

Chapter Alliance for Quality Improvement

2007 Needs Assessment Highlights

The Chapter Quality Improvement Needs Assessment was the first extensive survey of chapter involvement and perceptions regarding quality improvement (QI) work. The aim of the assessment was three-fold:

1. To understand the level of chapter QI engagement,
2. To identify chapter programmatic needs for supporting local improvement efforts, and
3. To identify opportunities for the AAP and chapters to collaborate.

Chapter presidents, vice-presidents and executive directors were asked to complete the survey on-line through Survey Monkey. A total of 88 surveys were completed.

Response rates among chapter leaders were as follows:

- Chapter presidents: 43.2% (n=38),
- Chapter vice presidents: 19.3% (n=17),
- Chapter executive directors: 35.2% (n=31), and
- Other: 2.3% (n=2).

Chapter Involvement in Quality Improvement

The number of chapter leaders who report being involved in the planning or implementation of quality improvement activities has risen from the 42% reported in the 2006 Chapter Needs Assessment to 51% (n=33) reported in the 2007 Chapter Quality Improvement Needs Assessment.

Furthermore, assessment results indicate that chapters are at varying levels when it comes to conducting quality improvement projects. Some chapters are just beginning to get involved and examining the role of their chapter in supporting their members while others are involved in established improvement projects (i.e. Improvement Partnerships, Improving Performance in Practice, ABCD Screening Academy, etc).

Chapter Infrastructure for Quality Improvement Work

Many chapters need help with building infrastructure to support quality improvement amongst member practices. Building infrastructure includes leadership commitment, communication and data collection systems, partnerships with state entities and strong relationships with and involvement from physicians.

- Twenty-five chapter officers (43.9%) report that quality improvement has been discussed by their executive committee one to two times within the last year.
- Approximately 25% (n=14) of chapter officers report having a member or committee to champion QI activities
- Approximately 12% (n=7) of chapter officers report having a structure for the collection of improvement data amongst multiple practices

Quality Improvement Activities among Chapters Engaged in Quality Improvement

The majority of chapter officers involved in the planning and/or implementation of QI activities, indicated that they are involved in projects related to developmental screening and services (61.3%, n=19) followed by obesity (48.4%, n=15) and medical home (45.2%, n=14).

In addition, chapter officers indicated that their quality improvement projects are generally characterized by:

- A partnership with a local, state or national entity (72.7%, n=24) and
- A multi-practice improvement collaborative around a common topic and the project uses improvement or accountability measures (54.6%, n=18).

The majority of chapter officers (87.5%, n=28) report collaborating with an organization or entity in the planning or implementation of QI activities. Of the approximately 87% of chapters leaders who report collaborating, the majority report working with state government agencies and programs (71.4%, n=20), followed by medical schools or other academic institutions (60.7%, n=17).

Quality Improvement Needs

When asked to identify their level of interest in workshop topics that would aid in the development or implementation of local improvement efforts, chapter officers were most interested in workshops covering:

- Data collection, analysis and presentation (74.1%, n=40)
- Identifying resources for quality improvement activities (70.4%, n=38)
- QI best practices (68.5%, n=37)

Chapter leaders not engaged in quality improvement highlighted the following as the top three needs for becoming engaged in quality improvement activities:

- A system that supports the collection of data (26.7%, n=12)
- Funding (22.2%, n=10)
- Coaching from those experienced in quality improvement (15.6%, n=7)