

Collaborative Session #3

QI Recap and Team Presentations

October 17, 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](https://www.hrsa.gov).

Key Reminders



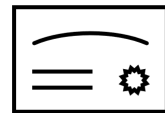
Portions of Today's Session Will Be Recorded

- 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 a SMART Aim in QI
- Develop a SMART Aim for site specific QI project
- Become familiar with QI resources and fellow PRQC teams

Speakers

Sheryl Yanger, MD, FAAP

EIIC Collaboratives Domain Co-lead
Assistant Professor of Medicine, Department of Pediatrics
Quality Director, Pediatric Emergency Medicine
Dell Children's Medical Center of Central Texas
The University of Texas at Austin, Dell Medical School



Krystle Bartley, MA

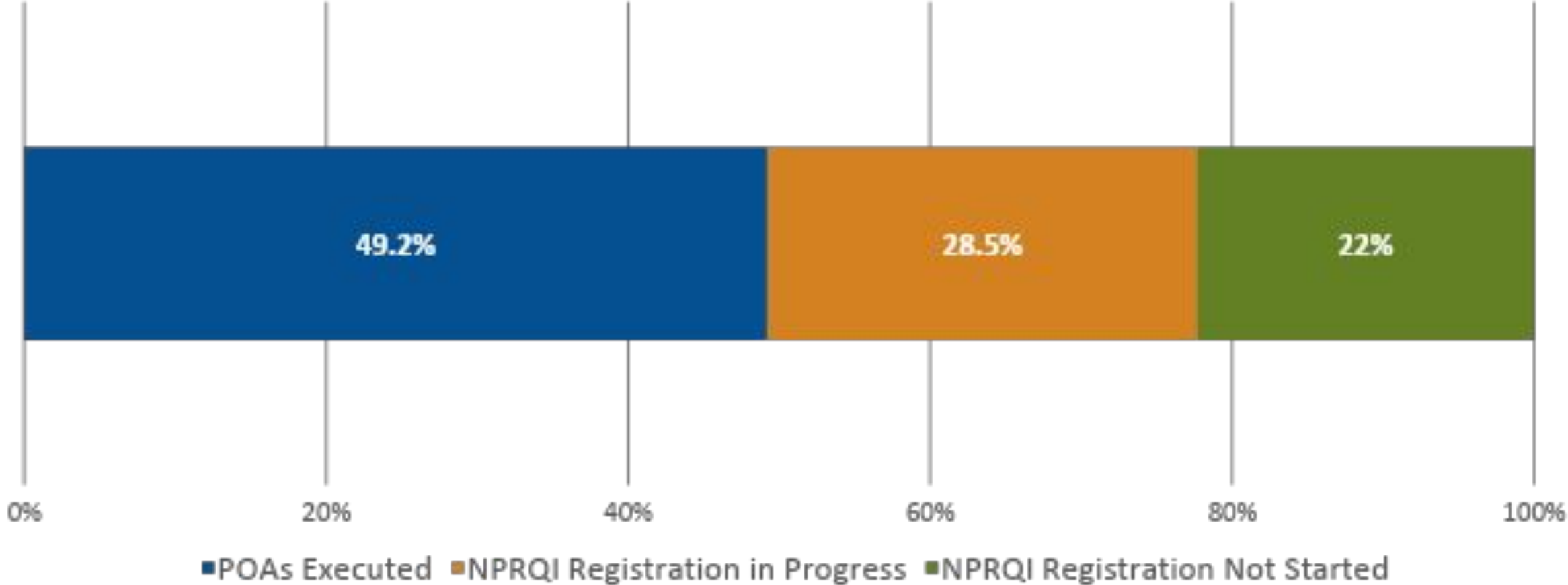
Assistant Director of Quality | Department of Pediatrics
Dell Medical School
Director of Quality Improvement Initiatives
National Pediatric Readiness Quality Initiative



PRQC Enrollment Updates

NPRQI Registration and
Participant Organization Agreements (POAs)

PRQC POA Status Snapshot



PRQC POA Snapshot (A-E)

Executed
POAs

AdventHealth Daytona Beach
Adventist Health Glendale
Adventist Health White Memorial
AHN Saint Vincent Hospital
Antelope Valley Medical Center
Appalachian Regional Healthcare
Arkansas Department of Health
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 University Medical
Center - Bergan Mercy

CHI Health Creighton University 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
Clark Regional Medical Center
Concord Hospital
Covenant HealthCare
Deaconess Union County Hospital
Dignity Health
Dignity Health - St. Mary Medical Center
Dignity Health Northridge Hospital Medical Center
Elliot Hospital

Emanate Health Queen of the Valley Hospital
Encino Hospital Medical Center

PRQC POA Snapshot (E-P)

Executed POAs

Eureka Community Health Services
Avera
Georgetown Community Hospital
Glendale Memorial Hospital and
Health Center
Golisano Children's Hospital of
Southwest Florida
Good Samaritan Hospital
Grady Memorial Hospital
Grand Strand Medical Center
Harbor-UCLA Medical Center
HCA Houston Healthcare Mainland
Henry Mayo Newhall Hospital
Huntington Hospital
Jacobi Medical Center
Kaiser Permanente (KP)
La Palma Intercommunity Hospital
Lake Cumberland Regional Hospital
Lake Regional Health System

Lawrence + Memorial Hospital
Littleton Regional Healthcare
Los Angeles County Emergency Medical Services
(EMS) Agency
Los Robles Regional Medical Center
Memorial Hospital of South Bend
Michigan Department of Health and Human Services
Morristown Medical Center
North Oaks Medical Center
NYC Health + Hospitals - Lincoln
Olive View UCLA Medical Center
Orange County Global Medical Center
OSF Saint Elizabeth Medical Center
Owensboro Health
Pennsylvania Emergency Health Services Council
(PEHSC)
Pomona Valley Hospital and Medical Center
Princeton Community Hospital

PRQC POA Snapshot (P-Y)

Executed
POAs

Providence Holy Cross Medical Center
Providence Little Company of Mary Medical Center
Riverview Health System
Ronald Reagan UCLA Medical Center
Sanford USD Medical Center and Hospital
Scheurer Health
Sherman Oaks Hospital
South Lincoln Hospital District
SSM Health St. Joseph Hospital - Lake Saint Louis
St. Francis Medical Center
St. Vincent's Medical Center, HHC
Summit Healthcare Medical Center
Tampa General Hospital
Texas Health Hospital Mansfield
The Hospital of Central Connecticut
Torrance Memorial Medical Center

United States Virgin Islands Department of Health
University Medical Center of El Paso
University of Colorado School of Medicine
University of Maryland Baltimore Washington Medical Center
University of New Mexico
University of South Dakota Sanford School of Medicine
USC Arcadia Hospital
Utah Department of Health
Valley Presbyterian Hospital
Vista Medical Center East
West Hills Hospital and Medical Center
Wisconsin Department of Health Services
Yale New Haven Health System

PRQC POA Snapshot

Pending
Execution

Centinela Hospital Medical Center
Memorial Care Long Beach





NPRQI Data Entry Quick Recap



Data Entry Preparation



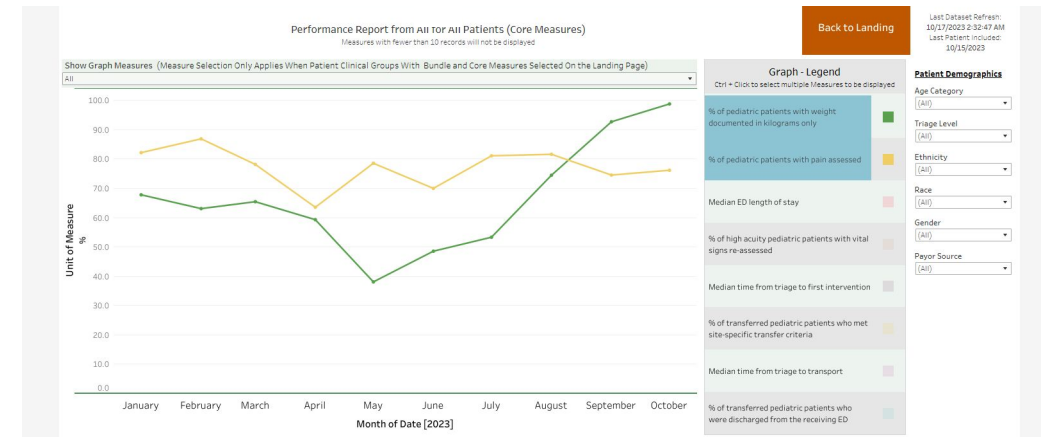
Data Entry User Guide

	<p>Obtain secure login credentials (must have executed POA) tap.support@clarion.com</p>
	<p>Log in and complete training videos</p> <ul style="list-style-type: none">- Patient Safety Organization- NPRQI Data Entry
	<p>Creating Unique Subject IDs Subject ID format will be: user's first initial, user's last initial, + 4 digits Ex: LH0001, LH0002 <i>Do not use the actual patient record ID for NPRQI data entry.</i></p>
	<p>Selecting Charts All = low volume sites Systematic = inclusion of every Nth patient Stratified = certain populations (one clinical presentation)</p>

Entering Baseline Data

- Baseline chart entry for PRQC is 25-30 charts.
- Once you begin your first PDSA Cycle (with your change strategy), we recommend you enter enough charts over the PDSA cycle so that you see some change in performance.
- Number of charts entered per PDSA cycle will depend on your area of focus and sampling strategy (want to use the same sampling strategy as baseline period).

- Internally, it is a best practice to track:
 - when the PDSA started
 - the intervention used/applied
 - the date that you either adopt, abandon, or adapt the intervention



PRQC Clinical Areas of Focus – NPRQI Clinical Conditions

PRQC Clinical Areas of Focus	NPRQI Clinical Condition Selection
Patient Safety	Select clinical condition/chief complaint that best matches or select other
Pain Assessment	Select clinical condition/chief complaint that best matches or select other
Assessment/Reassessment	Select clinical condition/chief complaint that best matches or select other
Suicide	Select Behavioral Health Concern



NPRQI Clinical Conditions to Select
Head Trauma
Seizure
Respiratory symptoms
Vomiting
Behavioral Health Concerns
Other

Sites determine which clinical bundle fits best based on clinical condition/chief complaint. Multiple clinical bundles can be selected. If none apply, select other.

Beginning Data Entry

Initial Login:

Must have executed POA
and secure login credentials

CLARIO.

[Forgot Password](#)

Sign in

[Terms of Use](#)

[Privacy Policy](#)

Clario Support Contact Information:

Phone: US and Canada: 1-888-275-2462
International: +1-484-928-6076

Email: Support@clario.com



Data Entry - Training

Initial Login: Complete Training

The screenshot shows the CLARIO web application interface. The top navigation bar is dark purple and contains the CLARIO logo, a user menu for 'UT NPRQI', a 'Settings' gear icon, 'Level3 Role', a notification bell icon, and buttons for 'SMART Portal' and 'Sign out'. The left sidebar is light gray and contains icons for 'Trial Members', 'Notifications' (with a '4' badge), 'Training' (circled in red), 'Reports', and 'UT NPRQI'. The main content area has a breadcrumb trail 'TRAINING OVERVIEW / LEVEL3 ROLE (LEVEL3.ROLE@GMAIL.COM)' and a green progress bar at 100%. Below this is a table with columns for Name, Version, Module, and Required. Two training modules are listed, both with a 'Yes' status, 'View materials' buttons, and 'Training Completed' status. The first module is 'NPRQI PSO Introduction (12m 50s duration)' and the second is 'NPRQI TAP Platform Site Training (19m 05s duration)'. Each row also includes an 'Audit trail' dropdown menu.

Name	Version	Module	Required
NPRQI PSO Introduction (12m 50s duration)	1.0	Workflow app	Yes
NPRQI TAP Platform Site Training (19m 05s duration)	1.0	Workflow app	Yes

Data Entry

The screenshot shows the CLARIO dashboard with the 'WORKLIST' tab selected. A purple button labeled 'Start New ED Visit' is circled in red. The dashboard includes a top navigation bar with 'CLARIO', 'UT NPRQI', 'Settings', 'Level3 Role', 'SMART Portal', and 'Sign out'. A left sidebar contains icons for 'Trial Members', 'Notifications', 'Training', 'Reports', and 'UT NPRQI'. The main content area has filters for 'ED Visit', 'ED Visit Step', 'ED Visit Status', 'Query status', 'ED Visit Search by', and 'Sort Columns'. Below the filters are two columns: 'ASSIGNED TO YOU' and 'IN PROGRESS', each containing a table of tasks with details like 'State TX-T', '99901', 'LH00001', and 'Data Entry Workflow (v 1.0)'.

The screenshot shows the 'Start New ED Visit' form in the CLARIO application. A red box highlights the form fields: 'Trial Layer Group', 'Layer', 'Site', 'Subject', 'ED Visit', and 'ED Visit date'. A blue arrow points to the 'Subject' field with the annotation 'Add New Subject ID here'. Another blue arrow points to the 'Start' button with the annotation 'Select Start'. The form also includes a 'Cancel' button and a 'Start New ED Visit' button in the top right corner. The top navigation bar and left sidebar are consistent with the previous screenshot.

Data Entry Welcome Page

Readiness form : Save and submit All data saved ×

Welcome Page Patient Demographics Clinical Inclusion Bundles Triage Initial Vitals Vital Sign Reass >

Show All Pages

National



Pediatric Readiness Quality Initiative

Data Entry

The screenshot shows the CLARIO dashboard interface. At the top, there is a navigation bar with the CLARIO logo, user information (UT NPRQ), settings, role (Level3 Role), SMART Portal, and sign out options. A left sidebar contains a 'Worklist' menu with icons for user, notifications, education, and a list of items including ED Visit ID (13849), ED Visit Type (Data Entry Workflow v1.0), Status (In progress), State (OR-T), Site (99903), Subject (LH0008), and ED Visit date (04-MAR-2023). The main content area is titled 'ED VISIT STEPS' and features a 'Split View' button. A green banner at the top of the main area states 'The current step is In Progress. You can enter data.' Below this, a 'Workflow Steps' section lists two steps: 'Data Entry Step' (marked 'In progress' with a green button 'Enter data') and 'Readiness form' (marked 'Not started').

The screenshot shows the 'Readiness form' interface. At the top right, there are buttons for 'Save and submit' and 'All data saved'. Below the header is a navigation menu with tabs for 'Welcome Page', 'Patient Demographics', 'Clinical Inclusion Bundles', 'Triage', 'Initial Vitals', and 'Vital Sign Reass'. A 'Show All Pages' button is also present. The main content area is titled 'Patient Demographics' and contains instructions: 'Please first select the units (Months versus Years). When entering the age of the patient in years please **round down** to the nearest round number. e.g. 9.7 y = 9 y, 9.1 y = 9 y. Enter the age of the patient in MONTHS if less than a year and as YEARS if one year or greater.' A callout box with the text 'Select units first' and a blue arrow points to a dropdown menu currently set to 'months'.

Save and Submit Data

Readiness form ⋮ Save and submit All data saved ×

< Airway interventions Imaging Studies Laboratory Studies Consultations Behavioral Health Transfers

Show All Pages

! Enter the age of the patient in MONTHS if less than a year and as YEARS if one year or greater. is required

! What is the patient's gender? is required

! What is the patient's race? is required

! What is the patient's ethnicity? is required

Collapse all sections

Readiness form ⋮ Save and submit All data saved ×

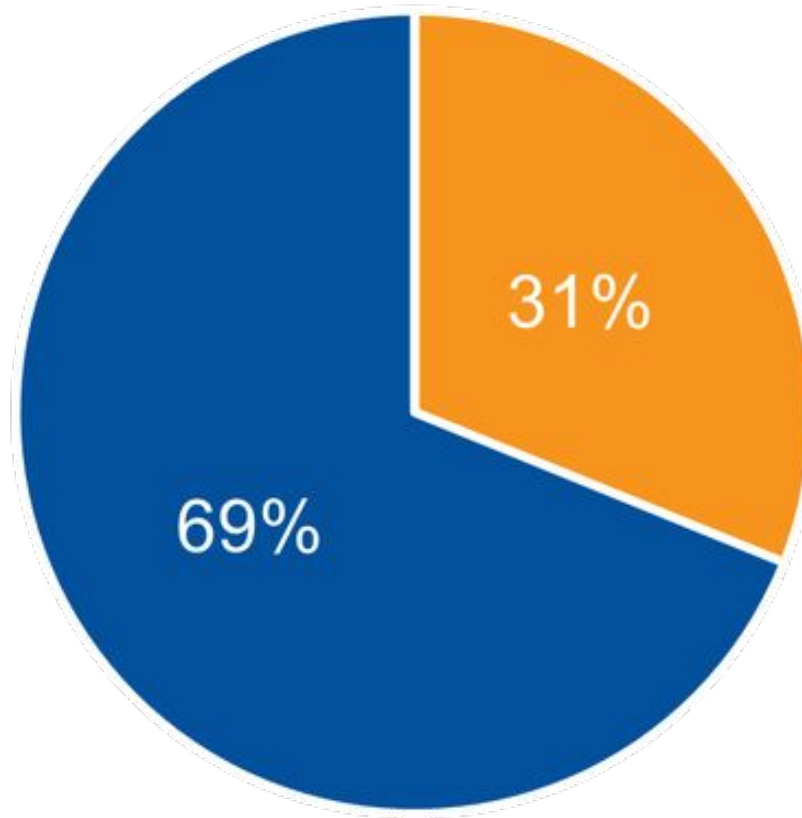
< Airway interventions Imaging Studies Laboratory Studies Consultations Behavioral Health Transfers

Show All Pages

Collapse all sections

01-MAR-2023

PRQC Participating Sites with Data Entered into NPRQI October 2023



■ Data Entered ■ No Data Entered

NPRQI Dashboard Overview



NPRQI: Dashboard

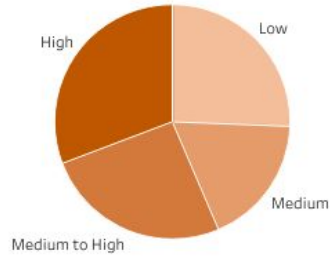
NPRQI Reporting Dashboard 39 Sites / 939 Records

Make your selections from the green filter bar, and Click "GO" to return your report

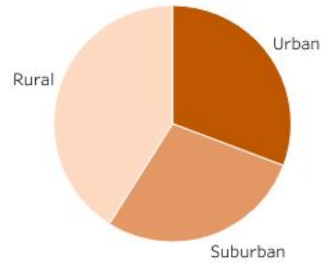
Year Select all that apply 2023	Quarter Limit the # of Quarters by selecting Year(s) first (All)	Site (All)	Results View Graph	Patient Clinical Group All Patients (Core Measures)
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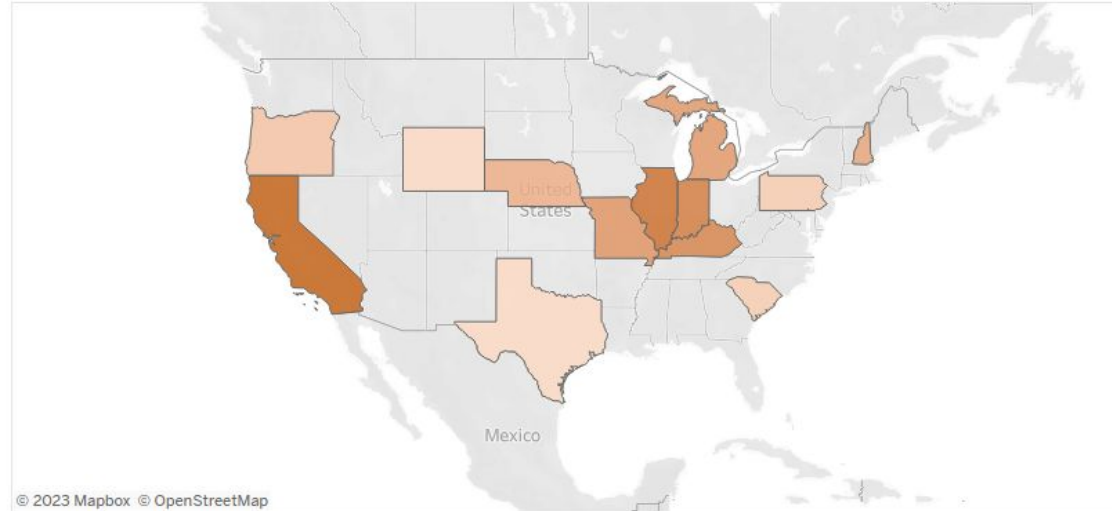
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



© 2023 Mapbox © OpenStreetMap



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The NPRQI 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 totaling \$1.2M with 0% percentage 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.

Last Dataset Refresh:
10/17/2023 2:32:47 AM
Last Patient Included:
10/15/2023

CLARIO.



EMSC
Quality Improvement
Collaboratives



Your Site's Data

Performance Report from All for All Patients (Core Measures)

Measures with fewer than 10 records will not be displayed

*Cohort performance represents the average of site performances for sites within the same patient volume category (displayed with minimum of 5 sites)

**National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

[Back to Landing](#)

Bundle	# of Sites	# of Records	Quality Measure	Your	National	Cohort	
				Performance	Performance **	Performance *	
ASSESSMENT	10	328	% of pediatric patients with weight documented in kilograms only	40.2 %	68.7 %	51.6 %	
			% of pediatric patients with pain assessed	74.7 %	72.7 %	59.4 %	
			Median ED length of stay	94.5 minutes	225.6 minutes	116.9 minutes	
ABNORMAL VITAL SIGNS	10	118	% of high acuity pediatric patients with vital signs re-assessed	80.5 %	82.7 %	79.8 %	
			Median time from triage to first intervention	9.0 minutes	54.2 minutes	9.0 minutes	
TRANSFER OF PATIENTS	10	23	% of transferred pediatric patients who met site-specific transfer criteria	100.0 %	100.0 %	100.0 %	
			Median time from triage to transport	368.0 minutes	635.4 minutes	404.3 minutes	
			% of transferred pediatric patients who were discharged from the receiving ED	4.3 %	2.7 %	0.0 %	

Low: < 1,800 pediatric patients

Your Site's Data

Performance Report from All for All Patients (Core Measures)

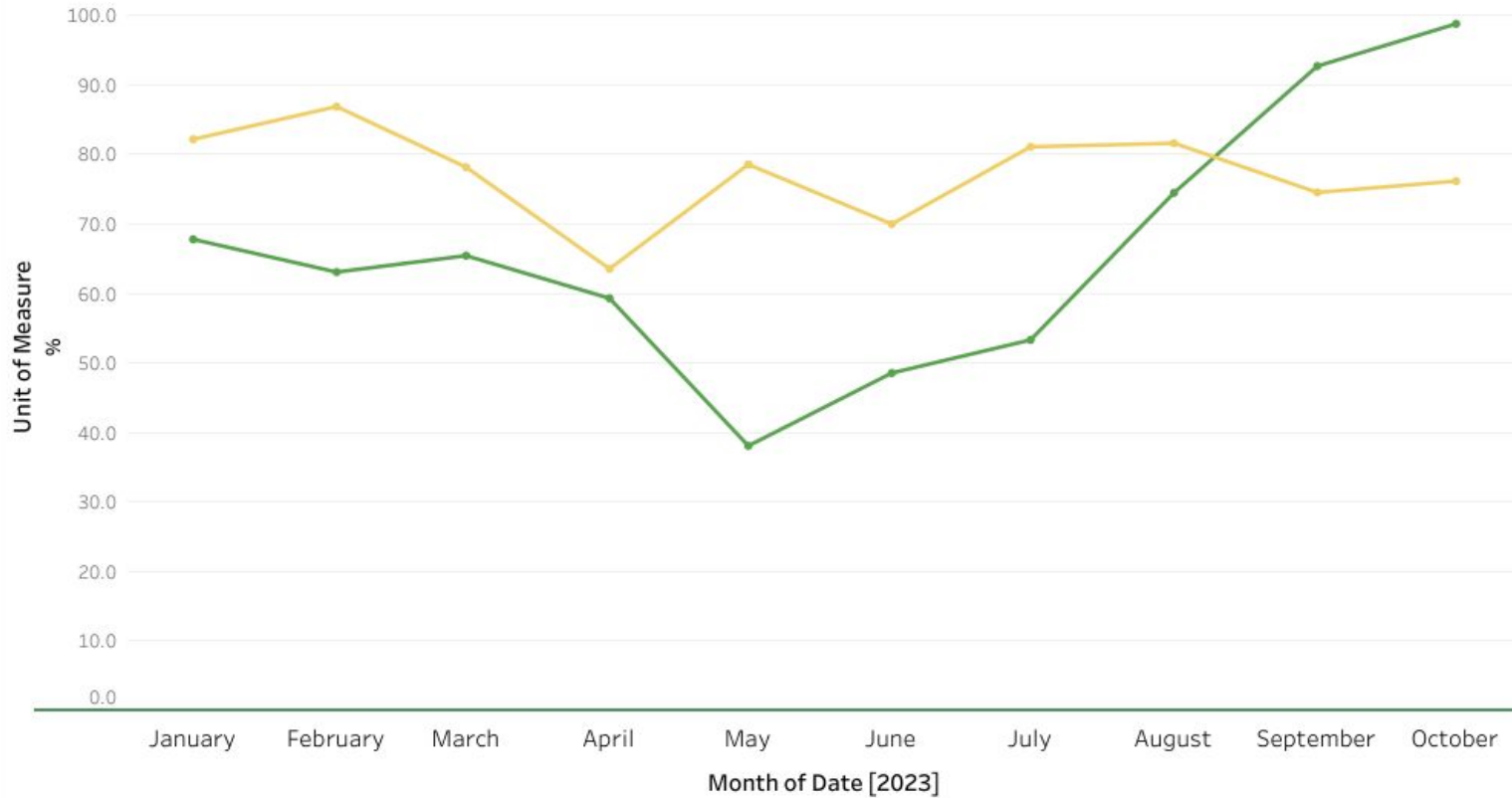
Measures with fewer than 10 records will not be displayed

[Back to Landing](#)

Last Dataset Refresh:
10/17/2023 2:32:47 AM
Last Patient Included:
10/15/2023

Show Graph Measures (Measure Selection Only Applies When Patient Clinical Groups With Bundle and Core Measures Selected On the Landing Page)

All



Graph - Legend

Ctrl + Click to select multiple Measures to be displayed

- % of pediatric patients with weight documented in kilograms only
- % of pediatric patients with pain assessed
- Median ED length of stay
- % of high acuity pediatric patients with vital signs re-assessed
- Median time from triage to first intervention
- % of transferred pediatric patients who met site-specific transfer criteria
- Median time from triage to transport
- % of transferred pediatric patients who were discharged from the receiving ED

Patient Demographics

- Age Category:
- Triage Level:
- Ethnicity:
- Race:
- Gender:
- Payor Source:

Quality Improvement and Implementation Recap



How to Use Aims to Guide Your QI Projects

- Global vs SMART Aims
- Using these to achieve outcomes



What is a Global Aim?

- Typically, a clinical outcome influenced by many factors

Examples:

- "Improve recognition and treatment of pediatric sepsis"
- "Eliminate hospital-acquired infections"

What is a SMART Aim?

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-bound



- An aim statement is a clear, explicit summary of what your team hopes to achieve over a specific amount of time including the magnitude of change you will achieve
- Narrower and more measurable than Global Aim

Developing a Smart Aim

SMART aim template

Specific	Be specific about what you want to improve. What do you want to achieve, where/who?
Measurable	Include a measurement that will evidence improvement. Think about a measure that will show the problem now to create a baseline
Achievable	Set a numerical target that can be realistically achieved
Relevant	Link your aim to the Trust strategic aims - think about how your project will improve patient, carer and staff experience/outcomes.
Time-bound	Include a timeframe for your project thinking about when you might see the outcomes

Developing a SMART Aim Statement

Aim Statement Format:

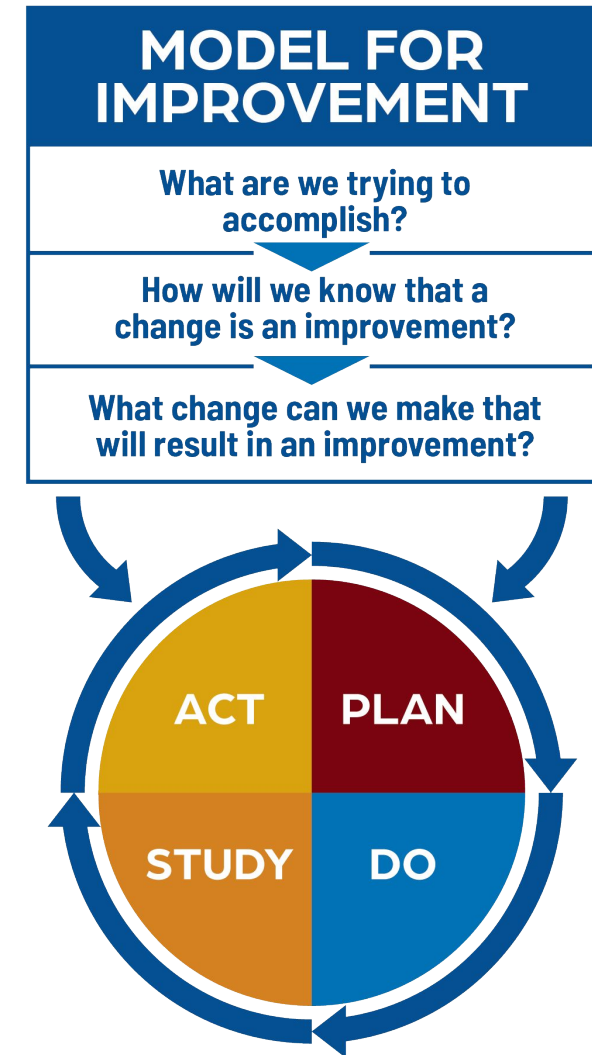
BY doing an intervention on the system, WE WILL CHANGE some part/all of the system, WHICH WILL RESULT IN these outcomes (i.e., metrics), BY time-period/date.

Example:

“By implementing an abnormal vital signs alert in our EMR, we will decrease the time from vital sign documentation to first intervention by 10 minutes by December 2023.

How to Revise a Global Aim into a SMART Aim

- Turning global aim into actionable steps using a unifying theory
- Multiple PDSA cycles
- PDSA cycles can vary in number and scope



Adapted from Associates in Process Improvement

Example

- Global Aim: "Improve recognition and treatment of pediatric sepsis"
- Unifying theory: "Optimizing recognition of abnormal vital signs will improve recognition and treatment of pediatric sepsis"
- SMART Aim: "By implementing an abnormal vital signs alert in our EMR, we will decrease the time from vital sign documentation to first intervention by 10 minutes by December 2023"

Actionable Steps

Step 1: Develop a specific aim for your site (long-term goal).

Example: By December 2024, 100% of pediatric patients will have a full set of vital signs (HR, Temp, RR, BP, O2 stat) collected during triage.

Step 2: Develop a SMART aim for initial PDSA cycles.

Example: By February 2024, 100% of pediatric patients will have blood pressure collected during triage.

Operationalize: First area of focus is blood pressure and overtime progress to capturing the full set of vital signs by 2024.



Considerations

- Aim statement should not change frequently
 - Adjust after goal achieved and progress remains steady
- Be realistic in improvement goals
 - 100% versus 90%
- Regularly share progress with your care team
 - How close/far are we to reaching our goal?

Resources Available



Mobilization Phase

- Convening Your Local Team
- Garner Support from Hospital/C-Suite
- Environmental Scan to Understand Gaps/Opportunities
- Guides | Webinars
 - Setting Aim Statement
 - Establishing Data Collection Plan
 - Collection & Interpretation of Baseline Data

Implementation Phase

- Worksheets | Webinars
 - Planning Your PDSA Cycle(s)
- Detailed Intervention Strategies
- Discover best practices during learning sessions and office hours
- Data platform to visualize performance (key demographics, time, compare to peers)

Sustainability Phase

- Released latter half of 2024
- Strategies to hard-wire improvements and spread progress to other facets of emergency care delivery



<https://emscimprovement.center/collaboratives/prqc/2023/resources/>



PRQC Site Updates - October 2023



Q&A Session



Please Complete Session Evaluation

Thank you!



Complete Registration for the Data Platform

- *Share demographics and number of data platform users*
- *Include name, email, phone # of POA signatory*
- *Upload signed POA to data portal registration*
- *Registration deadline mid December*
- *NPRQI will remain open as a standalone QI tool for future use*



October Updates

- *New Progress Check-In Surveys*
- *NEW October Newsletter:*
 - *Detailed process map containing October priorities*
 - *Power of PDSA cycles*
 - *NPRQI resources*
 - *NPRQI Registration Steps*
 - *Baseline Data Tip Sheet*
 - *NPRQI Tip Sheet*
 - *NPRQI Data Platform Resources*



Office Hours



November 7, 2023

Collaborative Session #4: Prioritizing Change Strategies and Building a Process Map



November 21, 2023

Join us for Upcoming Sessions

Nursing - CE contact hours

Collaborative session #3 October 17, 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 10/19/2023 to be eligible for CE hours



<http://bit.ly/PRQCCollaborative3>

If you have any questions, please contact Robin Goodman at robin.goodmann@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 Hour



Social Work Professionals – CEUs

Collaborative Session #3 October 17, 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

