



**Adult Congenital & Pediatric Cardiology Quality Network™**  
**Kawasaki Disease Quality Improvement Activity Team Enrollment Form**

Please complete the information requested below and submit to [cfitzgerald@acc.org](mailto:cfitzgerald@acc.org)

**Practice Name:**

**Collaborative Team Leader:**

(Must be an ACC member)

*As Team Leader for your site, you agree to attest to the meaningful participation of individual physicians for MOC credit, and agree to resolve disputes regarding attestations.*

**Metrics to be reported (check any that apply):**

- Metric #013 Kawasaki Disease: Aspirin Therapy in Acute and Subacute Phases
- Metric #014 Kawasaki Disease: Cardiac Evaluation
- Metric #015 Kawasaki Disease: Evaluation of Fever
- Metric #016 Kawasaki Disease: No Restrictions on Physical Activities
- Metric #017 Kawasaki Disease: Stress Evaluation with Aneurysms
- Metric #018 Kawasaki Disease: Appropriate Follow-up for Patients with Giant Coronary Aneurysms
- Metric #019 Kawasaki Disease: Complete Echocardiogram Evaluation

**Collecting Data for the following three consecutive quarters:**

Baseline Quarter of Data	Quarter of 1 <sup>st</sup> PDSA Cycle	Quarter of 2 <sup>nd</sup> PDSA Cycle

**TEAM MEMBERS<sup>1</sup>**

Name	Email	ABP number (not AAP or ACC member number)

<sup>1</sup> If applicable, list name/emails of **team members** that your site would like to add to the network list serv.