

2018 Infantile Hemangioma CPG QI Metrics

These measures emphasize prioritized actions reflecting the overall aim of the AAP IH CPG. They are intended for clinicians, primary or specialty, choosing to utilize systematic QI with measurement as an individual and/or practice implementation strategy. Individuals and/or practices are encouraged to utilize these measures as templates to develop additional measures if customized prioritization of additional AAP IH CPG actions is desired to promote implementation.

Inclusion Criteria: Patients ≤ 3 mos of age with confirmed infantile hemangioma

Exclusion Criteria: Patients > 3 mos of age; Patients with all other types of vascular tumors

NOTES:

- Measures are focused on infants ≤ 3 mos of age because this age period is a critical time for identification, risk stratification and early intervention
- At present, there is no effective way to utilize coding (ICD, SNOMED) to completely and accurately identify all infantile hemangiomas; therefore, coding is not current part of the inclusion/exclusion criteria. Clinicians utilizing these measures will have to rely on prospective case gathering and/or retrospective chart review to identify included cases.

Correlated Data Collection Tool:

- The "[IH Quality Improvement \(QI\) Data Collection Tool](#)" is mapped to these metrics, and to the clinical tool, "[IH Initial Clinical Assessment for Patients \$< 3\$ mos](#)".

Risk Stratification			
Measure	Aim	Data Collection Question	Numerator/Denominator
Measure 1: Standard Assessment for Risk Stratification of Infantile Hemangioma (IH)	100% of IH patients receive a standardized assessment ¹ for new IH consistent with the AAP IH CPG	3.1., "YES"	Numerator: Number of new IH cases for which documentation includes a standardized assessment consistent with the AAP IH CPG
		2.1., "YES"	Denominator: Total number of new IH cases
Measure 2: Hemangioma Specialist Consultation for Highest/High Risk IH	100% of all IH cases categorized as "highest" or "high" risk result in consultation ² with hemangioma specialist ³	4.3.1., "YES" OR 5.3.1., "YES"	Numerator: Number of IH cases categorized as "highest" or "high" risk AND managed in consultation ⁴ with a hemangioma specialist
		4.1., "YES" OR 5.1., "YES"	Denominator: Total number of IH cases categorized as "highest" or "high" risk.
Measure 3: Timing of Consultation for "Highest" Risk IH: Within 1 week	100% of IH cases categorized as "highest" receive consultation with a hemangioma specialist within 1 week of initial assessment.	4.4.1., "YES"	Numerator: Number of IH cases categorized as "highest" risk AND receiving hemangioma specialist consultation within 1 week of initial assessment
		4.1., "YES"	Denominator: Total number of IH cases categorized as "highest" risk feature
Measure 4: Timing of Consultation for "High" Risk: Within 2 weeks	100% of IH cases categorized as "high" receive consultation with a hemangioma specialist within 2 weeks of initial assessment.	5.4.1., "YES"	Numerator: Number of IH cases categorized as "high" risk AND receiving hemangioma specialist consultation within 2 weeks of initial assessment
		5.1., "YES"	Denominator: Total number of IH cases categorized as "high" risk

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Definitions

1. Standardized assessment refers to an assessment which is reliably reproduced for all similar patients within a practice or environment of care. The process utilized to facilitate a standard assessment may be different for different practices and/or environments of care but should be consistent with the AAP IH CPG nomenclature and risk stratification. [Supplemental Table 22](#), and/or [Figures 2-4](#).
2. Consultation means reciprocal communication with a hemangioma specialist and may include patient visits, telephone communication with sharing of patient images and/or telehealth supported patient interactions. If photographs are used, parents/clinicians are advised to send one photograph taken from 12” to 18” (for perspective and anatomic context) and one closer view. Parents should also be advised to measure the diameter of the lesion.
3. Hemangioma specialist is defined in the [AAP IH CPG](#) pg. 2-3.

Parental Education			
Measure	Aim	Data Collection Question	Numerator/Denominator
Measure 5: Parental Education After Diagnosis	At the time of initial visit ⁴ for IH, 100% of IH patients’ present caregivers will receive standardized education ⁵ which includes patient’s IH risk category, potential complications of high risk IH, and natural history of low risk IH consistent with the AAP IH CPG	6.1., “YES”	Numerator: Number patients with IH whose caregivers received standardized education which includes patient’s IH risk category, potential complications of high risk IH, and natural history of low risk IH consistent with the AAP IH CPG
		2.1., “YES”	Denominator: Total number of patients with IH
Measure 6: Parental Education for Oral Propranolol Therapy	For all visits ⁶ when patients with IH are being treated with oral propranolol, 100% IH patients’ present caregivers will receive standardized education on common risks and ADEs associated with propranolol, including sleep disturbance, difficulty breathing, slow heart rate, low blood pressure, and the importance of giving propranolol with food. Consistent with the AAP IH CPG, primary clinicians are encouraged to assure oral propranolol education is provided even when the medication is initiated/managed by a hemangioma specialist.	7.3.1., “YES”	Numerator: Number IH patients treated with propranolol whose caregivers received standardized education ⁵ on common risks and ADEs associated with propranolol, including sleep disturbance, difficulty breathing, slow heart rate, low blood pressure, and the importance of giving propranolol with food
		7.1., “YES”	Denominator: Total number of IH patients treated with oral propranolol therapy

Definitions, continued

4. Initial visit for IH is the first visit with the managing clinician or his/her practice. This visit may be during newborn hospitalization. This visit may be the patients second visit for IH if the first visit happened to be with clinician not in the primary clinician’s practice (i.e. a hemangioma specialist and/or a clinician from a different practice during the newborn hospitalization)
5. Standardized education refers to education which is reliably reproduced for all similar patients within a practice or environment of care. The process utilized to facilitate standardized education may be different for different practices and/or environments of care but should be consistent with the AAP IH CPG recommendations and incorporate specific information described in the “Aim” for measures 5 and 6, respectively. Standardized education for IH, Appendix: [What Are Hemangiomas](#). Standardized education for oral propranolol therapy, Appendix: [Propranolol for Hemangiomas; Medication Information: Propranolol Treatment of IHs](#)
6. “All visits” refers to every individual visit involving management of IH AND initiation and/or continuation of oral propranolol.