VIP Network Improvement Project Selection and Leader Form

PURPOSE

The purpose of this project selection framework is to provide a standard for comparing, prioritizing, and selecting clinical quality improvement projects proposed for VIP Network member implementation.

Projects proposed for implementation by VIP Network volunteers should:

1) Be in sync with the mission of the VIP Network
2) Specifically address the “value” aspect of the project
3) Follow the American Academy of Pediatrics (AAP) Maintenance of Certification (MOC) Portfolio Program Part 4 Application requirements
4) Be submitted by the leader(s) who will be responsible for planning and implementation

A. VIP NETWORK PROJECT SELECTION COMMITTEE

Comprised of the VIP Network Medical Director, VIP Network Steering Committee, QuINN Medical Director and QuINN staff

Will evaluate each proposal based on rationale, evidence, aims, alignment of the project with VIP Network member goals, if project implementation is feasible, feasibility of collecting the data sources, if the project meets AAP MOC Portfolio Part 4 requirements and on the implications/applications of the project on other pediatric settings

Will engage and/or provide feedback to those who submit a project

Will serve as Advisor for each improvement project selected during planning and implementation

B. PROJECT SUBMISSION

Project Submission Materials

VIP Network Project Submissions include four components:

1) Cover Letter (2 pages in length) addressing:
   o Project Criteria (Part C.)
   o Project Leader Qualifications (Part D.)

2) Completed Project Leader Form

3) Signed Project Leader Commitment

4) Project Leader CV

Please submit a 2-page cover letter addressing each of the criteria in Part C. and outlining your quality improvement and leadership qualifications noted in Part D.

C. PROJECT CRITERIA

Rationale (Does the project address an important gap in pediatric hospitalist health care? Does the project address a topic with large variation in the hospital setting? How does this fit the mission of the VIP Network? Does the project address the concept of value?)

What is the evidence for conducting this improvement project?
(Provide a brief literature review to include any clinical practice guidelines, best practices and summary of QI efforts that have been done in the past)

What is the Aim Statement for this improvement project? (Include the importance to patients and participants, target population (define inclusion/exclusion criteria), anticipated numerical improvement (goals))

What are the proposed metrics and do they align with VIP Network member goals: Please give examples of possible process, outcome, and balancing measures for your project. What is the collection method for these measures? (e.g. charts, registry, surveys, administrative data, direct data collection, etc.) Do you have a data collection instrument selected? If yes, please attach. Measures will likely be fine-tuned at a later date by your own planning team for this project.

Updated 8.9.17
What changes will the project implement and test to achieve improvements in care (what is your change package)?

Who will form the core improvement team for each site? (e.g. pediatricians only (hospitalists, ED physicians, outpatient physicians), nurses, respiratory therapists, social workers, patient representatives)

Will the project meet AAP MOC Portfolio Program Part 4 Requirements (visit www.aap.org/mocinfo for requirements)

D. QUALITY IMPROVEMENT AND LEADERSHIP QUALIFICATIONS

What is your experience using the Model for Improvement (Plan Do Study Act); setting and meeting aims; developing measures; creating data collection tools and related feedback reports to improvement teams and a history of improving care in the hospital setting?

What is your experience in facilitating a group comprised of multiple stakeholders including but not limited to pediatricians, allied health professionals, subspecialists and parents?

E. PROJECT LEADER RESPONSIBILITIES

Internal Support
Due the rigors of an MOC Part 4 project and importance of the project leader’s role, we ask that you have internal leadership support for a **16-18 month commitment to provide your expertise to lead a quality improvement effort to include measure development, data collection, leadership of an Expert Group and general oversight during this time. The Project Leader is supported by a dedicated AAP QuIIN staff to assist with logistics and applications (i.e., IRB, ABP MOC Part 4) to ensure the Project Leader is focused on the clinical and QI aspects of the project.

Experience or willingness to learn the responsibilities below for AAP QuIIN MOC Part 4 projects:

Planning
- Expert Group:
  - Plan and facilitate in-person two day planning meeting at AAP Headquarters
  - Provide leadership in accomplishing the Expert Group’s goals
  - Facilitate Expert Group webinars and calls, ensuring they run smoothly and on time
- Serve as the Principal Investigator on the AAP Institutional Review Board (IRB) application
- Use Model for Improvement concepts to develop the project
- Develop aims, measures, change package of clinical topic related resources and tools, qualitative project surveys and data collection tools

Implementation
- Participate in the planning and execution of clinical content and QI science education for core improvement teams
- Communicate regularly with QuIIN staff regarding progress of the project
- Serve as a clinical topic and QI expert to QuIIN staff and core improvement teams
- Use the AAP web based data collection system for data collection and reports (ie run charts and assist in manipulation of data for other data displays if necessary)
- Use the feedback from the core improvement teams to adapt the tested tools universally within the testing sites
- Compile and summarize learnings shared by core improvement teams (including final analysis of data)
- Produce final set of tested tools and strategies
- Provide leadership in the development of a manuscript at the end of the project

AAP MOC Portfolio Program Part 4
- Design a project that addresses the components for MOC Part 4
- Ensure that the QI Project maintains the standards set by the AAP MOC Portfolio Program, including that the project adheres to American Board of Pediatrics Standards for Part 4 projects
- Prepare, with the aid of QuIIN staff, the AAP Maintenance of Certification Part 4 Portfolio Application
- Attest to the participation of individual physicians and resolve disputes about attestations. Or, I will ensure that Local Leaders are designated to attest to the participation of individual physicians for MOC credit, and that they agree in writing to resolve any disputes about attestations
- Ensure that the QI project’s requirements for length of physician participation is documented and communicated to physician participants, and that this and all requirements for meaningful participation are upheld
- Ensure that formal Progress Reports are completed bi-annually and at project completion

Updated 8.9.17
**16-18 Months VIP Network High Level MOC Part 4 Project Timeline**

<table>
<thead>
<tr>
<th>Project Planning</th>
<th>Site Application Process</th>
<th>Site Pre-work Period</th>
<th>Site Action Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Form Expert Group/Project Coaches</td>
<td>• Attend informational call (optional)</td>
<td>• Local IRB approval (if necessary)</td>
<td>• Collect periodic data to meet MOC Part 4</td>
</tr>
<tr>
<td>• Expert Group Meeting</td>
<td>• Gain leadership support to participate</td>
<td>• Complete Pre-survey</td>
<td>• Conduct continuous quality improvement (Model for Improvement; PDSA cycles; local team meetings and evaluation)</td>
</tr>
<tr>
<td>• Measure development</td>
<td>• Form core improvement team</td>
<td>• Attend 2 recorded webinars</td>
<td>• Participate in data review opportunities to meet MOC Part 4</td>
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<tr>
<td>• Data collection tools (build/beta testing in AAP Quality Improvement Data Aggregator)</td>
<td>• Submit application</td>
<td>• Core team group administrator attends AAP Quality Improvement Data Aggregator orientation</td>
<td>• Have an “Active Role” as required by MOC Part 4</td>
</tr>
<tr>
<td>• AAP IRB (project design, site consent form, data plan)</td>
<td>• Site selection by Expert Group</td>
<td>• Monthly communication with Project Coaches to assess progress, barriers and gain insights and ideas for implementation (optional)</td>
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</tr>
<tr>
<td>• AAP Portfolio MOC Part 4 application</td>
<td>• Notify sites</td>
<td>• Complete Post-survey</td>
<td>• Complete Post-survey</td>
</tr>
<tr>
<td></td>
<td>• Selected sites sign Consent Form</td>
<td>• Participate in data review opportunities to meet MOC Part 4</td>
<td>• Attend end of project data report out webinar</td>
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<tr>
<th>4-6 Months</th>
<th>1-2 Months</th>
<th>3-4 Months</th>
<th>9 – 12 month Action Period</th>
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F. **FUNDING**
If you plan to seek outside funding for this or other projects that include QuIIN and VIP Network participation, QuIIN project expenses must first be approved by QuIIN staff prior to inclusion in funding proposals. We encourage you to allow 4-6 weeks for preparation of QuIIN deliverables and corresponding expenses. Funding sources are not a requirement for your submission of a VIP Network improvement project.

G. **PROJECT SELECTION PROCESS**
Upon receipt of the project materials, the Selection Committee will review and provide feedback on the proposed project. Based on the feedback provided, project leader(s) will have the opportunity to modify their project proposal. If your project is selected, project leader(s) will be invited to meet with an assigned VIP Network Steering Committee Advisor and AAP QuIIN staff to discuss appropriate next steps.

H. **VIP NETWORK REFERENCES**

**VALUE IN INPATIENT PEDIATRICS (VIP) NETWORK MISSION STATEMENT**
The mission of the VIP Network is to be a healthcare stewardship organization which improves the value of care delivered to any pediatric patient in a hospital bed by helping providers implement clinical practice guidelines and other best practices, with a special focus on eliminating harm and waste caused by overutilization.

**VISION STATEMENT**
To be the premier inpatient pediatric quality improvement (QI) collaborative network assessing and performing pediatric quality projects, offering QI leadership training, and fostering partnerships to transform the delivery of hospital care for children.
VIP NETWORK DEFINITION OF VALUE
Value is an attribute of clinical care which encompasses and is either directly or indirectly associated with improved safety, decreased waste, improved efficiency, improved efficacy and improved acceptance/satisfaction of health care by patients/families. Project submissions should identify and emphasize the following:

- Decreasing harm
- Decreasing waste, improving efficiency (inappropriate, unnecessary, ineffective decisions and/or inappropriate utilization of resources, including time)
- Improving efficacy/outcomes of clinical care, particularly related to accepted evidence-based guidelines
- Improving patient/family satisfaction, appropriate utilization, compliance

AAP MOC PORTFOLIO PROGRAM PART 4 APPLICATION REQUIREMENTS
Projects submitted through the AAP MOC Portfolio Program must:

- Follow the standards set forth by the American Board of Pediatrics
- Have direct oversight from national AAP
- Complete an AAP MOC Part 4 Application Form
- Provide reports to AAP Quality Cabinet, not directly to the ABP

Additional information is available on the AAP MOC Portfolio Program Web site: [www.aap.org/mocinfo](http://www.aap.org/mocinfo)

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**Project Submission Materials**
VIP Network Project Submissions include:

1. Cover Letter addressing:
   - Project Criteria (Part C.)
   - Project Leader Qualifications (Part D.)
2. Completed Project Leader Form
3. Signed Project Leader Commitment
4. Project Leader CV

Submit to Naji Hattar at nhattar@aap.org
VIP Network Improvement Project
Leader Form

Name: ____________________________________________ Position: ______________________________________________
Specialty Area: _____________________________________ District: ________________
Office Address: _____________________________________ City: ____________ State: _______ Zip Code: ______
Office Phone: ______________________________________ E-mail: ________________________________________
Year Elected as Fellow of AAP: ________________________

AAP Membership ☐ Yes ☐ No If yes, AAP ID # ______________________
QuIIN Network Member ☐ Yes ☐ No
Project Co-Leader ☐ Yes ☐ No If yes, please submit a separate form for each Project Co-Leader

This form, CV and other confidential documents will be kept secure and will not be shared with anyone except designated VIP Network Selection Committee members.

PRESENT POSITION
Please indicate the average number of hours/week spent in each of the designated activities listed below:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th># OF HOURS</th>
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<tbody>
<tr>
<td>Practice Involving the Direct Care of Patients, inpatient</td>
<td></td>
</tr>
<tr>
<td>(Exclude teaching, training, research and include time spent on record keeping, other office/administrative work)</td>
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<tr>
<td>Administration other than own practice:</td>
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<tr>
<td>(Include activities related to planning or management of services in hospitals or other health facility/agency, or as a salaried administrative staff member or executive of an organization)</td>
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<tr>
<td>Quality Improvement:</td>
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<tr>
<td>(Familiar with Model for Improvement)</td>
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<tr>
<td>Data Collection:</td>
<td></td>
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<tr>
<td>(Chart review data collection, interpreting data collection)</td>
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<tr>
<td>Medical Teaching:</td>
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<tr>
<td>(Include hours spent in teaching/training/writing scientific materials for professional publications, preparation in your office, hospital, educational institutions)</td>
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<tr>
<td>Medical Research:</td>
<td></td>
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<tr>
<td>(Funded or unfunded, performed in your office or elsewhere)</td>
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<tr>
<td>Other Medical Activities NOT Involving the Direct Care of Patients:</td>
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<td>(Such as IRB, credentialing, CME participation, volunteer work, community services, etc)</td>
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<tr>
<td>Parent Engagement Experience:</td>
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<tr>
<td>(Such as Parent Advisory Panels, satisfaction survey preparation, etc)</td>
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I certify that the information provided on this form and in my CV is true and complete to the best of my knowledge. I understand that completion of this form in no way implies selection as Project Leader for the project proposed.

If selected as a Project Leader, I accept responsibility to:

1. Seek internal support for a 16-18 month improvement effort
2. Manage this project in compliance with the standards and requirements of the American Academy of Pediatrics (AAP) Maintenance of Certification (MOC) Portfolio Program
3. Lead and manage this project per the designated Project Leader Responsibilities
4. Follow QuIIN/VIP Network SOP’s in regards to project planning and implementation
5. Remain a member in good standing of the AAP and the QuIIN Network throughout the duration of the project period
6. Disclose any/all changes or potential new conflicts of interest that may affect my ability to impartially serve as a volunteer for this project

I Accept ☐

My CV is included with this application ☐

Signature ____________________________________________ Date________________________

Submit to
Naji Hatter, nhattar@aap.org
Quality Improvement Innovation Networks
American Academy of Pediatrics

Thank You for your interest!