**JOINING THE PAC: INFORMATION FOR JOINING: FULL MEMBER**

**Vision:** To improve cardiac acute care outcomes by optimizing organizational partnerships and sustainable quality improvement methods.

**Goals of the Pediatric Acute Care Cardiology Collaborative:**

The global aim of PAC3 is to improve acute care cardiology outcomes and value from the perspective of the patient, family, and medical team. Specifically, we aim to:

* Reduce hospital-based complications
* Reduce adjusted hospital length of stay
* Reduce less than 7-day all-cause readmission rate
* Improve patient and family experience scores
* Partner with other cardiology collaboratives and national organizations

**The Pediatric Acute Care Cardiology Collaborative will:**

* Support the network centers to achieve these goals
* Organize and present conference calls and provide annual in-person conferences
* Provide evidence-based information on inpatient acute cardiac care
* Provide tools to help with implementation of process changes
* Coordinate communication across all centers to provide participants with analyses regarding the effectiveness of changes and work of their colleagues
* Provide secure HIPAA-compliant data management, including electronic data entry, storage, and analysis
* Partner with existing networks in pediatric cardiology with a goal to develop more efficient capture and sharing of clinical data, as well as generate efficiencies that provide value at the hospital-level
* Facilitate comparative effectiveness research across centers and the network
* Work with the care centers to create equitable access to the data to advance knowledge

**Each center joining as a full member will:**

* Obtain the support of their administrative leadership for multi-year participation in PAC3
* Identify a physician or other healthcare provider (APRN, PA or RN) to be their PAC3 “Clinical Champion”
* Complete an annual hospital resource and staffing survey
* Within 2 years of joining or 2 years of the database launch, whichever comes later, contract with a chosen data vendor (e.g. CardioAccess, LUMEDX) and ArborMetrix
* Once registry participation begins, enter clinical data about all cardiac acute care encounters into the PAC3 database
* Allow unblinded center data to be shared with a clinical champion at each site through ArborMetrix
* Enable team members, including the clinical champion, to attend PAC3 conferences, providing support for their travel and accommodations
* Participate in conference calls, webinars, and other activities to communicate, share and learn with other centers.
* Have at least one representative on a PAC3 committee (Database, Outreach, Quality Improvement, or Scientific Review), at a minimum
* Develop a PAC3 QI team (e.g., a physician, a nurse, and one other staff member for data entry and to oversee improvement), including the Clinical Champion that will organize, lead and advocate for improvement efforts at the center
* Communicate in a timely fashion, including electronically, with the Collaborative organizers
* Pay an annual participation fee to PAC3 via Cincinnati Children’s Hospital. The initial annual amount will be $1,000 and is expected to be reevaluated in 2020.
* Agree to share PAC3’s philosophy of working toward improved transparency among participating centers.

**If your site is interested in joining as an associate member, please email** [**pac3@childrens.com**](mailto:pac3@childrens.com) **for more information.**

**How the Pediatric Acute Care Cardiology Collaborative will work:**

Participating centers will commit to collecting and submitting clinical data about their patients to the PAC3 registry within two years of becoming a full member, or within two years of the database launch, whichever is later. Centers will also test specific changes in care to determine how to redesign and incorporate improvements into daily practice. Each center contributes an annual participation fee, completes the annual hospital resource and staffing survey, and attends PAC3 conferences. At a minimum, one member from each center will join a sub-committee, though there is no upper limit on committee participation. The PAC3 core team provides QI training and mentorship for participating centers, conducts in-person meetings at least annually, builds a registry that will provide data to centers to facilitate improved care for patients, and provides database training and auditing services to ensure the highest standard in data quality.

Once a center begins participating in the registry, data about patients and care provided is captured from every cardiac acute care encounter. Teams enter data into the registry using a chosen vendor (e.g. CardioAccess, LUMEDX). Data from current and previous months will be provided back to centers via the ArborMetrix platform. Specific reports available to centers will include site and network level performance on key outcome and clinical process measures over time (adjusted for case-mix), a site-specific population management report with patient-level detail regarding patient outcomes and care, and a summary of center and network data quality. Comparison of site performance will be shared transparently and unblinded with one Clinical Champion of each PAC3 site. This individual will be held responsible for how they disseminate this knowledge locally.

PAC3 full members are invited to submit research proposals stemming from the dataset, which will be reviewed by the Scientific Review Committee, and will be eligible to become authors on manuscripts according to guidelines set forth by the Scientific Review and Quality Improvement Committees. In addition, PAC3 full members are invited to propose quality improvement projects with intended multicenter participation and PAC3 organizational support. Specifically, PAC3 will collaborate and coordinate efforts on projects that are approved by the PAC3 QI Committee. Additionally, each center will review data reports to identify local gaps in care and outcomes and perform Plan-Do-Study-Act cycles to close these gaps and improve outcomes.

During in-person meetings, effective interventions will be shared with all participating centers, enabling each center to benefit from the work of others. Centers will be both learners and teachers in the model of “all teach, all learn.” To facilitate communication among the centers throughout the year, there is a member-only PAC3 SharePoint portal on the PAC3 website which contains tools that centers can download and a hosted forum designed to enable discussion of clinical questions.

**Partnership with existing networks:**

PAC3 and the Pediatric Critical Care Cardiology Consortium (PC4) have built a partnership that enables the common collection and analysis of data to improve the quality of care delivered to patients hospitalized with pediatric and congenital cardiovascular disease. Through our partnership, we aim to better reflect the way we currently provide care in the hospital setting, create a more thorough understanding across a patient’s continuum of care, and offer new opportunities to determine best practices for improving clinical outcomes, value of care, and patient/family experience. We will identify levers for change through rigorous scientific investigation and will share these findings throughout the network and widely within the CHD clinical community.

Beyond the partnership with PC4, we have partnered with other organizations in the cardiac space, including ACTION, CNOC, and NPC-QIC to determine how PAC3 can complement their missions, and have helped develop Cardiac Networks United to further this mission. One aim is to create data alignment in data collection and sharing, with the goal of automated data upload into both the PAC3 registry and other appropriate registries. With time, we envision collaborations with the Cardiac Networks United to facilitate improvement in care for those with heart disease throughout all phases of their illness.