

Division of Health Policy And Clinical Effectiveness

DIVISION PROFILE

Number of Faculty	5
Number of Support Personnel	46
Annual Total Grant Support (direct)	\$476,390
Number of Peer Reviewed Publications	20

FACULTY LISTING

Uma R. Kotagal, MBBS, MSc, Professor of Pediatrics, Obstetrics and Gynecology, Leader, Pursuing Perfection Initiative; Vice President, Quality and Transformation; Director, Center for Health Policy and Clinical Effectiveness

Maria T. Britto, MD, MPH, Associate Professor of Pediatrics and Internal Medicine, Co-Director Chronic Illness Quality Initiative; Co-Leader, Pursuing Perfection Initiative

Edward F. Donovan, MD, Professor of Clinical Pediatrics, Medical Director, Pediatric Evidence Based Center; Director, Child Policy Research Center

Keith E. Mandel, MD, Assistant Professor of Pediatrics, Vice President of Medical Affairs (PHO); Director of CCHMC's Special Projects

Kieran J. Phelan, MD, MSc, Assistant Professor of Pediatrics, Director, Pediatrics Evidence Based Training Program

OVERVIEW

The focus of the division's programs are to dramatically improve the health of children through use of evidence based approaches. The development of new strategic plan by the Cincinnati Children's Hospital Medical Center in 2001 and the IOM report "Crossing the Quality Chasm" have accelerated the goals of the HPCE program and integrated it more closely with the research divisions, the hospital leadership and the strategic goals. The division focuses on both patient based and population based programs. Funded jointly by the hospital and the Cincinnati Children's Research Foundation since its inception, a fundamental premise is that applications of new knowledge must reach the patients and families reliably to achieve the breakthrough improvements in outcomes. The program focuses both on what to do (based on science) and how to do it (based on improvement science).



Left to Right: K. Mandel, M. Britto, E. Donovan, U. Kotagal, K. Phelan, T. Wade

Faculty in the division focus on improving quality of care across the organization and function as a core resource for the entire organization. In addition, all division faculty align their research efforts with their areas of improvement focus. Dr. Keith Mandel is Vice President for the PHO and leads the quality efforts of the PHO in community practices and is a co-leader of the Pursuing Perfection Initiative. Dr. Edward Donovan directs the Pediatric Evidence-Based Practice Center and the Child Research Policy Center. Dr. Uma Kotagal is project leader for the Pursuing Perfection Initiative and leads quality and safety issues across the enterprise and research efforts related to Health Systems Research. Dr. KJ Phelan directs Evidence Based

Education and is a Health Services Researcher focused on research related to Injury Prevention in the home. Dr. Maria Britto (also faculty in the Division of Adolescent Medicine) directs the Chronic Care Quality Initiative and is a co-leader of the Pursuing Perfection Initiative.

HIGHLIGHTS

I. Patient Based Programs

The Evidence Based Practice (EBP) arm of The Division of Health Policy and Clinical Effectiveness is responsible for developing and implementing tools to support evidence-based decision making for the care of children. Over 25 evidence based guidelines in place are community oriented and implemented in collaboration with local managed care organizations, the CCHMC Physician-Hospital Organization, the Cincinnati Pediatric Research Group (CPRG) and community pediatricians. Randomized clinical trials and other research opportunities are nested within guidelines to address gaps in knowledge. Guidelines are driven by a focus on optimal child health outcomes. Incorporation of the guidelines into decision rules in the newly developing clinical order entry system and IPOC electronic nursing documentation system are underway. To meet our goal of fully expanding the culture of evidence-based clinical decision making at CCHMC, evidence-based teaching is being incorporated into all aspects of clinical care.

EBP highlights for the 2003-04 academic year include: (1) updating the evidence tools (guidelines, pathways, etc.) to support clinical decision making, (2) completion of new evidence-based guidelines for necrotizing enterocolitis and ADHD, (3) instituting monthly workshops to improved EBP knowledge and skills among clinicians, and (4) conducting a 2-day workshop on 'Evidence-Based Pediatrics' with over 50 attendees.

EBP also provides research support to junior faculty and fellows interested in clinical research pathways. Mentoring related to controlled trials of health care interventions and the conduct of formal systematic reviews or meta-analyses of healthcare interventions and epidemiologic and biostatistical support is available. Clinically oriented research is supported based on a project by project evaluation.

Pursuing Perfect Care: The clinical effectiveness program collaborates across the organization to improve the quality of care. Through the continuing Robert Wood Johnson Foundation funded Pursuing Perfection initiative, eight project teams - Acute Care, Transplant Medication Safety, Peri-operative services, Cystic fibrosis, Juvenile Rheumatoid Arthritis, Diabetes, Advanced Specialty Access and System Flow – have transformed major portions of the organization.

The performance improvement system has been redesigned to embed quality fully into line management. Six multidisciplinary Clinical Systems Improvement teams have identified six system level priorities and will be instrumental in the next phase of transformation. Business Unit and Clinical Division Dashboards track and report on their quality and outcomes. The Patient Care Committee of the Board tracks delivery system performance through nine system level measures. Internal learning improvement collaboratives have been used to build capability for improvement.

II. Population Based Programs

The Child Policy Research Center (CPRC) is committed to promote evidence-based decision making related to child well-being at the Community level. It provides information to community organization that is on policy-relevant, population-based research. The Child Policy Research Center serves as an important liaison between decision/policy makers and health service researchers.

Building community-academic partnerships to reduce and eventually eliminate health disparities in children is one of the areas of focus for the CPRC. Community partners include Urban League, Children's' Defense Fund, Urban Appalachian Council, Inner City Health Care, Better Housing League, African American Health Network and others. The Center's Community Advisory Board has been instrumental in advising on sustainability funding strategies as well as to review relevant research, describe and advise on policy, and provide feedback on setting future priorities for the Center.

CPRC products include a web site (www.cprc-chmc.uc.edu), periodic reports on population child well being, policy maker listserv, scientific publications, data analysis for partners, community educational collaborations,

periodic presentations at Pediatric Grand Rounds and research collaboration. Dr. KJ Phelan focuses his research on injury prevention in the home in collaboration with the Center for Pediatric Environmental Health.

GRANTS, CONTRACTS AND INDUSTRY AGREEMENTS

Grant and Contract Awards	Annual Direct/Project Period Direct
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Donovan, E	
Women's and Children's Health Outcome Project	
Ohio Department of Health (Hamilton County Family and Children's First Council subcontract)	
31000-A	07/01/02 – 06/30/04
	\$96,313/\$122,465
A Dual Purpose, Necrotizing Enterocolitis Prediction Model	
Gerber	
	06/01/04 – 05/31/05
	\$69,376
Kotagal, U	
Pursuing Perfection: Phase III	
Robert Wood Johnson Foundation	
	04/01/04 – 3/31/06
	\$138,853/\$277,706
Toward a Safety Culture: Reducing Nosocomial Infections	
Agency for Healthcare Research and Quality (Veterans Administration Medical Center subcontract)	
	09/30/03 – 09/29/05
	\$20,178/\$40,356
Outcomes and Cost Effectiveness Evaluation of Etanercept in Children with Juvenile Rheumatoid Arthritis	
Arthritis Foundation	
	07/01/02 – 06/30/06
	\$59,722/\$300,000
Phelan, K	
Childhood Residential Injury and Caregiver Supervision	
Centers for Disease Control	
	09/01/03 – 08/31/04
	\$91,948

Current Year Direct	\$476,390
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Industry Contracts

Current Year Direct Receipts	\$0
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TOTAL	\$476,390
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PUBLICATIONS

1. Bonny AE, **Britto MT**, Huang B, Succop P, Slap GB. Weight gain, adiposity, and eating behaviors among adolescent females on depot medroxyprogesterone acetate (DMPA). *J Pediatr Adolesc Gynecol* 2004;17(2):109-15.
2. **Britto MT**, **Kotagal UR**, Chenier T, Tsevat J, Atherton HD, Wilmott RW. Differences between adolescents' and parents' reports of health-related quality of life in cystic fibrosis. *Pediatr Pulmonol* 2004;37(2):165-71.
3. Bucuvalas JC, **Britto M**. Health-related quality of life after liver transplantation: It's not all about the liver. *J Pediatr Gastroenterol Nutr* 2003;37(2):106-8.

4. Conway E, Schoettker PJ, Moore A, **Britto MT, Kotagal UR**. Empowering respiratory therapists to take a more active role in delivering quality care for infants with bronchiolitis. *Respir Care* 2004;49(6):589-99.
5. Johnston JA, Yi MS, **Britto MT**, Mrus JM. Importance of organ dysfunction in determining hospital outcomes in children. *J Pediatr* 2004;144(5):595-601.
6. Muething S, Schoettker PJ, Gerhardt WE, Atherton HD, **Britto MT, Kotagal UR**. Decreasing overuse of therapies in the treatment of bronchiolitis by incorporating evidence at the point of care. *J Pediatr* 2004;144(6):703-10.
7. Rosen DS, Blum RW, **Britto M**, Sawyer SM, Siegel DM. Transition to adult health care for adolescents and young adults with chronic conditions: Position paper of the Society for Adolescent Medicine. *J Adolesc Health* 2003;33(4):309-11.
8. Tivorsak TL, **Britto MT**, Klostermann BK, Nebrig DM, Slap GB. Are pediatric practice settings adolescent friendly? An exploration of attitudes and preferences. *Clin Pediatr* 2004;43(1):55-61.
9. Weiland J, Schoettker PJ, Byczkowski T, **Britto MT**, Pandzik G, **Kotagal UR**. Individualized daily schedules for hospitalized adolescents with cystic fibrosis. *J Pediatr Health Care* 2003;17(6):284-9.
10. Hashimoto LN, Lindsell CJ, Brewer DE, Eichel MM, **Donovan EF**. Contributions of infertility treatment to very-low-birth-weight multiple birth infants receiving neonatal intensive care. *Am J Obstet Gynecol* 2004;190(2):401-6.
11. Stoll BJ, Hansen N, Fanaroff AA, Wright LL, Carlo WA, Ehrenkranz RA, Lemons JA, **Donovan EF**, Stark AR, Tyson JE, Oh W, Bauer CR, Korones SB, Shankaran S, Laptook AR, Stevenson DK, Papile LA, Poole WK. To tap or not to tap: high likelihood of meningitis without sepsis among very low birth weight infants. *Pediatrics* 2004;113(5):1181-6.
12. Warner B, Musial MJ, Chenier T, **Donovan E**. The effect of birth hospital type on the outcome of very low birth weight infants. *Pediatrics* 2004;113(1 Pt 1):35-41.
13. Byczkowski TL, **Kotagal UR, Britto MT**, Wilmott RW. Perceptions of value of routine care among patients with cystic fibrosis and their families. *Pediatr Pulmonol* 2004;37(3):210-6.
14. Cole CR, Bucuvalas JC, Hornung R, Ryckman FC, Alonso MP, Balistreri WF, **Kotagal U**. Outcome after pediatric liver transplantation impact of living donor transplantation on cost. *J Pediatr* 2004;144(6):729-35.
15. Cole CR, Bucuvalas JC, Hornung RW, Krug S, Ryckman FC, Atherton H, Alonso MP, Balistreri WF, **Kotagal U**. Impact of liver transplantation on HRQOL in children less than 5 years old. *Pediatr Transplant* 2004;8(3):222-7.
16. Cote MP, Byczkowski T, **Kotagal U**, Kirk S, Zeller M, Daniels S. Service quality and attrition: an examination of a pediatric obesity program. *Int J Qual Health Care* 2004;16(2):165-73.
17. Doyne EO, Alfaro MP, Siegel RM, Atherton HD, Schoettker PJ, Bernier J, **Kotagal UR**. A randomized controlled trial to change antibiotic prescribing patterns in a community. *Arch Pediatr Adolesc Med* 2004;158(6):577-83.
18. Meara E, **Kotagal UR**, Atherton HD, Lieu TA. Impact of early newborn discharge legislation and early follow-up visits on infant outcomes in a state Medicaid population. *Pediatrics* 2004;113(6):1619-27.
19. Rigsby CK, Strife JL, Johnson ND, Atherton HD, Pommersheim W, **Kotagal UR**. Is the frontal radiograph alone sufficient to evaluate for pneumonia in children? *Pediatr Radiol* 2004;34(5):379-83.
20. Yi MS, Tsevat J, Wilmott RW, **Kotagal UR, Britto MT**. The impact of treatment of pulmonary exacerbations on the health-related quality of life of patients with cystic fibrosis: Does hospitalization make a difference? *J Pediatr* 2004;144(6):711-8.