

# **Collaborative Session #2**

## **Engaging Leadership with Baseline Data**

September 19, 2023

# Acknowledgments

The EMSC Innovation and Improvement Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$2.5M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government. For more information, visit [HRSA.gov](http://HRSA.gov).



# Key Reminders



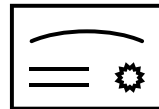
## Today's Session Will Be Recorded

- Available in Archives of PRQC Website



## Use Chat Function to Ask Questions

- Dedicated Time for Q&A at End of Session



## Seeking Nursing/Social Work Credit

- Enter Name in Chat Box

# Objectives

After participating in this session, attendees will be able to:

- Explain the role of baseline data
- Give examples of how to engage hospital leadership in support of QI efforts
- Describe how to use environmental scan results to select a clinical area of focus

# Speakers

**Corrie Chumpitazi, MD, MS, FAAP, FACEP**

Pediatric Emergency Medicine Physician  
Chief, Pediatric Emergency Medicine  
Professor of Pediatrics, Duke University



**Timothy W. Staed, MD, FAAP**

Emergency Room Physician, Cardinal Glennon Children's Hospital  
Adjunct Professor Department of Pediatrics Saint Louis University  
Associate PI, CGCH Pediatric Pandemic Network (PPN)

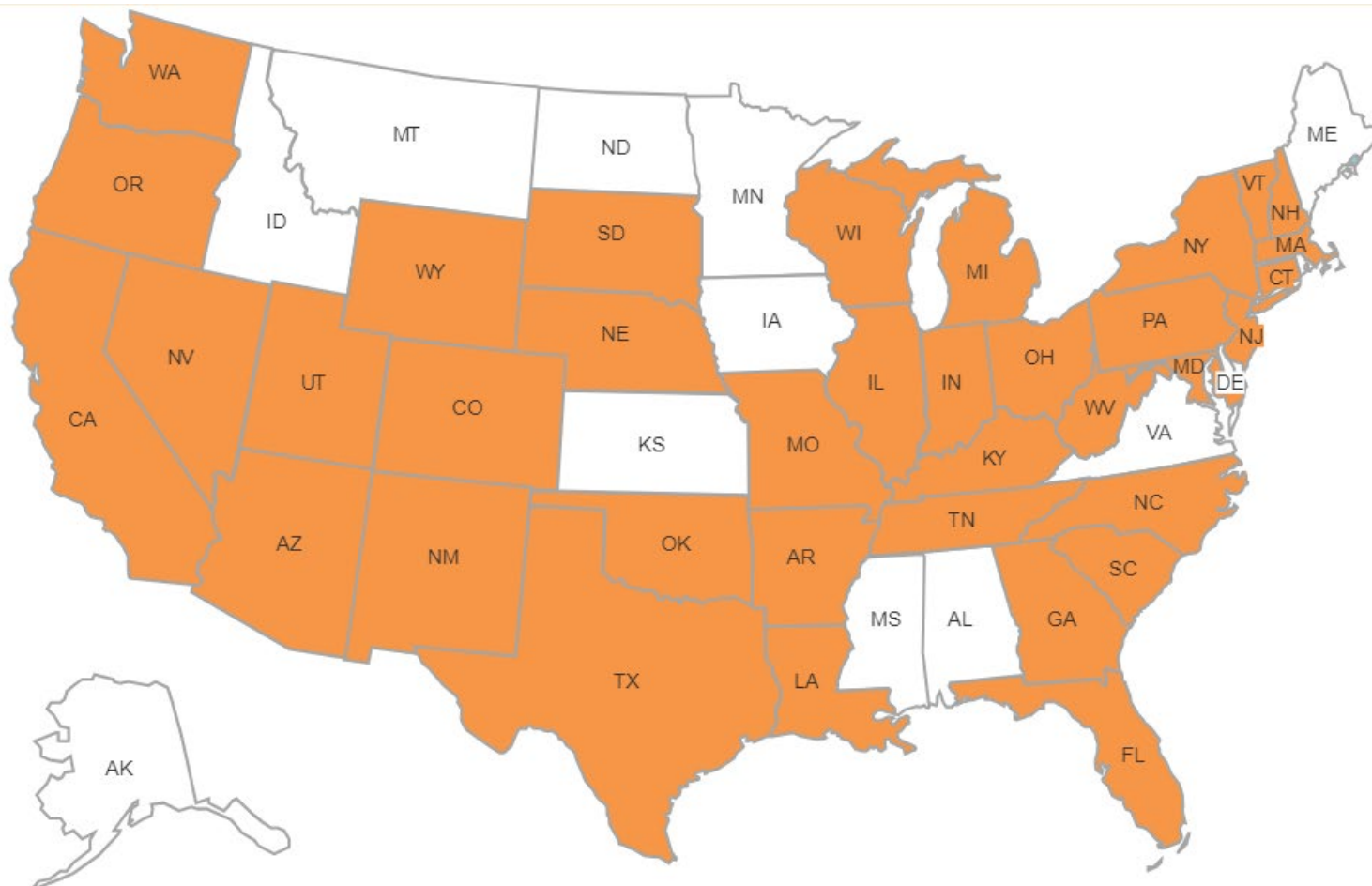


# PRQC 2023 Cohort

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# PRQC Sites: Who We Are



- 184 Sites
- 9 EMSC State Partnership Program Managers

Additionally, sites from the following territories or freely associated states have registered: District of Columbia, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands.



# PRQC Participants



58% of participants are a PECC

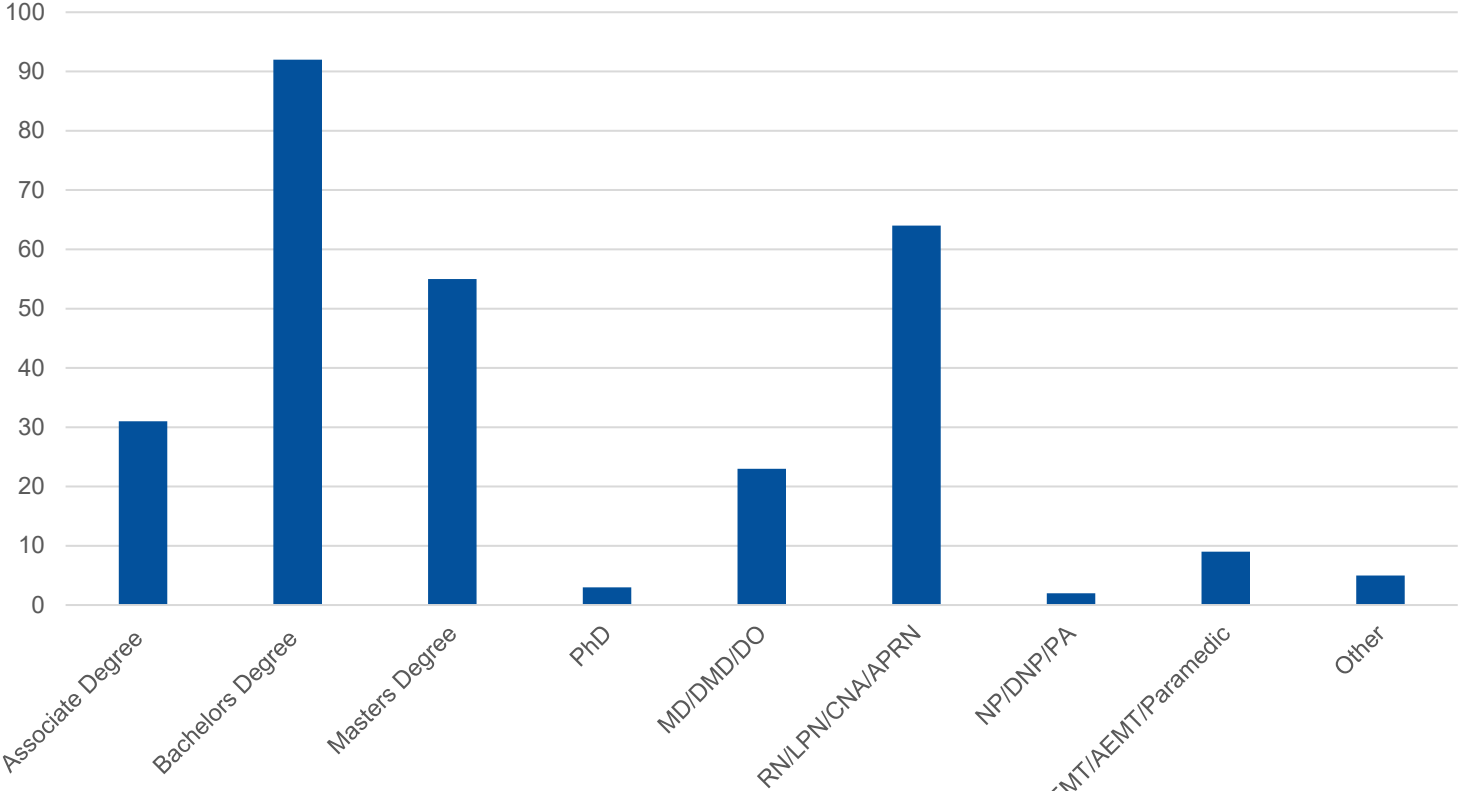


For 62% of PRQC participants, this is their first QI collaborative



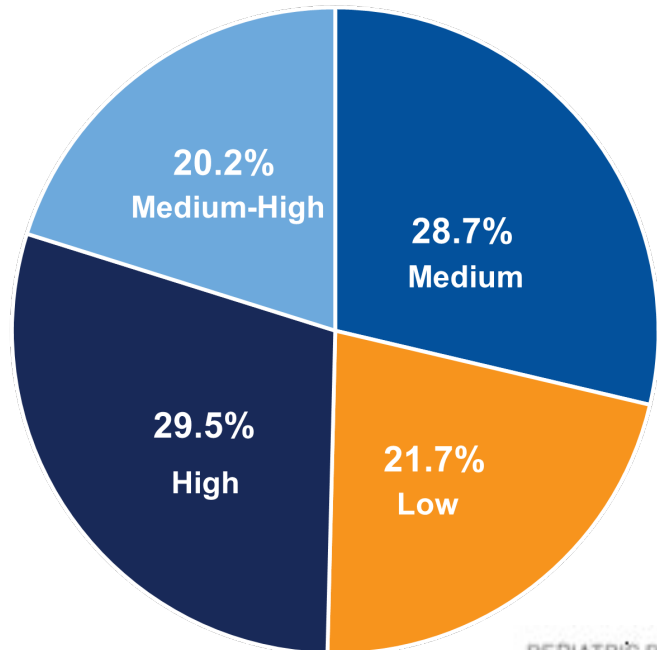
# PRQC Participants

### Degrees and/or Professional Licensures held by PRQC Participants



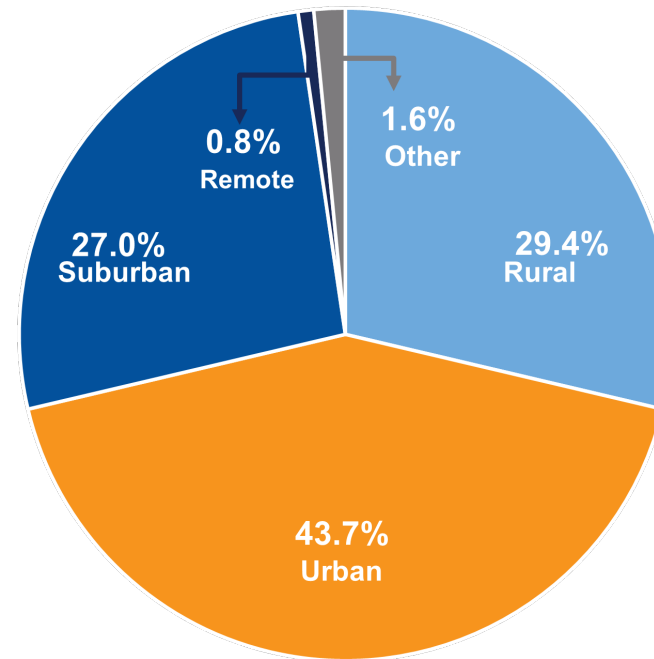
# Participating PRQC Sites

## Annual Pediatric Volume



PEDIATRIC PATIENTS  
High:  $\geq 10,000$   
Medium to High: 5,000 - 9,999  
Medium: 1,800 - 4,999  
Low:  $< 1,800$

## Service Area



# Demographics Survey



- We look forward to learning more about you as we build our PRQC community
- Please Complete

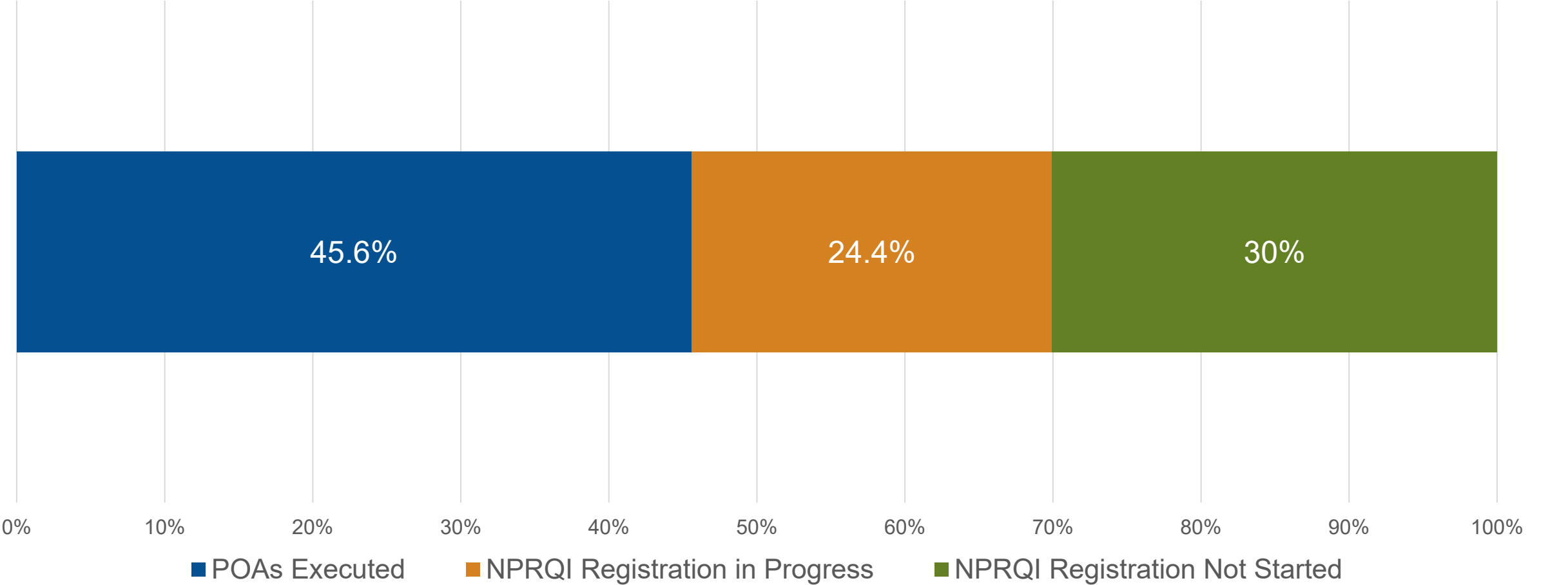


# PRQC Enrollment Updates

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NPRQI Registration and  
Participant Organization Agreements (POAs)

# PRQC POA Status Snapshot



# PRQC POA Snapshot (A-J)

## Executed POAs

- AdventHealth Daytona Beach
- Adventist Health Glendale
- Adventist Health White Memorial
- Antelope Valley Medical Center
- Appalachian Regional Healthcare
- Asante Rogue Regional Medical Center
- Aurora Lakeland Medical Center
- Baptist Health Hardin
- Baystate Wing Hospital
- Bluegrass Community Hospital
- Bryn Mawr Hospital
- Catawba Valley Medical Center
- Cedars Sinai Medical Center
- Charleston Area Medical Center
- Chester County Hospital
- CHI Health Creighton Medical Center - Bergan Mercy
- CHI Health Creighton Medical Center University Campus
- CHI Health St. Francis
- CHI Saint Joseph Health
- Children's Emergency Care Alliance
- Children's Hospital Los Angeles
- Christus Children's Hospital
- Christus Mother Frances Hospital – Jacksonville
- Clark Regional Medical Center
- Concord Hospital
- Covenant HealthCare
- Deaconess Union County Hospital
- Dignity Health
- Dignity Health Northridge Medical Center
- Dignity Health St. Mary Medical Center
- Elliot Hospital
- Emanate Health Queen of the Valley Hospital
- Encino Hospital Medical Center
- Ephraim McDowell Regional Medical Center
- Eureka Community Health Services Avera
- Georgetown Community Hospital
- Glendale Memorial Hospital and Health Center
- Golisano Children's Hospital of SW Florida
- Good Samaritan Hospital
- Grand Strand Medical Center
- Harbor UCLA Medical Center
- HCA Houston Healthcare Mainland
- Henry Mayo Newhall Hospital
- The Hospital of Central Connecticut
- Huntington Hospital
- Jacobi Medical Center

# PRQC POA Snapshot (K-W)

## Executed POAs

- Kaiser Permanente
- La Palma Intercommunity Hospital
- Lake Cumberland Regional Hospital
- Lake Regional Health System
- Lawrence + Memorial Hospital
- NYC Health + Hospitals – Lincoln
- Littleton Regional Healthcare
- Los Angeles Co. EMS Agency
- Los Robles Regional Medical Center
- Memorial Hospital of South Bend
- Morristown Medical Center
- Olive View UCLA Medical Center
- Orange County Global Medical Center
- Owensboro Health
- Pennsylvania Emergency Health Services Council
- Pomona Valley Hospital and Medical Center
- Princeton Community Hospital
- Providence Holy Cross Medical Center
- Providence Little Company of Mary MC
- Riverview Health
- Ronald Regan UCLA Medical Center
- Saint Elizabeth Medical Center
- Sanford USD Medical Center and Hospital
- Scheurer Health
- Sherman Oaks Hospital
- South Lincoln Hospital District
- St. Francis Medical Center
- SSM Health St. Joseph Hospital Lake St. Louis
- St. Vincent's Medical Center HHC
- Summit Healthcare Medical Center
- Tampa General Hospital
- Torrence Memorial Medical Center
- University of Colorado School of Medicine
- University of Maryland Baltimore Washington MC
- University of New Mexico
- University of South Dakota Sanford School of Medicine
- USC Arcadia Hospital
- US Virgin Islands Department of Health
- Utah Department of Health
- Valley Presbyterian Hospital
- Vista Medical Center East
- West Hills Hospital and Medical Center

# PRQC POA Snapshot

**Pending  
Execution**

- AHN Saint Vincent Hospital



# Have you reviewed your site's environmental scan results?



# Select a Clinical Area of Focus



**Suicide**



**Assessment/  
Reassessment**



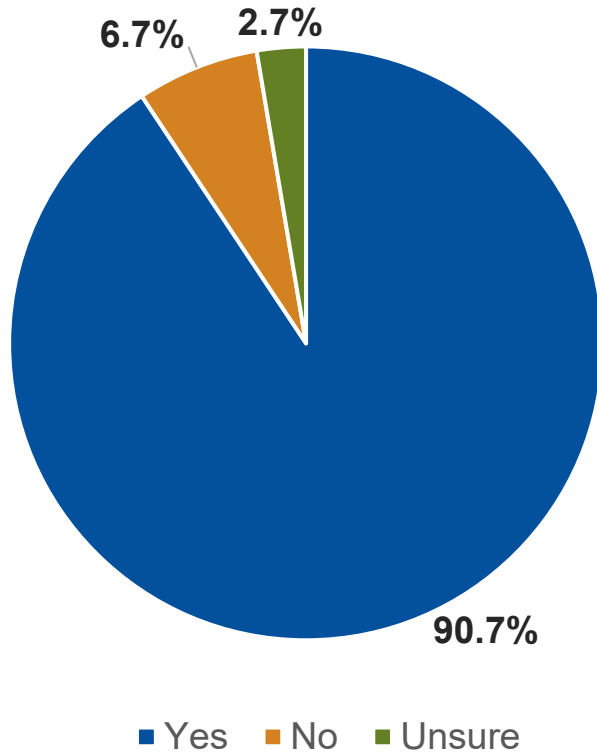
**Patient Safety**



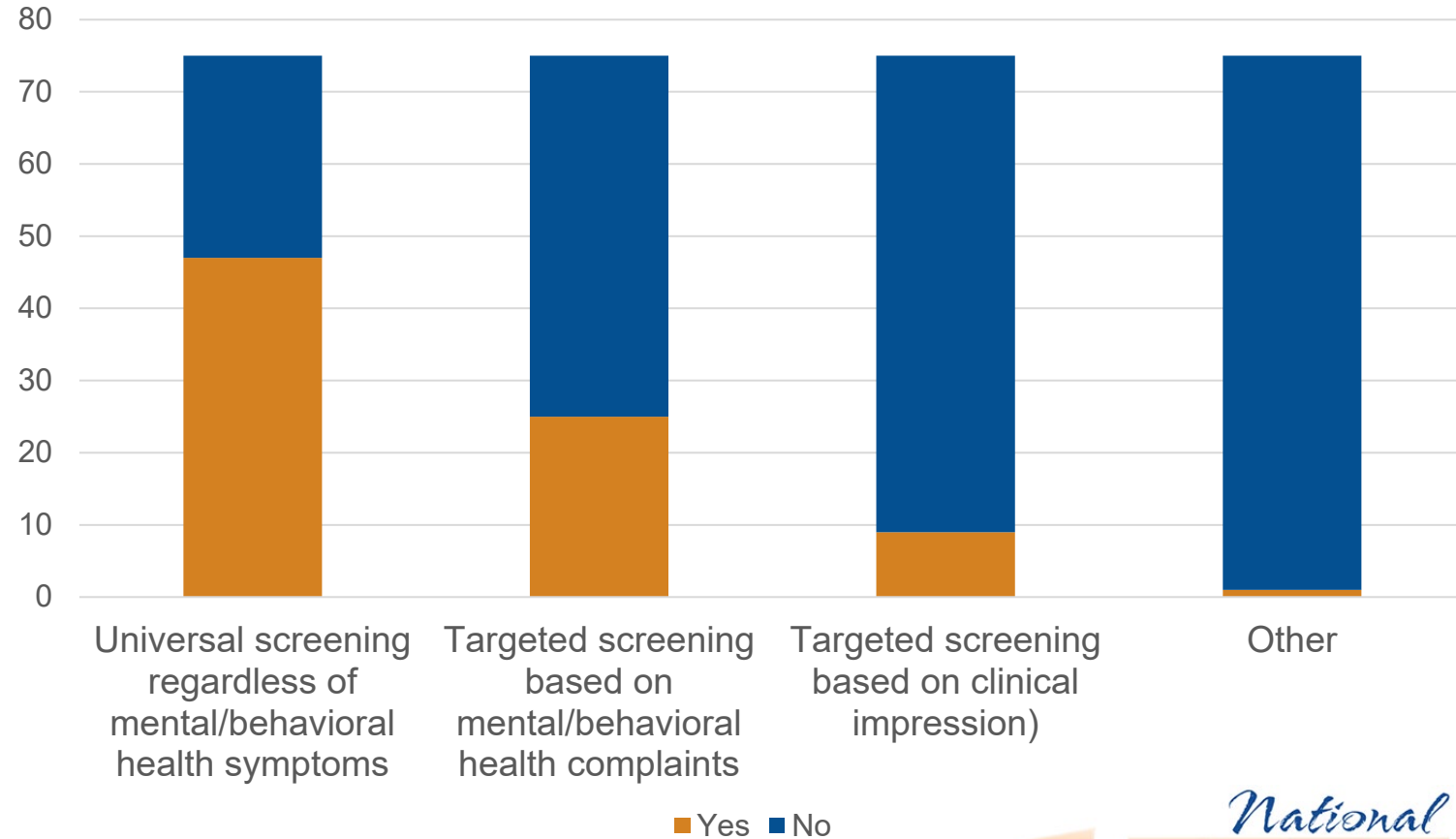
**Pain**

# Suicide

Does Your ED Currently Perform Suicide Screening in the Pediatric Population?



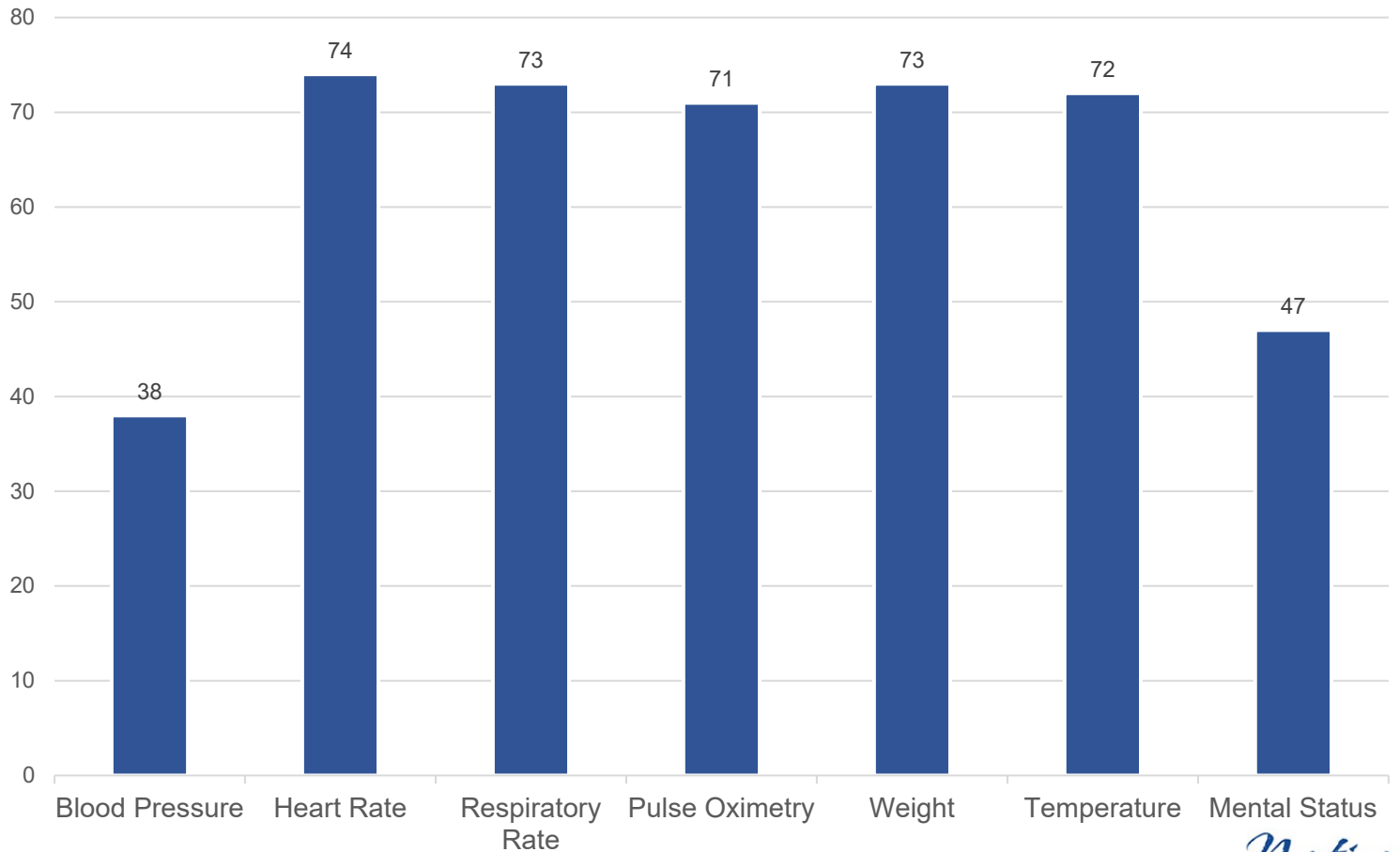
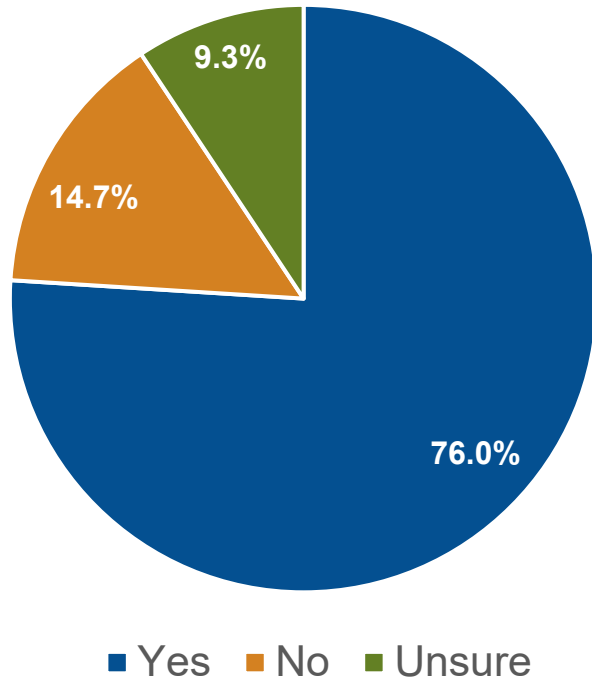
Which Children are Screened for Suicide?



# Assessment and Reassessment

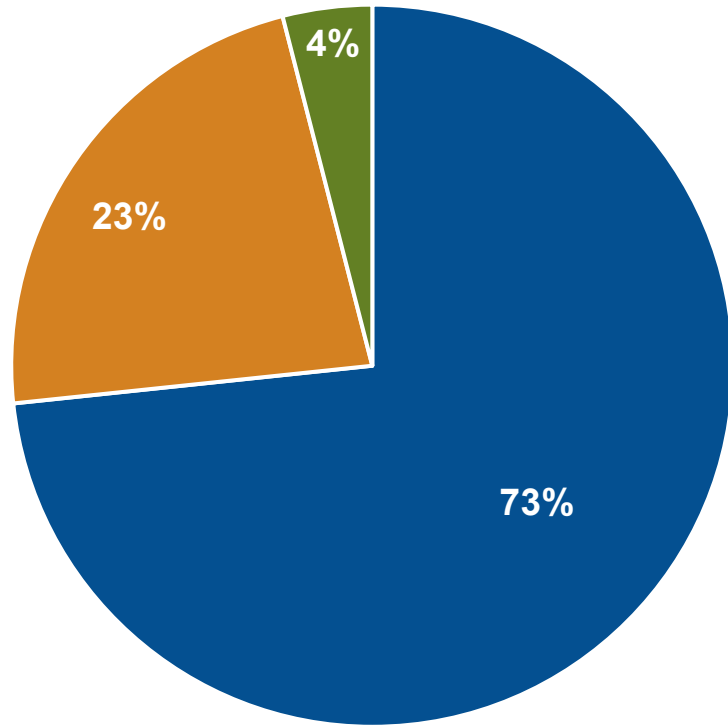
Which of the Following Vital Signs are Documented on Every Child in Triage and/or During the ED Stay?

Does Your ED Have Age-Based Critical Thresholds to Identify Abnormal Vital Signs?



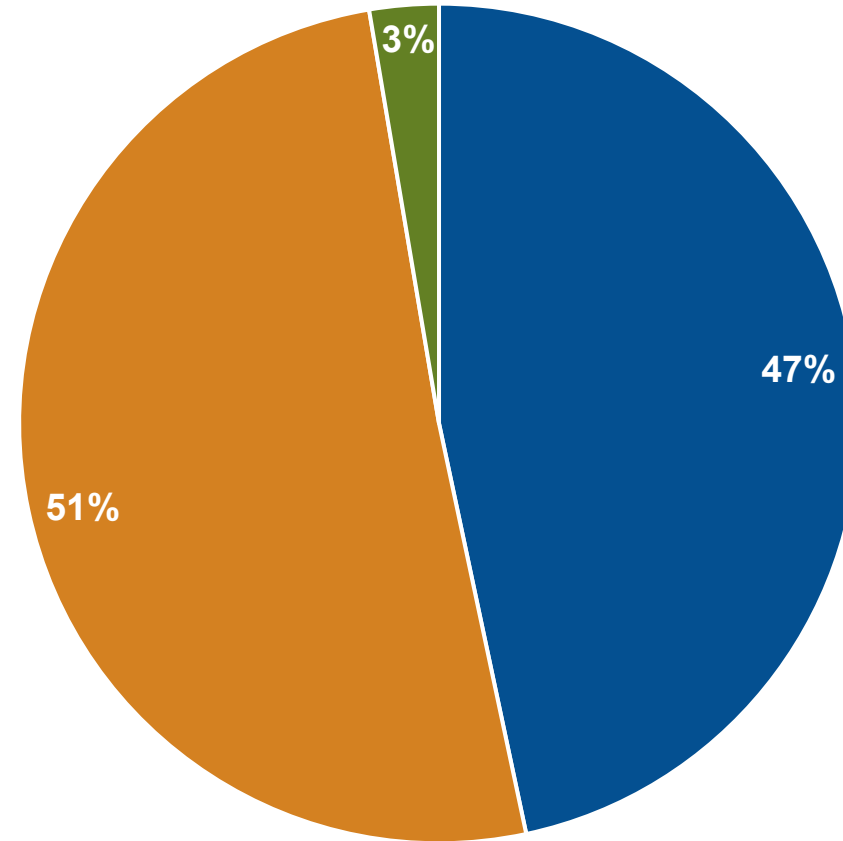
# Patient Safety

Does Your ED Use a Scale that Measures Children in Kilograms Only?



■ Yes ■ No ■ Unsure

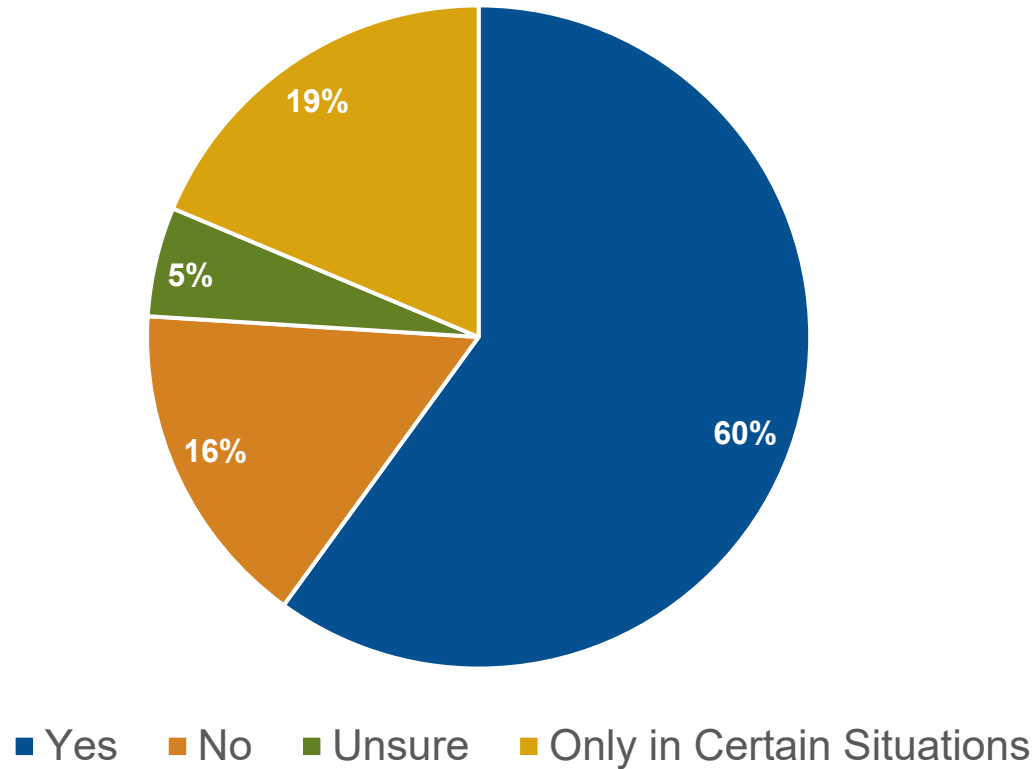
How Does Your EHR Record Patient Weights?



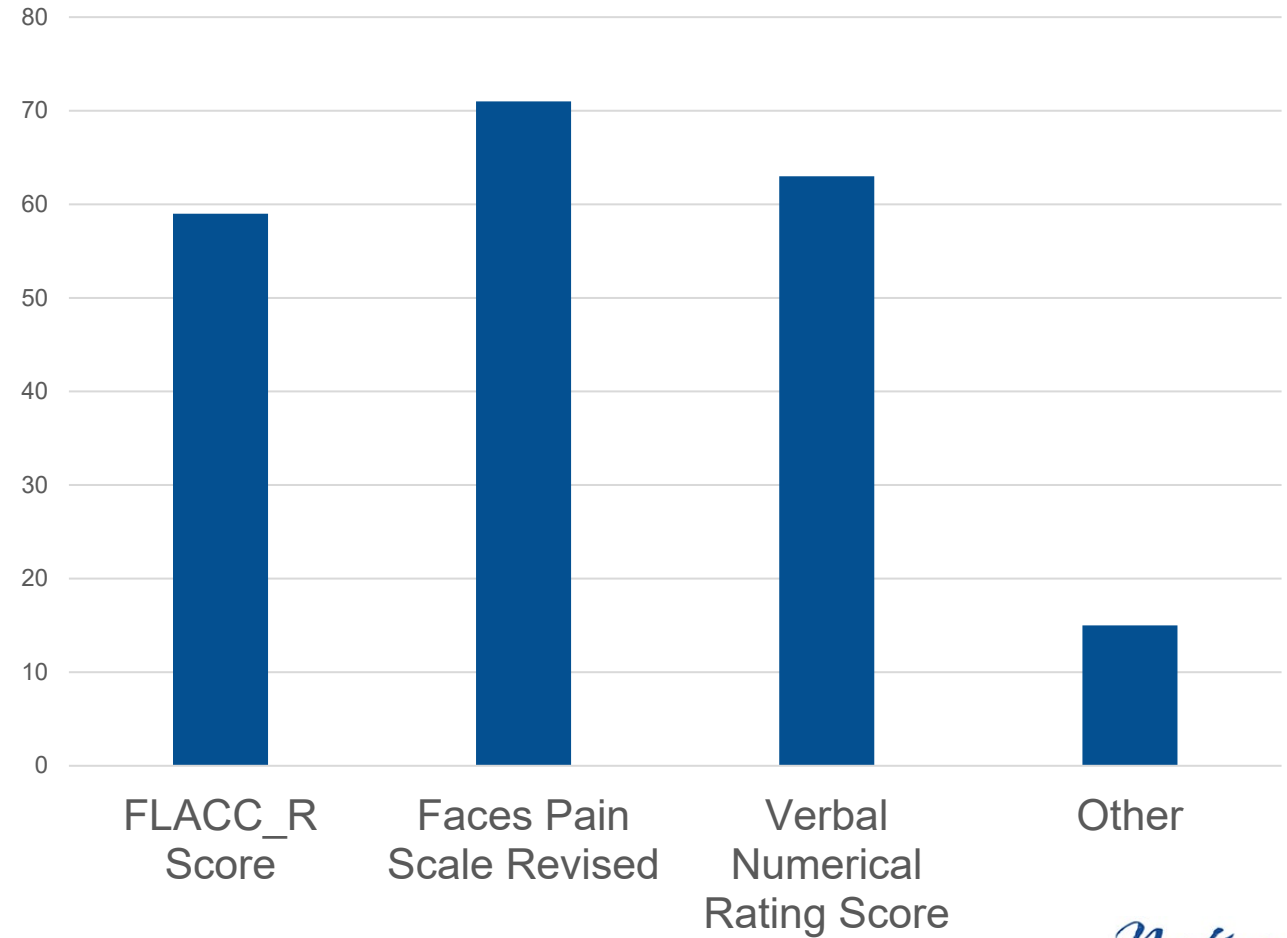
■ Kilograms and Pounds ■ Kilograms only ■ Pounds only

# Pain

Is Pain Assessed on All Pediatric Patients Prior to ED Discharge?



What is the Validated Tool Being Used in Your ED to Assess Pain?



# Baseline Data

Tim Staed



# Baseline Data Collection

- **Importance:**
  - Assess current performance prior to implementing change strategies –May go back to Jan 1, 2023
  - Measure impact of change strategies/efforts
  - Complete prior to obtaining buy-in or educating staff on project to avoid Hawthorne effect –people alter behavior when they know they are being watched

*Your success depends, in part, on your ability to tell a story.  
Baseline data is the basis for any demonstration of impact.*



# Preparation for Baseline Data: Defining Population of Interest

- **Select your intervention bundle(s)**
  - Local interest – best for staff
  - Recent concerns/known performance gaps – best for administration
  - New awareness or evidence
- **Intervention bundle population**
  - Start broad => may narrow focus on disparities after global performance improved

Intervention Bundle	Broad Focus (esp. for low-volume sites)	Narrow Focus (examples only)
Weight in Kg	All pediatric patients	Only high acuity patients
Pain Assessment	All pediatric patients	Only patient with long-bone fractures
Recognition of Abnormal Vitals	All pediatric Patients	Diagnosis specific (sepsis)
Suicide	All pediatric patients > 10 years	Only patients with "high" suicide risk

# Preparation for Baseline

## How many charts should I enter?

- Considerations:
  - Select at least 25-30 patient encounters that occurred between **1/1/2023** and present (up until first change strategy)
  - Encounters should reflect a period of status quo (i.e., no formal interventions introduced)
  - Monitor performance until additional entries result in minimal changes in overall measure performance
  - Actual number of charts entered may vary from site to site



# Preparation for Baseline: Chart Selection and Identification

- Prospective log (maintain list of patients based on patient criteria)
- Retrospective search of EHR (by dates and patient criteria)
- IT support (automated pull by patient criteria)

*Consider what age range your site uses to define "pediatric"*

# Data Sampling

Technique	Definition	Advantages	Disadvantages
Random	Sample randomly selected	Likely to include all subgroups	Requires large sample size otherwise high likelihood of error
Stratified	Specific subgroup selected	Subgroups represented	Must know subgroups, can be complicated to apply
<b>Systematic – may be least likely to have bias</b>	<b>Inclusion of every nth patient</b>	<b>Time efficient</b>	<b>Can cause bias if periodicity exists (e.g., every 7th day)</b>
Judgement	Sampling done based on judgement of team lead	Time efficient	Personal bias, not representative
Quota	Sample selected based on numbers alone	Easy, reliable	Sampling error
Convenience	No requirements or stratification	Simple and easy	Selection bias and sampling error

# Data Collection: Privacy and Patient Logs

- Patient Safety and Quality Improvement Act/Patient Safety Organization – Federal protections, HIPAA compliant
  - Limited PHI includes Date and Time of Arrival *only*
  - Participant Organization Agreement **required** prior to participation
- Patient Logs
  - Links Patient Medical Record to Data Entry System Identifier
  - Maintained by individual site/champion
  - Creates ease for data entry corrections/deletions

PDSA Cycle	Patient Visit Date	Patient Medical Record Number	Data Entry System Identifier
1	3/2/23	12345678	JKZ1234

# Data Collection: Who Will be the Data Stewards?

- Obtain login information
- Pull and review charts based on data sampling strategy
- Understand data variables and how to locate them
- Work with pediatric champion to streamline processes for data collection
- Maintain patient log (link to MRN or DOB – not included in data collection)



“Do we really need to encrypt our data? Most of our communications are impossible to understand in the first place.”

# Creating a Message Utilizing Baseline Data

**Tim Staed**



# Creating a Message Utilizing Baseline Data



Tell a story – don't use statistics alone

Make the problem simple to understand:

✓ Children are three times more likely than adults to suffer medication errors

Compared to:

⊘ 12% of all ED patients suffer medication errors. And of those 12% 40% are pediatric patients AND 90% of the pediatric patients are under two. We think the main reason is we weigh 40% of our infants in pounds and make calculation errors 19% of the time



# Creating a Message Utilizing Baseline Data



Make sure you state WHY we are doing this e.g.,

- All medicines for children are dosed based on weight
- If the weight is wrong the child may be accidentally overdosed

# Creating a Message Utilizing Baseline Data

- State a simple Aim statement e.g.,
  - By the end of the project, 90% of children will have a pain assessment in triage
- Don't criticize - "We are terrible at assessing pediatric pain"

# Bringing your Baseline Data to Your Leadership

**Corrie Chumpitazi**



# Sharing the Value of a QI Project



# Becoming a Change Maker

- Dedicated to the cause
- Involved in the work
- Connected to others across the organization

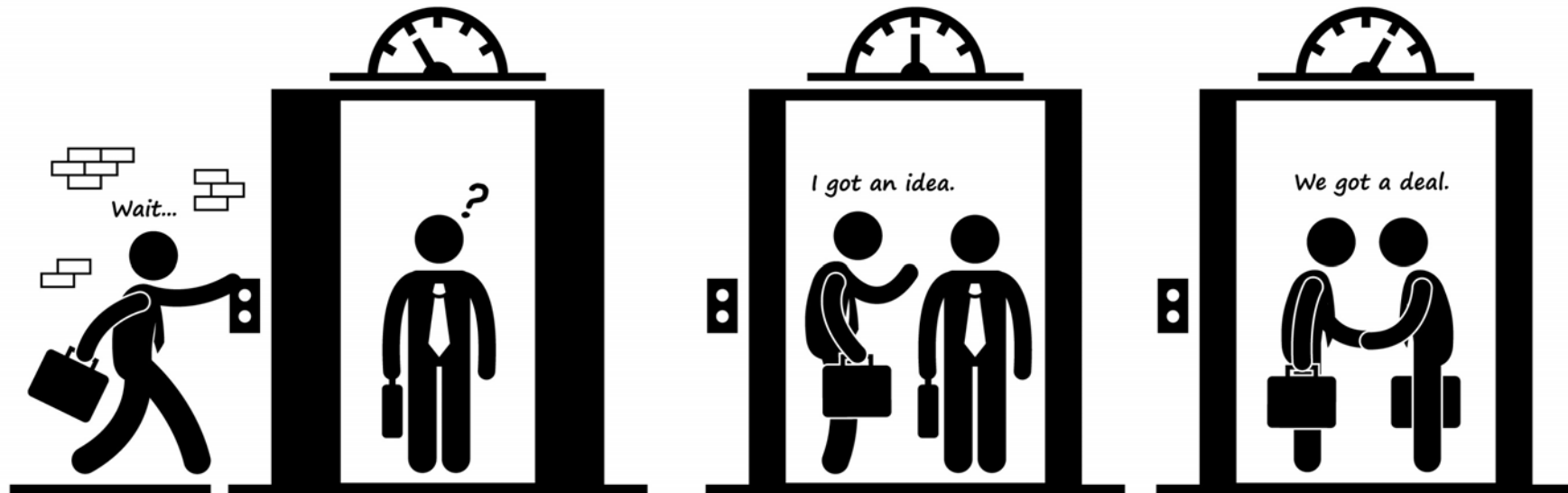


# 6 C's of Effective Communication



# What is an Elevator Pitch?

An elevator pitch is a brief, persuasive speech that you use to spark interest in a project.



<https://www.saxonsit.com.au/blog/business/perfecting-elevator-pitch-small-business/>

# Developing a 2 Minute Elevator Pitch

## 1 Grab their interest

- Know your audience (put them first)
- Highlight the problem

## 2 Personalize it

- What are their priorities?
- Translate to their world

## 3 Describe the solution

- Connect with their interest



# Example Elevator Pitch

1 Did you know that respiratory failure is the leading cause of death in children?

2 In our review, we found that over 50% of our pediatric patients presenting with asthma have prolonged (>4hrs) stays in our ED with an average 2-hour delay between triage and initial intervention.

3 We will develop standing orders that allow nurses to administer treatments immediately after triage. This has the potential to decrease the length of stay of our pediatric asthma patients by 2 hours and increase overall patient satisfaction.

Grab their interest

Personalize the problem

Describe the solution

# Example Elevator Pitch

1

Did you know that over the last 6 months we received nearly a dozen complaints from families of children with asthma – citing treatment delays, long ED stays, and inattentive staff.

2

I recently surveyed our providers and found that only 2% of our paramedics performed bag mask ventilation on a child in the last two years. Failure to perform BVM quickly and correctly carries a high risk of death and poor outcomes.

3

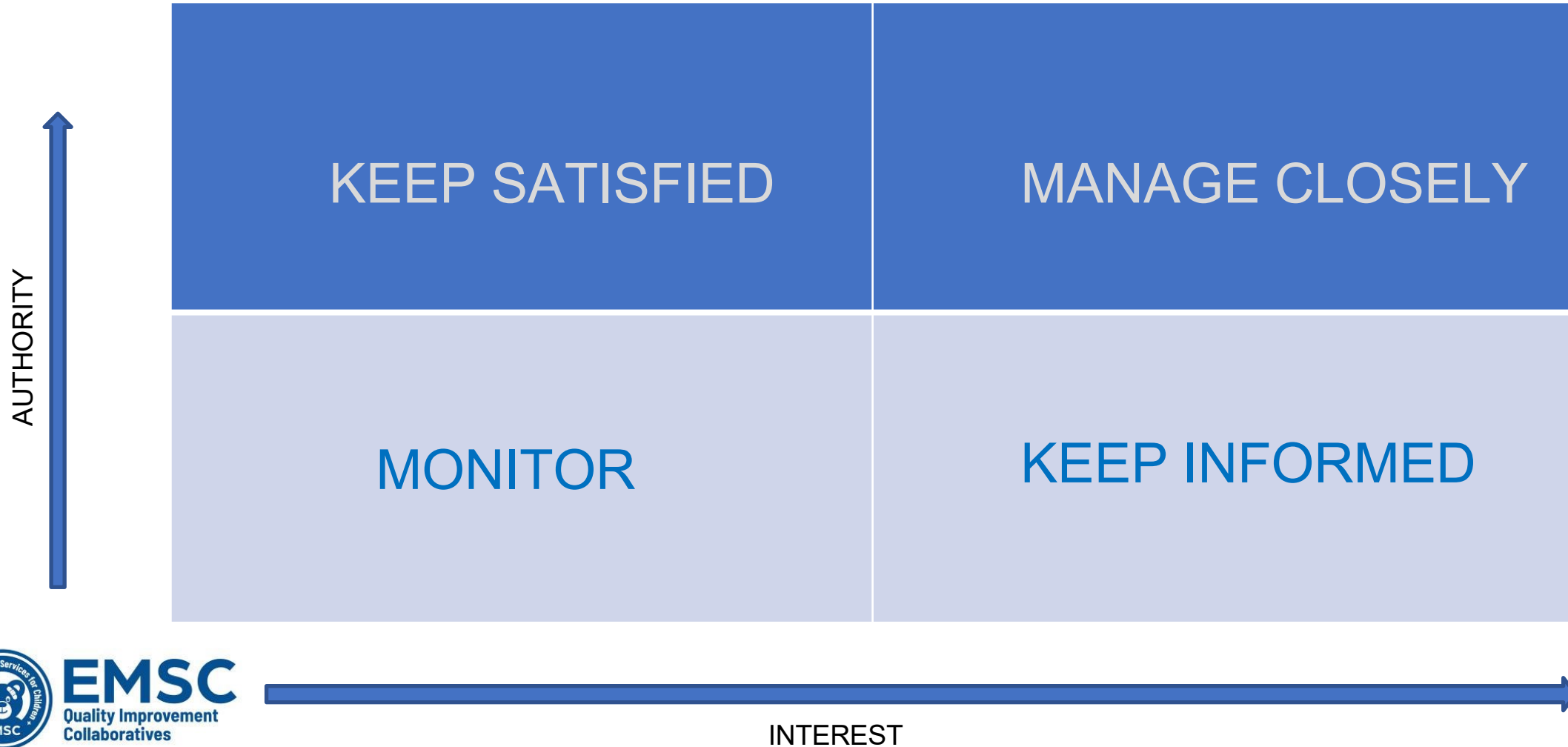
This past month, we launched a competency program to ensure all our paramedics have a quarterly opportunity to practice and master this skill in order to decrease pediatric deaths and complications.

Grab their interest

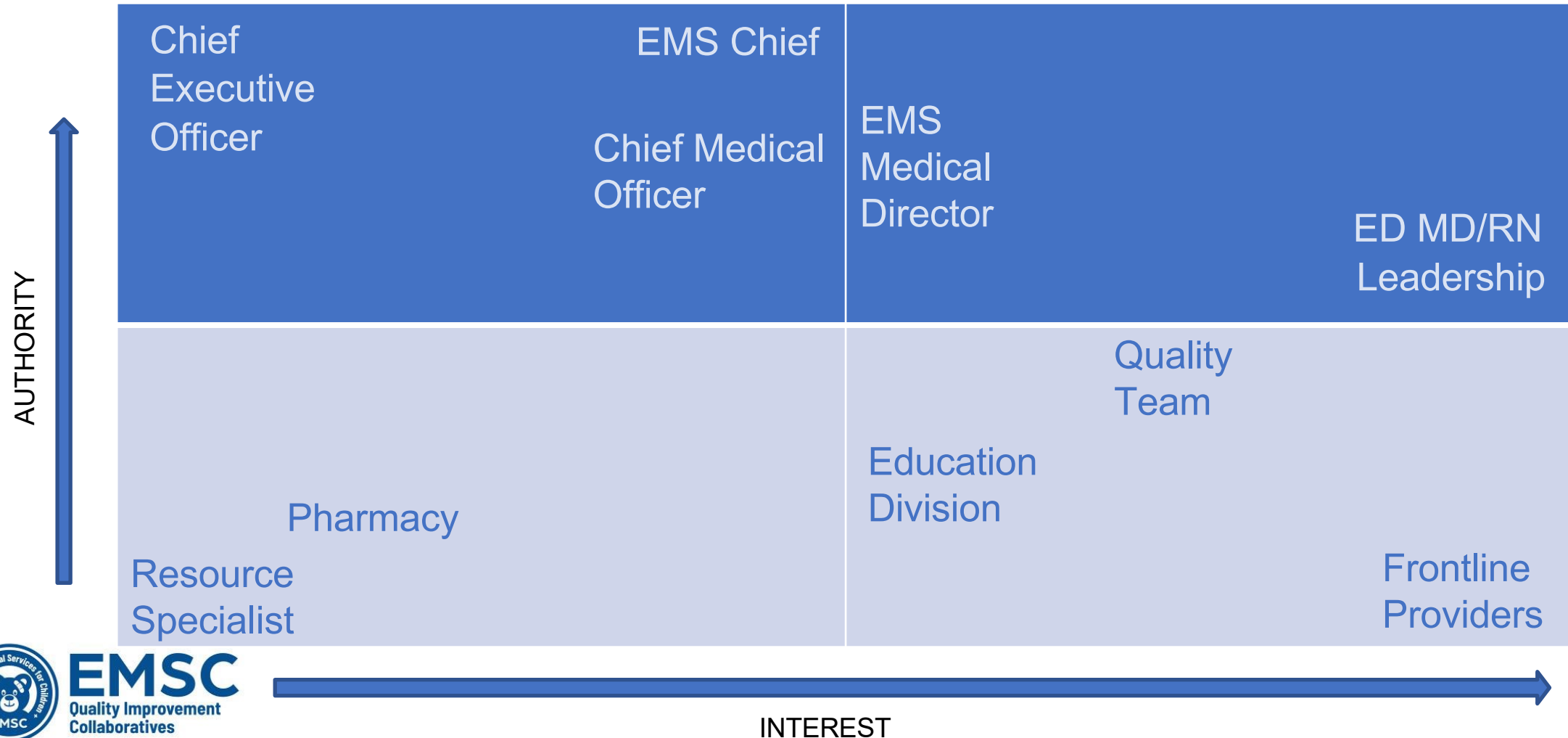
Personalize the problem

Describe the solution

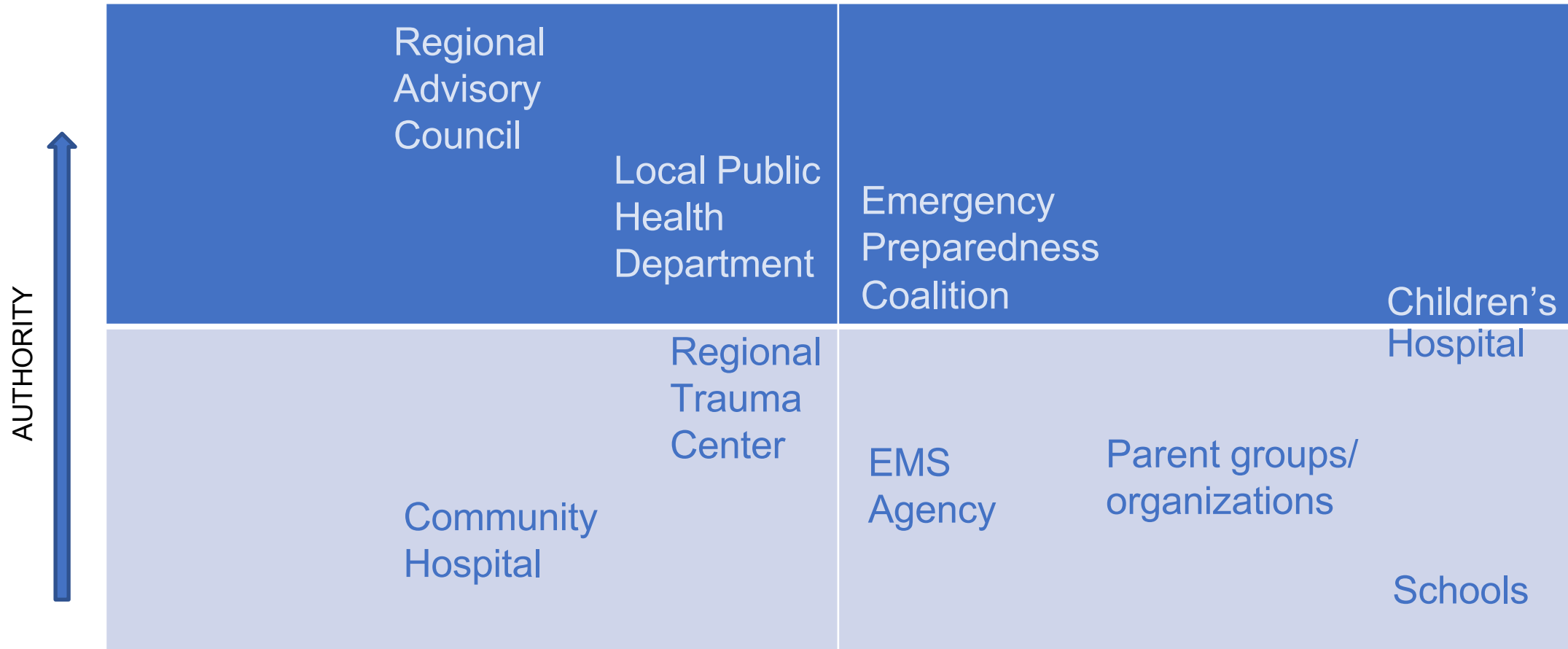
# Who are the Key Collaborators? Mapping a Power-Interest Grid



# Building a Communication Workstream: Who are the Key Internal Collaborators?



# Building a Communication Workstream: Who are the External Key Collaborators?



# October Collaborative Session

We look forward to hearing from participating sites



# 5 Minute Update

- Tell us about your:
  - Site
  - Team
  - Clinical area of focus
  - SMART AIM





- Register for NPRQI
- Decide on Participant Access Levels
- Sign POA
- POA executed by UT Austin
- Gain Access to NPRQI with Clario Login Credentials

- Build PRQC Team
- Complete Participant Demographics Survey
- Share intentions with Stakeholders

- Complete Environmental Scan
- Begin Collecting Baseline data
- Decide on clinical area of focus

- Select SMART Aim
- Identify change strategy
- Implement change strategies
- Review (compare performance to SMART Aim)
- Adapt/Abandon

August

September

October

November

December



# Q&A Session



# Please Complete Session Evaluation

*Thank you!*



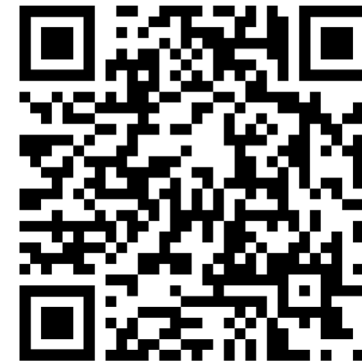
## Complete Registration for the Data Platform

- *Share demographics*
- *Provide data platform users*
- *Include name, email, phone # of POA signatory*
- *Upload signed POA to data portal registration*



## Register Your Site's Team

- *To receive calendar invites*
- *Newsletters and reminders*
- *Site specific messages*



## Optional Office Hours



September 26, 2023

## Optional Office Hours



October 3, 2023

# Join us for Upcoming Office Hours

# Nursing - CE contact hours

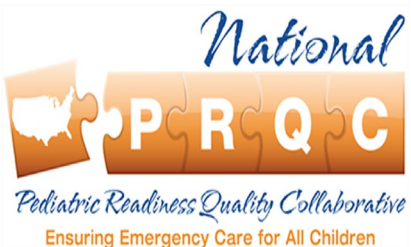
Collaborative session #2 September 19, 2023

1. Enter your first and last name in the **chat** if you have not done so already
2. Scan the QR code/use link to access session evaluation
3. Submit completed evaluation by 1700 (Pacific) on 9/21/2023 to be eligible for CE hours



<https://bit.ly/PRQCCollaborative2>

If you have any questions, please contact Robin Goodman at [robin.goodmanrn@gmail.com](mailto:robin.goodmanrn@gmail.com)



BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

# Social Work Professionals – CEU's Collaborative Session #2 September 19, 2023

1. Enter your first and last name in the **chat** if you have not done so already
2. Scan the QR code/use link to access session evaluation



[https://utexas.qualtrics.com/jfe/form/SV\\_efzEUEWzJj4AJh4](https://utexas.qualtrics.com/jfe/form/SV_efzEUEWzJj4AJh4)

**ENA**  
**EMERGENCY**  
**NURSING 2023**

  
San Diego, California  
Sept. 21–23 | #EN23  
[ena.org/EN23](http://ena.org/EN23)

## Pediatric Readiness activities

- Special Interest Group Session
  - **Pediatric Emergency Care Coordinators/Pediatric Champions**  
Friday, September 22 (9:30 am – 10:15 am)
- Fast Track Session
  - **The Kiddos are Coming! Is Your ED Ready for Children?: Exploring the Importance of Pediatric Readiness**  
Saturday, September 23 (8:00 am – 8:30 am)
- Fast Track Session
  - **Is Your ED Pediatric Ready? The Answer May Surprise You!**  
Saturday, September 23 (4:30 pm – 5:00 pm)
- Poster Q&A Session
  - **PECCs Make a Difference: How a Designated PECC Can Improve Pediatric Readiness**  
Friday, September 22 (2:30 pm @ monitor 4)

