The Practice Improvement Network (PIN)
The PIN is the outpatient, ambulatory network of the Quality Improvement Innovation Networks (QuIIIN). As QuIIIN evolved from a network of practicing pediatricians created in 2005 into a home for multiple pediatric networks in 2011, PIN was born to house the existing QuIIIN membership. [http://quiin.aap.org](http://quiin.aap.org)

PIN Mission
The mission of the PIN, a network of practicing pediatricians and their staff, is to improve care and outcomes for children and families by testing practical tools, measures, and strategies for use in everyday pediatric practice, the child’s medical home, as well as by informal assessment that provides practicing pediatrician perspective into evidenced based recommendations and tools for implementation.

Who makes up the Network?
The PIN consists of practicing pediatricians and their staff teams, the majority of whom have some experience with quality improvement and like being on the cutting-edge of practice innovations.

Purpose of this Application
To determine the appropriateness of the project for implementation by the PIN as well as assist in determining funding needs for the project. We will do this by assisting you in completing this application designed to develop the protocol for your improvement project.

Your Improvement Project
Funding maybe required for the services provided by the PIN.
For internal AAP Staff, you are requested to submit this application and estimated grant budget (if available) to QuIIIN staff prior to submitting your final grant RFP. Allow 2 weeks for review of this application and discussion of your specific needs.
For individuals external to the AAP, please complete the application to the best of your ability and submit to quiin@aap.org. Once received, a call between yourself and the PIN leadership will be arranged.

Once an application is approved and funding is secured, a Project Planning Team will be formed consisting of QI and clinical content expert(s) to finalizing the overall project protocol.

Upon finalizing the protocol, an AAP IRB application will be submitted if required.

Upon approval of IRB, recruitment of practices for your project can begin.
Funding/Project Cost
The components of this application and how they are carried out will determine the budget estimates for using the services provided by the PIN. Components include:

- Project design including your aim, goals, timeline, etc.
- Methodology
  - QI Science: determine aim & measures; rapid cycle testing; systematic approach
  - Evaluation: pre- and post- intervention
- Data Collection (extent of training on the intervention; length of data collection period)
- Implementation Methods
  - Breakthrough learning collaborative (3 face-to-face sessions)
  - Modified learning collaborative (2 face-to-face sessions)
  - Teleconferences; listservs; other
- Recruitment of Teams (desired profile and number of sites that will participate)
- Final product/spread expectations (eg toolkit, EQIPP course, other)

For a brief overview of quality improvement projects in general you may visit http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/

Feel free to meet with QuIIN staff prior to starting your application should you care for more direction. However, we do encourage you to discuss this application with QuIIN staff prior to submitting a budget to your funder. Please contact Jill Healy jhealy@aap.org or Keri Thiessen at kthiessen@aap.org or for more information.

Date of Application:

Quality Improvement Project Title:

Your Name and Email Address:

AAP Section, Committee, Other Represented:

Project Start Date (starts upon AAP IRB approval):
Prior to Obtaining Funding (1 - 2 months)
2 – 8 weeks – PIN review of application; discuss budget estimates; determine draft protocol
2 weeks – PIN and QuIIN Steering Committee review and approval

Post Funding (4 – 12 months)
2-5 months – Project Planning Team meets to finalize protocol
2-4 weeks AAP IRB application preparation
1-2 months - AAP IRB approval

Project Timeline
IRB Approval (implementation begins when IRB is approved)
4-6 weeks – Recruit Practices
5-12 months – Data Collection Period
1-3 months – Compile and Report Results
1. **Rationale** (How will the project improve healthcare for children? What is the evidence for testing this improvement?)

2. **What is the QI Project’s Aim Statement?** (Include the strategic importance to patients and participants and their organization, target population, anticipated numerical improvement (goals), and timeframe for achieving goals.)

3. **Define the Project’s Performance Measures** *(For each measure, indicate the source (NQF, HEDIS, etc.) and the specification. If not using nationally endorsed measures, explain evidence base and development process for measures.)*

   Measures are indicators of change. They answer the question, “How will we know that a change is an improvement?” Measures are directly linked to aims and goals and can be integrated into daily work. QuIIN staff are available to discuss possible measures with you. Measures will likely be fine-tuned at a later date by your own planning team for this project.

4. **What changes will the Project implement and test to achieve improvements in care?**

5. **What are the minimum criteria for participation for a physician?** *(What would the members of the Network do (e.g. review tools, test feasibility of measures or implementation strategies, etc.)? Describe who is needed for this testing (e.g. pediatricians only, multi-disciplinary team, practices with specific patient characteristics, etc.)*

6. **What are the sources of data for the Project?** *(E.g. charts, registry, surveys, administrative data, direct data collection, etc.) Do you have a data collection instrument selected? If yes, please attach.*

7. **What is your planned mechanism to spread results of your Project?** *(eg, publication of results in journal, toolkit developed, revisions made to policy statement, etc)*
8. What are the funding sources for the Project, if any?

Prior to submitting your RFP for funding, please complete this application and submit to:

Keri Thiessen, MEd
Senior Health Policy Analyst
QuIIN
kthiessen@aap.org
847-434-4260

Thank you!

Attachments
Considerations for Project Applications
Sample Project Application
Sample Data Collection Tool
Considerations for Project Applications

Criteria used to select projects

Projects presented for Network consideration will be assessed and prioritized on the following criteria:

- Will the project directly improve the quality of care for children or child health outcomes?
- Does the project address an important gap in pediatric health care? Does the project address a topic with large variation in practice?
- Will the result of this project improve practice processes or efficiency?
- Is the idea timely and important (e.g. policy, economic, clinical)
- Is the data collection required easily implemented into practice routine?
- Can the project be completed in a reasonable length of time? (i.e. 2 to 18 months)
- Does the project require input from a national quality improvement pediatric network such as PIN vs from a smaller set of healthcare professionals?
- Does the project have adequate funding for its scope?
Date of Application for Review: June 25, 2008

Quality Improvement Project Title: Safe and Healthy Beginnings

Your Name and Email Address: Jane Doe, jdoe@aap.org

Section, Committee, Other: Section on Perinatal Care

Project Start Date (starts upon AAP IRB approval): June 2009

Prior to obtaining Funding (1 - 2 months)
2 – 8 weeks – QuIIN review of application; discuss budget estimates; determine draft protocol
2 weeks – QuIIN Steering Committee review and approval

Post Funding (4 – 12 months)
2-5 months – Project Planning Team meets to finalize protocol
2-4 weeks AAP IRB application preparation
1-2 months - AAP IRB approval

Project Timeline
IRB Approval (project begins when IRB is approved)
4-6 weeks – Recruit Practices
5-12 months – Data Collection
1-3 months – Compile and Report Results

1. **Rationale** (How will the project improve healthcare for children? What is the evidence for testing this improvement?)

Safe and Healthy Beginnings supports the implementation of the AAP guideline for management of hyperbilirubinemia and addresses issues raised by the changes in perinatal care over the last decade. One of the most striking changes in peripartum care over the last 10-15 years is the decreased duration of postpartum hospitalization. Other significant changes include increased prevalence of breastfeeding (sometimes without adequate lactation support), and the routine care of pre-term infants in the newborn nursery. Participating teams will evaluate how effectively tools, strategies and measures help nurseries and practices improve care processes.

2. **What is the QI Project’s Aim Statement?** (Include the strategic importance to patients and participants and their organization, target population, anticipated numerical improvement (goals), and timeframe for achieving goals.)

To develop and test specific changes in the care of newborns based on the AAP Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Clinical Practice Guidelines. Changes tested to improve care processes are related to:

- Prevention, assessment, and management of hyperbilirubinemia
Teams from both primary care practices and hospital nurseries will test a draft toolkit over over 11 months (March 2007 – Feb 2008). A final set of measures, tools and strategies will be the product of this project. This product will be packaged and disseminated through the AAP’s Marketing Department so all newborn nurseries and primary care practices will have access to the tools, strategies and measures developed and tested from this project.

7. **Define the Project’s Performance Measures** *(For each measure, indicate the source (NQF, HEDIS, etc,) and the specification. If not using nationally endorsed measures, explain evidence base and development process for measures.)*

<table>
<thead>
<tr>
<th>Measure Source</th>
<th>Measure &amp; Description</th>
<th>How Calculated</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Clinical Practice Guideline Recommendation</td>
<td>Clinicians should advise mothers to nurse their infants at least 8 to 12 times per day for the first several days(^{12}) (evidence quality C: benefits exceed harms).</td>
<td>% of infants breastfed at time of initial visit to primary care practice</td>
<td>100 % of infants breastfed at time of initial visit to primary care practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target Population: All newborn infants attending target practice for initial visit Numerator: # infants who are breastfeeding at time of initial visit to primary care practice Denominator: All breastfeeding newborn infants attending target practice for initial visit whose charts are reviewed</td>
<td></td>
</tr>
</tbody>
</table>

8. **What changes will the Project implement and test to achieve improvements in care?**

Each team will choose the changes that they implement or test, specific to their needs. All changes will be related to the project measures. Changes offered to teams for testing include changes in: the timeframe for assessment of risk for severe hyperbilirubinemia and follow-up related to same; changes in the way breastfeeding support is provided to mothers; and changes in communication and follow-up with the infant’s medical home; adapting or implementing policies, using new forms and tools, changing processes, etc. Specific changes TBD.

9. **What are the minimum criteria for participation for a physician?** *(What would the members of the Network do (e.g. review tools, test feasibility of measures or implementation strategies, etc.)? Describe who is needed for this testing (e.g. pediatricians only, multi-disciplinary team, practices with specific patient characteristics, etc.)*

Pediatricians and nurses from both primary care practices and newborn nurseries. Participants will need to spend time to learn about: the interventions to be tested; quality improvement methods; how to collect and report data (ideally done in a face-to-face session). Practices will be
asked to collect baseline data, implement the intervention, make changes and collect data again over a 5 month period of time to track changes in performance of care processes related to hyperbilirubinemia, exclusive breastfeeding and transition of care from hospital to medical home. Participants will use patient chart reviews for the source of data collection, collect data monthly, and attend monthly conference calls to discuss barriers and successes with the teams.

10. **What are the sources of data for the Project?** (E.g. charts, registry, surveys, administrative data, direct data collection, etc.) Do you have a data collection instrument selected? If yes, please attach.

Chart Review. Draft chart review tool attached. Baseline data initially collected. Intervention (draft toolkit) introduced and tested over 5 months. Data collected monthly during this period using chart review. (Chart Review data collection instrument attached) Surveys completed by teams will also be used to determine the usefulness of the tools (at mid- and end-point) and to assess current systems for providing care (at months 1, 3, and 5). Surveys not yet developed.

7. **What is your planned mechanism to spread results of your Project?** (eg, publication of results in journal, toolkit developed, revisions made to policy statement, etc)

Publish a toolkit for sale by the AAP; publish results in peer-reviewed journal; present results at conferences

8. **What are the funding sources for the Project?**

AAP Section on Perinatal Care funds, AHRQ CERTS grant, McNeil grant

Prior to submitting your RFP for funding, please complete this application and submit to:

Keri Thiessen, MEd  
Senior Health Policy Analyst  
QuIIN  
kthiessen@aap.org  
847-434-4260

Thank you!
Sample Data Collection Tool

SAFE AND HEALTHY BEGINNINGS
Primary Care Practice Chart Review Tool

Please PRINT neatly in BLUE OR BLACK
INK and mark response boxes like this: ☒

Data Entry Criteria

1. Is this the infant's first visit to clinic/office since birth?
   □ Yes □ No → Stop Here*

2. Was infant less than 72 hours of age at time of hospital discharge?
   □ Yes □ No □ Don't Know
   IF NO/Don't Know, Stop Here*

   *If response to Q1 or Q2 is "NO/Don't Know," this chart is not eligible to review. Please identify an alternate eligible chart.

Care Coordination

3. Was infant's hospital discharge summary (including information regarding hospital assessment for risk of hyperbilirubinemia and breastfeeding) available for the provider to review at the time of this visit?
   □ Yes □ No → Skip to Q5

4. Do hospital records document whether the infant was assessed for risk of a problem with severe hyperbilirubinemia (i.e., notation about risk based on assessment of clinical risk factors which may or may not include transcutaneous bilirubin (TcB) OR serum bilirubin (TSB))?
   □ Yes □ No

Risk for Severe Hyperbilirubinemia

5. Did more than 2 days elapse from time of hospital discharge until this visit?
   □ Yes □ No → Skip to Q7

6. If more than 2 days elapsed from time of hospital discharge until this visit, is one of the following true? (If YES, please check reason below):
   □ Hospital records document why infant did not need to be seen by a licensed health care provider within 2 days of discharge
   □ History suggests why infant did not need to be seen by a licensed health care provider within 2 days of discharge (e.g., full-term and bottle-feeding)
   □ Infant was seen by another licensed health care provider (e.g., home visiting nurse, lactation consultant) before discharge from the hospital and this visit
   □ Uncertain reason for delay
   □ Other (e.g., weekend/holiday, parent reason, etc.)
   Specify other:

7. Is infant's weight at this visit documented?
   □ Yes □ No

8. Is infant's birth weight OR hospital discharge weight documented in the practice chart?
   □ Yes □ No

9. Does the chart document the presence or absence of jaundice at this visit?
   □ Yes □ No

Breastfeeding

10. Is there documentation that the mother is breastfeeding infant?
    □ Yes □ No → Stop Here. End Review

11. Is there documentation that the infant is exclusively breastfed?
    □ Yes □ No

12. Is there documentation that adequacy of breastfeeding was assessed at today's visit (including child's weight, descriptions of position, latch, milk transfer, feeding frequency, and elimination type and frequency)?
    □ Yes □ No

13. Is there documentation that mother was provided contact information for breastfeeding questions and support?
    □ Yes □ No

14. Is there documentation that mother was provided with contact information for a licensed health care provider with knowledge and skill in breastfeeding management? (e.g., IBCLC-lactation consultant, nurse, M.D. health worker, dietitian, etc.)
    □ Yes □ No

15. Is there documentation that mother was provided with name and contact information for community or peer support groups for breastfeeding? (e.g., WIC peer support person, La Leche League, etc.)
    □ Yes □ No

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