



What are Quality Improvement (QI) Collaboratives?



QI Collaboratives leverage QI science, which can shorten the time it takes for evidence to reach clinical practice to as few as 3–5 years instead of an average 15 years—meaning better outcomes for kids, faster.

The Emergency Medical Services for Children (EMSC) Innovation and Improvement Center offers QI Collaborative opportunities on behalf of the EMSC Program. QI Collaboratives engage teams in improving care in a specific area through cycles of learning, action, measurement, and evaluation over a period of 6 to 18 months.

How do QI collaboratives work?

1. A focus area is chosen
2. Teams form and register to participate
3. Teams are oriented to the focus area and may complete environmental scans
4. Teams engage in learning sessions, fireside chats, and office hours
5. Teams identify and develop a project using the “Plan, Do, Study, Act” improvement cycle
6. Projects are shared with other teams
7. The work and findings can result in implementation toolkits, summative papers, communities of practice, and more

Why should State Partnership Programs* get involved?

- Gain insight into what is happening in your state
 - What is meaningful to EDs and EMS agencies right now
 - Why processes and policies are being explored
- Network with EDs and EMS agencies in your state
 - Establish relationships
 - Identify early adopters and innovators
- Improve on EMSC performance measures
 - Participation often relates to specific performance measures and can directly or indirectly support your progress on them

* Don't have the time to join? Contact us to learn how to engage others from your state.



EMSC
Quality Improvement
Collaboratives









**STATE
PARTNERSHIP
PROGRAM**



LEARN MORE AT

**emscimprovement.center/collaboratives/all
or reach out to
collaboratives@emscimprovement.center**

2022–2023 QI Collaboratives

						State Partnership Program Manager Participation Details		
QI Collaborative	Topics	Team Type	Starting	Duration	CEU?	Role*	Time Commitment	Performance Measure
ED Screening and Treatment Options for Pediatric (STOP) Suicide QI Collaborative 	Improve clinical care processes for children and adolescents who present to the ED with acute suicidality.	ED-based teams across any disciplines	Feb. 2023	10 Months	Y	Support	1-2 Hours Per Month	N/A
Pediatric Mental Health Care Access (PMHCA) Technical Assistance Development-Teleconsultation on Expansion 	Increasing the use of teleconsultation services provided by the PMHCA in the ED setting.	PMHCA awardees	Sept. 2022 Work initiated with ED STOP	15 Months	Y	Support	1-2 Hours Per Month	N/A
Pediatric Readiness QI Collaborative (PRQC) 	Improve emergency care for children in prehospital/hospital environments and increase pediatric readiness (NPRP) scores.	ED-based teams led by physician or nurse; can include EMS practitioners	June 2023	18 Months	Y	Support	1-2 Hours Per Month	1.1
Disaster Networking Collaborative 	Developing a network of children's hospitals to engage in disaster preparedness efforts.	Children's hospital-based teams	June 2023	18 Months	Y	Support	1-2 Hours Per Month	1.1
Pediatric Readiness Recognition Program Collaborative (PRRP)  	Establishing pediatric readiness recognition programs for EDs and EMS agencies.	State Partnership Program teams	Sept. 2023 Kick-off at AGM	18 Months	N	Participant	3-6 Hours Per Month	1.1 and 2.1

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*State Partnership Role Definitions

- **Support Role**
 - Attend Learning Sessions and Fireside Chats as an observer
 - Check in with participants in your state and offer assistance where you can
- **Participant Role**
 - Actively engage in the full collaborative process, from attending all learning sessions to implementing a project