

SAMPLE SYSTEM INNOVATION/QUALITY IMPROVEMENT Activities Sections

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December 1, 2011

SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES

Publications

1. CMS- Supplemental Report: A study of pediatric (≥ 12 and < 18 years old) in-center hemodialysis patients: Results from the 2000 End Stage Renal Disease (ESRD) Clinical Performance Measures Project, January 2001, CMS Website. **Authorship: First or second author. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.
2. 2001 Annual Report: ESRD Clinical Performance Measures Project. Department of Health and Human Services, January 2002, CMS Website. CMS-Longitudinal analysis of pediatric (≥ 12 and < 18 years old) in-center hemodialysis patients: Results from the 2001 End-Stage Renal Disease (ESRD) Clinical Performance Measures Project February 2002, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.
3. CMS-Longitudinal analysis of pediatric (≥ 12 and < 18 years old) in-center hemodialysis patients: Results from the 2001 End-Stage Renal Disease (ESRD) Clinical Performance Measures Project February 2002, CMS Website. **NOTE Authorship: First or second author. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis
4. 2002 Annual Report: ESRD Clinical Performance Measures Project. Department of Health and Human Services, January 2003, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.
5. CMS- Results From The 2002 End Stage Renal Disease (ESRD) Clinical Performance Measures (CPM) Supplemental Questionnaire: Impact of Specialization of Primary Nephrologist on Care of Pediatric Hemodialysis Patients. 2002 ESRD Clinical Performance Measures Project. Department of Health and Human Services, The Centers for Medicare & Medicaid Services. (February 2003), CMS Website. **Authorship: First or second author. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.
6. 2003 Annual Report: ESRD Clinical Performance Measures Project. Department of Health and Human Services, January 2004, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis
7. 2004 Annual Report: ESRD Clinical Performance Measures Project. Department of Health and Human Services, May 2005, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis
8. 2005 Annual Report: ESRD Clinical Performance Measures. Department of Health and Human Services, May 2006, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.
9. 2006 Annual Report: ESRD Clinical Performance Measures. Department of Health and Human Services, May 2007, CMS Website. **Authorship: First or second author of the pediatric section of the report. Justification:** Provided substantial contributions to the intellectual content in the areas of conception and design, analysis and interpretation of data, drafting of the manuscript and statistical analysis.

10. Warady BA, Bakkaloglu S, Newland J, Cantwell M, Verrina E, **Neu A**, Chadha V, Yap HK, Schaefer F. Consensus Guidelines for the Prevention and Treatment of Catheter-Related Infections and Peritonitis in Pediatric Patients Receiving Peritoneal Dialysis: 2011 Update. In Press, Peritoneal Dialysis International

System Innovation and Quality Improvement efforts outside of JHM:

- 2001-2007 **Member**, Forum of End-Stage Renal Disease Networks
End-Stage Renal Disease Clinical Performance Measures Project
Pediatric Advisory Committee
Committee was charged with evaluating and reporting intermediate outcomes in pediatric hemodialysis patients collected as part of CMS' ESRD Clinical Performance Measures Project. The goal of this project is to collect and report on the status of care of ESRD patients, with the goal of improving that care. The committee developed the format for data collection. Once data was collected, the committee reviewed that data and prepared the pediatric section of the Annual Report of that data which was published on the CMS website.
- 2010 **Member**, Center for Medicare & Medicaid Services' ESRD Quality Measures Clinical Technical Expert Panel, Pediatric Anemia and Pediatric Adequacy (HD), Baltimore, MD
Committee developed a series of clinical performance measures to be used to monitor the care of pediatric dialysis patients, with the goal of identifying areas for improvement in that care
- 2011 **Invited Participant**: National Meeting on Collaborative Improvement Networks in Children's Healthcare, Sponsored by the American Board of Pediatrics

Production of guidelines and/or protocols

- 2000-present Johns Hopkins Harriet Lane Kidney Center
Pediatric Peritoneal Dialysis and Kidney Transplant Protocols including Anemia Management, Peritonitis Management, Immunization, Transplant Evaluation and Immunosuppressive Protocols
Role: Author
Status: Implemented
- 2008 National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI)
Pediatric Nutrition Guidelines
Role: Invited Expert Reviewer
Status: Published/Implemented
- 2009 Kidney Disease Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Care of the Kidney Transplant Recipient
Role: Invited Expert Reviewer
Status: Published/Implemented
- 2009-present International Society of Peritoneal Dialysis (ISPD)
Advisory Committee on Peritonitis Management in Pediatric Patients
Role: Co-Author, Pediatric Peritonitis Treatment Guidelines
Status: In Press
- 2011 Kidney Disease Improving Global Outcomes (KDIGO) Clinical Practice Guideline for Blood Pressure Management in CKD
Role: Invited Expert Reviewer
Status: In Press
- 2011 Kidney Disease Improving Global Outcomes (KDIGO) Clinical Practice Guideline for Anemia in CKD
Role: Invited Expert Reviewer
Status: In review

System Innovation and Quality Improvement Program Building/Leadership

- 2000-present Johns Hopkins Harriet Lane Kidney Center Pediatric Dialysis and Kidney Transplant Program Quality Assurance and Improvement Program
 Formal multidisciplinary quality assurance and improvement program for the pediatric dialysis and transplant programs in which intermediate outcomes and process measures are monitored monthly, with comparison benchmarking data from a national cohort of pediatric chronic kidney disease patients. The quality assurance and improvement programs are regularly reviewed by state and federal surveyors and have successfully shepherded the dialysis and transplant programs through several state and federal certifications, and supported the transplant program’s application for the Center for Medicare & Medicaid Services’ Certificate of Participation. The programs have allowed for significant improvements in several clinical outcomes including the recognition and correction of anemia, bone and mineral metabolism disorder and peritoneal dialysis-related peritonitis.
Role: Developed and implemented the program and continue to lead the program’s multidisciplinary teams

- 2009- present The North American Pediatric Renal Trials and Collaborative Studies Benchmarking Project
 The project harnesses the power of a national registry of more than 20,000 children with chronic kidney disease, including those on dialysis and status post kidney transplant, to provides center-specific process outcome measures compared to benchmarking data from a national cohort.
Role: Chair, Benchmarking Development Committee.

- 2009-present The National Association of Children’s Hospitals and Affiliated Institutions (NACHRI) Nephrology Peritonitis & Exit-Site Infection Quality Collaborative
 National collaborative project to improve exit-site infections and peritonitis rates in pediatric peritoneal dialysis patients. This collaborative, launched in June 2011, has 28 participating pediatric nephrology centers from around the country. A link to the NACHRI website describing this collaborative is provided:
http://www.childrenshospitals.net/AM/Template.cfm?Section=Nephrology_Peritonitis
Role: Chair, Pediatric Nephrology Quality Improvement/Quality Assurance Program Protocol Development Committee: lead team of prominent pediatric nephrologists to develop the concept for this quality improvement project which was then presented to NACHRI for further development and implementation
Role: Collaborative Core Faculty: As one of four core faculty, responsibilities have included development/selection of care bundles that represent peritoneal dialysis catheter best practices, development of data collection tools to monitor implementation of those practices and selection of appropriate quality measures to evaluate the impact of adherence with best practices on outcomes. Ongoing responsibilities include ongoing data analysis and project management, leading semi-annual face-to-face workshops and monthly webinars.

Systems Innovation and Quality Improvement Extramural Funding

- Pending
- 2012-2014 “Methodologies to Enable Patients to Prevent Healthcare Acquired Infections”
 Patient-Centered Outcomes Research Institute (PCORI)
 \$500,000
 Role and effort: PI, 20%



SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES:

System Innovation and Quality Improvement efforts with Johns Hopkins Medicine:

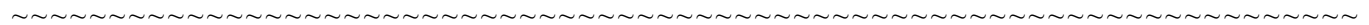
2003-present Vice Chair of Quality and Safety, Chief of Division of Quality and Safety, Pediatrics, Johns Hopkins University School of Medicine. In this capacity Dr. Miller has entirely built the newest division in the Department of Pediatrics that is devoted to organizational efforts and academic productivity on pediatric quality and patient safety. At present Dr. Miller is responsible for 3 full-time faculty (Dr. David Bundy, Dr. Michael Rinke and Ms. Nichole Persing), and a percentages of 1 additional faculty (Dr. Christoph Lehmann). Dr. Miller has created and nurtured the Department of Pediatrics Hospitalist program that presently employs 4 fulltime hospitalists focused on improving the safety of care provided on the surgical services with the Children’s Center. Dr. Miller has also have developed and maintains weekly Safety Rounds in the Children’s Center and the monthly Children’s Center Quality and Safety Dashboard. In addition, this role has also encompassed serving as the Co-Chair of Computerized Provider Order Entry System Implementation Team for Johns Hopkins Children’s Center. Lastly this role encompasses Dr. Miller chairing and/or supporting multiple internal quality improvement teams: PICU Central Line-Associated Blood Stream Infection team, Pediatric Oncology Central Line-Associated Blood Stream Infection team, Johns Hopkins Children’s Center-wide Central Line-Associated Blood Stream Infection team , ‘2 by 10’ Early Patient Discharge team, the Rapid Response Team and the Pediatric Pharmacy Safety team.

System Innovation and Quality Improvement efforts outside of Johns Hopkins Medicine:

2007-present Dr. Miller serves as Vice President, Quality Transformation, National Association of Children’s Hospitals and Related Institutions to oversee and develop NACHRI’s quality agenda for children’s healthcare as it relates to transformation of care via collaborative multi-institutional quality improvement efforts. NACHRI is an association of children’s hospitals with 218 members in the United States, Canada, Australia, the United Kingdom, Italy, China, Mexico, and Puerto Rico. Dr. Miller’s key activities include developing and chairing efforts involving multi-institutions to improve healthcare quality and safety best exemplified by the over 70 PICUs and 35 Pediatric Hematology/Oncology teams working with Dr. Miller to eliminate catheter-associated blood stream infections. In addition, Dr. Miller has now launched 28 Pediatric Nephrology teams working to eliminate peritoneal dialysis catheter infections. These efforts have to date led to greater than 60% reduction in PICU infection rates, 20% reduction in Hematology/Oncology infection rates and over 2,900 infections prevented, over 350 lives saved, and over \$103 million in healthcare cost savings.

System Innovation and Quality Improvement Program Building/Leadership:

2003-present Both external and internal to Johns Hopkins Medicine, Dr. Miller has accomplished significant program building and leadership. Internally, she has built and launched the first ever academic division at Johns Hopkins Medicine devoted to quality and patient safety. This division now supports 3 full time faculty with excellent track records in external funding and publications. Externally, Dr. Miller completely built the Quality Transformation program at NACHRI that now supports 10 full time staff and over 140 institutional teams in quality improvement efforts across the United States.



SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES

System Innovation and Quality Improvement Publications:

1. (Ref 48) Kantsiper M, McDonald EL, Geller G, Shockney L, Snyder C, Wolff AC. Transitioning to Breast Cancer Survivorship: Perspectives of Patients, Cancer Specialists, and Primary Care Providers. J Gen Intern Med. 2009;24(Supp 2):S459 (PMID 19838851)

System Innovation and Quality Improvement efforts within JHM:

2007– ongoing Johns Hopkins Breast Cancer Survivorship Program, leader (1.2 months funded effort). I lead a multidisciplinary and cross-school institutional program and secured external funding in order to educate cancer specialists and primary care providers at Hopkins and elsewhere, pilot improved practices in breast cancer survivorship, and establish web-based AV and social media materials to educate patients and providers alike.

System Innovation and Quality Improvement efforts outside of JHM:

2002 – 2008 ASCO Health Services Committee, member 2002-2005, panel leadership 2006-2008, committee chair 2006-2007 (unfunded effort), Alexandria, VA. This ASCO panel creates and oversees all ASCO clinical practice guideline documents. I also led the establishment of the Toolbox concept for guideline implementation, dissemination, and evaluation (currently the GuIDE subcommittee).

2005 – ongoing ASCO/College of American Pathologists Panel on HER2 Testing, co-chair (unfunded effort), Alexandria, VA. I proposed and co-established the international multidisciplinary guideline panel, first authored guideline document, guided dissemination process, and co-leads update panel.

2007 – 2011 ASCO Quality Advisory Group and Quality Care Committee, member 2007-2011 (unfunded effort), Alexandria, VA. Oversees all internal and external ASCO quality of care activities.

2008 – ongoing ASCO/College of American Pathologists Panel on Immunohistochemistry Testing for ER/PgR in Breast Cancer, co-chair (unfunded effort), Alexandria, VA. I proposed and co-established the international multidisciplinary guideline panel, senior authored guideline document, guided dissemination process, and co-lead update panel.

2009 – ongoing Komen/ASCO Foundation Breast Cancer Registry Pilot Program Steering Group, member (unfunded effort), Alexandria, VA. The committee oversees a pilot project to establish a web-based survivorship registry in early stage breast cancer being piloted in oncology practices around the country.

Production of guidelines and/or protocols

- 2000 – annual (Educ Refs 1, 3-9, 11) NCCN Breast Cancer Guideline Panel; member, Philadelphia, PA, annual guideline update
- 2004 (Ref 14) ASCO technology assessment on the use of aromatase inhibitors as adjuvant therapy for postmenopausal women with hormone receptor-positive breast cancer; panel member, Alexandria, VA, guideline recently updated
- 2005 (Ref 17) ASCO Guideline Recommendations for Sentinel Lymph Node Biopsy in Early-Stage Breast Cancer; panel member, Alexandria, VA, guideline undergoing update
- 2006 (Ref 21) ASCO Update of Recommendations for the Use of White Blood Cell Growth Factors; panel member, Alexandria, VA, guideline active
- 2006 (Ref 23) ASCO Update of the Breast Cancer Follow-up and Management Guideline in the Adjuvant Setting; panel member, Alexandria, VA, guideline active.

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continued

- 2007 (Refs 25, 26, 64) ASCO/CAP HER2 Testing Guideline Panel; co-chair, Alexandria, VA, guideline being updated.
- 2008 (Refs 55, 56, 58, 64; Educ Ref 10) ASCO/CAP Hormone Receptor Testing Guideline Panel; co-chair, Alexandria, VA, guideline active

System Innovation and Quality Improvement Program Building/Leadership: None

System Innovation and Quality Improvement Extramural Funding:

(Also listed in Current Grant section)

- 4/1/08 – 3/31/12 A Survivorship Program for Breast Cancer: A Transition for Patients and Providers
90033368
Susan G. Komen for the Cure Maryland
\$187,000
Role: PI, 1.2 calendar months; Note: The major goal of this project is to establish breast cancer follow-up care strategies for survivors and their health care providers and a comprehensive clinical and educational services model adaptable for use elsewhere.