The Prioritization Project
Prioritizing Quality Improvement Opportunities

The Prioritization Project has established a priority list of pediatric conditions that demonstrate the most variation in care, high cost/frequency, and have actionable evidence, that if followed in the inpatient setting, will lead to a decrease in unnecessary variation, with no adverse or even superior outcomes. This project is being funded by and conducted in partnership with the Child Health Association (CHA).

In February, 39 hospital specific reports were sent to CHA hospital CEOs and Quality and Safety Leaders identifying the highest and lowest resource utilizing conditions for each hospital. These reports provide hospitals with a data-driven roadmap to prioritize conditions for quality improvement, improve patient outcomes, and reduce unnecessary costs.

The Prioritization Project includes four conditions being examined to identify areas of unnecessary variation. This process – termed ‘Drill-downs’ – is used to identify areas of quality improvement and assist in the development of care practice guidelines. Drill-downs are currently being conducted for Diabetic Ketoacidosis and Tonsillectomy and Adenotonsillectomy. Two additional conditions; one medical and one surgical are in the process of being chosen.

The overall goal of the CHA-PRIS Prioritization Project is to provide hospitals with a data-driven roadmap to prioritize conditions for quality improvement, to improve outcomes, and reduce unnecessary costs.
I-PASS - Accelerating Safer Signouts
Reducing Medical Errors through Education

This study is examining the effectiveness of a "resident handoff bundle" in accelerating adoption of safer communication practices during the transfer of patient information and responsibility between health care providers in pediatric hospitals, and was developed within the PRIS network and endorsed by the Initiative for Innovation in Pediatric Education (IIPE).

Because communication and handoff failures are a root cause of two-thirds of "sentinel events" – serious, often fatal preventable adverse events in hospitals – improving handoffs has been identified by AHRQ and the Joint Commission as a priority in nationwide efforts to improve patient safety.

Comparative Effectiveness Research on handoff tools and processes has identified specific strategies to improve handoffs and reduce medical errors:
1. Team training;
2. Verbal mnemonics
3. Use of written/computerized tools to supplement verbal sign-outs.

These three interventions make up the Resident Handoff Bundle (RHB). The I-PASS project will determine if there is a decrease in the rate of serious medical errors, time spent by residents gathering and signing out date, and resident dissatisfaction with sign-out following the implementation of the RHB.

Early dissemination efforts have resulted in an accepted article in Pediatrics discussing the development of the I-PASS mnemonic, as well as presentations and workshops at the Pediatric Academic Societies meeting and the Pediatric Hospital Medicine conference. There are also ongoing efforts to disseminate materials through a study website after baseline data collection ends in May 2012.

Future Quality Improvement Research

CMS Health Care Innovations Grant Submitted January 2012
I-CATCH: Improving Caregiver Alertness and Team Communication in Hospitals Integrates a Comprehensive Fatigue Management System (CFMS) with the I-PASS program and aims to measure the effect on patients’ health and experience; healthcare processes; and cost of hospitalization

NHLBI R18 Grant to be Submitted May 2012
D&I TIPS for Asthma: Dissemination and Implementation Training in Inpatient Pediatric Settings to Improve Asthma Outcomes
The primary objective is to compare three training approaches to disseminate and implement an enhanced evidence-based asthma care “bundle” using a multicenter cluster randomized design to determine which approach achieves the best patient outcomes