[Month/Year] Monthly Progress Report  
Due Date: 30th of each month

1. Hospital Code: [Dropdown Menu]

2. Name of team member who completed this report (your name will not be shared or identified with other hospital teams):  
________________________________________

3. Team Aim(s) from this month: [Text field]

4. A Quality Collaborative for Improving Hospitalist Compliance with the AAP Bronchiolitis Guideline (B-QIP):  
Please place a check next to each focus area you have tested within the past month. For that topic, describe changes you have planned and tested and/or tools you have used. Please also share any barriers that you came across and how you overcame them.

   a. Assembled/Met with team [Yes, No]
      
      Main Focus of team meeting: [Text field]

   b. Attended Learning Webinar [Yes, No]

   c. Identify Standard Orders/Process Flow [Yes, No]
      
      Findings: [Text field]

   d. Score Adopted [Yes, No]
      
      Name of Score: [Text field]
      Challenges in adopting score: [Text field]

   e. Score Tested [Yes, No]
      
      Changes Tested: [Text field]

      Tools Used: [Text field]

   f. Integration of Score into workflow/EMR [Yes, No]
      
      If Yes, then specify if workflow or EMR were altered in the use of the score: Answer choices: Workflow, EMR/EHR Both Workflow and EMR/EHR

      Changes Tested: [Text field]

      Tools Used: [Text field]

   g. Data Collected and Submitted [Yes, No]
      
      Barriers to Data Collection: [Text field]

      How your team overcame the barriers: [Text field]
h. Reviewed and analyzed Data (Required for six months of chart data) [Yes, No]
   Findings: [Text field]

i. Education of Staff – MD/RN/RT’s [Yes, No]
   Tools Used: [Text field]

   Interesting Findings: [Text field]

j. Protocol Development [Yes, No]
   Changes Tested: [Text field]

   Tools Used: [Text field]

k. Protocol/Order Set sent to Committee(s) [Yes, No]

l. Protocol/Order Set approved by Committee(s) [Yes, No]
   Barriers: [Text field]

   How your team overcome the barriers: [Text field]

m. Addressed Protocol Breaches [Yes, No]
   Changes Tested: [Text field]

   Tools Used: [Text field]

5. Indicate your team Aim Statement(s) for the next 30-day testing period: [Text field]

6. Thinking about how your practice handles processes related to inpatient bronchiolitis, what has been the impact of the Bronchiolitis Guidelines Compliance Quality Improvement activities on your clinical and operational work this month? (Please rate on a scale of 1-5, where 5=much easier and 1=much more difficult)

<table>
<thead>
<tr>
<th>Much Easier</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Much more difficult</th>
</tr>
</thead>
</table>

7. Index (For each item, please check off a box to indicate if you are testing or have implemented each hospital-based system for your patients with bronchiolitis and put total # of √’s at the bottom):

   Our hospital has established processes/written protocols in place to decrease chest radiography
   □ Testing    □ Implemented

   Our hospital has established processes/written protocols in place to decrease bronchodilator use
   □ Testing    □ Implemented

   Our hospital has established processes/written protocols in place to perform a respiratory score prior to administration of a bronchodilator
   □ Testing    □ Implemented
Our hospital has established processes/written protocols in place to decrease systemic steroid use
☐ Testing   ☐ Implemented

Our hospital has established processes/written protocols in place to decrease continuous pulse ox use
☐ Testing   ☐ Implemented

Our hospital has established processes/written protocols in place to screen for second hand smoke exposure
☐ Testing   ☐ Implemented

Our hospital has established processes/written protocols for intervening in second hand smoke exposure
☐ Testing   ☐ Implemented

Total being tested: _____
Total implemented: _____

8. What other barriers have you encountered this month regarding implementation of the bronchiolitis guideline compliance QI activities? How did you overcome those barriers (or not)? [Text field]

9. What were some interesting findings you uncovered working with staff (MD’s, RN’s, RT’s) during implementation (including protocol development/committee approval activities) this month? [Text field]

10. How have parents responded to your management of inpatient bronchiolitis (positive and/or negative responses)? [Text field]

11. Please share something important that you learned this month: [Text field]

12. What, if anything, surprised you this month? [Text field]

13. Please indicate if your team interacted with a patient/family, regarding bronchiolitis guideline compliance that you would like to briefly present about during our monthly call. [Text field]