

| #   | Measure   | Numerator  | Denominator  | IOM Quality Domain      | Donabedian Framework | Diagnosis Category | Measure Level* | Required Data Elements  | Notes /Reference  |
|---|---|--|--|-------------------------|----------------------|--------------------|----------------|---|---|
| * (A) Individual Clinician or Group of Clinicians (e.g. nurses, residents, attendings, fellows); (B) Facility (ED); (C) System-Wide Measure |   |  |  |                         |                      |                    |                |   |   |
| <b>Initial Care for Every Emergency Department Patient</b>  |   |  |  |                         |                      |                    |                |   |   |
| 1.1   | Measuring weight in kilograms for patients <18 years of age               | Number of visits by patients <18 years of age with a weight in kilograms documented during the current visit   | Number of visits by patients <18 years of age  | Effective, Safe         | Process              | General            | A, B           | Unique visit identifier<br>Weight   | This measure will use the operational definition from the American Academy of Pediatrics-sponsored National Quality Forum measure. The NQF measure allows for weight-based estimation (e.g. Broselow tape) for children who are too ill to use a scale. No other estimations permitted due to inaccuracy.   |
| 1.2   | Valid pediatric triage tool   | Presence of a validated pediatric triage tool (Y/N)  | N/A  | Effective, Safe, Timely | Structure            | General            | B              |   | Examples of validated pediatric triage tools include: The Manchester Triage System (MTS), the Emergency Severity Index (ESI), and the Paediatric Canadian Triage and Acuity Score (paedCTAS)<br>Reference at:<br><a href="http://www.sjtrem.com/content/17/1/38">http://www.sjtrem.com/content/17/1/38</a>  |
| 1.3   | Patients <18 years of age triaged using a validated pediatric triage tool | Number of visits by patients <18 years of age who are triaged using a validated pediatric triage tool  | Number of visits by patients <18 years of age  | Effective, Safe         | Process              | General            | B              | Unique visit identifier<br>Triage status  | (See measure 1.2)<br>Reference at:<br><a href="http://www.sjtrem.com/content/17/1/38">http://www.sjtrem.com/content/17/1/38</a>   |
| 1.4   | Measuring vital signs for patients <18 years of age                       | Number of visits by patients <18 years of age with all 4 vital signs documented (temperature, heart rate, respiratory rate and blood pressure) by the completion of the first nursing assessment (e.g. triage or room placement) | Number of visits by patients <18 years of age  | Effective, Safe         | Process              | General            | A, B           | Unique visit identifier<br>Temperature<br>Blood pressure<br>Pulse<br>Respiratory Rate<br>Vital sign assessed time                             |   |
| 1.5   | Presence of a method to identify age based abnormal pediatric vital signs | Presence of a method to identify age based abnormal pediatric vital signs (Y/N)  | N/A  | Effective, Safe         | Structure            | General            | B              |   |   |
| 1.6   | Practitioner notification of abnormal vital signs within 10 minutes       | Number of times a practitioner is notified within 10 minutes of an abnormal vital sign (heart rate, respiratory rate, blood pressure) in a patient <18 years of age.   | Number of abnormal vital signs (heart rate, respiratory rate, blood pressure) in all patients <18yrs of age. | Effective, Safe, Timely | Process              | General            | A, B           | Unique visit identifier<br>Temperature<br>Blood pressure<br>Pulse<br>Respiratory Rate<br>Vital sign assessed time<br>Abnormal vital sign flag | -All recorded instances of abnormal vital signs are included in the denominator (temp excluded). This can include multiple sets of vital signs per visit.<br>-Abnormal vital signs defined as <5th percentile or >95th percentile.<br>-Practitioner defined as an individual who is able to initiate the diagnostic and/or therapeutic plan, including attending physicians, residents, fellows and nurse practitioners.<br>-Sampling strategy, stratified by admission status, will be defined (e.g. 20 admitted patients and 20 discharged patients/month). |