 50 clinical pathways for a wide range of diagnoses and clinical conditions. Our pathways appear to be quite popular. As I’d hoped, we openly share our clinical algorithms (on www.seattlechildrens.org) and we share order sets with other institutions that use Cerner’s electronic medical record. It seems that my goal of improving health care throughout the region that Seattle Children’s serves (Washington, Alaska, Montana, and Idaho) is slowly coming to fruition as our trainees and our practice standards spread across the region. We are continually improving our

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pathways and making updates available. That said, it is not always easy to adapt pathways so that they can have high fidelity when replicated elsewhere – still many challenges to solve!

Dr. Leu is a pediatric hospitalist/informatician at Seattle Children’s Hospital, and one of the original members of their Children’s Hospital Association award winning Clinical Effectiveness group. This group has created clinical pathways with computerized decision supports and developed measures of relevant clinical outcomes along with balancing measures. These measurements are monitored and used to drive improvements using the IHI improvement model. Feel free to contact Dr. Leu if you are interested in Seattle Children’s clinical pathway development efforts.
Family to Family Health Information Centers
Lisa Rossignol, MA
COQIPS Executive Committee Parent Liaison

Family to Family Health Information Centers (F2F HICs) are federally funded through the US Department of Health and Human Services’ Health Resources and Services Administration (HRSA). Each state is required to have an F2F HIC to support children with special health care needs (CSHCN).

**These statewide centers:**
- Are staffed by families who have children with special health care needs and expertise in Federal and State public and private health care systems and by health professionals
- Assist families of CSHCN to make informed choices about health care in order to promote good treatment decisions, cost effectiveness and improved health outcomes
- Provide information regarding the health care needs of and resources available for CSHCN
- Identify successful health delivery models for CSHCN
- Develop with representatives of health care providers, managed care organizations, health care purchasers, and appropriate State agencies, a model for collaboration between families of CSHCN and health professionals
- Provide training and guidance regarding the care of CSHCN
- Conduct outreach activities to families of CSHCN, health professionals, schools and other appropriate entities

F2F HICs support these efforts by providing 1:1 support to families who are having difficulties navigating systems and providing outreach and support to rural and frontier communities. They also offer family and provider training around patient- and family-centered care, cultural competence, and health literacy by participating in advisory boards and workgroups with insurance companies, healthcare systems, and policy offices at local, state, and federal levels. You can visit: [http://www.fv-ncfpp.org](http://www.fv-ncfpp.org) to find contact information for your state’s F2F HIC.

“When you find out your child has a diagnosis there is no guidebook that tells you all the things you should know about healthcare systems. New Mexico’s Family to Family Health Information Center (FFHIC) at Parents Reaching Out (PRO) outlined a path of supports and services available in New Mexico and walked me through navigating that path. It has been extremely helpful getting me connected to these resources. There is still so much to learn but PRO has gotten me off to a good start and I know they are available to support me if I have questions along the way.”

—Erica C.
Making Big Improvements for Children and Families—An Update on NICHQ

Suzette Oyeku MD, MPH, FAAP
Strategic Project Director/Physician Champion at NICHQ (National Institute for Children’s Health Quality)
Associate Division Chief for Academic Affairs, Division of General Pediatrics, Children’s Hospital at Montefiore

We all want to make it easier for children and families to live healthier lives, regardless of their circumstance. But making improvements is not always easy; it requires a disciplined approach to explore new ideas and spread best practices. That has been NICHQ’s focus for nearly two decades.

NICHQ partners with professionals and organizations to apply improvement techniques to make every-day practices and processes better. Since 1999, we have been achieving dramatic, system-level improvements across a broad spectrum of child health issues, with an emphasis on helping our most vulnerable children. Our work has centered on three high-leverage goals:

1. Give children a healthy start
2. Ensure the healthcare system effectively addresses the needs of all children and their families
3. Improve healthy living practices, policies and conditions

We’ve seen great progress in these areas. In our current signature program, the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN), NICHQ is leading federal, state and local leaders, public and private agencies, professionals and communities in a national effort to reduce infant mortality and improve birth outcomes. This initiative has a strong focus on addressing disparities in its six key strategy areas: safe sleep, smoking cessation, pre-term birth, perinatal regionalization, pre- and inter-conceptual care, and social determinants of health. Earlier this year, the project shifted from a regional to national focus, with NICHQ at the helm. Early results are very positive and disparities are shrinking. How very exciting to have an impact on such an important issue for children and families!

NICHQ also recently expanded its portfolio to include a focus on early childhood social and emotional development. The Einhorn Family Charitable Trust commissioned NICHQ, in collaboration with Atul Gawande and Ariadne Labs, to develop recommendations for interventions to positively shape the healthy social and emotional development of children ages 0-5.

We continue to be leaders in helping hospitals in Florida, Indiana, New York and Texas improve their maternity care practices; implement the 10 Steps to Successful Breastfeeding; and achieve Baby-Friendly designation with group coaching and technical assistance. Our recently concluded groundbreaking national CDC-sponsored collaborative, Best Fed Beginnings, boosted exclusive breastfeeding rates an average of 27 percent among 89 participating hospitals.

We’ve also made a significant investment in technology to foster collaboration among our colleagues on quality improvement initiatives. Based on nearly two decades of experience leading improvement projects big and small, the NICHQ Collaboratory is a state-of-the-art, integrated online community and data management system built to support learning collaborative participants who are working together to make rapid change on a shared set of objectives. In our ever-increasingly virtual work, this is an exciting asset for any organization seeking to leverage the collective knowledge of a community to make rapid improvement.

NICHQ’s co-founder and long-standing President and CEO, Charlie Homer, MD, MPH, recently stepped down from his NICHQ post to serve as Deputy Assistant Secretary for Human Services Policy in the Office of The Assistant Secretary for Planning and Evaluation of the US Department of Health & Human Services. One of the true pioneers in quality improvement, Homer was fond of reminding us that the improvement journey is hard work, but it’s very rewarding – and it never ends. NICHQ is living proof of that philosophy.

Acknowledgements: Special thank you to Cindy Hutter, MBA, Associate Director of Marketing and Communications at NICHQ, for her contributions to this update.
Quality Improvement Case Study

Project Title: Florida Pediatric Medical Home Demonstration Project, Round 2 (Phase 2)
Dates of Project: April 2014 – December 2014
Project Leader: Lisa Cosgrove, MD, FAAP

As previously reported in the Winter 2015 edition of AAP Quality Connections, the Florida Pediatric Medical Home Demonstration Project (“the Project”) engaged a diverse cohort of pediatric practices across Florida in assessing the effectiveness of systems of care and implementing strategies and tools to strengthen the capacity of the medical home to provide high quality, family-centered care for all children, including those with special health care needs.

The Project involved multidisciplinary teams and parent partners working in a Learning Collaborative model, including in-person Learning Sessions and a six-month Action Period. Phase 2 clinical measures focused on prevention/health promotion and chronic condition management. Data collection included pre-, mid-, and post-practice surveys, monthly record reviews and monthly progress reports. Performance increased most significantly during the project period for the following measures:

- Percent of patients with documentation of age-appropriate risk assessments at the 24-month visit;
- Percent of patients with documentation of one completed standardized developmental screen at the 24-month visit;
- Percent of patients with a medical summary/comprehensive care plan created or updated;
- Percent of patients who received specific vaccines by their 13th birthday;
- Percent of patients diagnosed with asthma who received an asthma control assessment and had a current written asthma action plan reviewed and offered to them.

Surveys and phone interviews were employed during Phase 2 to gain feedback from practice teams about their experiences as participants, the tangible improvements they made within their practices, and the tools/resources they found most valuable. We describe the results below.

Practice Team Feedback Survey
Most valuable components of the Project:
- Learning Sessions
- Practice facilitation visits/calls
- Monthly calls/webinars
- Technical assistance provided by the Quality Improvement (QI) Advisor

Most meaningful improvements made:
- Increasing knowledge of community resources and establishment of relationships with community organizations
- Hiring of a care coordinator
- Establishing a family advisory council
- Improving communication and cooperation among practice team members

Qualitative Phone Interviews
Practice teams’ comments related to the impact of the Project are included below.
- Successful transformation required an all-inclusive, unified approach to change.
- Success was measured by changes made in practice such as adopting a registry, forming a parent partner group, increasing access to care, and meeting regularly as a team.
- Staff shortage, resistance to change and working within a system that primarily served adults were cited as challenges.
- Factors that influenced sustaining change included motivation from peers and patients/families, presence of a champion, and educating staff on the benefits of the medical home.

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The following lessons learned from the Project may be applicable to future learning collaboratives aimed at improving child health quality.

**Technology**
- Significant improvements were seen on Project measures once a practice implemented an electronic health record (EHR) that allowed for better tracking/documentation, and the incorporation of templates and prompts/reminders.
- Implementation of EHRs had the greatest impact on measures related to care plans, risk assessments, chronic condition management and developmental screening.
- Adoption of an EHR often reduced the amount of time required for Project activities; thus, it may be beneficial for practices to join a learning collaborative/QI project after an EHR has been established.

**Practice Team Engagement**
- Offering AMA PRA Category 1 Credits™ and Maintenance of Certification Part 4 points served as important motivators for participation.

**Use of Measures/Data**
- The use of measures and run charts and reviewing data as a team benefited the transformation process. The data also helped inform the QI Advisor and staff on challenges and successes each practice was facing and how to better assist each practice.

**Families/Parent Partners**
- Working with families on QI initiatives is rewarding yet challenging; challenges include inconsistent participation of parent partners throughout the Project and learning gap related to QI.

**Time**
- Practice transformation occurs in the context of a busy, dynamic practice environment.
- The Project competed for teams’ attention at times given factors such as staff turnover, rollout of Medicaid managed care plans, back to school season and incorporation of EHRs.
- It proved crucial to have more than one phase of the Project to allow for the shift in culture/practice transformation to occur and mature.

**Contact:** For additional information, contact Dana Bright at dbright@aap.org.
Quality Improvement Innovation Networks (QuIIN) Update
Projects open for recruitment, PAS presentations posted and upcoming PHM activities

Two hospital-based QI projects open for recruitment
The Value in Inpatient Pediatrics (VIP) Network has already demonstrated a reduction of unnecessary utilization of resources in bronchiolitis and community-acquired pneumonia through collaborative quality improvement initiatives including B-QIP and ICAP. Now, two new VIP Network quality improvement projects are open for recruitment.

- **Quality Improvement for the Management of Children Hospitalized with Urinary Tract Infection (Q-UTI)**
  Recruitment is now open for pediatric hospital-based teams to participate in a national inpatient pediatric quality improvement collaborative aimed at improving care delivery for pediatric patients hospitalized with UTI utilizing clinical quality measures. Urinary tract infections (UTI) are the most common serious bacterial infections in infants and young children, affecting 2-5% of all children. Despite the availability of a clinical practice guideline and other relevant research, certain aspects of UTI management have remained controversial leading to significant variation in care. Very little quality improvement work has been published in this area since release of the AAP Guideline, and none that have been identified through an extensive literature search have involved multi-center projects including both university and community hospitals. Additional Q-UTI project details and recruitment information can be found [here](#).

- **Stewardship in Improving Bronchiolitis (SIB) Quality Improvement Collaborative**
  Acute viral bronchiolitis is one of the most common reasons for hospitalization in young children. There is evidence for significant overuse of ineffective therapies in this disease. There are multiple published tools to improve care of bronchiolitis patients in the inpatient setting, including an AAP clinical practice guideline, *Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis*. This quality improvement project has the broad goal of exploring which tools and resources best improve the quality of care for children admitted to the hospital with bronchiolitis across the hospital care continuum (including the emergency department and inpatient units). The proxy for quality of care is compliance with the AAP bronchiolitis clinical practice guideline in the ED and Inpatient setting; and, the specific target areas are overuse of bronchodilators, corticosteroids, chest radiography and antibiotics, underuse of secondhand smoke exposure screening and interventions. Get additional recruitment details about this project by visiting [www.aap.org/quuin](http://www.aap.org/quuin).

Be sure to join these valuable initiatives to learn about quality improvement, bring about practice change, and (if approved) obtain maintenance of certification (MOC) part 4 credit! For additional information about these projects contact Project Manager, Faiza Wasif, MPH at fwasif@aap.org or 847/434-7806.

**Value in Inpatient Pediatrics (VIP) Network projects represented at Pediatric Hospital Medicine 2015**
Attendees of the July 23-26, 2015 Pediatric Hospital Medicine (PHM) Conference in San Antonio, TX are encouraged to participate in the Value in Inpatient Pediatrics (VIP) Member Business meeting on Friday, July 24 from 6:30 – 7:30pm in Salon J. For additional information, please contact QuIIN Program Manager, Liz Rice-Conboy at ericonboy@aap.org.

In addition to the VIP Member Business meeting, consider attending one or more of these other VIP Network project presentations and poster sessions:

- **UTI Management Beyond the AAP Guideline: New Evidence, Current Controversies, and Quality Improvement**
  Type of Session: Concurrent Session
  Presenters: Richard Engel, MD, FAAP and Brian Pate, MD, FAAP
  Date and Time: Friday, July 24, 1:25-2:40PM AND Saturday, July 25, 3:00-4:15PM
  Poster Session: Reception with Exhibits and Poster Session A
  Friday, July 24, 5:25-6:30PM

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Quality Improvement Innovation Networks (QuIIN) Update

- **Improving Community-Acquired Pneumonia (ICAP): Findings of a Multi-Site National Quality Improvement Collaborative**
  Type of Session: Oral Presentation
  Presenter: Kavita Parikh, MD, FAAP
  Date and Time: Saturday, July 25, 10:00 – 10:15am

- **Posters authored by VIP Network Improving Community-Acquired Pneumonia Management QI Project (ICAP) participants, QI coaches, and leaders**
  - Increasing Narrow-Spectrum Antibiotic Use in the Management of Community Acquired Pneumonia: the Rural Community Hospital Experience
    Danielle P. Wales, MD, MPH
  - Variation of Narrow-Spectrum Antibiotic Utilization for Uncomplicated Community-Acquired Pneumonia across Patient Hospitalization Among Diverse Hospitals
    Joanne Nazif, MD, FAAP
  - Improving Community-Acquired Pneumonia (ICAP): Findings of a Multi-Site National Quality Improvement Collaborative
    Kavita Parikh, MD, FAAP
  - A Successful Partnership between Emergency Department Physicians and Pediatric Hospitalists to improve narrow spectrum antibiotic use in the ED for Community Acquired Pneumonia
    Sarah Donahue, MD, FAAP
  - Multidisciplinary Interventions to Improve Narrow Spectrum Antibiotic Use in Community Acquired Pneumonia, Michelle Katzow, MD, FAAP
  - Value in Inpatient Pediatrics Network Improving Community-Acquired Pneumonia Management Quality Improvement Project (ICAP)
    Natalie Evans, MD, FAAP

QuIIN Highlights from the 2015 Pediatric Academic Societies (PAS) Meeting

The PAS 2015 meeting took place in San Diego, CA on April 24-29, and three QuIIN projects were represented in five presentations and posters.

- **Genetics in Primary Care Institute Quality Improvement Project**
  - A Quality Improvement Collaborative To Improve Pediatric Primary Care Genetic Services
    Michael L Rinke, MD, PhD FAAP

- **Comparison of Immunization Quality Improvement Dissemination Strategies Project**
  - Barriers and Facilitators to Adoption of Immunization Best Practices: A Qualitative Analysis
    Janet Gingold, MD, MPH

- **Quality Collaborative for Improving Hospitalist Compliance with the AAP Bronchiolitis Guideline**
  - Decreasing Bronchodilator Use for Acute Viral Bronchiolitis Using a Respiratory Score
    Grant M Mussman, MD, FAAP
    Susan Chu Walley, MD, FAAP
  - What Factors Affect Clinical Change? A Qualitative Analysis of Barriers and Success in a National Bronchiolitis Improvement Collaborative
    Emily Atwood

Visit the [QuIIN Highlights](#) website to view the presentations.
Announcing Chapter Quality Network (CQN) ADHD Project
From the Department of Community, Chapter and State Affairs

The AAP is pleased to announce the launch of its first Chapter Quality Network (CQN) ADHD (attention deficit hyperactivity disorder) learning collaborative. With the guidance of chapter leadership, practices in six states will systematically change pediatric care practices in accordance with the AAP ADHD guidelines. Practices will be required to identify a quality improvement team, develop practice-specific improvement goals, and conduct small tests of change to improve ADHD care for children. Participants will work to manage their ADHD population by making key practice changes that facilitate accurate ADHD diagnosis, optimal medication management, and access to behavior therapy.

Chapter Quality Network projects give state chapters and their members the opportunity to participate in multi-state improvement efforts that result in improved care and outcomes at a population level. With support from the national office, AAP chapters and member pediatricians apply evidence-based guidelines to standardize care and use quality improvement strategies to embed reliable care systems in everyday practice. Through participation in CQN projects, pediatricians can earn American Board of Pediatrics Maintenance of Certification Part 4 credit and continuing medical education credit.

For more information about participation in CQN ADHD or other Chapter Quality Network learning collaboratives, please visit the CQN website or email cqn@aap.org.

This opportunity is made possible by an independent grant from Pfizer, Inc.
The Neonatal and Pediatric Transport Quality Metrics Summit was held during the American Academy of Pediatrics Section on Transport Medicine (SOTM) program in October 2012. At that time, no consensus existed in the literature on a set of performance metrics for transport medicine. With the support of the SOTM Executive Committee and members, Drs. Hamilton Schwartz and Michael Bigham conducted the Summit using Delphi technique, a strategy for group consensus building. Transport leaders and frontline providers from all over the U.S identified twelve “must have” metrics for neonatal and pediatric transport. This work has been accepted for publication in Pediatric Critical Care Medicine and is expected to appear in print this year.

In July 2013, the Air Medical Physician Association (AMPA) used the same methodology used successfully at the SOTM Quality Metric Summit to gain consensus on a national metric set applicable to adult transport best practices. The AMPA Quality Metrics Summit in Denver, Colorado, convened 68 leaders in adult and pediatric transport medicine from across the U.S. and parts of Canada. AMPA is proud to have their own national set of 22 consensus metrics and definitions. Some of these measures borrowed from the SOTM metric set while others are specific to adult care.

With heavy support from the SOTM, the GAMUT Database was created in January 2014 to provide a mechanism for transport programs to track performance on any of the metric sets and to compare their performance to others. This secure Web-based database uses the highly successful REDCap infrastructure. It borrows its name from the expression “run the gamut” which describes the vision for this database: one that welcomes all types of transport programs big and small, academic and corporate, adult and pediatric — all those that wish to collaborate with others using benchmarking to drive the quality of care they provide. GAMUT is successfully tracking and reporting on the SOTM and AMPA national metric sets and invites large-scale participation from all interested transport teams. There are currently over 100 transport teams participating. We now have enough data to begin describing baseline performance on many of the metrics and to discern which programs appear to have a best practice.

Planning of the first GAMUT Database Quality Improvement Collaborative project is underway. SOTM members Drs. Hamilton Schwartz, Michael Bigham, Robert Kelly, and Michael Trautman are examining waveform capnography use in transported neonatal and pediatric patients with advanced airways. Currently there is tremendous variation in this use of this technology. The study plans to examine barriers to its use on transport and work with a cohort of programs to improve utilization of this soon-to-be standard of care.

For more information about the GAMUT Database or its QI Collaborative’s projects, contact Dr. Hamilton Schwartz, hamilton.schwartz@cchmc.org or Dr. Michael Bigham, mbigham@chmca.org.
Connect with AAP for MOC success
The American Academy of Pediatrics (AAP) continues to expand its offerings for members to fulfill requirements for Maintenance of Certification (MOC).

The Academy provides solutions for individuals from online QI courses to PREP self-assessments to live CME events. The AAP MOC Portfolio Program also provides guidance for members interested in developing or providing MOC activities through nationally-affiliated AAP groups (e.g., Sections and Councils).

Discover which MOC solution is right for you, and keep up with developing news at the newly revised http://www.aap.org/mocinfo.

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eqipp.org

This course has been developed by the American Academy of Pediatrics (AAP) with support from the AAP Friends of Children Fund. The work was developed in collaboration with American Society of Pediatric Nephrology (ASPN) and International Pediatric Hypertension Association (IPHA).
Coming Soon — Let the AAP help you transform your practice into the medical home model of care with the NEW NCQA standards
The 2014 NCQA Standards are being added to the AAP Digital Navigator and will be available this summer. As you aim to be a Patient and Family-Centered Medical Home within the National Committee for Quality Assurance (NCQA) standards look to the AAP to be your partner and help guide the way. For more information contact dnsales@aap.org.

AAP Mentorship Program
Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping nurture future leaders and a key opportunity to engage existing members and leaders. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. A primary goal is to promote career and leadership development. Mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Mentees will gain a trusted advisor and learn methods to enhance career advancement. And all parties will form professional relationships and share advocacy, professional, and research interests.

Becoming involved is very easy. The only requirement to participate is to be a national AAP member in good standing. Participants need only sign-up and complete an online mentor/mentee profile form (you can sign up to be both a mentor and mentee if you so choose). The profile form collects information on education/training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit. Mentors/mentee pairs will have the ability to meet traditionally in person if they choose a local match or use one of several online tools to meet virtually.

The program is set-up for both “traditional”, long-term relationships as well as short-term “flash” mentoring. The flash mentoring component allows for mentees to contact mentors for quick questions, set up 1-2 meetings, as well as participate in online topical forums and Q&A forums. Therefore, the time commitment and expectations can be tailored to fit each mentor/mentee pairs’ needs. [Please note: Administrators reserve the right to deactivate participants after 6 months of inactivity.]

Visit www.aapmentorship.chronus.com and sign up to be a mentor and/or mentee today! AAP login and password required.

Any questions can be directed to Julie Raymond (jraymond@aap.org) or Barb Miller (bmiller@aap.org).
Preventive Services Improvement
State Spread Project (PreSIPS2)

- The **American Academy of Pediatrics** Division of Developmental Pediatrics and Preventive Services seeks up to **5 AAP Chapters** to participate in a new quality improvement initiative to improve the prevention health outcomes of children based on Bright Futures.

- Chapters will work with their state level partners (e.g., public health, Medicaid/ACOs/payers, academic pediatrics), families, and 10-15 pediatric practices (including 1 residency clinic), to identify **practical strategies** that **really work** at the state and practice level to support implementation of preventive services guidelines for early childhood.

- **Why join PreSIPS2?**
  - **Lead** your state to greater Bright Futures reach
  - **Add value** to your Chapter membership by helping practices and clinics implement preventive services guidelines for children birth-3 years and receive **MOC credit** (approval pending)
  - Help practices engage **families** in their improvement efforts
  - Establish closer chapter and practice **ties to state leaders and social service resources** that families need
  - **Stipend** available to support your work

- **To learn more, please join one of two PreSIPS2 informational webinars**
  - **Tuesday, June 30 @ 12pm ET / 11am CT / 10am MT / 9am PT**
    - [https://attendee.gotowebinar.com/register/5657518756313981698](https://attendee.gotowebinar.com/register/5657518756313981698)
  - **Monday, July 13 @ 3pm ET / 2pm CT / 1pm MT / 12pm PT**
    - [https://attendee.gotowebinar.com/register/2731932719569502722](https://attendee.gotowebinar.com/register/2731932719569502722)

- **To speak with a Leadership Team member, please contact**
  - Marian Earls, MD ([mearls@n3cn.org](mailto:mearls@n3cn.org)) or Paula Duncan, MD ([pduncan214@gmail.com](mailto:pduncan214@gmail.com))

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To request an application, please contact Linda Radecki ([RadeckiResearch@gmail.com](mailto:RadeckiResearch@gmail.com))

Applications are due **August 10, 2015**

Funded in part by the Health Resources and Services Administration, Maternal and Child Health Bureau, under a cooperative agreement to the American Academy of Pediatrics (#U04MC07853), and by the Friends of Children, a Charitable Fund of the American Academy of Pediatrics.
We Hope to See You at the 2015 National Conference & Exhibition in Washington, DC!
Expect the next issue of Quality Connections in September 2015!