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# **Collaborative Session #4**

## **Change Strategies and Process Maps**

November 21, 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



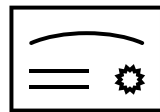
Portions of Today's Session Will Be Recorded

- 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:

- Summarize the role of change strategies in QI projects
- Begin constructing process maps for site specific QI project
- Review aims to ensure they are SMART

# Speakers

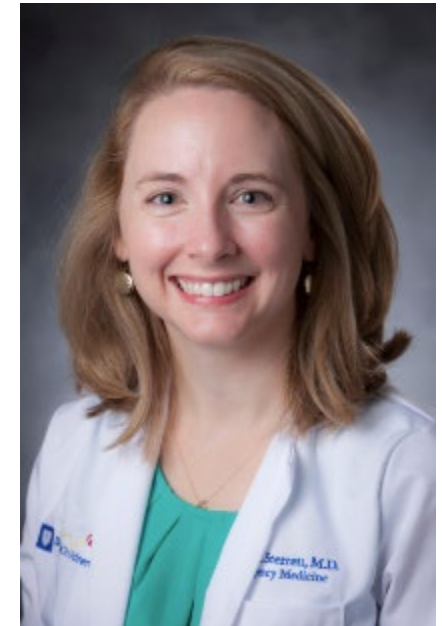
## **Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS**

Professor of Clinical Emergency Medicine and Pediatrics,  
David Geffen School of Medicine at UCLA  
Clinical Faculty, Harbor-UCLA Medical Center,  
Departments of Emergency Medicine and Pediatrics



## **Emily C. Sterrett, MD, MS**

Associate Professor of Pediatrics, Pediatric Emergency Medicine  
Director of Improvement Science, Dept of Pediatrics  
Duke University Hospital & School of Medicine



# Speakers

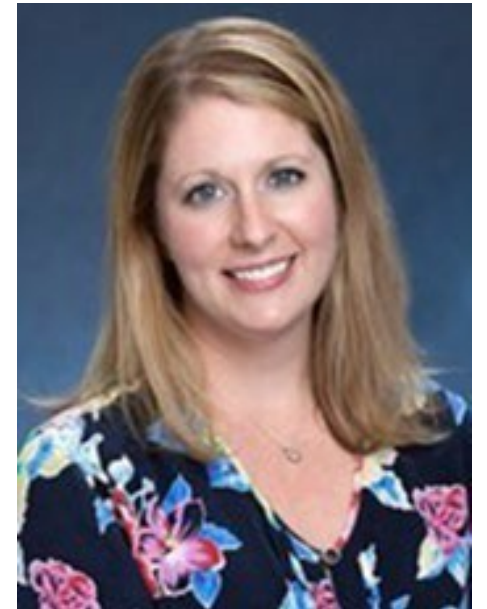
## **Vera Feuer, MD**

AVP, School Mental Health Director,  
Emergency Psychiatry and Behavioral Health Urgent Care  
Cohen Children's Medical Center, Northwell Health  
Associate Professor, Psychiatry, Pediatrics and Emergency Medicine  
Zucker SOM at Hofstra Northwell Health



## **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

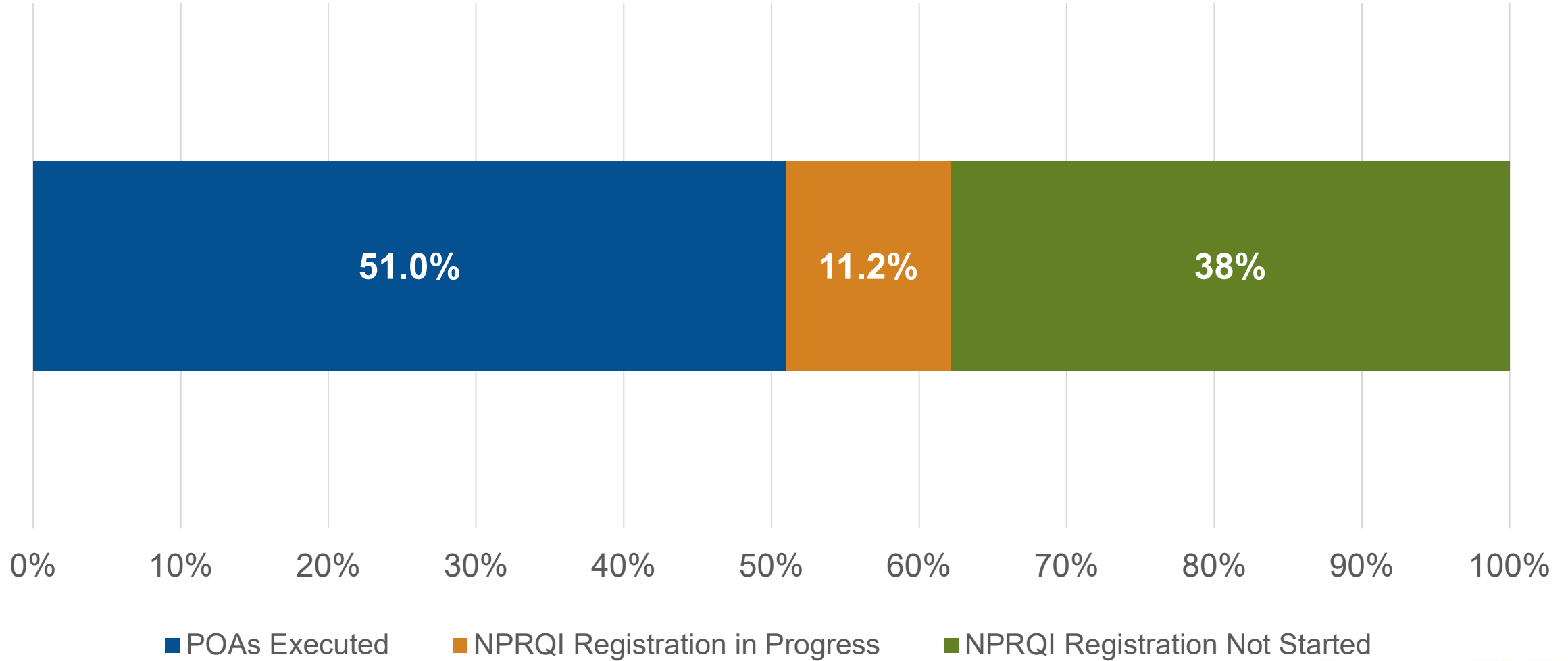


# PRQC Enrollment Updates

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NPRQI Registration and  
Participant Organization Agreements (POAs)

# PRQC POA Status





# PRQC POA Snapshot (A-D)

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  
Centinela Hospital 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  
Children's National Hospital  
CHRISTUS Children's Hospital  
Clark Regional Medical Center  
Concord Hospital  
Contracting Party  
Covenant HealthCare  
Deaconess Union County Hospital  
Dignity Health  
Dignity Health - St. Mary Medical Center  
Dignity Health Northridge Hospital MC

# PRQC POA Snapshot (E-M)

Executed  
POAs

Elliot Hospital  
Emanate Health Queen of the Valley  
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 Southwest  
Florida  
Good Samaritan Hospital  
Grady Memorial Hospital  
Grand River Health  
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  
Long Beach Memorial Medical Center,  
Inc  
Los Angeles County Emergency Medical  
Services (EMS) Agency  
Memorial Hospital of South Bend  
Michigan Department of Health and  
Human Services  
Morristown Medical Center

# PRQC POA Snapshot (N-S)

Executed  
POAs

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 + Medical Center  
Princeton Community Hospital  
Providence Holy Cross Medical Center  
Providence Little Company of Mary MC  
Providence Saint Joseph Medical Center

Riverview Health  
Riverview Health  
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

# PRQC POA Snapshot (T-Y)

**Executed  
POAs**

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

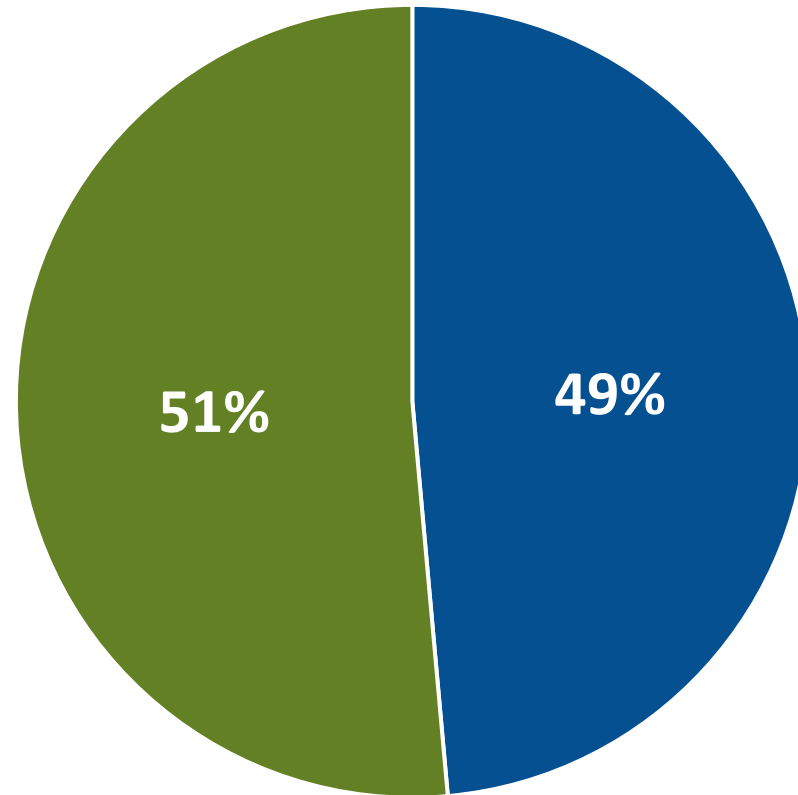
USC Arcadia Hospital  
Utah Department of Health  
Valley Presbyterian Hospital  
Vista Medical Center East  
West Hills Hospital and Medical Center  
Wisconsin Department of Health  
Services  
Yale New Haven Health System

# PRQC POA Snapshot

Pending  
Execution

- Christus Mother Frances Hospital – Tyler
- Central Valley Medical Center
- Deaconess Gateway Hospital
- Deaconess Midtown Hospital

# PRQC Participating Site with Data Entered into NPRQI November 2023



■ Data Entered    ■ No Data Entered w/ Executed POA

# NPRQI Secure Login Credentials

- Secure login credentials will be sent from Clario via [tap.support@clario.com](mailto:tap.support@clario.com) to registered users.
- Have your IT department "**whitelist**" **this email** so it does not get flagged as spam or junk email.
- **Secure login credentials are time sensitive** and will expire.
- To add or remove users email: [liza.hinojosa@austin.utexas.edu](mailto:liza.hinojosa@austin.utexas.edu)



# NPRQI Reminders

- NPRQI POA submitted by **December 15, 2023**
- 2023 data must be entered by **January 31, 2024**
- Annual survey coming soon





# NPRQI Dashboard Update

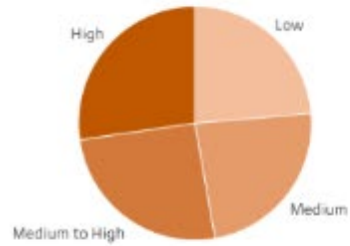
## NPRQI Reporting Dashboard 55 Sites / 1,823 Records

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

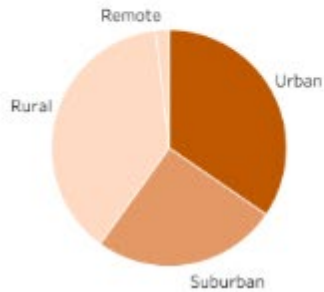
Year	Quarter	Site	Results View	Patient Clinical Group
Select all that apply 2023	Limit the # of Quarters by selecting Year(s) first (All)	(All)	Table	All Patients (Core Measures)



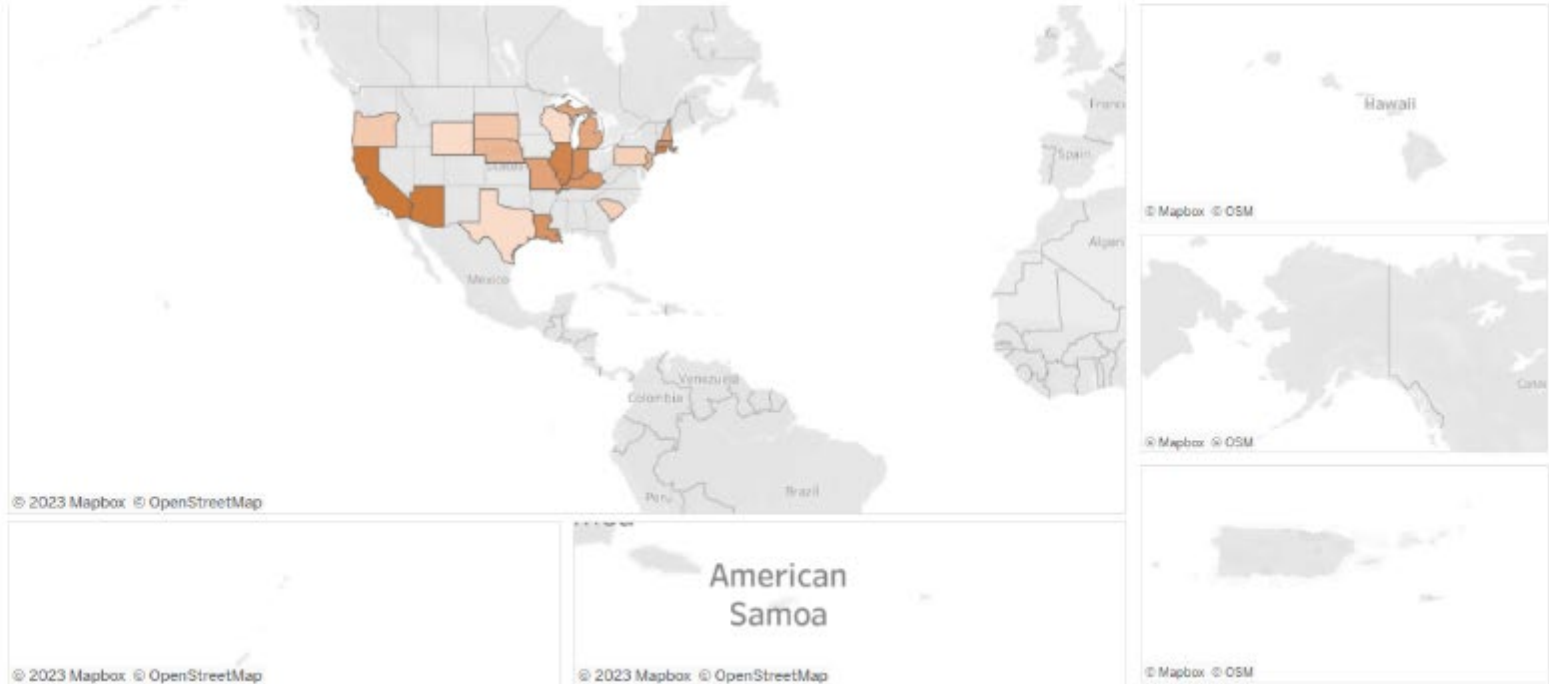
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



CLARIO.

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



Make selections from the filter bar and click the GO button to go to your report.

## NPRQI Reporting Dashboard 12 Sites / 548,100 Records

Reports can be viewed in Table format (which includes National and Cohort Performance) or in Graph format, which shows the selection changes over time.  
Clinical Measures Group

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

Year

Select all that apply  
All

Quarter

Limit the # of Quarters by selecting Year(s) first  
All

Site

All

Results View

Table

All Patients with Respiratory and Core Measures

GO

Number of Sites by Patient Volume Category

This chart shows the breakdown of participating sites by their Patient Volume demographics. Mouse over a pie piece to learn more details.

Medium  
Low

Medium

Number of Sites by Geographic Category

This chart shows the breakdown of participating sites by their Geographic Category demographics. Mouse over a pie piece to learn more details.

Rural

Participation in the National Pediatric Readiness Quality Initiative

These maps show the locations of the sites participating in the program. Mouse over a location to see more information on how many sites and records are contributing to that location.

© 2022 Mapbox © OpenStreetMap

© 2022 Mapbox © OpenStreetMap

American Samoa

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Information on data refresh and last patient record included appear on all report pages

Last Dataset Refresh: 10/11/2022 4:55:33 PM  
Last Patient Included: 4/26/2023



**EMSC**  
Quality Improvement  
Collaboratives



All  
Performance Report from 2021 Q4 to 2023 Q2 for All Patients with Respiratory and Core Measures

Metrics with fewer than 10 records will not be displayed

\*Cohorts are calculated based on sites with the same Patient Volume Category for the duration of the project. \*\*National Performance is calculated for ALL participating sites for the duration of the project

This button returns you to the Landing Page to create a new report.  
[Back to Landing Page](#)

Last Dataset Refresh: 10/11/2022 4:55:33 PM  
 Last Patient Included: 4/26/2023

**Report Title shows:**

- The selected site(s)
- The selected time period
- The selected reporting metrics

**Your Performance shows the performance for the selected sites for the time period selected.**  
**National Performance shows the performance for ALL sites for the duration of the project.**  
**Cohort Performance shows the performance for the matching cohorts for the selected sites. Cohorts are based on the Patient Volume demographic.**

	Your Performance	National Performance **	Cohort Performance *
% of pediatric patients with their weight documented in kilograms	15.4%	14.2%	15.4%
% of pediatric patients with pain assessed	85.0%	87.3%	85.0%
Median ED length of stay	119.5 minutes	135.0 minutes	119.5 minutes
ABNORMAL VITAL SIGNS (ESI 1,2,3)	95.8%	82.4%	95.8%
Median time from collection of first set of blood cultures in pediatric patients	9.0 minutes	8.0 minutes	9.0 minutes
TRANSFER OF PATIENTS (All patients transferred)	100.0%	96.9%	100.0%
Median time from arrival to transport for pediatric patients	222.0 minutes	242.5 minutes	222.0 minutes
% of transferred pediatric patients that were discharged from the receiving center ED	66.7%	66.7%	66.7%
RESPIRATORY (All patients identified as Respiratory)	60.0%	60.0%	60.0%
% of pediatric patients with asthma or croup that received a steroid	38.0%	38.0%	38.0%
Median time to steroids in pediatric patients diagnosed with asthma or croup	38.0 minutes	38.0 minutes	38.0 minutes
% of pediatric patients over 2yrs with a diagnosis of asthma that received beta agonist	66.7%	66.7%	66.7%
Median time to beta agonist administration in pediatric patients over 2yrs with a diagnosis of asthma	36.5 minutes	36.5 minutes	36.5 minutes
% of pediatric patients that received an antibiotic	20.0%	20.0%	20.0%
% of pediatric patients that underwent a chest-xray	57.5%	57.5%	57.5%
ASSESSMENT	15.4%	14.2%	15.4%

**Mouse over the Information icon to learn more details about a particular metric.**

**These filters change the Patient Demographics for Your Performance.**  
 Patient Demographics  
 Age Category: All  
 Triage Level: All  
 Gender: All  
 Payor Source: All

**If there are fewer than 10 records available for the report selections the Performance will not be displayed in the Your Performance column.**

**Page breadcrumbs show the filter selections on this page.**

National PROQI  
 National Pediatric Quality Improvement Collaborative

Geography: All | Patient Volume: All | ED Configuration: General ED ( pediatric and adult patients seen in the same area ) | Specialty Center Status: All  
 Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All | Quality Metric: All

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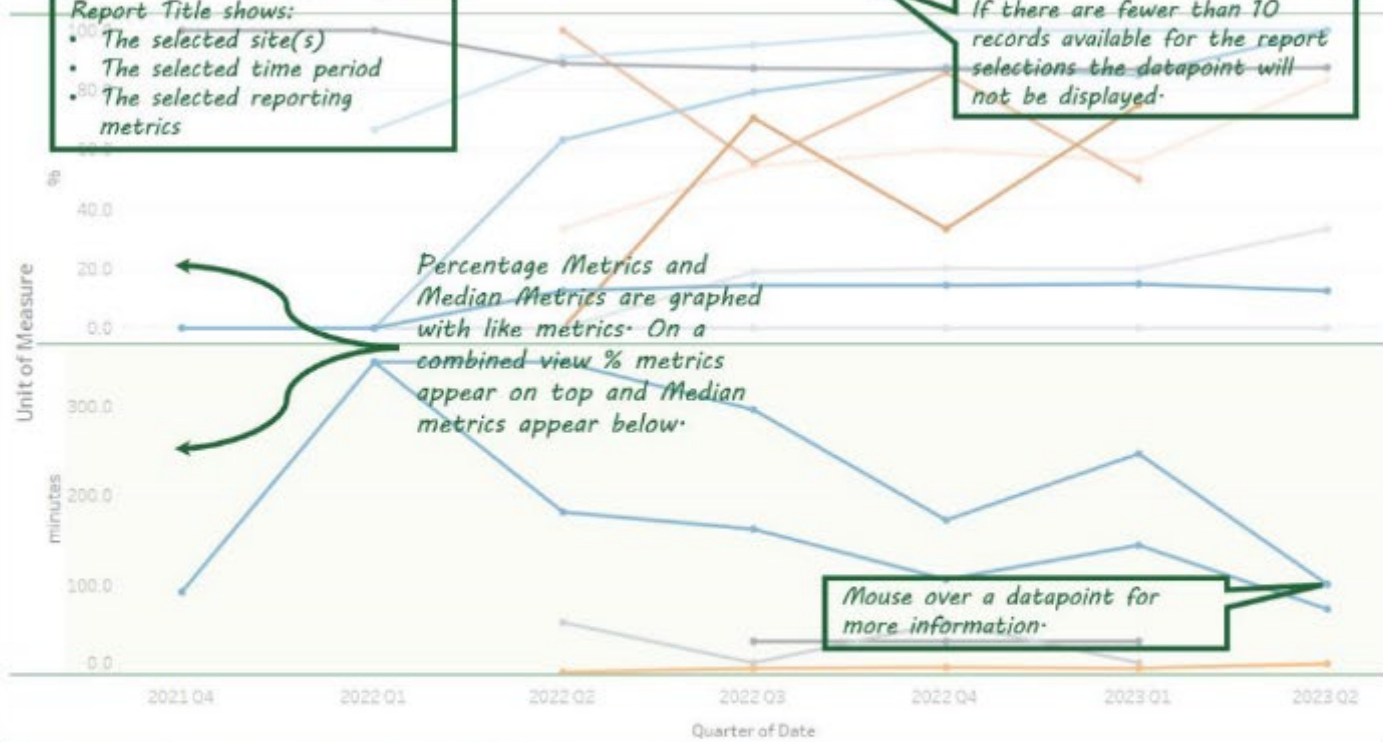
All  
Performance Report from 2021 Q4 to 2023 Q2 for All Patients with Respiratory and Core Measures  
Metrics with fewer than 10 records will not be displayed

Last Dataset Refresh:  
10/11/2022 4:55:33 PM  
Last Patient Included:  
4/26/2023

This button returns you to the Landing Page to create a new report.

Report Title shows:  
• The selected site(s)  
• The selected time period  
• The selected reporting metrics

If there are fewer than 10 records available for the report selections the datapoint will not be displayed.



Percentage Metrics and Median Metrics are graphed with like metrics. On a combined view % metrics appear on top and Median metrics appear below.

Mouse over a datapoint for more information.

**Graph - Legend**  
Ctrl + Click to select multiple Metrics to be displayed

- % of pediatric patients with their weight documented in kilograms
- % of pediatric patients with pain assessed
- % of pediatric patients with vital signs
- Time collection of first set of vital signs to first intervention for pediatric patients
- % of transferred pediatric patients who met the site-specific criteria for transfers
- Median time from arrival to transport for pediatric patients
- % of transferred pediatric patients that were discharged from the receiving center ED
- % of pediatric patients with asthma or croup that received a steroid
- Median time to steroids in pediatric patients diagnosed with asthma or croup
- % of pediatric patients over 2yrs with a diagnosis of asthma that received beta agonist
- Median time to beta agonist administration in pediatric patients over 2yrs with a diagnosis of ...
- % of pediatric patients that received an antibiotic
- % of pediatric patients that underwent a chest-xray

**Patient Demographics**

- Age Category: All
- Triage Level: All
- Gender: All
- Payor Source: All

These filters change the Patient Demographics for Your Performance.

Use this metrics filter to focus the graph for selected metrics.  
All

Page breadcrumbs show the filter selections on this page.

National PRQI  
Geography: All | Patient Volume: All | ED Configuration: General ED (pediatric and adult patients seen in the same area) | Specialty Center Status: All  
Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All | Quality Metric: All

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# Core Measures Data – Table View

Performance Report: All

Dates: All | Clinical Measures Group: 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](#)

Last Dataset Refresh:

Null

Last Patient Included:

11/14/2023

Bundle	# of Sites	# of Records	Quality Measure	Your Performance	National Performance**	Cohort Performance*	
ASSESSMENT	13	543	% of pediatric patients with weight documented in kilograms only	35.9 %	62.6 %	45.0 %	<a href="#">i</a>
			% of pediatric patients with pain assessed	76.4 %	77.4 %	73.7 %	<a href="#">i</a>
			Median ED length of stay	95.0 minutes	188.1 minutes	122.6 minutes	<a href="#">i</a>
ABNORMAL VITAL SIGNS	13	191	% of high acuity pediatric patients with vital signs re-assessed	77.5 %	81.4 %	77.2 %	<a href="#">i</a>
			Median time from triage to first intervention	3.0 minutes	42.1 minutes	10.9 minutes	<a href="#">i</a>
TRANSFER OF PATIENTS	13	39	% of transferred pediatric patients who met site-specific transfer criteria	97.4 %	98.7 %	92.9 %	<a href="#">i</a>
			Median time from triage to transport	353.0 minutes	514.3 minutes	343.3 minutes	<a href="#">i</a>
			% of transferred pediatric patients who were discharged from the receiving ED	2.6 %	1.8 %	0.0 %	<a href="#">i</a>
ASSESSMENT	13	300	% of pediatric patients with weight documented in kilograms only	63.7 %	62.6 %	52.0 %	<a href="#">i</a>
			% of pediatric patients with pain assessed	76.3 %	77.4 %	78.8 %	<a href="#">i</a>
			Median ED length of stay	97.0 minutes	188.1 minutes	147.7 minutes	<a href="#">i</a>
ABNORMAL VITAL SIGNS	13	162	% of high acuity pediatric patients with vital signs re-assessed	71.6 %	81.4 %	77.3 %	<a href="#">i</a>
			Median time from triage to first intervention	8.0 minutes	42.1 minutes	28.6 minutes	<a href="#">i</a>
TRANSFER OF PATIENTS	13	47	% of transferred pediatric patients who met site-specific transfer criteria	100.0 %	98.7 %	100.0 %	<a href="#">i</a>
			Median time from triage to transport	242.0 minutes	514.3 minutes	278.4 minutes	<a href="#">i</a>
			% of transferred pediatric patients who were discharged from the receiving ED	8.5 %	1.8 %	8.3 %	<a href="#">i</a>

## Patient Demographics

Patient level filters are not applied to the National or Cohort Performance Metrics.

### Age Category

(All)

### Triage Level

(All)

### Ethnicity

(All)

### Race

(All)

### Gender

(All)

### Payor Source

(All)



Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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# Core Measures Data – Table View

## Performance Report: All

Dates: All | Clinical Measures Group: 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](#)

Patient	Bundle	# of Sites	# of Records	Quality Measure	Your	National	Cohort	
					Performance	Performance **	Performance *	
Medium to High: 5,000 - 9,999 pedi...	ASSESSMENT	14	266	% of pediatric patients with weight documented in kilograms only	69.9 %	62.6 %	77.7 %	<a href="#">i</a>
				% of pediatric patients with pain assessed	68.4 %	77.4 %	72.9 %	<a href="#">i</a>
				Median ED length of stay	255.0 minutes	188.1 minutes	252.7 minutes	<a href="#">i</a>
	ABNORMAL VITAL SIGNS	14	196	% of high acuity pediatric patients with vital signs re-assessed	82.1 %	81.4 %	82.0 %	<a href="#">i</a>
				Median time from triage to first intervention	52.0 minutes	42.1 minutes	41.4 minutes	<a href="#">i</a>
	TRANSFER OF PATIENTS	14	43	% of transferred pediatric patients who met site-specific transfer criteria	100.0 %	98.7 %	100.0 %	<a href="#">i</a>
				Median time from triage to transport	440.0 minutes	514.3 minutes	516.4 minutes	<a href="#">i</a>
				% of transferred pediatric patients who were discharged from the receiving ED	0.0 %	1.8 %	0.0 %	<a href="#">i</a>
	High: >= 10,000 pediatric patients	ASSESSMENT	15	716	% of pediatric patients with weight documented in kilograms only	75.3 %	62.6 %	73.1 %
% of pediatric patients with pain assessed					85.9 %	77.4 %	83.5 %	<a href="#">i</a>
Median ED length of stay					188.0 minutes	188.1 minutes	219.4 minutes	<a href="#">i</a>
ABNORMAL VITAL SIGNS		15	478	% of high acuity pediatric patients with vital signs re-assessed	89.7 %	81.4 %	87.7 %	<a href="#">i</a>
				Median time from triage to first intervention	42.0 minutes	42.1 minutes	58.8 minutes	<a href="#">i</a>
TRANSFER OF PATIENTS		15	70	% of transferred pediatric patients who met site-specific transfer criteria	98.6 %	98.7 %	100.0 %	<a href="#">i</a>
				Median time from triage to transport	452.0 minutes	514.3 minutes	769.3 minutes	<a href="#">i</a>
				% of transferred pediatric patients who were discharged from the receiving ED	0.0 %	1.8 %	0.0 %	<a href="#">i</a>



Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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**EMSC**  
Quality Improvement  
Collaboratives



National



Pediatric Readiness Quality Collaborative  
Ensuring Emergency Care for All Children

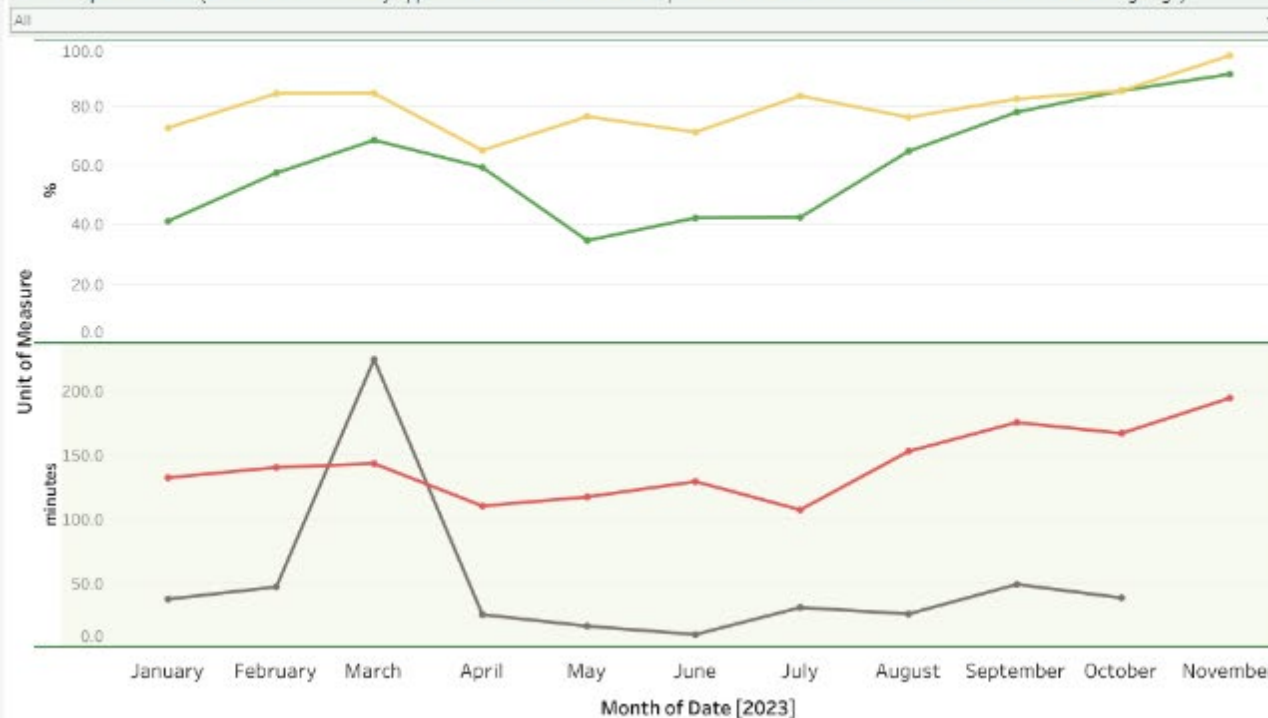
# Core Measures Data – Graph View

Performance Report: All  
 Dates: All | Clinical Measures Group: All Patients (Core Measures)  
 Measures with fewer than 10 records will not be displayed

[Back to Landing](#)

Last Dataset Refresh:  
 Null  
 Last Patient Included:  
 11/14/2023

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



## 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:



Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
 Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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CLARIO.

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# Suicide Aggregate Data - Table View

Performance Report: All

Dates: All | Clinical Measures Group: Patients with Suicidality (Bundle only)

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](#)

Last Dataset Refresh: Null  
Last Patient Included: 11/14/2023

Patient Volume	Bundle	# of Sites	# of Records	Quality Measure	Your	National	Cohort		
					Performance	Performance **	Performance *		
Low: < 1,800 pe..	SUICIDALITY	5	30	% of adolescents who were assessed with a suicide screening tool	100.0 %	100.0 %	100.0 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	96.7 %	96.2 %	93.3 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	73.3 %	80.3 %	83.3 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	100.0 %	85.7 %	100.0 %	<a href="#">i</a>	
	Medium: 1,800 - ..	SUICIDALITY	2	3	% of adolescents who were assessed with a suicide screening tool	--	100.0 %	100.0 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who had a structured suicide assessment	--	96.2 %	100.0 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	--	80.3 %	100.0 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who received a discharge safety plan	--	85.7 %	Null	<a href="#">i</a>
	Medium to High: ..	SUICIDALITY	4	6	% of adolescents who were assessed with a suicide screening tool	--	100.0 %	100.0 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who had a structured suicide assessment	--	96.2 %	100.0 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	--	80.3 %	62.5 %	<a href="#">i</a>
					% of pediatric patients with a positive suicide screen who received a discharge safety plan	--	85.7 %	Null	<a href="#">i</a>
High: >= 10,000 ..	SUICIDALITY	11	27	% of adolescents who were assessed with a suicide screening tool	100.0 %	100.0 %	100.0 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	96.3 %	96.2 %	95.5 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	85.2 %	80.3 %	81.8 %	<a href="#">i</a>	
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	75.0 %	85.7 %	80.0 %	<a href="#">i</a>	

## Patient Demographics

Patient level filters are not applied to the National or Cohort Performance Metrics.

### Age Category

> 12yrs

### Triage Level

(All)

### Ethnicity

(All)

### Race

(All)

### Gender

(All)

### Payor Source

(All)



Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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.

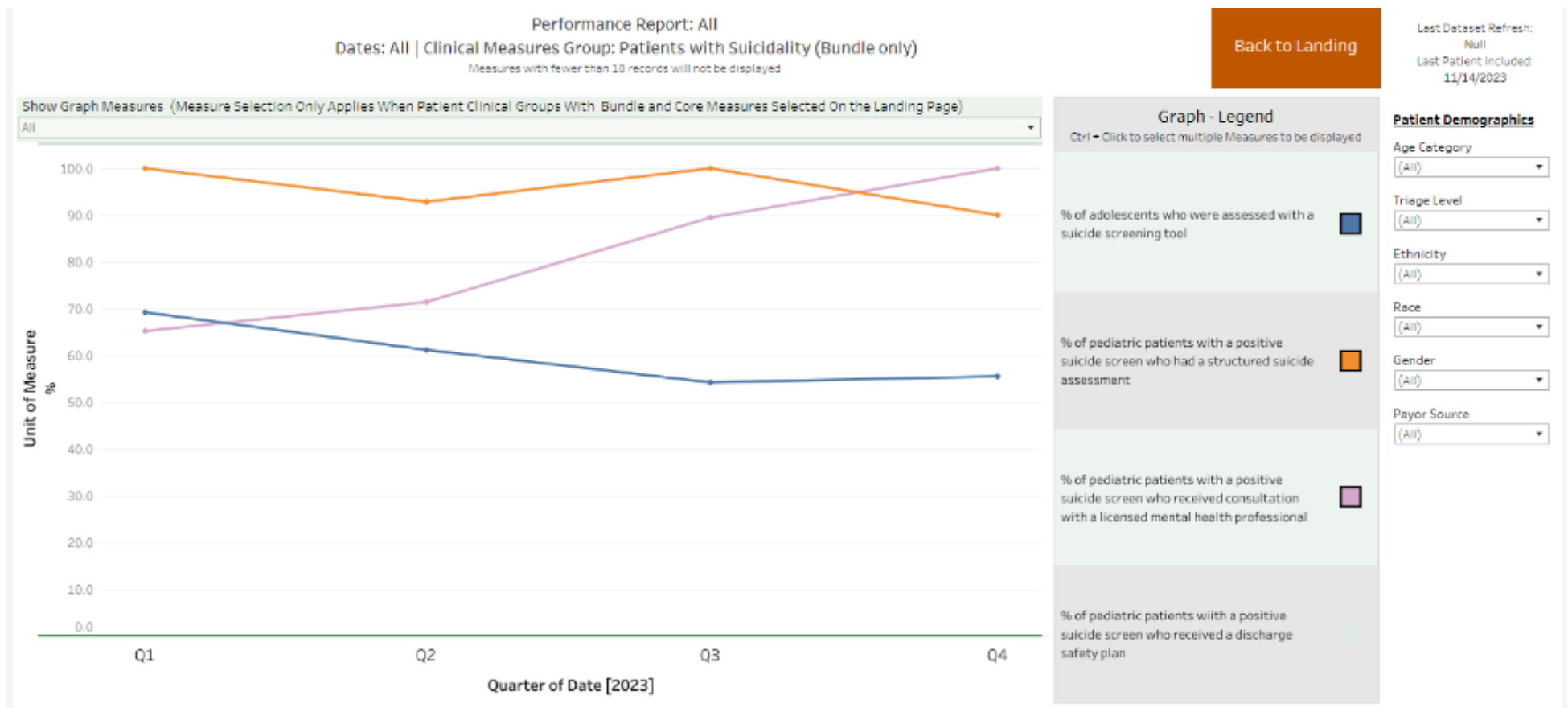
CLARIO.



**EMSC**  
Quality Improvement  
Collaboratives



# Suicide Aggregate Data – Graph View



**National PRQI**  
 Pediatric Readiness Quality Indicator  
 Measure • Reflect • Improve

Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
 Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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.



# Change Strategies & Process Map Recap



# Selecting a Change Strategy



- Intervention that addresses a known deficiency
  - Categories:  
Policies/Procedures, EMR Optimization, Education, Knowledge-Reinforcement, Patient-Centered Strategies
- Create a process map/workflow and seek team's feedback
- Quick-win that serves as proof of concept for ED



# Pain

## **Emily C. Sterrett, MD, MS – Subject Matter Expert, PRQC**

Associate Professor of Pediatrics, Pediatric Emergency Medicine  
Director of Improvement Science, Department of Pediatrics  
Duke University Hospital & School of Medicine



# Core Measures Data

Bundle	# of Sites	# of Records	Quality Measure	Your Performance	National Performance **	Cohort Performance *
ASSESSMENT	13	543	% of pediatric patients with pain assessed	76.4 %	77.4 %	73.7 %
			Median ED length of stay	95.0 minutes	188.1 minutes	122.6 minutes

**Low: <1,800 pediatric patients**

ASSESSMENT	13	300	% of pediatric patients with pain assessed	76.3 %	77.4 %	78.8 %
			Median ED length of stay	97.0 minutes	188.1 minutes	147.7 minutes

**Medium: <1,800-4,999 pediatric patients**

ASSESSMENT	14	266	% of pediatric patients with pain assessed	68.4 %	77.4 %	72.9 %
			Median ED length of stay	255.0 minutes	188.1 minutes	252.7 minutes

**Medium to high: 5,000-9,999 pediatric patients**

ASSESSMENT	15	716	% of pediatric patients with pain assessed	85.9 %	77.4 %	83.5 %
			Median ED length of stay	188.0 minutes	188.1 minutes	219.4 minutes

**High: >=10,000 pediatric patients**



# Patient Centered Strategies to Pain Assessment

## Age-appropriate pain scales

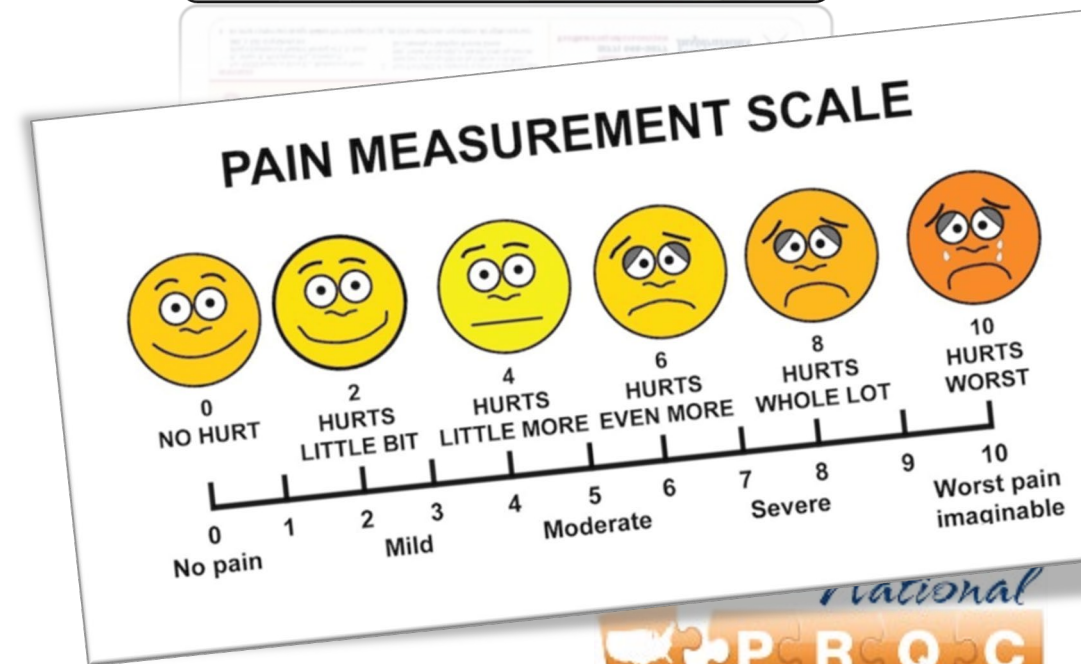
- 0-3 years old: FLACC
- 4-12 years old: FACES
- 7+ years old: Verbal/Numeric 0-10

## Tools to help staff

- Printed scales/posters in Triage & ED
- EMR quick buttons
- Badge buddy

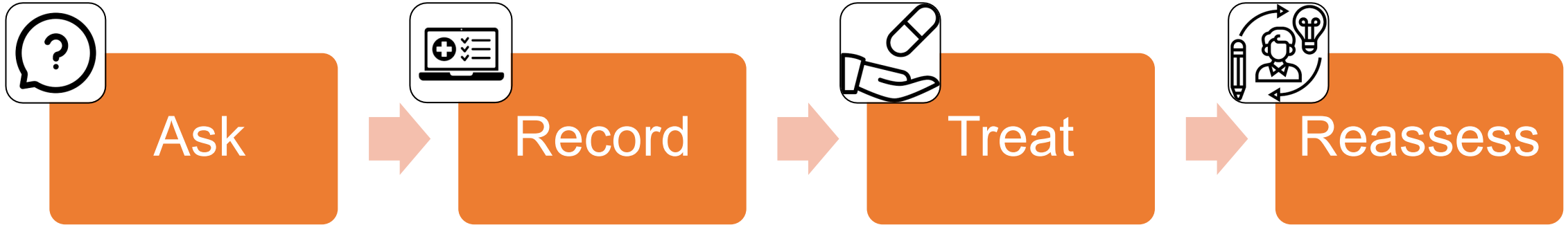
FLACC Scale <sup>1</sup>		0	1	2
1	Face	No particular expression or smile	Occasional grimace or frown, withdrawn, distressed	Frequent to constant frown, clenched jaw, quivering chin
2	Legs	Normal position or relaxed	Uneasy, restless, tense	Thrashing, or legs drawn up
3	Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
4	Cry	No crying (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs; frequent complaints
5	Consolability	Comforted, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

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# Pain Process Map

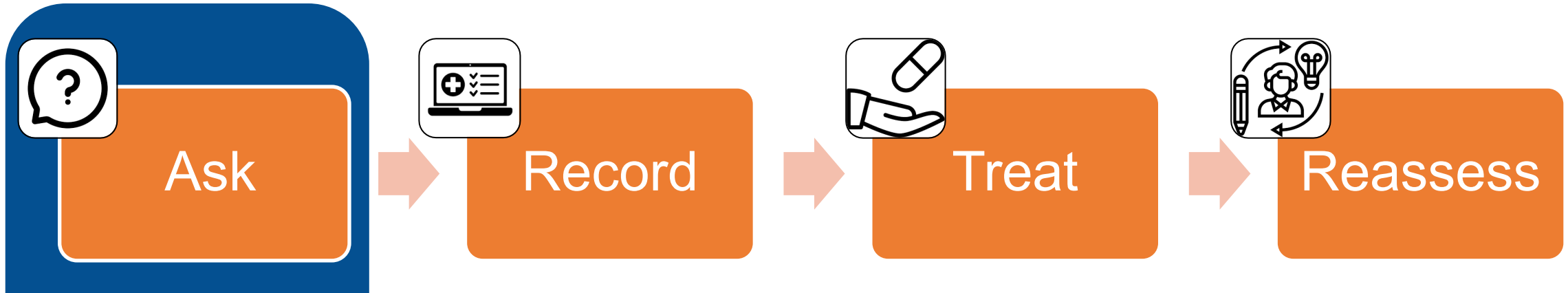
## *Patient-Centered Strategies*





# Pain Process Map

## *Patient-Centered Strategies*



- Age-appropriate scales posted in ED Triage
  - Same/matching scales in EMR
- **Equip staff with empathic scripts & phrases**
  - *I'm so sorry you are injured. Can you point to which face shows how you are feeling right now?*
  - *I have been in a similar experience, so I understand and want to help make your child's pain better. Her pain seems severe. Do you agree?*

# Pain Process Map

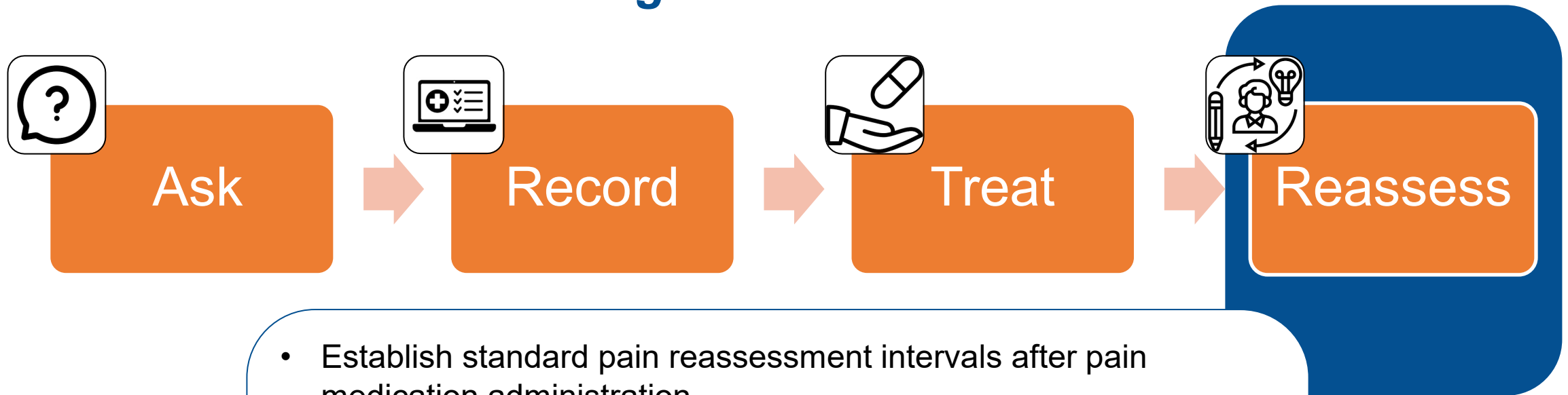
## *Patient-Centered Strategies*



- Weight-based pain treatment options
  - Work-aids for staff & providers
- **Ask patient preference for route of medication administration when possible**
  - Oral solution, tablet, intranasal, intravenous
- Establish expectations for communicating/ordering pain medications between staff & providers
  - *Dr Smith, this patient is in moderate pain and needs tylenol according to our protocol. Would you mind ordering the liquid solution?*

# Pain Process Map

## Patient-Centered Strategies



- Establish standard pain reassessment intervals after pain medication administration
- Build automated reminders into EMR & make them visible
- **Engage patients to be their own advocate**
  - *I'm giving you pain medication now. You should start feeling better in 20-30 minutes. I will check on you shortly to make sure it is working. However, if I get caught up with another patient and you need more pain medication, come up to the front desk and let them know you need a pain assessment.*



# Patient Safety

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS

# Core Measures Data

Bundle	# of Sites	# of Records	Quality Measure	Your Performance	National Performance **	Cohort Performance *
ASSESSMENT	13	543	% of pediatric patients with weight documented in kilograms only	35.9 %	62.6 %	45.0 %
			Median ED length of stay	95.0 minutes	188.1 minutes	122.6 minutes

**Low: <1,800 pediatric patients**

ASSESSMENT	13	300	% of pediatric patients with weight documented in kilograms only	63.7 %	62.6 %	52.0 %
			Median ED length of stay	97.0 minutes	188.1 minutes	147.7 minutes

**Medium: <1,800-4,999 pediatric patients**

ASSESSMENT	14	266	% of pediatric patients with weight documented in kilograms only	69.9 %	62.6 %	77.7 %
			Median ED length of stay	255.0 minutes	188.1 minutes	252.7 minutes

**Medium to high: 5,000-9,999 pediatric patients**

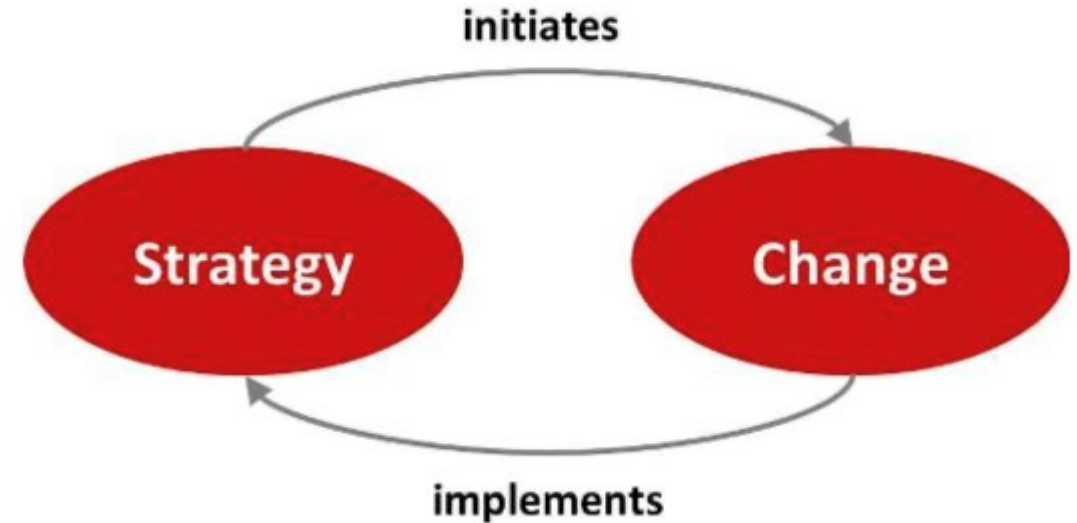
ASSESSMENT	15	716	% of pediatric patients with weight documented in kilograms only	75.3 %	62.6 %	73.1 %
			Median ED length of stay	188.0 minutes	188.1 minutes	219.4 minutes

**High: >=10,000 pediatric patients**



# Change Strategy

- Problem: Staff weighs patient in kgs and EMR converts to pounds
- Requires data from the ED and commitment by administration to work toward change with EMR vendor to record only in kgs



# The Plan

- Plan data collection
- Collect data
- Provide feedback to EMR vendor
- Develop a plan for change
- Execute change



# Data to be Collected

- Parent preference
- Medication errors
- Satisfaction of staff





# Process Map

## Collect

### Collect Data

- Present data to Administration

## Develop

### Develop Plan to Address EMR

- Based on data and administration buy-in; meet with EMR vendor

## Initiate Change

### Initiate plan to change EMR documentation

- Work with vendor and staff to implement change



# Suicide

Vera Feuer, MD

Intervention Bundle	Phase of Care	Quality Measures
Acute Suicidality Encounters	Assessment	Percentage of patients who had a structured suicide screen
		Percentage of patients with a positive suicide screen who had a structured suicide assessment
	Intervention	Percentage of patients with a positive suicide screen who had a consultation with a licensed mental health professional
		Percentage of patients with a positive suicide screen that received a discharge safety plan

# Suicide Aggregate Data - Table View

## Performance Report: All

Dates: All | Clinical Measures Group: Patients with Suicidality (Bundle only)

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](#)

Last Dataset Refresh: Null  
Last Patient Included: 11/14/2023

Patient Volume	Bundle	# of Sites	# of Records	Quality Measure	Your	National	Cohort	
					Performance	Performance **	Performance *	
Low: < 1,800 pe..	SUICIDALITY	5	30	% of adolescents who were assessed with a suicide screening tool	100.0 %	100.0 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	96.7 %	96.2 %	93.3 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	73.3 %	80.3 %	83.3 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	100.0 %	85.7 %	100.0 %	<a href="#">i</a>
Medium to High: .. Medium: 1,800 - ..	SUICIDALITY	2	3	% of adolescents who were assessed with a suicide screening tool	--	100.0 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	--	96.2 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	--	80.3 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	--	85.7 %	Null	<a href="#">i</a>
Medium to High: .. Medium: 1,800 - ..	SUICIDALITY	4	6	% of adolescents who were assessed with a suicide screening tool	--	100.0 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	--	96.2 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	--	80.3 %	62.5 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	--	85.7 %	Null	<a href="#">i</a>
High: >= 10,000 ..	SUICIDALITY	11	27	% of adolescents who were assessed with a suicide screening tool	100.0 %	100.0 %	100.0 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who had a structured suicide assessment	96.3 %	96.2 %	95.5 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received consultation with a licensed menta..	85.2 %	80.3 %	81.8 %	<a href="#">i</a>
				% of pediatric patients with a positive suicide screen who received a discharge safety plan	75.0 %	85.7 %	80.0 %	<a href="#">i</a>

### Patient Demographics

Patient level filters are not applied to the National or Cohort Performance Metrics.

#### Age Category

> 12yrs

#### Triage Level

(All)

#### Ethnicity

(All)

#### Race

(All)

#### Gender

(All)

#### Payor Source

(All)



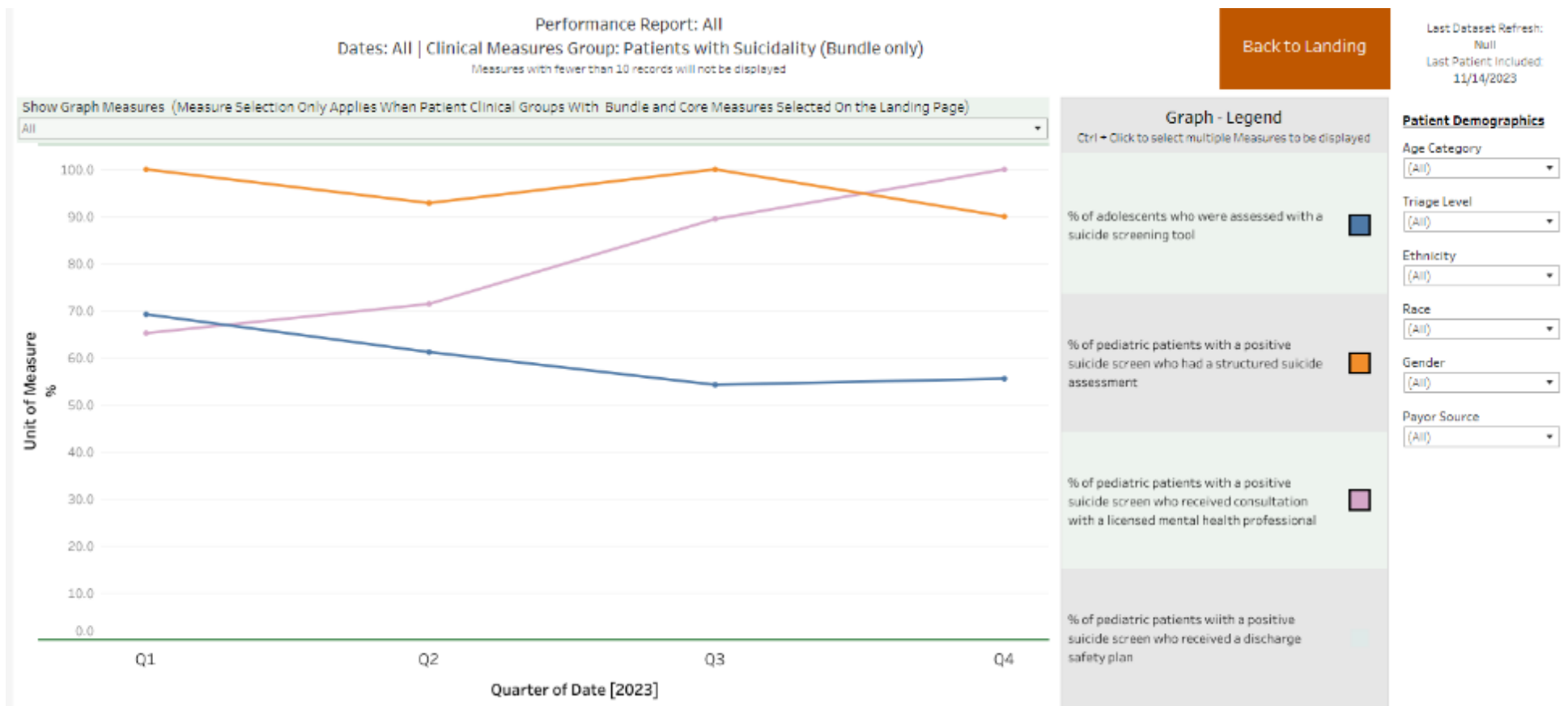
Geography: All | Patient Volume: All | ED Configuration: All | Specialty Center Status: All  
Age Category: All | Triage Level: All | Ethnicity: All | Race: All | Gender: All | Payor Source: All

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.

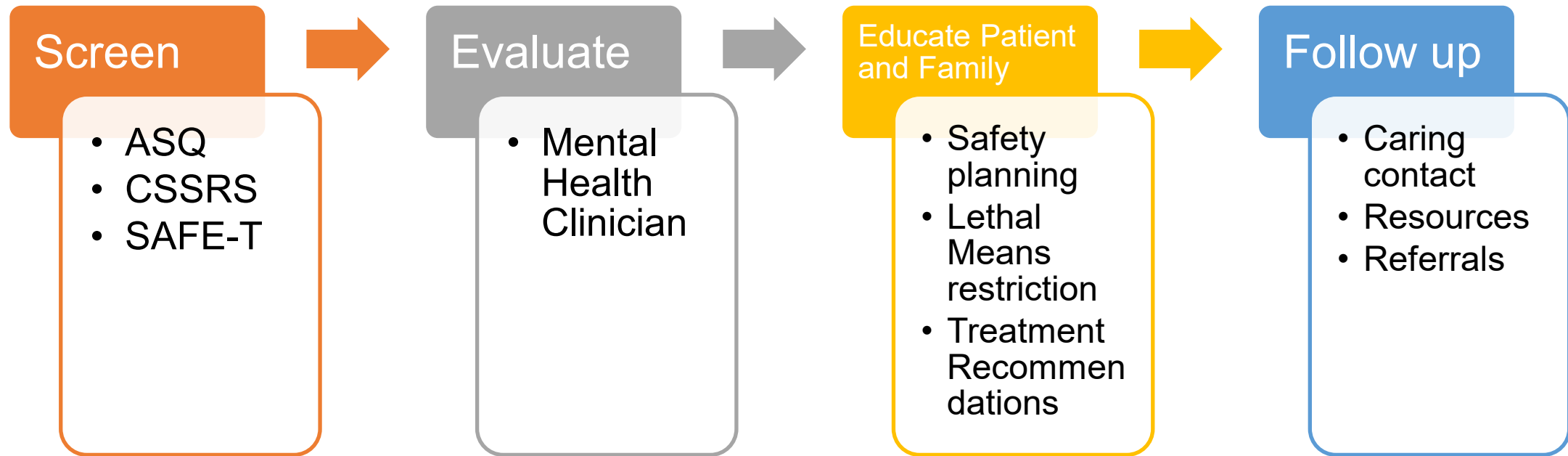
CLARIO.



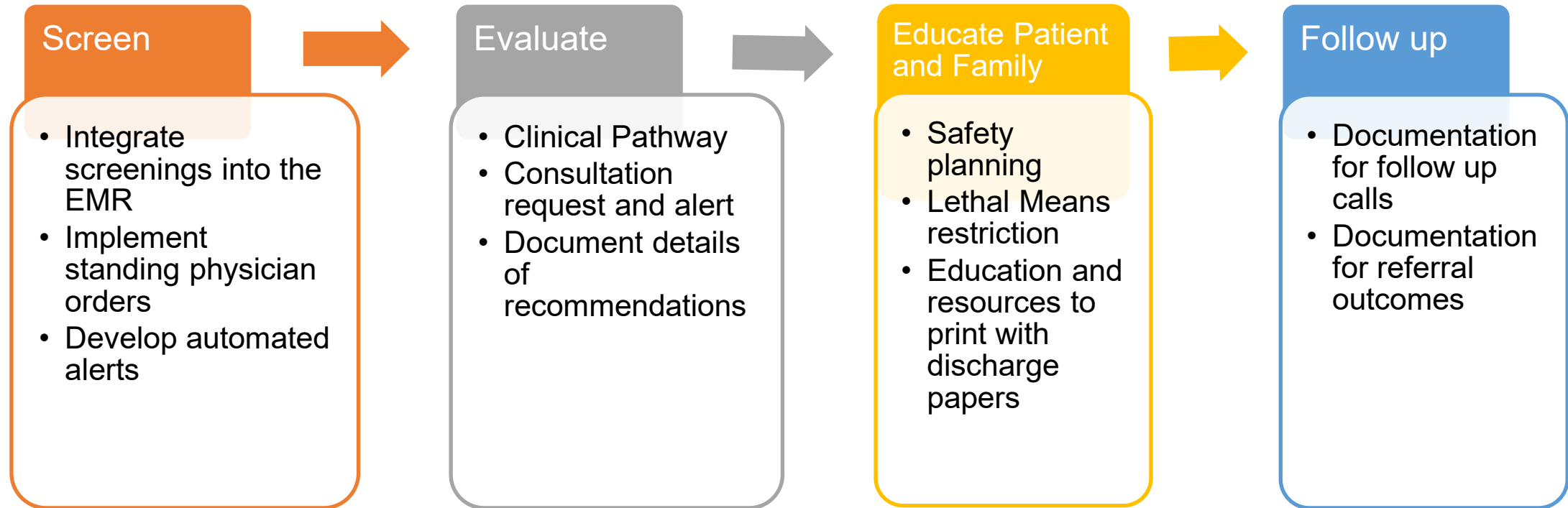
# Suicide Aggregate Data – Graph View



# Suicide Care Process Map

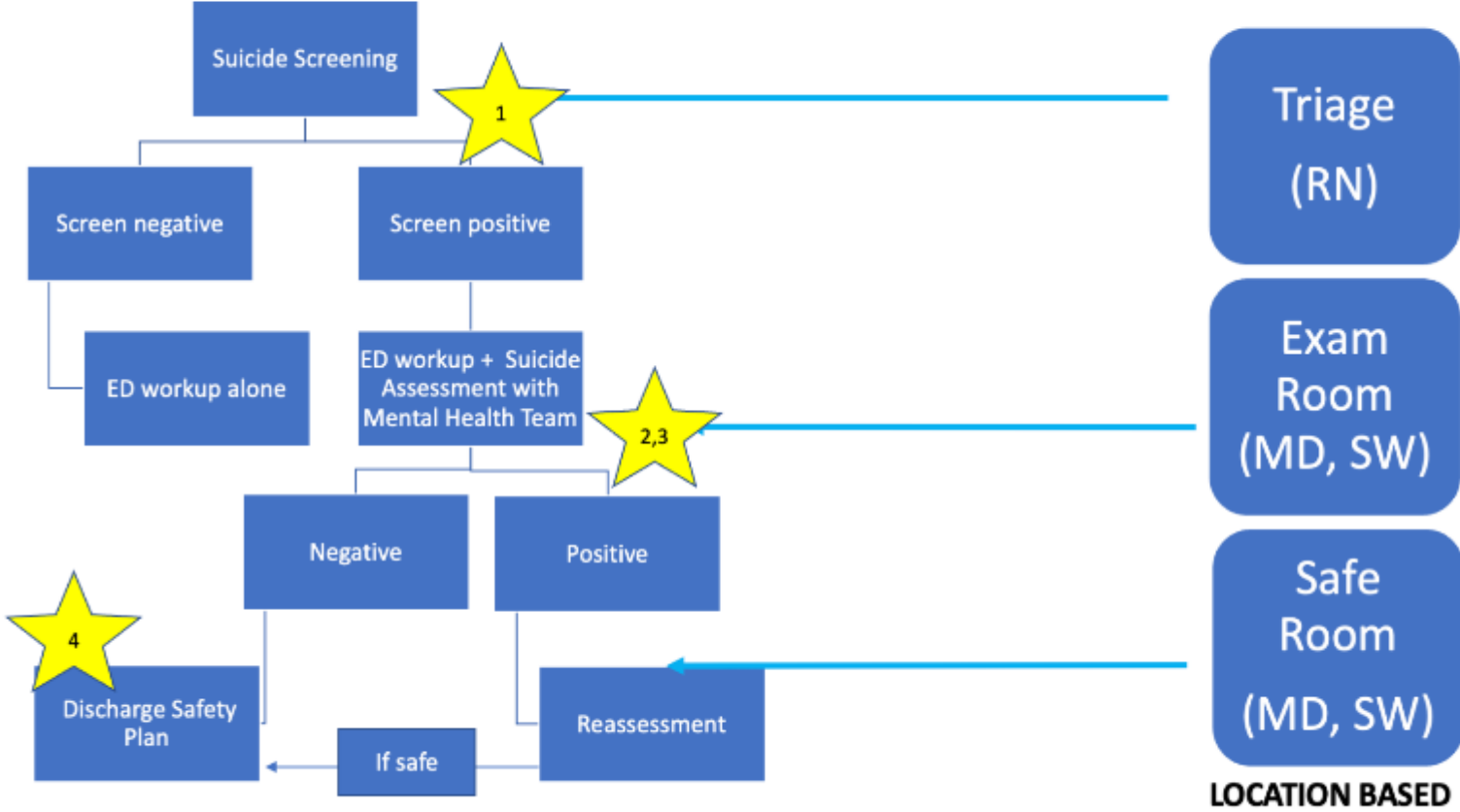


# EMR Optimization



# Patient Flow Diagram

14yo F with abdominal pain, Vitals are stable, Pain is adequately controlled







# Abnormal Vital Signs

Sheryl Yanger, MD, FAAP

# Core Measures Data

Bundle	# of Sites	# of Records	Quality Measure	Your Performance	National Performance **	Cohort Performance *
ASSESSMENT	13	543	% of pediatric patients with weight documented in kilograms only	35.9 %	62.6 %	45.0 %
			% of pediatric patients with pain assessed	76.4 %	77.4 %	73.7 %
			Median ED length of stay	95.0 minutes	188.1 minutes	122.6 minutes
ABNORMAL VITAL SIGNS	13	191	% of high acuity pediatric patients with vital signs re-assessed	77.5 %	81.4 %	77.2 %
			Median time from triage to first intervention	3.0 minutes	42.1 minutes	10.9 minutes

**Low: <1,800 pediatric patients**

ASSESSMENT	13	300	% of pediatric patients with weight documented in kilograms only	63.7 %	62.6 %	52.0 %
			% of pediatric patients with pain assessed	76.3 %	77.4 %	78.8 %
			Median ED length of stay	97.0 minutes	188.1 minutes	147.7 minutes
ABNORMAL VITAL SIGNS	13	162	% of high acuity pediatric patients with vital signs re-assessed	71.6 %	81.4 %	77.3 %
			Median time from triage to first intervention	8.0 minutes	42.1 minutes	28.6 minutes

**Medium: <1,800-4,999 pediatric patients**



# Core Measures Data

ASSESSMENT	14	266	% of pediatric patients with weight documented in kilograms only	69.9 %	62.6 %	77.7 %
			% of pediatric patients with pain assessed	68.4 %	77.4 %	72.9 %
			Median ED length of stay	255.0 minutes	188.1 minutes	252.7 minutes
ABNORMAL VITAL SIGNS	14	196	% of high acuity pediatric patients with vital signs re-assessed	82.1 %	81.4 %	82.0 %
			Median time from triage to first intervention	52.0 minutes	42.1 minutes	41.4 minutes

## Medium to high: 5,000-9,999 pediatric patients

ASSESSMENT	15	716	% of pediatric patients with weight documented in kilograms only	75.3 %	62.6 %	73.1 %
			% of pediatric patients with pain assessed	85.9 %	77.4 %	83.5 %
			Median ED length of stay	188.0 minutes	188.1 minutes	219.4 minutes
ABNORMAL VITAL SIGNS	15	478	% of high acuity pediatric patients with vital signs re-assessed	89.7 %	81.4 %	87.7 %
			Median time from triage to first intervention	42.0 minutes	42.1 minutes	58.8 minutes

## High: >=10,000 pediatric patients



# Goals

- Ensure documentation of full set of vitals
- Use of appropriate equipment
- Reference for pediatric age-based normal ranges
- Reassessment and interventions for abnormal vitals

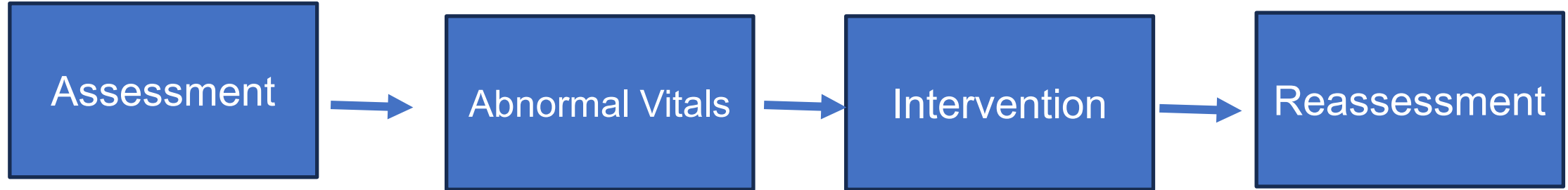


# Change Strategies

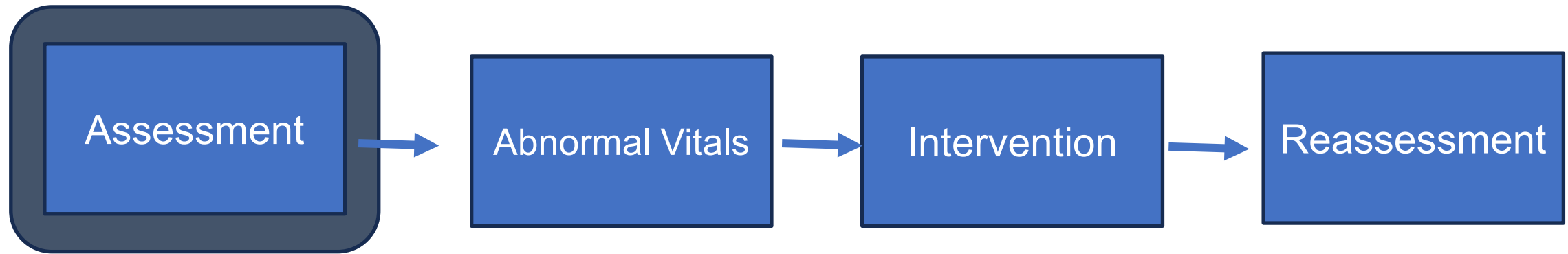


- Education of staff
- Badge buddies
- Sepsis screening tools/early warning tools
- Visual reminders
- EMR: alerts/BPAs or hard stops
- Protocols to alert providers/huddles
- Standardize reassessment prior to discharge

# Process Map

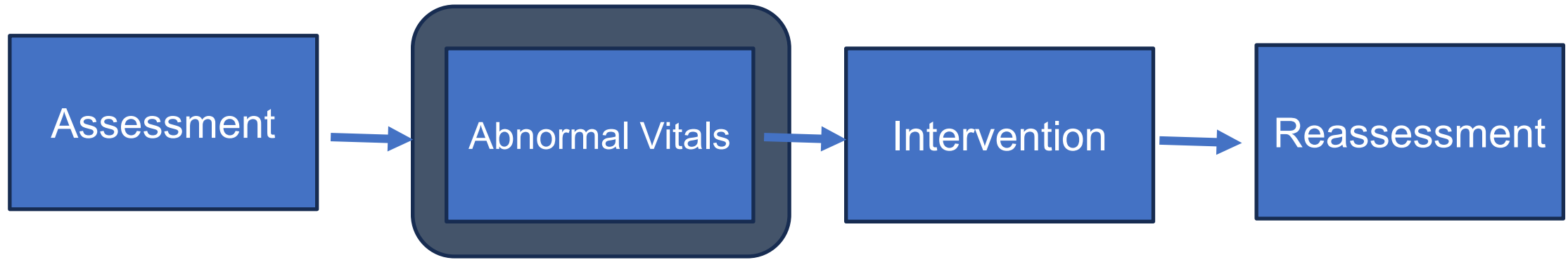


# Process Map



- Proper pediatric sized equipment
- Full set of vitals
- Visuals for normal VS (badge buddies, posters)

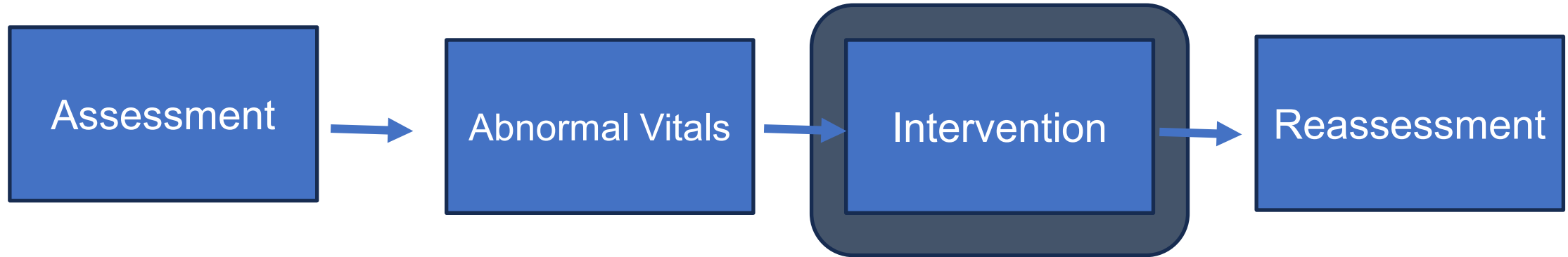
# Process Map



- Visuals for normal VS (badge buddies, posters)
- Alert system (BPA, EMR, PEWS, sepsis screener)

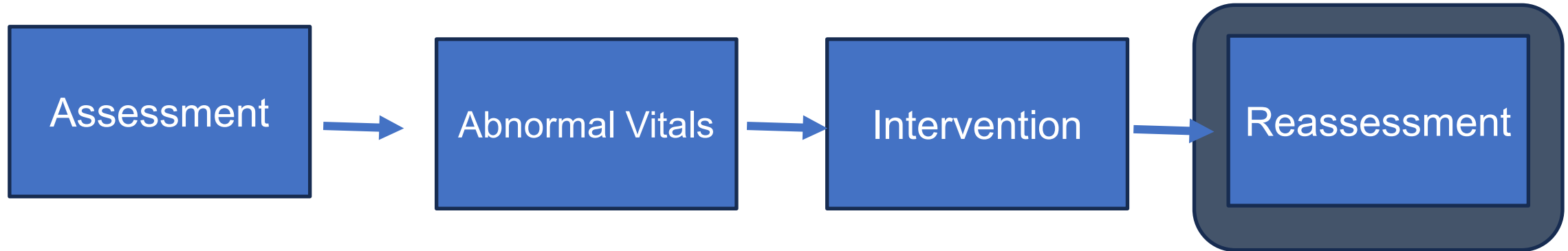


# Process Map



- Sepsis huddles
- Provider notification
- Standardized pediatric protocols (SMDOs, sepsis order sets)

# Process Map



- Protocols/processes for reassessments at specific intervals or after intervention
- Repeat VS

# Q&A Session



# Please Complete Session Evaluation Poll

*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  
**December 15**
- NPRQI will remain open as a standalone QI tool for future use



## Updates

- Office hours on November 30 from 1:00 – 2:00 pm CT
- Complete Environmental Scan by **December 1**

**Optional Office  
Hours:  
NPRQI Team**



**November 30, 2023**

**Fireside Chat: Data  
Literacy a Deeper Dive**



**December 5, 2023**

**Collaborative Session #5:  
Reflecting on Your First  
PDSA Cycle**



**December 19, 2023**

**Join us for Upcoming Sessions**



# Nursing - CE Contact Hours

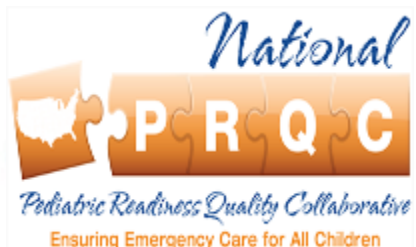
## Collaborative Session #4 November 21, 2023

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 11/23/2023 to be eligible for CE hours



<https://bit.ly/PRQCCollaborative4>

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

## Collaborative Session #4 November 21, 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

