IHQI Improvement Scholars Cohort 10/FY 24 Proposed Projects
March 9, 2023
Reviewer Packet

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Reviewer Guidance & Process

Thank you for reviewing applications for the FY24 Improvement Scholars cohort. Selected projects receive project management support and faculty coaching from IHQI staff and faculty for 12 months. Curricula in leadership, improvement, change management and implementation are delivered in real time during planning, project and coaching meetings and via short interactive workshops.

Historically, IHQI has supported 5-6 projects annually. The review committee's charge is to recommend which projects IHQI will support in FY24. Final decisions about project support will be made by IHQI leadership.

# letters of intent received	# full proposals invited	# proposals received	# proposals to be reviewed today (rated sufficiently high in pre-meeting scoring)
29	15	14	9

The first project proposal is allocated 20 minutes on the meeting agenda. Subsequent project proposals are allocated 15 minutes. We will be holding to strict time limits to ensure that all projects are covered.

1. Dr. DeWalt will ask all the reviewers to state their overall impact score.
2. The primary reviewer will deliver a 3-5 minute verbal summary of the project.
3. Secondary reviewers will add to the primary reviewer's summary, and provide their overall impact ratings. In the interest of preserving group discussion time, secondary reviewers are asked to only cover ideas that have not yet been covered in 1-2 minutes each.
4. After primary and secondary reviewers present the project proposal, it will be discussed by the entire committee. The discussion may reveal information that strengthens or weakens the project's overall standing.
5. At the end of group discussion, primary and secondary reviewers will be asked if they wish to change their overall impact scores.
6. All review committee members (including primary and secondary reviewers) will enter their overall impact rating of the project using Survey #1. If reviewers' scores are outside the range recommended by primary and secondary reviewers, they should inform Dr. DeWalt that they will be scoring outside the range.

At end of the meeting, you will enter your top 6 projects recommended for IHQI support using Survey #2.

Review Committee Members

Darren DeWalt	Professor & Division Chief, General Medicine and Clinical Epidemiology Director, UNC Institute for Healthcare Quality Improvement
Paula Fessler	Chief Nursing Officer, UNC Hospitals
Anita Groves McAllister	Patient and Family Advisor, UNC Medical Center Principal Owner, Pharmaceutical Care Options Advisor, Med World Live
Benny Joyner	Professor & Division Chief, Pediatric Critical Care Chief Quality Officer, UNC Children's Hospital Vice Chair, Quality & Safety, Pediatrics Director, UNC Clinical Skills and Patient Simulation Center
Patience Leino	Patient and Family Advisor, UNC Medical Center Program Manager, American Board of Pediatrics Foundation Co-Founder, UNC Children's Family Advisory Board
Clare Mock	Associate Professor, Hospital Medicine Director, Patient Safety, Medicine Medical Director, UNC Medical Center Mortality Reduction Program
Carlton Moore	Professor & Associate Chief for Research and Quality Improvement, Hospital Medicine Program Director, UNC Clinical Informatics Fellowship Associate Director, UNC Institute for Healthcare Quality Improvement
Nicole Mushonga	System Executive Director for Health Equity, UNC Health
Matt Nielsen	Professor & Chair, Urology Director of Quality, UNC Faculty Physicians
Casey Olm-Shipman	Assistant Professor & Director of Quality Improvement, Neurology and Neurosurgery Medical Director, UNC Medical Center Neurosciences ICU Associate Director, UNC Institute for Healthcare Quality Improvement
Shana Ratner	Associate Professor & Section Chief for Education & Clinical Practice, General Medicine and Clinical Epidemiology Associate Director, UNC Institute for Healthcare Quality Improvement
Amy Shaheen	Vice-President, Practice Quality and Innovation Professor, Division of General Medicine and Clinical Epidemiology President Elect, National Clerkship Directors in Internal Medicine
Will Stoudemire	Assistant Professor, Pediatric Pulmonology Medical Director, Home Ventilator Program Director of Quality Improvement, Pediatric Cystic Fibrosis
Michelle Swanson	Senior Quality Leader, Women's Services, UNC Women's Hospital
Ray Tan	Assistant Professor, Urology Program Director, Urologic Oncology Fellowship
Heidi Troxler	Director for Quality, Safety and Programs, UNC Children's Hospital
Katie Westreich	Assistant Professor, Nephrology & Hypertension Director, Pediatric Kidney Transplant Program Director of Quality Improvement, Pediatric Nephrology Program Director, Pediatric Nephrology Fellowship

Agenda

March 9, 2023 2-5 pm

Bondurant G074 (Recused Reviewer Room: Bondurant G023)

Time	Topic	Presenters	
2:00	Welcome & Introductions Meeting Goals & Process	Darren DeWalt	
Proposed Projects		**Reviewers**	**Recused**
2:15	Herlihy: Use of Clinical Decision Support Tools to promote early peanut introduction and reduce rates of peanut allergies	Primary: Shana Ratner Secondary: Heidi Troxler, Katie Westreich	none
2:35	Coviello: Improving obstetric outcomes through standardized induction protocols for term pregnancy	Primary: Amy Shaheen Secondary: Anita Groves McAllister, Carlton Moore	Michelle Swanson
2:50	Triglianos: Improving transition of care from ED to oncology specialty care	Primary: Nicole Mushonga Secondary: Shana Ratner, Will Stoudemire	none
3:05	Grover: Using audit and feedback to improve adult sepsis care in the ED	Primary: Michelle Swanson Secondary: Amy Shaheen, Katie Westreich	none
3:20	Gaffney: Pharmacist-led, standardized approach to opioid risk mitigation	Primary: Katie Westreich Secondary: Matt Nielsen, Heidi Troxler	Darren DeWalt, Shana Ratner
3:35	Break		
3:45	Stern: Improving SAFE reporting on DEI related patient safety concerns	Primary: Paula Fessler Secondary: Benny Joyner, Will Stoudemire	Clare Mock, Carlton Moore, Nicole Mushonga
4:00	Dacillo-Curso: Screening for Alcohol Withdrawal Syndrome	Primary: Matt Nielsen Secondary: Darren DeWalt, Anita Groves McAllister	Clare Mock, Carlton Moore
4:15	Adams: Improving care for pediatric patients who receive extracorporeal life support	Primary: Darren DeWalt Secondary: Patience Leino, Carlton Moore	Benny Joyner, Heidi Troxler
4:30	Friedlander: Improving pathways of care following emergency department presentation for acute renal colic	Primary: Heidi Troxler Secondary: Paula Fessler, Clare Mock	Matt Nielsen, Amy Shaheen, Ray Tan
4:45	Top 6 Project Ratings		
4:50	Wrap Up & Next Steps	Darren DeWalt	

Proposal Summaries

Project Lead(s)	Department(s)	Care Setting	Project Summary
Lauren Herlihy	Outpatient Pediatrics	Outpatient Clinics (UNC Family Medicine at Southpoint, UNC Pediatrics at Southpoint, and UNC Family Medicine at Panther Creek)	This project aims to promote early peanut introduction to reduce peanut allergy in infants by offering intentional support to pediatric primary care clinicians. A series of interventions that have been successful at UNC Children's Primary and Specialty Clinics will be tested with and refined at least 3 other UNC outpatient primary care offices.
Elizabeth Coviello and Jeff Reinhardt	Obstetrics and Gynecology	UNC Main Campus Labor and Delivery	This project aims to improve obstetric outcomes through standardized induction protocols for term pregnancy. Anticipated pre implementation work includes patient education and expectation setting in the ambulatory environment for induction of labor; combined with nursing and provider education; followed by implementation of evidenced-based induction of labor practices.
Tammy Triglianos and Ben Linthicum	Oncology and Emergency Medicine	Undiagnosed Cancer Clinic, UNCMC and HBH EDs	This project seeks to improve the transition of care from the ED to the Undiagnosed Cancer Clinic for patients initially diagnosed with a malignancy in the ED. This effort seeks to offer patients the ability to establish care with a cancer specialist (in an outpatient setting) earlier in their cancer workup, while also decreasing barriers for patients from marginalized communities to receive specialty cancer care.
Joseph Grover	Emergency Medicine	UNCMC ED	This project aims to improve adult sepsis care in the ED (primarily reflected by decreasing antibiotic turnaround time). Multiple interventions are proposed, including use of performance audit and feedback for ED providers, sepsis ordersets, and sepsis alert processes.
Sean Gaffney and Vineeta Rao	Palliative Care	Outpatient Oncology Palliative Care Clinic	This project aims to standardize opioid prescribing and risk mitigation practices for patients with cancer receiving opioids for cancer-related pain using multi-disciplinary and pharmacist-led interventions. Risk mitigation practice strategies include pain assessment, risk

Project Lead(s)	Department(s)	Care Setting	Project Summary
			evaluation for opioid misuse, informed consent with patient-provider agreement, frequent reassessment of risk/benefits, and routine monitoring (including urine drug screens).
Babette Stern and Josh Garcia	Adult Hospital Medicine	UNCMC	This project aims to develop a standardized process for data collection and response to patient safety events related to diversity, equity, and inclusion (DEI) using patient relations reports and SAFE reports. Proposed interventions include educational presentations, informational flyers, redesign of SAFE report submission and review forms, and formation of DEI patient safety committee to work in conjunction with Patient Safety Tiered Huddles.
Amy Dacillo-Curso and Ashmita Chatterjee	Adult Hospital Medicine	UNCMC	This project aims to improve identification of admitted patients at high risk for complicated alcohol withdrawal using the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) tool. Lessons learned from a related QI project in 2022 will provide more focus for management of The Clinical Institute Withdrawal Assessment for Alcohol (CIWA) protocol.
Ursula Adams and Lauren Brown	General Surgery and Pediatric Critical Care Medicine	Pediatric Critical Care Medicine	This project aims to improve care for pediatric patients who receive extracorporeal life support (ECLS). The goal is to create a process surrounding anticoagulation administration, monitoring, and education for pediatric ECMO patients to improve both clinical outcomes and communication between teams and with family.
David Friedlander	Urology	ED, Urology and Primary Care Clinics	This project aims to improve care for patients with acute renal colic by optimizing management in the ED, and decrease time to ambulatory follow up (primary care provider for non-urgent cases and urology clinic for urgent cases).

Herlihy: Use of Clinical Decision Support Tools to promote early peanut introduction and reduce rates of peanut allergies

Primary reviewer
Shana Ratner
Secondary reviewers
Katie Westreich
Heidi Troxler

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Shana Ratner	Katie Westreich	Heidi Troxler
1	Likelihood of sustainable improvement in clinical care and outcomes	2	1	3
2	Clarity of the improvement strategy	1	1	2
3	Potential for developing clinician capacity to lead healthcare improvement	3	1	3
4	Impact on quintuple aim	2	1	2
5	Planned use of interdisciplinary team and high performance management strategies	2	1	2
6	Alignment with system priorities	3	1	3

Thinking of these six factors, please comment on the strengths of proposed project:

Shana Ratner
1. Likelihood of sustainable improvement: higher likelihood of this based on fact that it was already piloted in one clinic and many of the kinks were worked out. Also great that they seem to have a good understanding of primary care workflows and are open to adapting their strategies for clinics' needs.
2. Clarity of improvement strategy: very strong. Clear that they have thought about the drivers and have ideas for solutions: laminated processes printed in clinic, dotphrases that they've already iterated upon, audit and feedback, epic integration, patient education handouts. And they're open to modifying these based on individualized clinic needs.
3. Potential for developing clinician capacity-I rated this one lower only because it seems this team has a lot of training and understanding of QI strategies. However could be an opportunity to grow a future leader by taking it to the next level.
4. Impact on quintuple aim-good for patients, lowers cost in the long run by addressing this at the point of prevention, equity-bringing it to primary care is more equitable (as opposed to pts who can get to a specialist), may add provider burden if not done well.
5. Planned use of interdisciplinary team and high performance management. NP and MD leads so some interprofessional work. Epic person involved which is a strength. Carrying this out would require staff member engagement too.
6. Alignment: prevention is great.

Katie Westreich
This project is a no-brainer, and has demonstrated its sustainable success even after the project implementation was over. This will impact a lot of kids in a significant way--2% of children who would otherwise have had peanut allergies! How many ED visits and epi pens and deaths and parental stress and meltdowns on Halloween does that amount to?

Heidi Troxler
Creation of standard work for early peanut introduction. Intervention has been piloted with some success. Includes EMR changes to help hardwire the process (detailed skin assessment to screen for mild/moderate/severe eczema and anticipatory guidance for early peanut introduction screening).

Thinking of these six factors, please comments on any weaknesses of proposed project:

Shana Ratner
1. The barrier I can see is the many competing priorities in primary care making any one initiative difficult to fully implement or sustain.
2. No concerns
3. No concerns
4. No concerns
5. I don't think I noticed anything in terms of high performance management tools (as defined by Carolina Quality)
6. Downside is this isn't a PCIC measure so practices will be trying to balance this improvement effort with the PCIC efforts they are also needing to work on.

Katie Westreich
I don't see any. Even those that I think I can see have been proven wrong by their track record of sustained success.

Heidi Troxler
Relatively small number of patients who will develop peanut allergies--but the impact to these patients is significant.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Shana Ratner	Katie Westreich	Heidi Troxler
Overall impact	2	1	2

Overall strengths of proposed project:

Shana Ratner
Great example of practice changing knowledge that needs to be implemented across the board. This takes time and energy to re-educate folks but also build tools to integrate it in primary care to make it actually

doable. The fact that they've piloted it already and built out a lot of tools and have understanding of the processes is a huge strength. Their openness to iteration and modification based on local context is excellent.

Katie Westreich
Track record of success, simple design, clear aims and measures. Strong project team.

Heidi Troxler
Includes EMR changes and standard work to help ensure progress is maintained. Process has been piloted and feedback has been obtained and incorporated into project, including feedback from at least one of the areas proposed for spread.

Overall weaknesses of proposed project:

Shana Ratner
One thing I didn't totally understand was that the project sponsor was a pediatrician from Chapel Hill (as opposed to one of the practices they're spreading to). Would benefit from a co-lead in one of the practices (or at least defined champions). They said leadership of the individual practices were on board, but would be stronger if those practices' leaders were the sponsors.

Katie Westreich
(No reviewer response entered)

Heidi Troxler
(No reviewer response entered)

Coviello: Improving obstetric outcomes through standardized induction protocols for term pregnancy

Primary reviewer
Amy Shaheen
Secondary reviewers
Carlton Moore
Anita Groves McAllister

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Amy Shaheen	Carlton Moore	Anita Groves McAllister
1	Likelihood of sustainable improvement in clinical care and outcomes	2	3	2
2	Clarity of the improvement strategy	4	1	2
3	Potential for developing clinician capacity to lead healthcare improvement	1	1	2
4	Impact on quintuple aim	2	1	2
5	Planned use of interdisciplinary team and high performance management strategies	3	2	2
6	Alignment with system priorities	2	1	2

Thinking of these six factors, please comment on the strengths of proposed project:

Amy Shaheen
Strengths are that these docs know their area and people well. no mention or reliance on Epic tools for the change Education is easy, change isn't but it seems it could be generational change (i.e. all residents and fellows) if they can move the entire unit toward standardization. The measures seem impactable. I do realize that a similar project was undertaken by Dr Ivester a number of years ago. I would have liked to know why they wasn't sustained. Patient choice is considered

Carlton Moore
Very compelling project idea to change variation in management of labor induction at UNC Hospitals. OB-GYN, Family Medicine, and Mid-wives all deliver babies and often have very different practice styles and rely on diverse published studies to inform labor induction management. Authors want to standardize the labor induction process and reduce variation in patient care between and among provider types. The proposed team has all three major stakeholders involved in the project, and the plan to develop a consensus on best practices and then implement a coherent care pathway appear reasonable. Author make a compelling argument why variations in care can lead to disparities in patient outcomes.

Anita Groves McAllister
Well documented and proven protocol (successful implementation in other healthcare facilities across the US); clear and measurable targets for progression; strong clinician led healthcare improvement; meets quintuple aim (all aspects addressed); strong interdisciplinary team; addresses health equity and staffing demands

Thinking of these six factors, please comments on any weaknesses of proposed project:

Amy Shaheen
I think that I would have more optimism about reducing variation if one of the co-leads had been from one of the other two groups (Mid wives or FM) leading to variation. I worry that they are trying to disrupt the most common method of doing inductions (oxytocin) without addressing WHY this is happening. No patient voice here. Too many choices for a patient. Can they narrow them to the most successful two? They never mention HOW these algorithm will happen. Protocols are not process. How will they call out outliers? Will all providers be given the same choices the patients are? Should those be limited? While they call out equity as a major reason for doing this, there are no measures of health equity. (i.e. % of Black, Hispanic women on pathway versus white.)

Carlton Moore
The only major issue I have is that "culture eats policy for breakfast". Will this project cause providers to sustainably change the way they've been performing labor induction for much of their careers? This may be a tall order, but maybe they can get most providers to comply, and perfection shouldn't be enemy of the good. Would be interesting for the team to review variations within the 3 provider types and address intra-group variation up front if it exists. Variation between groups (OB, FM, MW) can then be addressed or reconciled.

Anita Groves McAllister
None

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Amy Shaheen	Carlton Moore	Anita Groves McAllister
Overall impact	2	2	2

Overall strengths of proposed project:

Amy Shaheen
High volume issues, lots of process measures that are likely directly impacted. Providers are listed as the cause of the variation and these are providers suggesting reduction in the variation. They know their system well but need some direction on focusing it.

Carlton Moore

(No reviewer response entered)

Anita Groves McAllister
Well documented and proven protocol (successful implementation in other healthcare facilities across the US); clear and measurable targets for progression; strong clinician led healthcare improvement; meets quintuple aim (all aspects addressed); strong interdisciplinary team; addresses health equity and staffing demands.

Overall weaknesses of proposed project:

Amy Shaheen
(No reviewer response entered)

Carlton Moore
(No reviewer response entered)

Anita Groves McAllister
(No reviewer response entered)

Triglianos: Improving transition of care from ED to oncology specialty care

Primary reviewer
Nicole Mushonga
Secondary reviewers
Will Stoudemire
Shana Ratner

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Nicole Mushonga	Will Stoudemire	Shana Ratner
1	Likelihood of sustainable improvement in clinical care and outcomes	1	3	2
2	Clarity of the improvement strategy	2	4	2
3	Potential for developing clinician capacity to lead healthcare improvement	2	3	1
4	Impact on quintuple aim	2	4	1
5	Planned use of interdisciplinary team and high performance management strategies	1	4	2
6	Alignment with system priorities	1	3	1

Thinking of these six factors, please comment on the strengths of proposed project:

Nicole Mushonga
The strengths of this project that stand out are the interdisciplinary approach to implementation and connecting with ongoing work in the System. This lends to a better integration into normal workflows and scalability, when moving beyond the pilot.

Will Stoudemire
The project addresses a high-risk and vulnerable population, and has potential to significantly improve management and reduce unnecessary healthcare utilization for these patients. The project builds on the recent establishment of the UCC clinic, and the leaders seem dedicated to this project.

Shana Ratner
1. UCC has already been piloted and is learning early lessons for success. They plan to build upon other successful projects like the afib referral clinic from ER.
2. Referrals to UCC. Use of epic reports (who's running?), collaboration with other workgroups who are working in this area. Epic pool creation. Direct scheduling? Creation of standardized smart phrases. Working closely with existing navigators.
3. Two DNPs as co-leads-builds capacity among APPs. Work in two different fields (ER/Cancer)-so increases collaborative leadership as well. Tammy has some time for program building.

4. Avoiding unnecessary admissions for expedited workup (while still ensuring it's done quickly) is very patient-centered and lowers cost of care. Taking away unnecessary steps in the process also better for the care teams. Impacts equity in focusing service on group that are most likely to have barriers.
5. ER/Cancer hospital. Working with existing navigators. May help with just culture.
6. Very strong emphasis on equity (pt's diagnosed in the ER more likely to be from marginalized communities), LOS -preventing unnecessary admissions for cancer workups, cancer improvement-decreased wait times, improved linkage to care. Also aligns with health alliance goals-which sounds like it may lead to EHR tools that may help this project.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Nicole Mushonga

There was a focus on staff turnover being a limiting factor for implementation. However, that could be mitigated with establishing proper workflows that are integrated into the operational systems.

Will Stoudemire

The improvement strategy and interventions are fairly vague, and don't clarify in much detail which EHR tools they will use to identify patients and improve documentation. While the impact for patients identified may be significant, this appears to be a small population.

Shana Ratner

1. They mention that they could increase the staffing of the UCC to 5 days a week-is there clinician and staff capacity to do so? Space? They acknowledged that the ER is very busy, deciding on inpt vs outpt ca workup can be high cognitive load to bear when also triaging emergent acute issues. Turnover in ER will make it harder to spread and sustain.
2. I'm not sure about the idea of relying on putting suspicion of cancer on problem list from ER in order to drive reporting (if I'm interpreting this correctly)-wouldn't be systematic. Do the navigators have capacity for this?
3. No concerns
4. Somewhat unclear what the volume is -how many pts will this help. Quick tally was somewhat small, but national stats would suggest it's much higher (which was also the feedback of ER providers).
5. I feel like there could be more use of huddles, VMB or other communication tools as an additional type of improvement activity that could help.
6. No concerns

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Nicole Mushonga	Will Stoudemire	Shana Ratner
Overall impact	1	4	1

Overall strengths of proposed project:

Nicole Mushonga
This project has the ability to improve patient treatment and decrease ED utilization for undiagnosed oncology patients. The ability of the project to collaborate with other entities such as Health Alliance and link to current workflows are key aspects to making this project sustainable.

Will Stoudemire
Addresses a high-risk population and has potential to significantly improve care for these patients.

Shana Ratner
Great opportunity to work on a common problem seen in the ER that usually doesn't require admission and causes more stress for patients and families during an already difficult time. It is even more compelling that many of the pts who get diagnosed with cancer in the ER are already at a disadvantage when it comes to health equity. Linking these pts to outpatient workups truly embodies the quintuple aim. The UCC has already been piloted and has dedicated leaders. Great that there are co-leads from both depts involved. Great opportunity to continue to build APP QI leadership capacity. It's a big strength that they want to pull on lessons learned from afib transitions clinic and other linkage programs. High-level leadership support from all angles. PFAC seems to be involved (although not totally clear how). Patient voice will be critical in building this out most effectively. New but growing model of having clinics like this (UCC) across the country. Opportunity to be at the cutting edge of care.

Overall weaknesses of proposed project:

Nicole Mushonga
Consideration of other limited factors outside of staffing will allow the team to be more prepared to deal with challenges that might arise.

Will Stoudemire
The potential impact of this project seems to be quite small (based on their data - only ~9 patients were not already referred from the ED over a 4 month period). Implementation of these changes across the entire ED for a very small number of patients seems very difficult.

Shana Ratner
Improvement strategy will need some fine-tuning (but that is not unusual). Would shy away from problem list being method of pt identification. Turnover and dispersion of new ideas in ER could be a barrier. They briefly mention increasing capacity in the UCC but is that something that is actually feasible if the demand goes way up? One concern-what about pts who live really far? Will travel to Chapel Hill for expedited outpt workup (and often additional tests/procedures) be an additional burden compared to being admitted. We know pts can come from quite far to access our ER. Collaborate with SECU house or other resources for pts who live far?

Grover: Using audit and feedback to improve adult sepsis care in the ED

Primary reviewer
Michelle Swanson
Secondary reviewers
Amy Shaheen
Katie Westreich

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Michelle Swanson	Amy Shaheen	Katie Westreich
1	Likelihood of sustainable improvement in clinical care and outcomes	3	3	1
2	Clarity of the improvement strategy	2	3	1
3	Potential for developing clinician capacity to lead healthcare improvement	2	3	1
4	Impact on quintuple aim	2	4	1
5	Planned use of interdisciplinary team and high performance management strategies	2	4	2
6	Alignment with system priorities	1	2	1

Thinking of these six factors, please comment on the strengths of proposed project:

Michelle Swanson
This is a unique strategy to tackle sepsis, led by a provider who is well positioned to lead with a motivated team of qualified partners

Amy Shaheen
He is already doing what the project is. Seems he needs a project manager to collect data, create report cards, etc. He is the director of quality and safety.

Katie Westreich
This is another no-brainer project. It's clearly needed and the bones of the project already exist, including resources in the form of protected time going forward. It has great baseline data to compare against, and is utilizing strategies with known track records (audit and data feedback). It will have a high impact, as sepsis is a frequent presenting condition in the EDs.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Michelle Swanson
As noted in the application, messaging will be key to mitigate any negative reaction providers may have--for example, feeling singled out with an individual scorecard rather than sharing under the lens of identifying opportunities to improve.

Amy Shaheen
I think of this as a learning opportunity and I think he is looking for PM support. And he already has a sepsis program manager.

Katie Westreich
Automation of the reports once the project ends is an open-ended question but it seems resources have already been identified and engaged on these issues. The project still has significant barriers, including boarders in the ED, fever fatigue, etc, which this project does not address in any way. Still, it will likely have an impact and the impact is even more crucial given these barriers that need to be worked around.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Michelle Swanson	Amy Shaheen	Katie Westreich
Overall impact	2	4	1

Overall strengths of proposed project:

Michelle Swanson
This project has an existing dashboard -this is a huge advantage considering our stretched resources. Also, it seems that there are no Epic builds required, another plus. The project lead is knowledgeable and motivated and seems to have the appropriate leadership support.

Amy Shaheen
Sepsis is system priority. He has the tools to do his primary intervention.

Katie Westreich
Great baseline data and ready-made measures that are already being measured clear clinical need Progress already made; ready to launch Good potential for high impact Using strategies with a proven track record of success (audit and data feedback) Group is excited for it

Overall weaknesses of proposed project:

Michelle Swanson
I am not understanding fully how “Order to antibiotic administration time” is a balancing measure. Seems to me there should be more focus on this, because without this the patient won't get treatment. Placing

more emphasis on this will also more thoroughly engage the nursing team. Also, keeping up with the scorecard distribution is incredible time intensive considering the rapid turnover of providers.

Amy Shaheen

Not sure that audit and feedback as the only tool shows a lot of insight into the issue. Consider him for the Fellowship instead.

Katie Westreich

They've got some details to iron out in terms of how to automate and therefore sustain things once the project is over, but they have concrete plans to address it with resources already identified

Gaffney: Pharmacist-led, standardized approach to opioid risk mitigation

Primary reviewer
Katie Westreich
Secondary reviewers
Matt Nielsen
Heidi Troxler

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Katie Westreich	Matt Nielsen	Heidi Troxler
1	Likelihood of sustainable improvement in clinical care and outcomes	3	3	3
2	Clarity of the improvement strategy	2	3	3
3	Potential for developing clinician capacity to lead healthcare improvement	2	3	3
4	Impact on quintuple aim	2	3	2
5	Planned use of interdisciplinary team and high performance management strategies	3	3	3
6	Alignment with system priorities	2	3	2

Thinking of these six factors, please comment on the strengths of proposed project:

Katie Westreich
The proposal demonstrates a clear need for improvement in this area, and a simple intervention strategy. The outcomes are fairly simple to collect and have been demonstrated to be effective surrogate outcomes for the real hard outcomes the project team are trying to achieve (good pain management with minimization of risk). The leaders of the project are great QI material and will benefit from this experience and the guidance of IHQI. They've got a team that is interdisciplinary (but lacks a patient representative). Clearly aligned with system priorities, potential to impact all cancer patients at UNC if scale up is successful.

Matt Nielsen
Important clinical topic area--proposal and letters outline the challenge of adequately managing pain in patients with cancer, concerns about potential inequities. Concerns that measures to address opioid overuse may have overcorrected / pendulum swung too far Strong interdisciplinary collaboration--leveraging expertise of pharmacy colleagues, modeling off template in cancer care of pharmacist co-management / direct involvement with patients' chemotherapy

Heidi Troxler

Impacts a fairly large number of patients. Gives providers guidance and standard work for universal precautions for all cancer patients receiving opioids for cancer-related pain. Proposal has a plan for pilot and PDSA. Plans for a huddle and visual management board seem good.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Katie Westreich

Scale up relies on nursing and MDs taking on the opioid visits, which the application earlier says there are significant barriers to, when justifying the need for a pharmacist to perform the visits. Scale up also relies on epic changes to measure outcomes. This is sometimes a hard stop, however, they do mention the use of embedded epic people in their clinic so it may be feasible. No measures that are 'how well is this person's pain controlled' or 'how many adverse events are we seeing from overprescribing' No baseline data No patient representative on their team This effort is really going to require additional funding and personnel to scale up, whether the project team recognizes it or not

Matt Nielsen

while theoretical framework supporting proposal is compelling, there seems to be less robust preliminary work than often seen in the most competitive proposals (eg first planned test of change could be done in prep for the proposal) The proposal makes the case that the problem in this instance may be inadequately treated / undertreated pain (potential underuse)--concern that the contract (noted as primary outcome) / urine drug testing may stigmatize / overwhelm patients and families already overwhelmed by cancer diagnosis. Examples of prior work cited from non-cancer populations (primary care, chronic pain clinics). Are those experiences generalizable to this context? Paucity of preliminary data in the target population leaves the reviewer unclear if the opioid-related AEs (proposed secondary outcome) are a more significant problem than undertreated cancer pain.

Heidi Troxler

Relies on chart review for outcome data--that is difficult to sustain, particularly as the project expands.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Katie Westreich	Matt Nielsen	Heidi Troxler
Overall impact	2	3	3

Overall strengths of proposed project:

Katie Westreich

Great leadership Interdisciplinary Meets a large need (patient need and provider need) Very achievable pilot project with some ideas about scale-up.

Matt Nielsen

Important patient population, opportunity to foster interdisciplinary collaboration building on existing physician/pharmacist collaboration in cancer hospital (related to chemotherapy management) strong team, strong support from sponsors/supervisors.

Heidi Troxler
Aligned with goal of reducing the risk of opioid usage. Interdisciplinary support.

Overall weaknesses of proposed project:

Katie Westreich
Scale-up and sustainability plan is weak and dependent upon outside factors that are not dependable (not enough pharmacists, changing epic to make data collection sustainable)

Matt Nielsen
Paucity of preliminary data, initial tests of change. Is the locus of the problem too many opioid-related AEs (secondary outcome), undertreated pain, other? Important problem area and strong team--application could be strengthened with a bit more clarity / sense of the problem(s) most important for the team to focus on comment in proposal re difficulty extracting data, to be addressed if proposal funded. Recognizing some of this work is inherent to the nature of this work, proposal would be stronger with a bit more prelim data from the target population / clinic difficult to reconcile how primary outcome of pain contract will directly relate to addressing the described problem of undertreated pain (and related inequities in pain management in traditionally underserved patients)

Heidi Troxler
Data concerns as the project expands. The proposal acknowledges that the project has not had the luxury of patient feedback yet, and since this project heavily involves patient participation and patient perceptions, it would have been helpful to see some feedback from a patient advisory board or other patient group.

Stern: Improving SAFE reporting on DEI related patient safety concerns

Primary reviewer
Paula Fessler
Secondary reviewers
Benny Joyner
Will Stoudemire

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Paula Fessler	Benny Joyner	Will Stoudemire
1	Likelihood of sustainable improvement in clinical care and outcomes	1	4	3
2	Clarity of the improvement strategy	1	2	4
3	Potential for developing clinician capacity to lead healthcare improvement	1	3	2
4	Impact on quintuple aim	1	1	2
5	Planned use of interdisciplinary team and high performance management strategies	1	1	2
6	Alignment with system priorities	1	1	2

Thinking of these six factors, please comment on the strengths of proposed project:

Paula Fessler
This project will have a broad positive impact to all patients. We should use a health equity lens for every patient care interaction. This project will help us develop a stronger foundation to do this work and can be expanded to all patients, departments and UNC Hospitals.

Benny Joyner
Addresses an area of inequity and clear gap in process multidisciplinary team engaged in the process clear implementation timeline represented

Will Stoudemire
This project tackles an important topic that affects a large number of patients and aligns well with our system priorities and other work in this area. Their goal seems like it would make a significant impact on DEI at UNC.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Paula Fessler
We need to collaborate with Risk and Legal to ensure we use the correct nomenclature to build a strong foundation. As opportunities arise, we will need to be transparent in our discussions and understand how this work will further inform our future models of care.

Benny Joyner
As investigators state, emotionally charged topic, as such "objective assessment/approach" will be challenging low numbers of reporting goal of increasing number of QI related DEI projects seems ambiguous aggressive/ambitious timeline is UNC culture ready?

Will Stoudemire
The improvement strategies seem to focus mostly on education - and already seem to be occurring. The other interventions lack detail.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Paula Fessler	Benny Joyner	Will Stoudemire
Overall impact	1	3	3

Overall strengths of proposed project:

Paula Fessler
This project will "lead the way" by increasing awareness and transparency and it will increase our accountability for equitable care across all patient populations.

Benny Joyner
Important, under addressed topic large team, high level of support in various departments/units clear, well-stated goals clearly part of quintuple aim

Will Stoudemire
Addresses an important topic that is a priority and pressing need for our system, and would have a potentially large impact.

Overall weaknesses of proposed project:

Paula Fessler
I do not see an overall weakness with this project.

Benny Joyner
aggressive timeline concern regarding disconnect between number of reports of DEI-related events and their goals of addressing DEI-related events-i.e.-there aren't a lot of reports now, I am concerned that

simply saying "we are going to focus on DEI-related SAFE events and reporting" won't increase the number of reports and therefore will limit ability to achieve their other stated goals metrics for baseline and goals are ill-defined (e.g.-"tentatively 50% pending baseline data") important topic-not sure about sustainability-not without clear plan for transition after project timeline completion

Will Stoudemire

The project mostly focuses on education, and I'm not sure how effective or sustainable that will be. The other interventions are not well defined. I suspect that much of this project may happen without IHQI scholars' support. Some of the goals (creation of a DEI patient safety committee, increasing the number of DEI related QI projects created from SAFE reports) may be out of the appropriate scope of the project.

Dacillo-Curso: Screening for Alcohol Withdrawal Syndrome

Primary reviewer
Matt Nielsen
Secondary reviewers
Darren DeWalt
Anita Groves McAllister

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Matt Nielsen	Darren DeWalt	Anita Groves McAllister
1	Likelihood of sustainable improvement in clinical care and outcomes	3	3	4
2	Clarity of the improvement strategy	3	2	4
3	Potential for developing clinician capacity to lead healthcare improvement	2	1	3
4	Impact on quintuple aim	2	1	3
5	Planned use of interdisciplinary team and high performance management strategies	2	1	3
6	Alignment with system priorities	3	2	3

Thinking of these six factors, please comment on the strengths of proposed project:

Matt Nielsen
Application from APP with physician co-lead is a strength (diversifying the interprofessional pool of IHQI scholars) important clinical problem, pilot data laying out the potential scope and impact

Darren DeWalt
1. Sustainable: The project involves teaching physicians/apps to administer the PAWSS tool to patients that may be at risk for alcohol withdrawal. There will be a lift to get physicians/apps to use this tool reliably. The long-term plan mentioned is to use a BPA. BPAs aren't the most popular item in Epic, but I understand their desire to do this. I think sustainability of this is hard because so many different clinicians need to learn how to do this and to do it reliably.
2. Clarity of the improvement strategy: They have outlined building the tool in Epic and have assurances from Dr. Marucci (ISD) that it can be done before the project starts. This is better than most situations involving Epic. They will use educational sessions and audit and feedback to implement. They have a driver diagram that may need to be revisited, but it is a good start.
3. Developing clinician capacity to lead healthcare improvement: The co-leads have some experience and interest and they will benefit from the additional training provided by IHQI>

4. Quintuple aim: Good summary in the proposal and they carefully addressed how they will monitor for equity.
5. Interdisciplinary team and high performance management strategies: They have pulled together a good team involving the leads along with nursing and pharmacy. Sponsorship by Dr. Marucci who can make things happen with ISD>
6. Alignment Overall: good alignment with goals at UNC.

Anita Groves McAllister
Meets a need, based on random sample of 50 patients w/diagnosis of severe AW diagnosis Epic; AUD is increasing and there is a need for inpatient management when admitted for other disease states; multidisciplinary team; meets quintuple aim.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Matt Nielsen
Many things about this proposal are exciting and positive--main concerns are somewhat logistical / technical (may be able to be reviewed in discussion) related to Clarity of Improvement Strategy: It appears the improvement plan hinges on ability to integrate PAWSS in Epic. Leo Marucci involvement is encouraging on that front, I'm not familiar with the "tools folder": is that something that is modifiable without going to system approval? if yes, some sort of carve out from the standard Epic change process, may be fine, but otherwise may need to think through how could be accomplished on paper, etc. Probably a surmountable issue but was a question in my mind. In terms of capturing the population, it would appear that AUD on problem list is the initial filter. Do we have a good sense that that is reliably captured on the admitting H/P? Wonder from the pilot study how many of the patients eventually developing severe AWS had AUD on their admitting problem list. May be that this is very well captured but that is another question. The pilot data suggested all patients (inferring PAWSS >=4) were started on CIWA on the day of admission--not clear how much of a change this was from baseline (presume it was more) Trying to connect the dots in proposal: (from pilot) median 9 pts/wk admitted to HM with AUD, AWS occurs in 8% of them--around 1 patient/week eligible? This may be off target and could be sorted out further in discussion during review session. Administration of benzodiazepines standing vs PRN seems like an important factor here--not an area I'm as familiar with clinically but did not get detailed discussion in the proposal, query to what extent that may be another potential focus area for PDSAs

Darren DeWalt
Overall size of the population is not huge, but would say is moderate. It is not completely clear to me how this finds patients that are not already flagged by having a history of AUD.

Anita Groves McAllister
Weakness in lacking behavioral management/conditioning clinician; not easy to add a screening tool in Epic that will be utilized as intended (many are just "enter-enter" through to the next screen).

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor)

	Matt Nielsen	Darren DeWalt	Anita Groves McAllister
Overall impact	3	2	3

Overall strengths of proposed project:

Matt Nielsen
Important problem, patient- and provider-centered. Novel to my knowledge. Apparent opportunities for improvement. LOVE the support the APP project lead has received from faculty in the division, division chief, etc.

Darren DeWalt
Well-defined project and project plan. Team will benefit from learning and provide future leadership in quality and safety. Very well organized.

Anita Groves McAllister
Meets a need, based on random sample of 50 patients w/diagnosis of severe AW diagnosis Epic; AUD is increasing and there is a need for inpatient management when admitted for other disease states

Overall weaknesses of proposed project:

Matt Nielsen
Not to minimize importance of problem, appears there may be ~1 pt/week eligible? (From my calculation above, trying to concatenate statements in the proposal). Some concern re the apparent centrality of Epic change to the project implementation, though that may be misguided based on Marucci's involvement and the "Scoring Tool Folder" which may be somewhat more modifiable than other areas of Epic? Seems the tool could be done on paper for initial PDSAs. CIWA protocol and benzodiazepine use seem downstream of the screening tool but may be important areas of variation in care / opportunities for improvement / PDSAs

Darren DeWalt
Very few weaknesses. I worry any time we need to change Epic, but they have a reasonable approach here.

Anita Groves McAllister
Weakness in lacking behavioral management/conditioning clinician; not easy to add a screening tool in Epic that will be utilized as intended (many are just "enter-enter" through to the next screen).

Adams: Improving care for pediatric patients who receive extracorporeal life support

Primary reviewer
Darren DeWalt
Secondary reviewers
Carlton Moore
Patience Leino

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Darren DeWalt	Carlton Moore	Patience Leino	
1	Likelihood of sustainable improvement in clinical care and outcomes	1	2	2	
2	Clarity of the improvement strategy	2	4	2	
3	Potential for developing clinician capacity to lead healthcare improvement	2	3	3	
4	Impact on quintuple aim	2	3	2	
5	Planned use of interdisciplinary team and high performance management strategies	1	2	1	
6	Alignment with system priorities	1	3	1	

Thinking of these six factors, please comment on the strengths of proposed project:

Darren DeWalt
1. Sustainable: This project aims to create a new anticoagulation protocol for pediatric ECMO patients. They will then implement. This should be very sustainable. If implemented successfully, it should become standard work.
2. Clarity of the improvement strategy: They have outlined a clear strategy of understanding the process and designing a new protocol. They have clear metrics that they can follow. It is unclear to me at this time how much of this is built into Epic versus protocols that are kept on hard copy or other mechanisms. It is always time consuming and hard to make changes in Epic. There is a strong basis for this approach as other centers have make this protocol change. It isn't clear how they will take advantage of the other centers' experience, but we should encourage that.
3. Developing clinician capacity to lead healthcare improvement: the co-leads are fellows and they would learn a lot. It will also include several other members of the team and they will likely learn a lot.
4. Quintuple aim I think this can improve outcomes and care team satisfaction. Likely, also reduce costs. Possibly improve patient experience and I'm not sure about equity. Overall number of patients is small.
5. Interdisciplinary team and high performance management strategies: this team will use many of these activities including huddles, visual management and Team STEPPS. Very interdisciplinary team!
6. Alignment: This will help to improve outcomes for pediatric patients.

Carlton Moore

This is a very specific and narrowly focused project that involves implementing a PICU protocol to provide timely and adequate anticoagulation (bivalirudin) for pediatric ECLS patients rather than IV heparin. The authors present convincing evidence that use of bivalirudin for anticoagulation during ECLS reduces bleeding episodes and blood clots in the ECLS circuit when compared with IV heparin.

Patience Leino

The proposed project addresses a crucial component of complex, critical care. The evidence-based benefits of using bivalirudin and standardized protocols contrasted by the statistics comparing UNC's ECLS neonate and pediatric complications to the national aggregate of ELSO centers indicate the importance of this project. The proposed scope of work shows a thoughtful analysis of the process and interdisciplinary dynamics impacting ECLS outcomes. The outcome and process measures are well defined within a reasonable time frame.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Darren DeWalt

There was little mentioned about how the protocol is put into place. Will there need to be changes in Epic? Order sets? Or, will there be use of hard copies of paper, etc.? The team needs to have a faculty member actively part of the team, not just the sponsor. Mike Phillips is part of the team, but he was already an improvement scholar. They need another faculty member. Overall number of patients is moderate. They do account for many bed-days.

Carlton Moore

It appears that the current baseline rate of Bivalirudin ordered is 90% based on their measures table, which is fairly high if true. The authors state that this is based on “expert estimation” – not sure what “expert estimation” means or how accurate the estimate is. What if it’s 95%? Then not much room for improvement. Their primary outcome is %time in therapeutic anticoagulation. In the measures the baseline rate is TBD. If the baseline rate of the primary outcome is unknown what is the data that there’s a problem that needs fixing? The project team would form a multidisciplinary group to develop, implement and monitor the protocol. The patient population is small (ranging from 22 to 59 per year). Investigators argue that if you measure in terms of hours on ECLS, the numbers become much larger which seems reasonable. There appears to be a temporal trend of increased ECLS patients in 2012 (n=59) as opposed to other years (n=20s). Wondering if this is secondary to peak of COVID pandemic in 2021 and that going forward numbers per year in the 20s will be more typical?

Patience Leino

The project may benefit from digging deeper with root cause analysis for gaps identified in the current process. Communication breakdown is mentioned several times as a contributing factor to delays in treatment adjustments for optimal care and discussed as part of the change strategy, but without a defined metric for improvement. It may benefit the project to determine a baseline for time from identifying a treatment change need to acquiring consensus to implement that change, particularly with disciplines outside the PICU, and use a process flow chart to help identify where the most significant delays occur in order to move towards a standard protocol for communication. For visual prompts and aids that families will use or see in their child's room for standard protocols, it would benefit the team to

bring in some families with previous ELCS experience into the design process to help identify areas needing clarity or education for families who will see/refer to these tools during their child's care.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Darren DeWalt	Carlton Moore	Patience Leino
Overall impact	2	3	2

Overall strengths of proposed project:

Darren DeWalt
Excellent plan for an important problem. Clear path to improvement. Will involve many different disciplines and will facilitate implementation of Carolina Quality.

Carlton Moore
(No reviewer response entered)

Patience Leino
This project will impact the lives of critically ill children, their families, and clinical staff resources by implementing a more effective pharmaceutical and improved standard protocol. Reducing patient harm and excessive treatment lengths will reduce costs to families, the institution, and increase availability to treat more children successfully.

Overall weaknesses of proposed project:

Darren DeWalt
Needs faculty member. Overall relatively small population.

Carlton Moore
(No reviewer response entered)

Patience Leino
Would benefit from process analysis for communication breakdowns and the development of a standard protocol for communication beyond daily huddles.

Friedlander: Improving pathways of care following emergency department presentation for acute renal colic

Primary reviewer
Heidi Troxler
Secondary reviewers
Clare Mock
Paula Fessler

Score each of the six factors on a 1-5 scale (1=exceptional, 5=poor).

		Heidi Troxler	Clare Mock	Paula Fessler
1	Likelihood of sustainable improvement in clinical care and outcomes	2	1	2
2	Clarity of the improvement strategy	2	1	2
3	Potential for developing clinician capacity to lead healthcare improvement	4	1	2
4	Impact on quintuple aim	2	1	2
5	Planned use of interdisciplinary team and high performance management strategies	3	1	1
6	Alignment with system priorities	3	1	1

Thinking of these six factors, please comment on the strengths of proposed project:

Heidi Troxler
The proposal makes a strong case that improvement is needed in the current process. There is certainly opportunity for more coordinated care and follow-up, and the interventions described seem likely to achieve that. Aligns well with UNC Health Alliance priority of reducing patients going out-of-network for health care. Measures are clearly tied to the aim and interventions.

Clare Mock
Very well researched and thought out proposal. Has an all-star interdisciplinary team (Drs Nielsen, Haugan, Shaheen, etc.). Would certainly reduce care variation and improve timely access to needed services. Potentially the workflows developed could be used as a template for other disease processes.

Paula Fessler
This is a great project aimed at improving care for renal colic patients. I see this as a just do it project--even if it doesn't win this specific support.

Thinking of these six factors, please comments on any weaknesses of proposed project:

Heidi Troxler
Team mentioned in proposal is fairly small. I'm not sure of the potential to develop clinical capacity to lead healthcare improvement as much of the team already seem to be experts in improvement science (a strength of the project overall). The proposal includes involving ED providers, which should help develop clinician capacity, although it's not quite clear how much exposure they will have to improvement methodology.

Clare Mock
Measures table was definitely one of the leanest I have seen in a few years. I do think he needs to put some more time in thinking out how he and his team will measure the work. And although generally a positive, his project team includes all MD of quite high rank/seniority. It could be useful for him to consider adding individuals who are either not MDs and/or senior leaders and try to include the patient voice given the plan to develop patient facing

Paula Fessler
There is a specific, narrow, targeted patient population. I am not clear as to why we are not working on this already.

Score the overall impact of the proposed project (your gestalt score) on a 1-5 scale (1=exceptional, 5=poor).

	Heidi Troxler	Clare Mock	Paula Fessler
Overall impact	2	1	3

Overall strengths of proposed project:

Heidi Troxler
Focused on creating clinical pathways that reduce unwanted variation and make it easier for providers to give evidence-based care. Focuses on a problem with significant opportunity for improvement and a patient population very much in need of more coordinated, integrated care between ED and specialists. This proposal has already been shared with ED providers, who were apparently supportive. The proposal also mentions that the project leaders will consult with Care Redesign leaders and the HEART project team as that is a project currently underway with a similar problem (gap in care between ED and follow-up specialty referrals).

Clare Mock
As per above, great candidate, well-researched plan, superb leadership team

Paula Fessler
Any opportunity to improve health is a great strength.

Overall weaknesses of proposed project:

Heidi Troxler
I do not identify major overall weaknesses of this proposal.

Clare Mock
Not many

Paula Fessler
Narrow scope, not difficult to do. I am not sure if we need support for this project. I do not understand the barriers to doing this work today.