



AAP QUALITY CONNECTIONS

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Message from the Chairperson

Wayne Franklin, MD, MPH, MMM, FAAP

Chairperson, AAP Council on Quality Improvement & Patient Safety



Wayne Franklin, MD,
MPH, MMM, FAAP

We have overshot our goal for membership for this fiscal year already. We set a goal for a 5 percent increase in membership this year and so far, we achieved a 7.6 percent increase! Our membership at the end of June 2016 was 643 members and now we have 696 members. It has been a steady increase in membership and I believe that this is because there are so many people in pediatrics who are focusing on quality and patient safety. It is great to have numbers, but we want to engage as many people as we can.

Our Nominations Committee, chaired by **Jack M. Percelay, MD, MPH, FAAP**, has also been hard at work and has selected nine terrific candidates to run for the three open seats on the COQIPS Executive Committee. These candidates are: Terry Adirim, MD, MPH, FAAP (incumbent); David G. Bundy, MD, MPH, FAAP (incumbent); Jared Capouya, MD, FAAP; Danielle Casher, MD, FAAP; R. Allen Coffman, MD, FAAP; Robert Insoft, MD, FAAP; Shannon Connor Phillips, MD, FAAP; Michael Rinke, MD, PhD, FAAP (incumbent); and Amy Starmer, MD, FAAP. Those elected will join the other members of our current COQIPS Executive Committee in July 2017.

The Council is working to build collaborative partnerships across the Academy. **Stephen Kairys, MD, FAAP** Medical Director of The Quality Improvement Innovation Network (QuIIN), now has a liaison role on our Executive Committee. I will likewise represent COQIPS on the QuIIN Steering Committee. This will foster a better understanding of how we can work together to accomplish what needs to be done to better the lives of children. In addition, we have representatives from the Sections of Critical Care and Surgery as liaisons to our Council.

Finally, Thank you to those members who have become involved as chairs and members of the Council's many committees, including:

- **Michael Leu and Francisco Alvarez**, co-chairs of the Guidelines, Evidence and Transparency Committee.
- Poster judges - Members also participated as poster judges to score the posters that were presented during the H program at the AAP National Conference and Exhibition.
- Policy and Advocacy Rapid Response Team - This team assists in providing comment to important policy external to the AAP related to quality and patient safety



ABOUT US

Brought to you by the AAP Council on Quality Improvement & Patient Safety, **AAP Quality Connections** aims to translate timely information about quality improvement that busy practitioners can use to improve care for their practice; increase awareness of the importance of QI in their practice; and share updates on current AAP quality improvement programs and projects. Email feedback to cguch@aap.org.

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Updates from the COQIPS Executive Committee

Education Committee Update

Laura Ferguson, MD, FAAP
COQIPS Education Committee

Plans are well underway in our “education cycle” for NCE both for this year’s Council program (H program) in September in Chicago AND advanced planning for 2018 NCE program. There is a bit of a learning curve for Council members who might be interested in helping out on the Education Committee and we encourage Council members to volunteer this summer and fall if they have an interest in learning more.

The NCE planning cycle starts in winter with refining/reviewing the abstract submission guidelines. The COQIPS Abstract Committee determines what categories will be available for submission. **Abstracts are still being accepted through April 7 at 11:59 pm EST. Submit your abstracts [here](#).** The AAP will be taking a pause on offering MOC credit for poster-platform sessions for the 2017 NCE. The 2016 activities were a pilot effort which proved to be a success and we would like to take this year to study our process to make this bigger and better for 2018!

There are still many opportunities for you to meet MOC requirements, as defined by the American Board of Pediatrics. For more information about activities that meet your MOC needs, please visit: www.aap.org/mocinfo. We thank you in advance for your understanding and strongly consider you to submit an abstract.

Once the call for abstracts goes out, the next task is to recruit abstract reviewers. We are always grateful for the help of both the COQIPS Executive Committee members who volunteer their time on top of their other Council Executive Board and Subcommittee activities as well as our Council Members at large who have other commitments as well. **Thank you to those of you who have volunteered to be an abstract reviewer. Please remember that abstracts submissions will need to be scored by 5/20/2017.** New and improved instructions for review will be forthcoming.

The highest ranking abstracts are selected for podium presentation based on the aim of having a diverse set of presentations (inpatient, outpatient, community based, academic, generalist, subspecialty, primary care) and no repetition of topics in the platform presentation. Remaining high scoring abstracts are then selected for poster presentation. We are also currently accepting ideas for the 2018 NCE proposals. If you have any ideas, please submit them to Laura Ferguson at LFerguson@tamhsc.edu.

Thank you to **Drs. Julia Shelburne, Greg Hale, Alston “Trey” Dunbar** for their service on the **COQIPS Education Committee** for the last couple of years. Without their help, our NCE programs would not be as successful as they have been!

Be sure to save the date of the 2017 National Conference & Exhibition in Chicago, IL: 9/16-9/19. The COQIPS H Program will be Saturday, September 16, 9 am—5 pm.



2016 – 2017 COQIPS Executive Committee

Wayne Franklin, MD, MPH,
MMM, FAAP
Chairperson

Joel Tieder, MD, MPH, FAAP
Vice Chairperson

Terry Adirim, MD, MPH, FAAP

David Bundy, MD, FAAP

Laura Ferguson, MD, FAAP

Michael Leu, MD, MS, MHS,
FAAP

Brigitta Mueller, MD, MHCM,
FAAP

Ricardo Quinonez, MD, FAAP

Michael Rinke, MD, PhD, FAAP

Elizabeth Vickers Saarel, MD,
FAAP

Hsiang Yin, MD, MS, FAAP

AAP Quality Connections Editors

Laura Ferguson, MD, FAAP

Allison Markowsky, MD, FAAP

Tricia Pil, MD, FAAP

Membership Update

To date we have 696 members! Welcome to our new and renewed members!

Tony	AbdelMaseeh	Stacey	Cook	Laura	Hodo	Michael	O'Halleran
Mohammed	Ahmed	Jacqueline	Corboy	Robert	Insoft	Cara	Piccoli
Unoma	Akamagwuna	Cheryl	Courtlandt	Omar	Jaber	Lauren	Poull
Turki	Al Shareef	Stephen	de Waal Malefyt	Andrew	Jea	Saranya	Ravichandran
Elham	Alhifthy	Sanaz	Devlin	Elisabeth	Kaza	Vanessa	Rayen
Dilum	Aluthge	Johanne	Dillon	Chantal	Keizer	Kenya	Samuels
Eidder	Alvarado Ricardo	Megan	Donahue	Samantha	Kennedy	Joshua	Schaffzin
Albert	Antonio	Peggy	Dramer	Joseph	Kim	Matthew	Schefft
Nadia	Arias	Letitia	Dzirasa	William	King	Patricia	Scherrer
Laurence	Ashbacher	Mary	Eckerle	Abigail	Kissel	Anastasia	Schied
Temitope	Awelewa	Nicholas	Ettinger	Elizabeth	Kudron	Daniel	Sedillo
Lalit	Bajaj	Kathryn	Farah	Daniel	Langsam	Mary	Seele
Maya	Balakrishnan	Jeffrey	Foti	Thomas	LaRouere	Mahnoosh	Sharifi
Nicole	Barbera	Chintan	Gandhi	Anastasiya	Latushko	Jacqueline	Skelton
Raghda	Bchech	Abhrajit	Ganguly	Karena	Lawrence	Amy	Starmer
Lauren	Beard	Morris	Gessouroun	Vivian	Lee	Dave	Swaby
Sarah	Becker	Wendy	Glaberson	Cristina	Leiva	Laura	Teisch
Vani	Bhatt	Nilufer	Goyal	Bianca	LoVerde	Carly	Theiler
Deena	Blanchard	Ajita	Gupta	Kavi	Madhani	Matthew	Timlin
Michael	Bolton	Sheena	Gupta	Bandi	Mahaffey	Tetsu	Uejima
Erin	Boschee	Emily	Hadley	Kevin	Makino	Rasheda	Vereen
William	Burrough	Maha	Haroon	Kartikeya	Makker	Jaimie	Wardinger
Angela	Centeno Gavica	Hannah	Harp	Shelby	Mast	Jenene	Washington
Lawrence	Chang	Prabodh	Hemmady	Grace	Mueller	Nicholas	Welsh
Amy	Cheng	Phyllis	Hendry	Aleisha	Nabower	Kent	Willis
Franco	Chevalier	Michael	Henry	Rachel	Nash	Danielle	Wolfe
Ryan	Coleman	Nicole	Herrick	Rabia	Nasir	Steven	Yung
Nora	Colman	Jason	Higginson	Maria	Novo Villalobos		

For more information about how to get involved in the Membership Committee please contact Dr Wayne Franklin (waynehfranklin@gmail.com), Membership Committee Chairperson , or Cathleen Guch (cguch@aap.org).

National Policy and Advocacy Update

Terry Adirim, MD, MPH, FAAP; @TerryAdirim
COQIPS Policy and Advocacy Chairperson



Terry Adirim, MD,
MPH, FAAP

Health care is currently receiving much attention from the new Administration, Congress and the media. With the change in Administration, there are threats to the Affordable Care Act (ACA), specifically with respect to continuation of the state insurance Marketplaces. Currently, more than 20 million people are covered by Marketplace health plans and millions more are covered by state Medicaid expansions. On his first day of office, the President signed an [Executive Order \(EO\)](#) to begin the process of dismantling the ACA. On March 6, Congress introduced their bill to replace the ACA called “The American Health Care Act” or AHCA. This bill eliminates the tax on people who don’t purchase health insurance, and instead of subsidies, this plan provides tax credits based on age. This bill keeps the Medicaid expansion until 2020 and has some important provisions for families such as people up to age 26 can stay on their parent’s plan and insurance companies cannot discriminate against people with pre-existing conditions.

HHS Secretary and CMS Director Appointed

The President appointed and the Senate confirmed Representative Dr. Thomas “Tom” Price as Secretary of Health and Human Services. Price is an orthopedic surgeon who has been a vocal opponent of the ACA and had introduced alternative legislation in past Congressional sessions. Seema Verma, CEO of a health policy consulting company, has been appointed as the new Administrator for the Centers for Medicare and Medicaid Services. Verma designed Indiana’s Medicaid expansion model, called [Healthy Indiana Plan 2.0](#), when Vice President Mike Pence was governor of Indiana. The program included some controversial elements such as requiring employment of beneficiaries and co-pays for most services. Some other potential GOP changes to health care include:

1. [Health Savings Accounts \(HSA\)](#)

The premise for health savings accounts is that consumers should be in control of their health care decisions and have “skin in the game.” Patients would then be responsible for greater upfront costs of their care, which would theoretically lead to more judicious use of health care services and a slower rise in health care costs. Typically, HSAs are tied to high deductible health insurance plans (HDHP). Premiums for HDHPs are lower than more typical health insurance plans. Proponents of HSAs generally propose large tax-free contributions and tax subsidies to promote the adoption of these accounts. Some, like Secretary Price, advocate for subsidies based on age. Critics believe that these accounts only benefit the wealthy and that many Americans do not have enough disposable income to contribute to these accounts. Another criticism is that there is currently no price transparency, which makes price comparisons and shopping for health care exceedingly difficult.

2. [Medicaid Block Grants](#)

The bigger threat to children is the advent of Medicaid block grants to states. Medicaid is a critical program for children. The Kaiser Family Foundation found that 39 percent of American children’s health insurance is funded through Medicaid, and more than 9 million people with disabilities receive a wide range of services from health care to home care through Medicaid. As of November 2016, almost 75 million people rely on Medicaid for their health care coverage, a 30 percent increase over pre-ACA enrollment ([see reference here](#)).

Some members of Congress and Secretary Price support converting Medicaid from a defined benefit to a block grant or per capita cap program so that people who qualify for Medicaid benefits would no longer be guaranteed benefits. Instead, states would receive a fixed amount of money from the federal government to spend on Medicaid services. Congress would reevaluate funding for the block grant program annually. In the past, block grant funding for other federal programs has remained static even when more people qualified for the program due to population growth. This proposal increases the burden on states and could lead to cuts in services to beneficiaries or changes in eligibility. The dual impact of converting Medicaid to a block grant program and reducing health care coverage could potentially be substantial. Medicaid is a critical program for children as demonstrated by studies by the National Bureau of Economic Research that demonstrate that children who receive Medicaid benefits are more likely to finish high school, attend and graduate from college, and earn more as adults ([see reference here](#)).

AAP Recommendations to the New Administration

The changes to our health care system could be substantial and negatively impact children, their families and physicians. Now is the time to advocate for maintaining access to health insurance for children and their families. Last fall, the AAP drafted a report with recommendations entitled “[Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future](#).” It remains to be seen if this Administration will take up any of these recommendations. Academy members can participate in advocacy activities to promote the best policies for children and families, such as at the AAP’s [annual legislative conference](#) April 23-25 in Washington, DC and [become a “tweetiatrician”](#) to tweet about important child health issues.

Agency for Healthcare Research & Quality (AHRQ) update

Kamila Mistry, PhD, MPH
AHRQ Liaison to COQIPS

AHRQ, CMS Awards \$13 Million to Test and Implement New Children's Quality Measures

The Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) announced awards totaling \$13.4 million in funding over four years to six new Pediatric Quality Measures Program (PQMP) grantees: Michael D. Cabana (University of California, San Francisco); Gary L. Freed (University of Michigan); Rita Mangione-Smith (Seattle Children's Hospital); Sarah H. Scholle (National Committee for Quality Assurance); Mark A. Schuster (Boston Children's Hospital); and Elizabeth A. Shenkman (University of Florida).

The PQMP was initially established in 2011 by AHRQ and CMS under Title IV of the Children's Health Insurance Program Reauthorization Act (CHIPRA). It funded seven Centers of Excellence (COEs) to develop new and innovative pediatric measures to evaluate or quantify specific health care processes, outcomes, patient perceptions, or other factors related to health care delivery.

This next phase of work, funded through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), (Public Law 114-10 Section 304(b)), will focus on assessing the feasibility and usability of these newly developed measures within the Medicaid and CHIP patient populations at the State, health plan, and provider levels to support performance monitoring and quality improvement.

AHRQ has a number of recently announced funding opportunities that may be of interest. Contact Kamila Mistry with questions (kamila.mistry@ahrq.hhs.gov).

PA-17-077: [Utilizing Health Information Technology to Scale and Spread Successful Practice Models Using Patient-reported Outcomes \(R18\)](#)

PA-17-008: [Large Research Projects for Prevention of Healthcare-Associated Infections \(R01\)](#)

PA-16-453: [AHRQ Conference Grant Programs \(R13\)](#)

PA-16-424: [Developing Measures of Shared Decision Making \(R01\)](#)

Section on Pediatric Trainees (SOPT) update

Amee Patel, MD, MPH
SOPT Liaison to COQIPS



Amee Patel

It has been a wonderful experience serving as the liaison for the Section on Pediatric Trainees (SOPT) to the Council on Quality Improvement and Patient Safety (COQIPS) these past few months. As the SOPT liaison, I had the opportunity to attend the AAP National Conference in San Francisco in October, the COQIPS Executive Committee meeting, and the COQIPS H-program events. It was great meeting the COQIPS Executive Committee members and learning about all of the initiatives in place to continue improving the quality of care we provide our patients. I was inspired by the incredible work that is being done in the field by my co-trainees and pediatric faculty members nationwide. The presentations bode for a promising and progressive future for patients and caretakers in our field.

As the SOPT liaison, I am currently working on initiatives to build a network among trainees who are interested in opportunities in quality improvement and patient safety. I have created an email listserv and contacted the current SOPT members in COQIPS to facilitate collaboration and participation in COQIPS initiatives such as participating in our needs assessment. In addition, I am working with members of the executive committee to increase trainee participation in COQIPS projects. For example, I am hoping to create a "Trainee Corner" in this newsletter to enable SOPT members to share their experiences in quality improvement and discuss what inspired them to get involved. In addition, I would also like to encourage participation in the AAP mentorship program (<https://aapmentorship.chronus.com>) to help trainees connect with experts in the field of quality improvement.

As always, please feel free to email me at amee.patel@childrens.com with any questions/suggestions regarding my role. If you are a trainee and want to be more involved in COQIPS I would love to hear from you!

My Quality Journey

Julia T. Shelburne, MD, FAAP
Associate Professor of Pediatrics, Division of Community and General Pediatrics
Associate Program Director, Pediatrics Residency Program
Assistant Dean for Graduate Medical Education
The University of Texas, McGovern Medical School

My quality journey is a story of personal interests intersecting with excellent mentorship and institutional needs.

I finished Pediatrics training at Baylor College of Medicine in 2003, and took my first faculty position at BCM/Texas Children's Hospital as a hospitalist and emergency medicine physician. As a resident and junior faculty member, I was fortunate to work for Joan Shook, M.D., who set a daily example of how to put patient care and patient safety at the center of everything we did. When we faced a challenge to providing excellent care, she would help us envision a systems solution to the problem. My hospitalist colleagues were also passionate about their work and inspired me to launch a career in hospital medicine.

At the time, I had infant twins and a husband who was simultaneously finishing a fellowship and a PhD, so I chose to leave shift work behind and moved to the University of Texas (UT) Medical School at Houston (now McGovern Medical School). I became a hospitalist in a division that at that point was largely focused on outpatient care. My main clinical site was Children's Memorial Hermann Hospital (CMHH). The hospital was young and growing, without a full complement of subspecialties. My transition between the two institutions- one a mature free-standing children's hospital and the other a young, children's hospital-within-a-hospital- was eye-opening and made me critically consider what is- and is not- essential to patient safety and excellent care. Since I've started at McGovern, CMHH has evolved into a high acuity, high complexity academic center and our department is building a separate hospital medicine division.

At UT, an early mentor was Virginia Moyer, M.D., a national leader in evidence-based medicine, who taught me to critically question every aspect of care. I pursued extra coursework, trying to find my niche in academics. I enrolled in a course in Quality Improvement (QI) and another in Using Research to Inform Healthcare Policy and Practice. Those classes helped me understand how to leverage research to improve healthcare and local policies and practice. They also connected me with mentors, such as Eric Thomas, M.D., a national leader in patient safety research.

In 2008, I was asked to be in the first class of the UT-Memorial Hermann Hospital's Physician's Patient Safety and Quality Academy, now known as the Clinical Safety and Effectiveness course. This gave me additional training in QI and the skills to pursue additional projects. Working in a hospital that was growing and maturing quickly, there were many opportunities to work in teams to positively impact patient care through clinical guidelines and system changes. The hospital's CEO at that time, Craig Cordola, was quite approachable and created a culture that enabled front-line providers to contribute and effect improvement.

This work eventually led to my appointment as the Vice Chair for Healthcare Quality for Pediatrics. In that role, I was first tasked with building a resident curriculum in QI. This allowed me to build skills in education and curriculum development. Eventually, as the ACGME's CLER program was announced, I was asked to apply these skills as an Associate Program Director for our residency program and as an Assistant Dean for Graduate Medical Education. In both those roles, I strive to positively impact the intersection between resident training and patient safety and to create educational opportunities in QI and patient safety.

Clinically, I continue to practice as a hospitalist and to teach medical students and residents at the bedside. Their questions and insights inspire me daily to learn, ask my own questions, and improve care.

The AAP Value in Inpatient Pediatrics (VIP) Network Celebrates Tremendous Successes!



The American Academy of Pediatrics (AAP) Quality Improvement Innovation Networks (QuIIN) supports the national pediatric outpatient *Practice Improvement Network (PIN)* and the inpatient *Value in Inpatient Pediatrics (VIP) Network* in the use of quality improvement science and a systems approach to change health care infrastructure and practice.

ABP Selects AAP VIP Network Medical Director as Paul V Miles Fellow in Quality Improvement

In December 2016 the American Board of Pediatrics (ABP) selected Matthew D. Garber, MD, FHM, FAAP, to receive the 2017 Paul V. Miles (PVM) Fellowship Award, given annually to an accomplished mid-career pediatrician dedicated to improving the quality of health care for children. The ABP recognized Dr Garber as “one of the founders and the current medical director of the Value in Inpatient Pediatrics (VIP) Network, originally a grass-roots group for hospital medicine that is now part of QuIIN at the AAP. Hospitalists in the network strive to improve hospital-based care for children, especially at small community hospitals and at children’s hospitals located within adult hospitals.”

Under his leadership, the VIP Network has grown to include projects around improving care for children with urinary tract infection (UTI), improving management of community acquired pneumonia, addressing bronchiolitis focused on engaging the emergency department and inpatient physicians, and improving the management of fever in infants. In addition to his work as a professor, hospitalist, and VIP Network Medical Director, Dr Garber has published more than 50 peer-reviewed articles and has given more than 10 national presentations on pediatric hospital medicine and quality improvement. He currently serves as chair-elect for the AAP Section on Hospital Medicine (SOHM) and as Section Editor for the *Bending the Value Curve* commentary series in *Hospital Pediatrics*.

As noted in the ABP announcement, “Dr Garber continues to mentor, encourage and inspire younger physicians interested in quality improvement because he strongly believes in the need to engage all pediatric hospitalists in quality improvement work and has continued to ensure that hospitalists in community and academic settings are included in the collaboratives.” Dr Garber shares this honor with the entire network in recognition that his individual success would not be possible without their collective efforts.

VIP Network Improving Community-Acquired Pneumonia (ICAP) Project

The VIP network year-long ICAP collaborative engaged 52 US-based and international hospital teams aimed at increasing compliance with evidence-based practices for CAP diagnosis and treatment, including the 2011 Infectious Disease Society of America/Pediatric Infectious Disease Society (IDSA/PIDS) clinical practice guideline on CAP. Project aims included increasing use of narrow spectrum antibiotics, decreasing use of macrolides, and decreasing concurrent treatment of pneumonia and asthma. Data were collected in 3-month cycles for a total of 9 months during the intervention period while teams were offered educational webinars, a change package consisting of tools and strategies for local improvements, and a dedicated project listserv for real-time communication with project leaders and experts. At the conclusion of the project, this “voluntary, multi-site quality improvement collaborative using low-resource strategies demonstrated a significant increase in the use of narrow-spectrum antibiotics and a reduction in macrolide usage. ICAP focused on diverse hospitals, so it has the potential to be generalizable to the wide range of hospitals where the majority of children are hospitalized in the US.” Read about the complete project and its results in the newly released manuscript in *Pediatrics* found [here](#). And visit the [QuIIN website](#) to access all the project-related resources.

The network is extremely proud of the success of this project and the leadership that made it possible. In particular, one of the project leaders – Kavita Parikh, MD, FAAP – was awarded the 2016 Pediatric Hospital Medicine Safety and Quality Award for her successful leadership of this quality improvement collaborative. This is indeed a well-deserved recognition for Dr Parikh and again, an honor for the entire network!

With these achievements in mind, the VIP Network is looking ahead with great optimism to build on past successes and carry out even more innovative quality improvement initiatives in the future.

For additional information about the VIP Network or learn about other QuIIN/VIP projects, visit www.aap.org/quiin or contact the staff: Faiza Wasif at fwasif@aap.org; Liz Rice-Conboy at ericeconboy@aap.org

Announcements, Opportunities, and Resources from the AAP

Third National Primary Care Research and Education Conference on Patient Safety

On February 23 and 24th, the AAP and the Primary Care Organizations Consortium co-hosted the Third National Primary Care Research and Education Conference on Patient Safety in Bethesda, MD. The conference was co-chaired by John M. Pascoe, MD, MPH, FAAP and Grace Kuo, PharmD, MPH, PhD, FCCP, FNAP and provided a forum for researchers and educators in primary care medicine and other allied health professions to learn about recent research and education program development in ambulatory primary care patient safety. The interdisciplinary conference involved many different professions including pharmacists, internal medicine, pediatricians and community health workers who came together to discuss and collaborate around innovations in patient safety.

Key learnings from the conference include a greater understanding about the epidemiology of medical errors as well as the need for improved quality metrics that are aimed to improve care across healthcare systems that are relevant to an interdisciplinary audience. Funding for this conference was made possible in part by Grant #1R13HS024781-01 from the Agency for Healthcare Research and Quality (AHRQ).

Several COQIPS members served on the planning committee including: **Brigitta Mueller, MD, MHCM, CPE, FAAP, Dan Neuspiel, MD, MPH, FAAP, FACPE, and H. Shonna Yin, MD, MS, FAAP. Dr Yin, Council Executive Committee Member, also served as abstract moderator and presenter at the conference.**

For more information about this conference please contact Vanessa Shorte at vshorte@aap.org.

Grant Opportunity – Improving Care for Children with ADHD



CHAPTER QUALITY NETWORK

A program of the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) and Pfizer are collaborating to offer a new grant opportunity focused on improving care for children with ADHD. Selected grantees will build upon findings from a completed pilot quality improvement project and test innovative strategies to improve care based on the AAP's ADHD Clinical Practice Guideline. Non-profit organizations (including chapters) are welcome to apply for grants up to \$150,000.

For more information, please see the Request for Proposal, which will be posted on the following website in early April 2017: http://www.pfizer.com/responsibility/grants_contributions/request_proposals.

Please feel free to contact Allie Shaw with any questions at ashaw@aap.org or 847-434-4739.

Announcements, Opportunities, and Resources from the AAP

New Section on Child Abuse and Neglect Sponsored Program

The American Academy of Pediatrics Section on Child Abuse and Neglect (SOCAN), in partnership with the Midwest Regional Children's Advocacy Center, is home to the newest American Board of Pediatrics approved Performance in Practice (Part 4) Module for Maintenance of Certification. The intent of the **myQIportal PA** project is to improve documentation and diagnostic accuracy of child physical abuse evaluations. All of our expert reviewers are Board Certified Child Abuse Pediatricians who are committed to improving quality in the field of child physical abuse diagnostics and helping clinicians provide the best possible care to victims of abuse.

What is myQIportal PA?

This project involves the submission of 3 case sets. Each case set should consist of 5 consecutive physical abuse cases you have evaluated. The submission of consecutive cases allows the reviewers to assess your present photographic technique and diagnostic skills, not just your difficult or tricky cases. After the submission of each case set you will receive feedback and be assigned interventions by a reviewer from our Expert Review Panel. You will have 1 month to complete the assigned interventions before submitting your next case set. Upon the completion of all 3 case sets you will be provided with a certificate of completion and a final report of your progress during the project.

Length: Successful completion of myQIportal can take as little as 3 months and as long as 1 year or more.

MOC Credits Earned: 25

Cost: \$250.00

Visit the Midwest Regional CAC website at <http://www.mrcac.org/medical-academy/myqiportal/> for more information and to register. If you have any questions, contact the Midwest Regional Medical Academy Coordinator at kim.martinez@childrensmn.org or by phone at 952-992-5278, or the SOCAN Manager, Tammy Hurley, at thurley@aap.org.

New AAP Policy Statement on Disclosure of Adverse Events

A new AAP policy statement, *Disclosure of Adverse Events in Pediatrics*, advises pediatric health care providers to be honest and transparent in speaking with patients and caregivers after harmful medical errors occur. Such communications can promote a culture of safety and reduce the consequential harms to patients after medical errors. Honesty and transparency may strengthen physician-patient relationships, improve patient outcomes and lessen the secondary adverse effects on families and physicians.

The statement from the AAP Committee on Medical Liability and Risk Management and the AAP Council on Quality Improvement and Patient Safety is available at <http://dx.doi.org/10.1542/peds.2016-3215> and was published in the December issue of *Pediatrics*. Recommendations include:

- Pediatric health care providers and institutions should develop and implement their own policies and procedures for identifying and disclosing adverse events to patients and families in an honest and empathetic manner, as part of a nonpunitive culture of medical error reporting.
- Pediatric institutions and practices should develop policies and procedures to provide emotional support for clinicians involved in adverse events.
- Pediatric medical educators should develop and implement educational programs regarding identification and prevention of medical errors and communication about adverse events with patients and their families as part of a comprehensive patient safety curriculum.
- Additional research is needed on the consequences of various approaches to disclosure, as well as of the effectiveness of disclosure education.

State legislators and other governmental and regulatory bodies are encouraged to continue developing apology laws and other mechanisms to reduce liability risks associated with disclosure.

The lead authors of this statement were William M. McDonnell, MD, JD, FAAP and Daniel R. Neuspiel, MD, MPH, FAAP.

Announcements, Opportunities, and Resources from the AAP continued

New Offerings from the Screening in Practices Initiative

Under the Screening in Practices Initiative, the American Academy of Pediatrics is launching a new Technical Assistance (TA) Center and quality improvement learning collaborative with the goal of increasing rates of early childhood screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health.

First, the TA Center offers a [website](#) with extensive resources as well as free, individualized assistance to those seeking to initiate or improve early childhood screening, referral, and follow-up in their practice or health care system. An interactive online course as well as a Train-the-Trainer program will be available later this year.

Second, through the year-long learning collaborative, which will begin in July, a diverse group of twenty pediatric primary care practices from around the country will measure, evaluate, and improve upon screening, referral, and follow-up using quality improvement methodology. Key areas of focus will include enhancing family-centered care, improving processes to track referral and follow-up, and working with community partners to develop a robust referral network to support the needs of children and families. Participating practice teams will receive a small stipend and will have the opportunity to participate in two in-person learning sessions, monthly webinars and coaching calls, and an on-site coaching visit.

For more information:

Technical assistance can be accessed by phone at 888/227-1782 or by email at screening@aap.org.

To sign up for a monthly e-newsletter, email screening@aap.org.

For more information about the learning collaborative, contact Sigal Shapira by phone at 847/434-4290 or by email at sshapira@aap.org.

New Service! National Technical Assistance Resource Center on Screening

The [Screening in Practices Initiative](#) is designed to improve the health, wellness, and life course of children through practice and system-based interventions for early childhood screening, referral, and follow-up for developmental/behavioral concerns, maternal depression, and social determinants of health. One of the major components of the Initiative is the National Technical Assistance Resource Center on Screening (NTARCS), which provides evidence-informed technical assistance and resources to assist practices in implementing effective screening processes. Technical assistance is provided through a toll-free hotline, an online resource center, and forthcoming in-person and web-based trainings. For assistance or to sign up for updates via the NTARCS eNewsletter, email screening@aap.org.

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