Simultaneously Implementing Pathways for Improving Asthma, Pneumonia, and Bronchiolitis Care for Hospitalized Children

Informational Webinar

Dr. Suni Kaiser, Principal Investigator
Objectives for Today

✓ Briefly discuss background and case for change
✓ Review aims of the study
✓ Discuss benefits of enrollment in the study
✓ Review application process
✓ Q&A
Clinicians’ poor adherence to evidence-based guidelines (40-70%) contributes to poor health outcomes for hospitalized children.

Seattle Children’s tested an innovative, high-efficiency QI intervention that involved simultaneously implementing clinical pathways for multiple conditions.

They achieved higher guideline adherence/improvements in care, shorter lengths of hospital stay, and lower healthcare costs.
Our goal is to evaluate the effectiveness and implementation of this multi-condition pathway intervention in a broader group of hospitals.

The intervention is designed to improve care and health outcomes for children hospitalized with asthma, pneumonia, or bronchiolitis.

We are actively recruiting hospitals that provide inpatient pediatric care:
- Looking for sites that can assemble motivated, diverse QI teams
- Sites must have adequate volume of these patients
- Free-standing children’s hospitals are not eligible (nested children’s hospitals- please apply!)
Our Partners
Evidence-based Practice Outcomes

✓ Use of metered-dose inhalers in asthma
✓ Prescription of inhaled corticosteroids in asthma
✓ Avoidance of antibiotics in asthma
✓ Use of narrow-spectrum antibiotics in pneumonia
✓ Avoidance of macrolide antibiotics in pneumonia
✓ Avoidance of bronchodilators in bronchiolitis
✓ Avoidance of antibiotics in bronchiolitis

Patient-centered Health Outcomes

✓ Length of hospital stay
✓ Transfer to intensive care
✓ Readmission or emergency revisit within 30 days of hospital discharge
Benefits of Enrollment

- Individualized mentoring from a hospitalist trained in Mentored Implementation
- Educational resources and seminars
- Data center/support for entering, reviewing, and comparing your hospital’s performance
- Opportunities to collaborate with other sites to support best practice sharing
- Access to clinical pathways, electronic clinical decision support tools, and other resources
- Opportunities for CME/MOC credit and professional development (e.g., authorship)
## Expectations of Study Sites

### Before Launch
- ✓ Obtain institutional support
- ✓ Assemble a multidisciplinary implementation team
- ✓ Train in data collection
- ✓ Assist with refining/optimizing the intervention (via distributing electronic surveys, short optional interviews)

### During the Study
- ✓ Implement the clinical pathway intervention (oversee educational sessions, modify electronic health record order sets)
- ✓ Attend monthly coaching calls with QI mentor
- ✓ Provide clinicians with monthly audit and feedback
- ✓ Collect quality performance data
- ✓ Provide updates on implementation (via electronic survey)
- ✓ Plan for sustainability
Timeline

Oct 1, 2021
Application Deadline, Wave 1 hospitals prepare for launch

July 1, 2022
Wave 1 18 of 36 hospitals begin intervention

July 1, 2023
Wave 2 18 of 36 hospitals prepare for launch

July 1, 2024
Wave 2 hospital launch (end of study for Wave 1)

July 1, 2025
End of study for Wave 2
FAQs

What if we already have pathways and/or order sets for asthma, pneumonia, or bronchiolitis?
That is great! Our QI experts will provide individualized support to your teams in using our resources to make sure your tools are modified, if needed, to be up to date and aligned with study metrics.

Why is the study so long?
Many QI efforts lose quality gains after 6-12 months, as focus shifts. This has worsened with the additional strain of COVID. Our study is focused on creating sustained change, reaping the full, long-term benefits of your teams’ hard work. We will use this longer study time to engage your teams with informatics and QI specialists to develop sustainability plans and tools (e.g., automated reports, electronic order sets).

How long will data collection take?
Based on our prior experience and commitment to supporting you in streamlining this process as much as possible, we expect data collection to take 20-40 minutes per month. We will provide your site leaders yearly financial stipends for the time spent on data collection.
Deadline:
October 1, 2021

Website (with webinar recording):
https://www.hospitalmedicine.org/clinical-topics/SIP-Study/
Questions?

Please contact Dr. Suni Kaiser for any questions: sunitha.kaiser@ucsf.edu