Preface

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Guest Editors

Few issues are more central to the ongoing debate about health care in the United States than the quality and cost of care. As we start tackling some of these issues, three simple but eloquent statements should be engrained in our minds: (1) Business as usual will not help us achieve the health care system that our children deserve.[1] (2) Every system is perfectly designed to achieve exactly the results it gets.[2] (3) Knowing is not enough; we must apply. Willing is not enough; we must do.[3]

Three years ago, *Pediatric Clinics of North America* published an issue on patient safety. Although safety in health care remains an important goal, improving the quality of the care we deliver entails much more than just ensuring safety. This current issue, devoted to pediatric quality, has a series of articles by leaders in the field on topics addressing multifaceted angles in health care quality improvement (QI).

The issue starts with an introduction by Charles Homer, MD, the ''father'' of pediatric quality improvement. The quality movement is further along in adults in comparison with pediatrics; however, children have their own unique set of quality needs. Dr. Homer has been a driving force in establishing the agenda for health-care professionals in our journey for ''perfect pediatric healthcare.''

The first of four sections in this issue of the *Pediatric Clinics of North America* lays a foundation by providing an overview of the urgency to improve the current state of health care quality and costs; some emerging concepts as well as future directions in the quality movement are introduced. Unwarranted variation in health care delivery is prevalent and often goes unrecognized—this important problem is discussed in this section.

Most health professionals today are not formally trained in QI methodology; despite a sincere desire to improve, they often come to the task with a handicap. The second section, QI Methods and Measures, provides a toolkit to help make necessary changes in our clinics and hospitals. This section describes the PDSA/Model for Improvement and the Lean/Six Sigma methodology using a case presentation. This section also

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covers how to apply QI models initially used in manufacturing to the inpatient healthcare setting.

Deciding which QI method to implement is only half the story; how success is measured is the other half. The section on QI measures discusses the systematic development of a set of pediatric quality indicators by the Agency for Healthcare Research and Quality. Health care quality measurement in relation to existing evidence-based strategies, and the need to establish benchmarks as well as monitoring and feedback strategies to track effectiveness are all discussed in detail in this section.

QI efforts in health care are more established in inpatient hospital settings; the third section of this issue presents a wide array of hospital-based initiatives, using examples of regional and national collaborations to reduce NICU infections, development of pathways and order sets for common pediatric conditions, and rapid response teams to prevent codes in general care units. Pediatric hospitals have a sense of urgency to improve the quality of the care they deliver, yet there are organizational and financial challenges. We learn how a leading children's hospital has aligned its quality agenda to systematically transform pediatric hospital care. The importance of the medical home for the coordination of care, as well as the collaboration with nursing colleagues, particularly in the inpatient setting, is presented in this section.

QI plays a role in both the research and teaching mission of academic institutions; this section discusses how they can be integrated. It is becoming clear that traditional research methodologies need to be supplemented by newer methods of improving systems of care and practice. Well designed studies on quality and safety using a wide range of research methods will help us move from the ''era of evidence'' to the ''era of quality.''[4] As a vital part of the teaching agenda, we need to explore how best to train future generations of pediatricians by incorporating QI into trainee curriculums. The section ends with a discussion of the importance of health information technology for improving children's health care quality by bringing all necessary information to the point of care. Recent legislation by the United States government highlights the new horizon of health information technology and importance of its integration into the clinical care delivery system.

Improving healthcare clearly requires involvement of both *p*atients and *p*roviders in health care decisions, but that is not enough. The last section of this issue of the *Pediatric Clinics of North America* notes the importance of the other two ''p''s: policy makers and payers. Reform in health care policy and payment systems has begun, but we have far to go to make these efforts endure. Given the rapid pace of health care quality improvement, how do we keep frontline practitioners informed and engaged? We learn about processes implemented by the American Board of Pediatrics related to the maintenance of certification; these will affect all practicing pediatricians in the years to come.

Quality improvement is a hot topic in health care today. We in the United States have certainly embarked on that journey, but we have far to go. Indeed, there is much debate about what works, whether it works in every setting, and how to move it from concept to practice. These questions need urgent attention, and this first ever issue of the *Pediatric Clinics of North America* dedicated entirely to quality attests to that. We are grateful to Carla Holloway at Elsevier for her support, and to all of our colleagues who have contributed to this project.

It is our hope that this compilation of articles by experts in the field will serve as a ''handbook'' on pediatric quality to help us achieve a pediatric health care environment with the quality of care that all children deserve.

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