

VIP Network Project REVISE Recruitment Application

Thank you for your interest in the Value in Inpatient Pediatrics (VIP) Network Reducing Excessive Variability in Infant Sepsis Evaluation (Project REVISE). Please complete the project application that follows to express your interest in participation.

The deadline to complete and submit the application is Friday, October 7 by 5:00pm CT. Recruitment will be open until this date or until 100 eligible hospital sites are identified - whichever comes first.

All notifications of selection or rejection will go out at once when recruitment has closed.

Note: Each team must include at least one physician (cannot be a trainee) who works primarily on the general inpatient unit(s) and at least one physician (cannot be a trainee) who works primarily in the emergency room. Teams should include at least 3 total core members. Additional team member may participate in the project but do not need to be listed on this application and will not be considered “core” members therefore will not receive direct communication from REVISE leadership and/or AAP staff. For the core team we encourage an interdisciplinary team with physicians (a hospitalist and ED physician lead are required to participate in the core improvement team) and non-physicians (nurses, pharmacists, etc.).

By completing the recruitment application, you are acknowledging that you have read the recruitment materials fully and understand that this project requires a \$750.00 USD fee for participation if your team is selected. Additional details were included in recruitment materials. For any questions contact Faiza Wasif, MPH (fwasif@aap.org or at 847/434-7806).

VIP Network Project REVISE Recruitment Application

Hospital Site Information

*** 1. Hospital Site Information**

Hospital Name

Address

City

State

Zip/Postal Code

Country

Main Phone Number
(include country code if
international)

Alternate Phone Number

Contact name for
application (from core
team)

E-mail contact for
application (from core
team)

VIP Network Project REVISE Recruitment Application

Team Composition

*** 2. Core Team Member #1 (Co-lead Inpatient Physician)**

Name

Position

Department

Phone Number

E-mail Address

* 3. Core Team Member #2 (Co-lead Emergency Department Physician)

Name

Position

Department

Phone Number

E-mail Address

* 4. Core Team Member #3 (preferably non-physician)

Name

Position

Department

Phone Number

E-mail Address

- * 5. Group Administrator: Please assign one member of your identified team as Group Administrator to enter data for your hospital. This person will be given rights in our data collection system to enter data. Other team members will still be able to view and analyze data, but will not be able to enter data.

The designated person from our identified team (one of the 3 individuals included as part of this application) is:

VIP Network Project REVISE Recruitment Application

Hospital Characteristics

- * 6. Do you plan to combine multiple hospitals into a single core improvement team? (In this case, eligible charts would be entered from all combined hospitals into the chart review tool and all the hospitals will need to implement similar interventions).

Yes

No

Unsure (please contact the project leader, Eric Biondi at Eric_Biondi@URMC.Rochester.edu)

VIP Network Project REVISE Recruitment Application

7. If yes, please justify why your team is applying in this manner.

Reviewers will use this justification to determine if they agree that it is appropriate for your team to submit a combined application. They may reach out for additional information to help make this determination.

* 8. Type of hospital

- a. Community hospital with pediatric beds
- b. Non-free standing, academic/university affiliated hospital with pediatric beds
- c. Free standing community children's hospital
- d. Free standing academic/university children's hospital

Other (please specify)

* 9. Please state whether your hospital has the following.

	Yes	No
Pediatric Intensive Care Unit (PICU)	<input type="radio"/>	<input type="radio"/>
Pediatric Surgeons	<input type="radio"/>	<input type="radio"/>
Board certified Pediatric Emergency Medicine providers staffing beds in the emergency department (ED)	<input type="radio"/>	<input type="radio"/>

* 10. How many non-ICU pediatric beds does your hospital have?

- a. Under 10
- b. 11-30
- c. 31-50
- d. Over 50

* 11. On average, how many infants aged 7 – 60 days are evaluated for fever without a source within a given calendar year?

- a. <50
- b. 51-100
- c. 101-200
- d. 201-300
- e. Over 300

* 12. Do you have a full electronic health record (EHR) at your institution?

- a. Yes
- b. No

VIP Network Project REVISE Recruitment Application

13. If you answered “b. No” to Question 12, what parts of an EHR do you have (please select all that apply)?

- a. Documenting (i.e., physician notes)
- b. Ordering
- c. Patient clinical information (i.e., daily vital signs, RN reports, lab and test reporting)

* 14. How many hospitalists who see patients do you have in your group? (Note: total full time employees (FTEs) will be reported in the next question, this question refers to total individuals regardless of full-time or part-time status.)

* 15. How many clinical full time equivalents do these hospitalists represent?

* 16. What percent of your hospitalists have been practicing hospital medicine for 0-3 years?

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

* 17. What percent of your hospitalists have been practicing hospital medicine for 10 or more years?

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

* 18. How many ED physicians who see patients do you have in your group? (Note: total full time employees (FTEs) will be reported in the next question, this question refers to total individuals regardless of full-time or part-time status.)

* 19. How many clinical full time equivalentents do these ED physicians represent?

* 20. What percent of your ED physicians have been practicing hospital medicine for 0-3 years?

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

* 21. What percent of your ED physicians have been practicing hospital medicine for 10 or more years?

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

* 22. How would you describe the area surrounding your hospital?

- a. Urban (inner city)
- b. Urban (non-inner city)
- c. Suburban
- d. Rural

* 23. Are you or anyone on your site improvement team part of any current quality improvement collaboratives with other hospitals or groups (i.e., the Ohio Collaborative, Children's Hospital Association)?

- Yes
- No
- Do not know

VIP Network Project REVISE Recruitment Application

24. If yes, please name.

* 25. What percentage of your patients would you estimate to be in the following ethnic or cultural groups? If you have no patients in a specific group, leave the field blank. Please use whole numbers in your responses. (Note: Percentages should add up to 100.)

White, non-Hispanic/Latino	<input type="text"/>
Hispanic/Latino origin	<input type="text"/>
Black/African American	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian/other Pacific Islander	<input type="text"/>
American Indian/Alaska Native	<input type="text"/>
Other (specify) _____	<input type="text"/>

* 26. What percentage of your patients would you estimate to be in the following payment category?

Private Insurance

Public Insurance
(Medicaid, CHIP)

Uninsured

* 27. How would you describe your team co-leaders level of knowledge regarding the Model for Improvement quality improvement methodology?

- Very knowledgeable
- Knowledgeable
- Somewhat knowledgeable
- Not knowledgeable

* 28. Describe a Quality Improvement (QI) project you have participated in, including your experience using data to make improvements.

* 29. Does your hospital have a system in place to obtain regular feedback from parents/families?

- Yes
- No

VIP Network Project REVISE Recruitment Application

30. If yes to Q29, what does this system include (check all that apply):

- a. Parent/family Surveys
- b. Parent/family Focus Groups
- c. Parent/family Advisory Committee
- d. Ask families for informal feedback at visits

Other (please specify)

* 31. What are your personal or institutional goals for participation in this project?

* 32. The Value in Inpatient Pediatrics (VIP) Network is part of the Quality Improvement Innovation Networks (QIIN) at the American Academy of Pediatrics. Are you a QIIN member? Information on QIIN is available at <http://qiin.aap.org>.

- Yes
- No
- No, but I am willing to join this free quality improvement network

* 33. We have discussed this project with the leadership at our institution and they are supportive of our involvement.

- Yes
- No

VIP Network Project REVISE Recruitment Application

34. If no to Q33, what support do you need for gaining buy-in from senior leadership at your institution?

* 35. Will your hospital require local IRB Approval? YOU ARE STRONGLY ENCOURAGED TO CONTACT YOUR IRB STAFF PERSON TO DETERMINE IF A LOCAL IRB WILL BE NECESSARY OR IF THE AAP IRB APPROVAL LETTER AND PROTOCOL WILL BE ACCEPTABLE. Be sure to check how long the process might take and if a data sharing/use/transfer agreement will also be needed.

- Yes
- No

* 36. How important was the availability of MOC Part 4 credit in motivating your participation in this project?

- a. Very important
- b. Somewhat important
- c. Not important

37. How did you learn about this project? (Check all that apply)

- Quality Improvement Innovation Networks (QIIN) listserv
- AAP Section on Hospital Medicine Listserv (SOHM)
- AAP Section on Emergency Medicine Listserv (SOEM)
- AAP Quality Connections Newsletter
- AAP Chapter Connections Newsletter
- AAP News/OnCall/SmartBriefs
- Colleague

Other (please specify)

VIP Network Project REVISE Recruitment Application

Thank you for completing the Project REVISE application.

The VIP Network Reducing Excessive Variability in Infant Sepsis Evaluation (Project REVISE) has received approval from the AAP Institutional Review Board. No identifiable protected health information is being collected for this project; therefore, HIPAA authorization will not be needed from patients in order for your hospital to participate. Often, the information supplied in the AAP IRB Application will be applicable to your own local or hospital IRB application. A copy of the AAP IRB is available upon request. If your hospital requires IRB approval, assistance with this process is available via AAP staff and leadership of Project REVISE.

If you have questions or need assistance in completing the application, please contact: Faiza Wasif, MPH at 847/434-7806 or fwasif@aap.org.

Notifications will be sent out by mid to late October.