ANNUAL REPORT
2013

Tennessee Initiative for Perinatal Quality Care

Partners in Perinatal Quality Care
 TABLE OF CONTENTS

Greetings  3
TIPQC Across the State  4
TIPQC Across the Nation  5
TIPQC Maternal Arm  6
   Maternal Grand Rounds  6
   Reduction of Early Elective Deliveries Before 39 Weeks  6
   Antenatal Steroids  7
   Breastfeeding Promotion: Delivery & Postpartum  7
TIPQC Infant Arm  8
   Neonatal Abstinence Syndrome  8
   NICU Follow Up Network  8
   Golden Hour  9
   Undetected Critical Congenital Heart Disease  9
2013 Annual Meeting  10
   Parent and Family Involvement Training  11
   Vermont Oxford Network State Collaborative  11
Regional Meetings  12
   Summer Regional Learning Sessions - June 2013  12
   Fall Regional Learning Sessions - October 2013  12
   Site Visits  12
TIPQC History  13
TIPQC Results & Data Collection  14
Participating Sites  15
Statewide Partner Organizations  16

It has been an exceptional experience being a part of TIPQC. I wish the State well in reaching their goals to improve the health of women and babies. We’ve come a long way. The best is yet to be!

Coleen Sprayberry, RN, BSN, IBCLC
NICU Parent Education Coordinator/Lactation Consultant
Children’s Hospital at Erlanger

As I retire, I wanted to express how very rewarding it has been to have been a part of TIPQC from the beginning. What great strides this organization has made to impact babies’ lives across the state. Thank you for your vision and guidance.

Sharon Combs, RN
Assistant Nurse Manager, NICU
University of Tennessee Medical Center
2013 has been a remarkable year for the TIPQC membership! This year’s annual report again highlights the cumulative effect of local Change Teams’ sustained dedication and effort to improving perinatal healthcare in Tennessee. TIPQC teams have improved implementation of evidence-based care for critically ill infants requiring stabilization and resuscitation, partnered with the Tennessee Hospital Association, Tennessee Department of Health, and the March of Dimes to drastically reduce early elective deliveries, increased the use of human milk for healthy newborns, and sustained the use of human milk among infants requiring intensive care. The cumulative impact of these and prior collaborative projects continues to grow. As we move into 2014, we invite you to consider how you and your organization can help sustain and spread measurable improvement for the mothers and infants of Tennessee.

Peter Grubb, MD
Medical Director
TIPQC

Since the initial success of the 39 weeks elective delivery project, it has been exciting to see the maternal arm of TIPQC continue to gain momentum. I have had the privilege of seeing the passion and commitment to improving perinatal outcomes across Tennessee. As we continue to collaborate and engage in rapid-cycle improvements in maternity care, we will continue to celebrate improvement in perinatal outcomes. It is clear that this work is best done together, and I encourage you to continue to look for ways that you can contribute.

Bobby Howard, MD
University of Tennessee Medical Center Knoxville

TIPQC Team: Jeremy Stephens, Anneliese Moosman, Joan Zhang, Amanda Nally, Theresa Scott, and Brenda Barker
Congratulations and thank you to all the passionate partners participating in TIPQC projects across our state. Your innovative approaches and dedication to quality perinatal care and outcomes is helping Tennessee to “move the needle” on population health beginning with our most vulnerable citizens. Your work provides hope and encouragement to all of us reaching toward our vision of being in our nation's top 10 healthiest states, but especially to the families and children whose health you work to protect and improve every day.

John J. Dreyzehner, MD, MPH, FACOEM  
Commissioner  
Tennessee Department of Health

The Tennessee Hospital Association is proud to partner with TIPQC on maternal and infant QI initiatives. TIPQC’s collaborative model and physician leadership was critical to the success of the statewide efforts to reduce early elective deliveries this past year. Tennessee is fortunate to have one of the leading perinatal collaboratives in the country as a resource for hospitals and providers.

Chris Clarke, RN  
Senior Vice President  
Tennessee Center for Patient Safety  
Tennessee Hospital Association

2013 Premature Birth Report Card  
Source: National Center for Health Statistics, 2012 preliminary data.  

Tennessee

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TIPQC received the Tennessee Commissioner of Health's Outstanding Service Award in 2013.
February
- TN Breastfeeding Coalition, Franklin, TN

March
- CPQCC PreCANN, San Diego, CA
- March of Dimes, Orange County, CA
- THA Regional Meeting, Nashville, TN
- CMS Partnership for Patients, Pacing Event Maternal Affinity Group, Community of Practice (CoP) (web)
- March of Dimes Advocacy Days, Nashville, TN

April
- AWHONN Conference, Nashville, TN
- UCCHD Article published Pediatric Cardiology (web)

May
- Interstate Collaborative Carolina Global Breastfeeding Institute
- TN American Academy of Pediatrics (TNAAP), Noteworthy News (Web)

July
- National Perinatal Association Board Meeting, Nashville, TN

September
- Project Blossom, Nashville, TN
- TNAAP Awards Dinner, Nashville, TN
- TNAAP Quality Leadership Meeting, Nashville, TN

October
- Vermont Oxford Network Meeting, Chicago, IL
- American Public Health Association 141st Annual Meeting & Expo, Boston, MA
- AAP NCE 2013, Section on Breastfeeding Poster Presentation, Orlando, FL

November
- Kansas Perinatal Quality Collaborative, Kansas City, KS
- Kansas Annual March of Dimes Perinatal Conference for Health Professionals, Kansas City, KS
- THA Tennessee Center for Patient Safety (TCPS) Advisory Board Meeting, Brentwood, TN
- Academy of Breastfeeding Medicine (ABM), Philadelphia, PA
- NY State Congenital Heart Screening, New York, NY

December
- THA Patient Safety Center Annual Meeting, Franklin, TN
- Pediatric Health Improvement Initiative for Tennessee Steering Committee, Nashville, TN

...AND NATION

Brenda Barker with Pat Steimer, receiving the March of Dimes TIPQC recognition award as a collaborative partner in the Tennessee Healthy Babies are Worth the Wait campaign, at their Advocacy Day reception, along with the Tennessee Hospital Association and the Tennessee Department of Health.

TIPQC was represented at 22 state and national meetings.

Poster at the AAP Section on Breastfeeding Meeting and the ABM meeting.
Maternal Grand Rounds

The Maternal Arm of TIPQC continues to gain momentum. Four (4) statewide TIPQC Maternal Grand Rounds were held via webinar focusing on Early Elective Deliveries (EED), Maternal Mortality, and Antenatal Steroids (ANS). Dr. William Callaghan, MD, MPH Chief, Maternal and Infant Health, The Centers for Disease Control and Prevention discussed maternal mortality and severe maternal morbidity and the significant improvement in alignment among federal agencies, state agencies, quality collaboratives, third-party payors and those at the bedside to improve maternal outcomes.

I love the format for these Grand Rounds. It is incredibly friendly and efficient. Thank you again for the opportunity and for all that you are doing daily. Your efforts are not unnoticed.

William M. Callaghan, MD, MPH
Chief, Maternal and Infant Health Branch
Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Very well done. Provided evidence-based guidelines. Thanks for arranging this as a webinar.

CME Evaluation Response

Reduction of Early Elective Deliveries before 39 Weeks (EED)

All 66 Tennessee delivery hospitals signed the “hard stop” policy to eliminate EEDs in Tennessee through the collaborative efforts of TIPQC and THA, along with the Tennessee Healthy Babies are Worth the Wait partners at the Tennessee Department of Health (TDH) and March of Dimes (MOD). Tennessee's EED project was nationally recognized with the second highest reduction rate, at 83%, for all Centers for Medicare & Medicaid Services (CMS) Hospital Engagement Networks (Health Services Advisory Group and Mathematica Policy Research Evaluation Team, CMS Partnership for Patients Campaign).

It is gratifying to see the impressive decline of EEDs in TN. This translates to more babies being born healthy by preventing preventable preterm births. The "39 weeks project" along with supporting public education initiatives such as Healthy TN Babies Are Worth The Wait is proof that translating evidence into action through united collaborative efforts does work.

Valencia Morman-Nelson
State Director of Program Services
March of Dimes

Hospitals participating in the EED project maintaining the target goal for 6 months received this 4' X 6' congratulatory banner.
Antenatal Steroids (ANS)
The Maternal arm of TIPQC, under the leadership of Bobby Howard, MD, developed this collaborative project to improve the rate of antenatal steroid therapy initiation thus improving neonatal outcomes. This project aligns with The Joint Commission (TJC) Perinatal Core Measure PC-03, starting in early 2014.

Breastfeeding Promotion: Delivery & Postpartum (BF Promotion)
This project implements the World Health Organization (WHO) Baby Friendly Steps which guides teams to change behaviors in order to systematically influence behavior rooted in deep cultural nuances. After a year, this project is showing a sustained 10% increase in exclusive breastfeeding at discharge (TJC PC-05 Measure).

Thank YOU for allowing me to be part of such an amazing endeavor. It is a true privilege to be a part of TIPQC. Thanks again for your great vision, leadership, and caring for our Tennessee moms and babies. Together we can make a difference!

Julie Ware, MD, MPH, IBCLC, FAAP, FABM
All Better Pediatrics

Governor Bill Haslam’s recognition of World Breastfeeding Week in Tennessee.
Neonatal Abstinence Syndrome (NAS)
The NAS teams have worked the past year on improving the identification, care and optimization of the management of babies and mothers affected by NAS. Teamwork has focused on reliable scoring, pharmacological and non-pharmacological treatment, and post discharge preparation. Reduced length of stay has been noted as well.

United HealthCare graciously offered grants recognizing team participation in this challenging project.

During the kickoff, teams focused on NAS management processes.

Announcing the United HealthCare grants are Drs. Joel Bradley (United HealthCare), Peter Grubb, and David Hollis (United HealthCare)

The kickoff attendance was truly impressive to have our state NICUs, the other states and the payors in the room together working on this very serious problem. I know that we will improve the babies’ outcomes because of it. Thank you for a great meeting! I came home with many new items to consider and ideas to ponder. The speakers were engaging and informative and the accommodations were comfortable! Well done!

Terry King, PharmD, BCPS
Clinical Pharmacist
East Tennessee Children’s Hospital

Thank you for allowing me to participate in your NAS Webinar. It was very informative. I would love to see states working together to improve care for these infants, finding ways to support and encourage families, ultimately minimizing length of stay and reversing this trend of drug abuse.

Tonya Anderson RNC, CIIT, CIMI, CKC, LMT, NCTMB
Infant Development/Touch Specialist Neonatal Nurseries Kosair Children’s Hospital, Louisville, KY

NICU Follow Up Network (NICU FUN)
The NICU Follow Up clinics met throughout the year to strengthen their coordinated efforts and to collaborate on improvement opportunities, both individually and as a state. This project highlights the importance of follow up care to the NICU graduates, and demonstrates the potential for a future NICU follow up network.

NICU FUN has not only provided invaluable data regarding discharge processes from the NICU and service utilization in NICU graduates, it has provided a common language for clinics in various regions of TN. NICU FUN, with its direct measurement of access to care and morbidities in the first 6 months after hospitalization, was an essential component of the Return on Investment Plan presented to the Governor to maintain support of NICU Follow Up throughout the state.

Nathalie Maitre, MD, PhD
Director, NICU Follow Up Clinic, Assistant Professor of Pediatrics
Vanderbilt University School of Medicine
Golden Hour
The Golden Hour project focuses on the critical first hours of life, including best practices in neonatal resuscitation and stabilization. The teams are focusing on hypothermia, the use of checklists, IV start time, and time to antibiotics as process measures. Teams have improved the reliability of pre-briefings and checklists, as well as surfactant use. Additionally teams have reduced the time to start glucose and administer IV antibiotics.

Undetected Critical Congenital Heart Disease (UCCHD)
The UCCHD QI project has been very successful. First, it has created a network of cardiologists and neonatologists partnering with each other from each center. The screening that was initiated as part of this project was immediately successful, and surprisingly generated very few false positive transports compared to the true positives. Secondly, we have diagnosed six (6) babies with UCCHD who were not diagnosed before discharge. We have missed none of the seven (7) targeted lesions but there have been five (5) infants with other lesions that were diagnosed after discharge. We have successfully received MOC credit for this statewide work. No associated decrease in the neonatal SIDS rate was found with the start of the screening. We will continue surveillance for missed cases for the 2014 calendar year.

Improving outcomes, one disease at a time.
Bill Walsh, MD
Professor of Pediatrics, Chief of Nurseries
The Mildred Stahlman Division of Neonatology
Monroe Carell Jr. Children's Hospital at Vanderbilt

In 2013, TIPQC had 7 active projects, 5 projects in development, and 4 projects in sustainment.
Annual Meeting
Three days of tremendous speakers, workshops, poster and project sharing, collaborating, networking, and learning describe the TIPQC Annual Meeting held on February 25-27, 2013 in Franklin. Featured speaker, Kerry Johnson, Healthcare Performance Improvement Founder and Chief Innovation Officer, focused on improvement strategies to reach and sustain high reliability processes and outcomes.

Additional speakers included Dr. Gerald Joseph, National Vice-President of ACOG, Tennessee Commissioner of Health, Dr. John Dreyzehner, Stephen Patrick, MD, Neil Finer, MD, Director of the Division of Neonatology at University of California San Diego, and Katherine Shealy, CDC.

During project workshops, current and ongoing challenges, best practices, and successes were discussed allowing for collaboration around the Reduction of Central Line Associated Blood Stream Infections in the NICU, NICU Follow Up Care, the Reduction of Early Elective Deliveries Prior to 39 Weeks, Increasing Human Milk in the NICU, Neonatal Abstinence Syndrome, the NICU Golden Hour, and Breastfeeding Promotion: Delivery and Postpartum.

New state projects were selected by the delegates: Phase 2 CLABSI (Nosocomial Reduction Project), Human Milk Sustainment Phase 2 project, as well as the development of a Safe Sleep Project. The maternal arm of TIPQC will continue to develop a project around maternal mortality, and look at additional projects on postpartum hemorrhage while building a maternal statewide data base.

Over 350 attendees, were able to sharpen their improvement objectives and projects through collaborative sharing, benchmarking, and learning from national as well as state leaders.
Family Involvement Team (FIT)
TIPQC was pleased to host the first Parent and Family Involvement Training on February 26 in conjunction with the annual TIPQC meeting. Over 35 parents and hospital representatives spent the day learning from Tara Bristol and Rochelle Nelson as to how they could become more engaged and involved in improvement work. One parent stated, “I truly enjoyed the speakers, data, and information that I received from this conference. What an eye opener for me! My family and I spent time yesterday evening discussing opportunities in which we can help those providers who helped us in our critical time of need. Thanks for the opportunity to share our story. We will be praying that many babies will be saved by your efforts and those associated with this project.”

No one ever expects or aspires to be a NICU parent, and yet, there you are. Everything and everyone, including your infant(s), seems so unreal, and yet, there you are. For the last four (4) years, TIPQC has continued to grow and develop its effort to focus and assist with improving Family-Centered Care across the state of Tennessee and to reach out to NICU parents, both past and present. And here we are, on the precipice of hosting our second annual day long TIPQC Family Involvement Team Workshop with the central focus of assisting and engaging NICU families wherever they are. It is indeed an exciting and hopeful time to be a part of the Family Involvement Team!

Rochelle Nelson
Parent
University of Tennessee Medical Center
Knoxville

Vermont Oxford Network (VON) State Collaborative
Leaders from the eleven (11) state collaboratives joined the TIPQC Annual Meeting for the VON State Leader’s spring site visit and to learn from TIPQC members. Participant state leaders were from: Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Michigan, Mississippi, New Jersey, North Carolina, and Ohio.

Thank you for inviting our group of state collaboratives to the TIPQC meeting. You and TIPQC have a lot to be proud of in Tennessee. The meeting was fantastic and you were the most gracious of hosts. I’m feeling hard pressed to be able to improve on anything we saw at the TIPQC meeting.

Douglas Hardy, MD
NCABSI Project State Leader
Florida Perinatal Quality Collaborative

Thank you for hosting us for this very inspiring event. We are very impressed with the work TIPQC is doing and the impact it is having on your state. We learned a lot and hope to apply it in our work. Thanks again.

Kay Mohsini M.D.
Medical Director
Covenant Medical Center
Michigan State Collaborative

Thanks for hosting the VON State collaborative group at the Annual Meeting. I learned a lot and I am interested in exploring use of REDCap for MICQI NAS project. It is very generous of you to share your work with other states to get us started.

Padmani Karna, M.D.
Professor of Pediatrics
Sparrow Hospital, Lansing, Michigan
Department of Pediatrics and Human Development
College of Human Medicine Michigan State University, East Lansing, MI
The learning sessions always revive the drive to improve projects. The information received about all the projects and their impact reinforces what we are trying to accomplish. Very pertinent information and how it will relate to JCAHO in 2014.

Great learning session! I always leave these events with a renewed energy for our quality improvement projects!

Loved the PDSA cycles and the learning using the Potato Head! Great job, and very applicable...I never fully understood how to run the small tests of change until now.

TIPQC always leaves me with new ideas and better understanding for the implementation of change to facilitate best practice. They provide good up-to-date information and understand the healthcare challenges we are faced with today but still provide ways for our systems to maintain transparency in practice and performance. Thank you for your visit and support of our state maternal fetal care practices.

Excellent regional meeting with lots of information and meat to help us move our projects along. Thank you for doing these. They are the backbone of TIPQC!

CME Evaluation Responses

Summer Regional Learning Sessions -
June 2013
Through simulation of providing reliable care to “Sam” aka Mr. Potato Head, improvement teams gained a deeper understanding of rapid cycle PDSA testing. This included how theory and prediction aid learning, collecting real-time data, and an opportunity for collaborative learning. Updates on team projects as well as statewide projects and data trends were discussed with over 100 participants at the five (5) Summer Regional Learning Sessions.

Fall Regional Learning Sessions -
October 2013
The Regional Learning Sessions in Knoxville, Kingsport, Chattanooga, Memphis and Nashville during October included team discussions about moving great ideas to actionable improvement. The IHI Lifecycle of an Improvement Project, as well as the Model for Spread were applied to current TIPQC projects.

Site Visits
TIPQC multi-disciplinary teams had a rare opportunity for collaborative learning through site visits with other project participants.

The site visit really helped us comprehend what had been described in emails. We also noticed other ideas to take back to our unit. We learned so much from the collaborative endeavor.

Tracey Rhodes, RN
Johnson City Medical Center

Although we spend time at meetings and on webinars discussing our units and efforts, it was so beneficial to be able to visualize another NICU and meet the staff. The two (2) days away from our hospital being immersed in the settings of others were beneficial and encouraging. The hosts were very welcoming and generous with their time and information. We realize we do many things alike and fight the same battles, and tips we garnered will improve the care in our NICU.

Brenda Maschmeyer, RN
Baptist Memorial Hospital

216 attendees joined ten regional meetings across the state.
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<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2007</td>
<td>June: Concept presented to PAC and TennCare Leadership</td>
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<td></td>
<td>November: State stakeholders meeting, Nashville, TN</td>
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<td>October: Funded through Governor's Office of Children's Care Coordination (GOCCC)</td>
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<td>First VON Report</td>
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<td>First Ezine</td>
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<td>Office established</td>
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<td>2008</td>
<td>January: NICU site visits</td>
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<td></td>
<td>Website established</td>
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<td></td>
<td>February: Oversight Committee Named</td>
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<td>Regional Advisory Committees established</td>
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<td>March: 1st Annual Meeting</td>
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<td>NICU Temperature Project Kickoff</td>
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<td>April: 1st Monthly Collaborative Project Webinar</td>
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<td>August: TIPQC IT Design Team &amp; Data Team begin work on REDCap</td>
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<td>September: OB-39 Weeks Project in Davidson County Initiated</td>
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<td>REDCap for QI data reporting begins</td>
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<td>2009</td>
<td>January: NICU CLABSI Reduction Project Kickoff</td>
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<td>March: 2nd Annual Meeting</td>
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<td>September: NICU HM4NICU Project Kickoff</td>
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<td>2010</td>
<td>March: 3rd Annual Meeting</td>
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<td>Undetected Critical Congenital Heart Disease Registry Project Initiated</td>
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<td>NICU Follow Up Clinic Project Initiated</td>
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<td>April: OB Prenatal Breastfeeding Project Initiated</td>
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<td>June: Funding transitioned from GOCCC to TDH</td>
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<td>March: 4th Annual Meeting</td>
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<td>April: THA joins TIPQC in EED (39 Weeks) Project</td>
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<td></td>
<td>NICU Family Involvement Team (FIT) Initiated</td>
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<td>July: Breastfeeding Promotion: Delivery &amp; Postpartum Project Kickoff</td>
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<td>September: Golden Hour Project Kickoff</td>
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<td>Tennessee Healthy Babies are Worth the Wait Campaign with March of Dimes, DOH, &amp; THA</td>
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<td>November: NAS Roundtable</td>
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<td>December: CLABSI Sustainment in conjunction with American Hospital Association (AHA)/Agency for Healthcare Research &amp; Quality (AHRQ)</td>
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<td>2011</td>
<td>January: TIPQC hosts State's first Maternal Grand Rounds webinar</td>
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<td>February: 5th Annual Meeting</td>
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<td>NAS Project Kickoff</td>
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<td>United HealthCare offers project team recognition grants</td>
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<td>Family Involvement Training</td>
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<td>July: Maintenance of Certification Portfolio status approved by American Board of Pediatrics</td>
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<td>November: Antenatal Steroids Project Development Meeting</td>
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<tr>
<td>2012</td>
<td>January: TIPQC is celebrating five successful years of continuous improvement in Tennessee.</td>
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TIPQC RESULTS & DATA COLLECTION

RESULTS

10% increase in Breastfeeding at discharge

20% increase in human milk for first feed

> 90% reliability

Tennessee Breastfeeding

HM4NICU

Golden Hour-Use of Checklists

Golden Hour-Surfactant Use

Data Collection and Improvement

From the TIPQC early beginnings five (5) years ago, we have seen tremendous strides in the ability to collect and understand data for the end user. Starting with Excel run charts to REDCap, the sophistication of the way data is collected and shared has allowed for additional learning and improvement opportunities. The TIPQC data team strives to repeatedly assess the understanding and usability of the reports for each project team and to revise and refine the reports as needed.

Theresa Scott, MS
Data Manager
TIPQC

HIPAA Compliance under the Final Rule

In late September the TIPQC data system was temporarily shut down and project data collection was suspended for a bottom-up review for compliance with the new Health and Human Services (HHS) regulations governing Private Health Information (PHI). Data collection for projects with no PHI was resumed immediately. One project was modified to contain no PHI, and was restarted after modification. Part of the NAS project requires limited PHI. The Non-PHI portion was restarted immediately. The limited PHI portion remains on-hold pending completion of required Business Associates Agreements (BAAs) between the grantee and participating centers.
PARTICIPATING SITES

107 teams from 70 hospitals and other medical facilities participated in TIPQC projects in 2013.
STATEWIDE PARTNER ORGANIZATIONS

Special thanks for ongoing financial support of the TIPQC mission:

State of Tennessee

And

*CMS Partnership for Patients/Hospital Engagement Network

Unrestricted Educational Grants:

And for partnering with us to provide ongoing learning opportunities:

Vanderbilt University School of Medicine Continuing Medical Education

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