

Project SPEAK (Screening for Prenatal Exposure to Alcohol in Kids) A Quality Improvement Collaborative from the American Academy of Pediatrics



Project Overview

Project SPEAK, a quality improvement (QI) Learning Collaborative sponsored by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC), aims to improve screening for prenatal alcohol exposure (PAE) in the clinical setting. In partnership with a national Expert Group and a Quality Improvement Advisor, up to 9 pediatric practice teams will work together to enhance screening for PAE and address health care provider comfort with screening.

Collaborative Aims

The global aim of Project SPEAK is to identify and implement effective practice-based processes to assure that all children birth through 6 years of age have PAE screening completed and results available in their chart.

Pediatric practice teams participating in the SPEAK Learning Collaborative will aim to:

- ❑ increase by 25% the percentage of their patients age birth-6 years old who have PAE screening completed & results documented in the chart, and
- ❑ provide education on the importance of close developmental surveillance for 95% of families with a child who screens positive for PAE

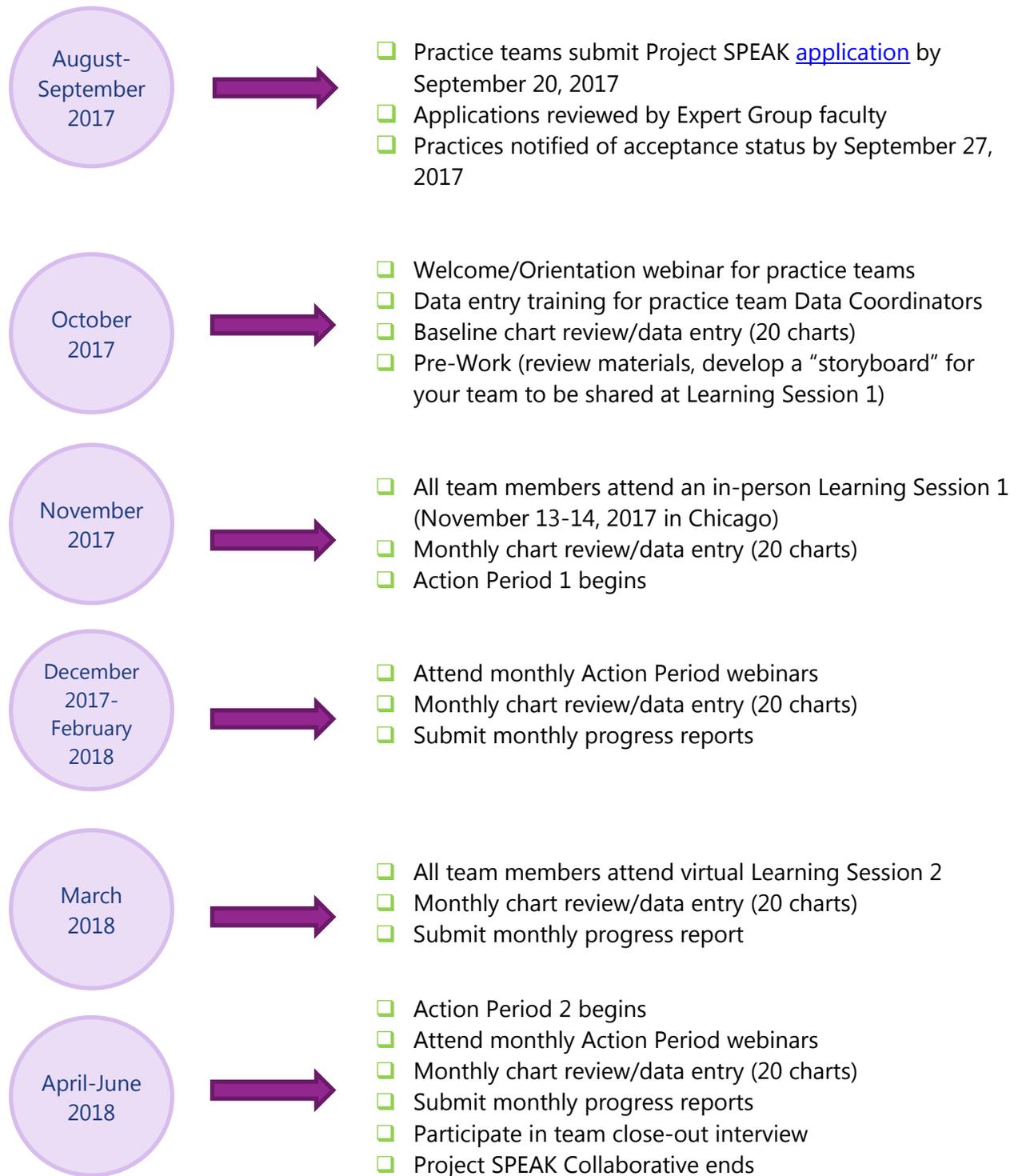
Who Can Participate?

Practices across the United States are welcome to apply. Participating practices must:

- ❑ currently accept new patients and have no plans to stop accepting new patients for the duration of Project SPEAK (October 2017-May 2018)
- ❑ routinely record family history as part of new patient and health supervision visits
- ❑ form a practice QI team to be comprised of a **pediatrician leader and 2-3 additional team members** that, at the discretion of the practice team, may include clinical support staff (eg, PA, PNP, RN, MA), administrative staff, and/or a family representative

Interested practices located in Oklahoma, Tennessee and Wisconsin should contact Rachel Daskalov (rdaskalov@aap.org or 847/421-7863) before starting the project application.

Collaborative Key Activities and Timeline



Specific Expectations

Practice QI team participants will:

- ❑ Learn the [Model for Improvement](#) and implement Plan, Do, Study, Act (PDSA) cycles
- ❑ Devote necessary resources and time to testing and implementing changes in practice
- ❑ Collect data monthly from patient medical records (**20 charts per month**) and enter it online using the AAP's Quality Improvement Data Aggregator (QIDA)
- ❑ Complete a monthly narrative progress report
- ❑ Complete specified pre-work activities prior to each of 2 Learning Sessions
- ❑ Share lessons learned and problem-solve with other practice QI teams through monthly webinars and by e-mail
- ❑ Use e-mail and the project listserv on a regular basis for ongoing support, information, and communication among QI teams
- ❑ Complete a post-Collaborative telephone interview (≤ 1 hour) at project completion
- ❑ If necessary, seek local Institutional Review Board approval for participation
- ❑ **Physician leader only:** serve as Local Leader in the attestation process required by the American Board of Pediatrics (ABP) for Part 4 Maintenance of Certification (MOC approval pending); this includes providing each MOC-seeking physician in the practice a document describing MOC requirements, monitoring/tracking physician participation, and attesting that physicians have met the completion criteria

Data Sharing and Reporting

An important part of Project SPEAK is chart review and data sharing to foster improvement. As part of the Collaborative, practice teams will share data with the other participating teams and project leadership in keeping with the "All Teach, All Learn" philosophy of quality improvement.

Each month, practice teams will review 20 patient charts, abstracting information about prenatal alcohol exposure screening at health supervision visits to be entered in the AAP's QIDA system. QIDA training and support will be provided by Project SPEAK staff. **Data entry will not include protected health information.**

Using the QIDA, teams will be able to review their own data in the form of monthly run charts and compare their progress to overall project goals as well as progress of the Collaborative teams in aggregate. Data review during monthly webinars with the Quality Improvement Advisor will also help teams understand and use their run charts to drive change.

For publications or dissemination products that may result from this work (eg, posters, reports), data will generally be reported in aggregate. If practice-level data is reported, practice names will be redacted maintain anonymity. Potential publications may include a conceptual model of aims, drivers of change, potentially useful strategies and tools, and information about successes and barriers encountered. Practice names may be used only in the acknowledgement section of any potential publication or dissemination document.

Maintenance of Certification (MOC)

The Project SPEAK MOC application is currently under review by the ABP for Part 4 Maintenance of Certification points. If approved, additional information about MOC requirements will be provided to interested physicians.

Institutional Review Board (IRB)

Project SPEAK has received exempt status approval from the American Academy of Pediatrics Institutional Review Board (IRB). No identifiable protected health information will be collected by the project and HIPAA authorization will not be needed from patients or parents for practice participation. The AAP application for exemption and/or letter of exempt status are available by contacting Rachel Daskalov at rdaskalov@aap.org.

Practice Selection

All completed [applications](#) must be submitted by September 20, 2017 and will be reviewed the project's Expert Group (see below). The first 9 teams that apply and meet selection criteria will be invited to participate.

Interested teams are expected to identify their practice QI team and obtain the commitment and support of practice senior leadership prior to applying. If the practice is selected, all QI team members will be asked to sign a consent form.

Project SPEAK National Team

EXPERT WORKGROUP

Vincent C Smith, MD MPH FAAP
(Chairperson)
Peggy Combs-Way (Family
Representative)
Gwendolyn Messer, MD FAAP
Stephen Patrick, MD MPH MS FAAP
Douglas Waite, MD FAAP

FEDERAL PARTNERS

Jacquelyn Bertrand, PhD
Natasha Singh, MPA

STAFF/CONSULTANTS

Rachel Daskalov, MHA
Josh Benke
Michelle Zajac Esquivel, MPH
Laura E Peterson, BSN SM
(Quality Improvement Advisor)
Linda Radecki, MS

Questions?

Please e-mail or call Rachel Daskalov: rdaskalov@aap.org or 847-434-7863