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### A Novel Approach To Pediatric Heart Failure Quality Improvement Within The ACTION Network

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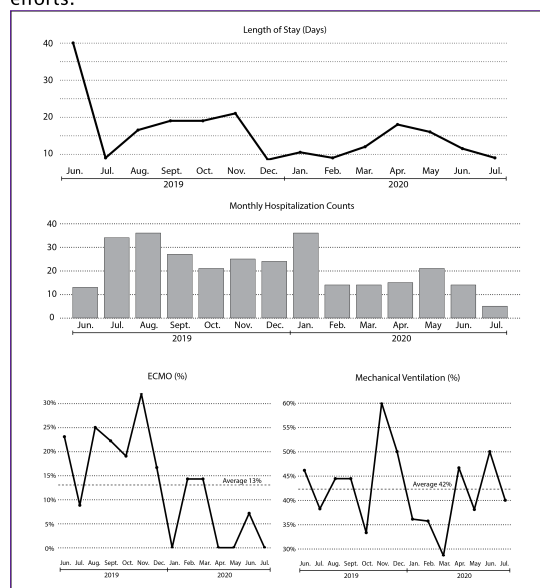
#### Abstract:

**Purpose** Children hospitalized with heart failure (HF) face a high risk of mortality, prolonged length of stay, high resource utilization, and are at heightened risk for 30-day readmission. There is enormous opportunity to improve outcomes and survival in pediatric HF, a field where there is wide practice variation and minimal standardization of care. Accurate and reliable data collection is a crucial step to establish effective quality improvement (QI) initiatives. Such a resource in the pediatric HF population is lacking, partly due to the significant data collection burden. This pilot project aimed to establish a pediatric HF QI platform with reliable and efficient data collection through central data abstraction supplemented with administrative data.

**Methods** All children hospitalized with acute decompensated HF across 6 centers that participate in both the ACTION network and Pediatric Health Information System (PHIS) were identified for inclusion (6/2019 – 7/2020). Centers submitted a brief “face sheet” for each patient, the hospital discharge summary, and the PHIS patient identifier. Data was abstracted from the discharge summaries centrally at the data coordinating center. Additional data pertaining to each hospitalization was extracted from PHIS. Data collected included in-hospital mortality, medication use at discharge, length of stay, ICU days, inotrope use, TPN use, resource utilization, readmission rates, and the need for ECMO, VAD, mechanical ventilation, or dialysis.

**Results** A total of 227 patients with 309 HF hospitalizations were included in this pilot study. Using a strategy of central data abstraction and supplementation with administrative data to minimize center data collection burden, pediatric HF quality improvement metrics were able to be generated and developed into a heart failure dashboard (Figure).

**Conclusion** We present a novel approach to pediatric HF data collection that minimizes center effort while providing a valuable platform for future QI efforts.



Author Disclosure Information:

**J. Godown:** None. **D. Burstein:** None. **E. Thomas:** None. **C. Connelly:** None. **R. Niebler:** None. **R. Butts:** None. **M. Hall:** None. **F. Zafar:** None. **K.R. Schumacher:** None. **A. Lorts:** None. **D.N. Rosenthal:** None. **C. Almond:** None.

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