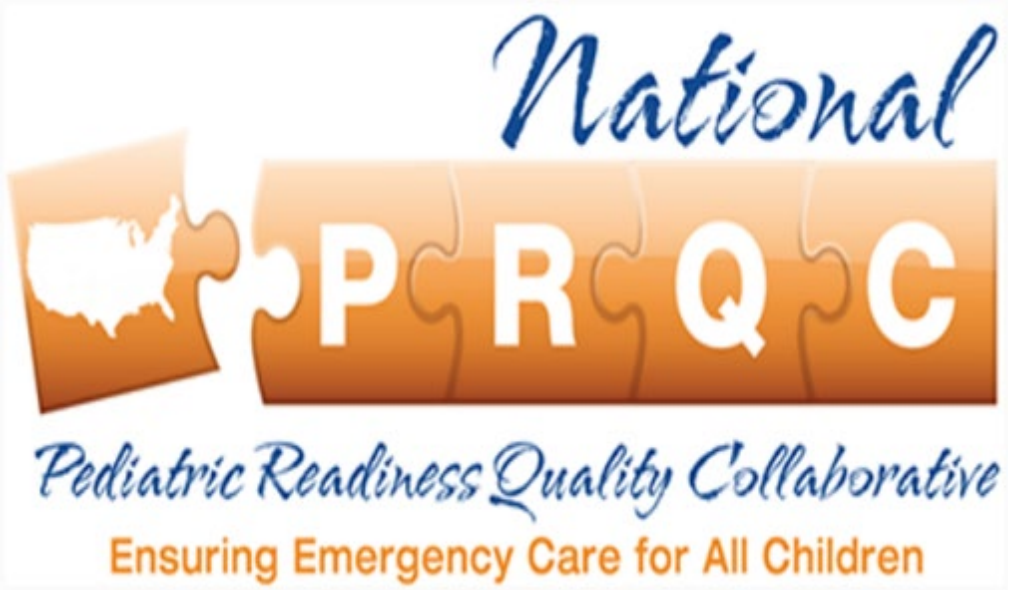

Collaborative Session #4

Change Strategies and Process Maps

November 21, 2023

EMSC Quality Improvement Collaboratives

Acknowledgments

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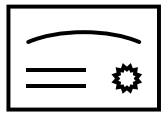
National PRQC Pediatric Readiness Quality Collaborative Ensuring Emergency Care for All Children

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

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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

EMSC Quality Improvement Collaboratives

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

NPRQI Registration and
Participant Organization Agreements (POAs)

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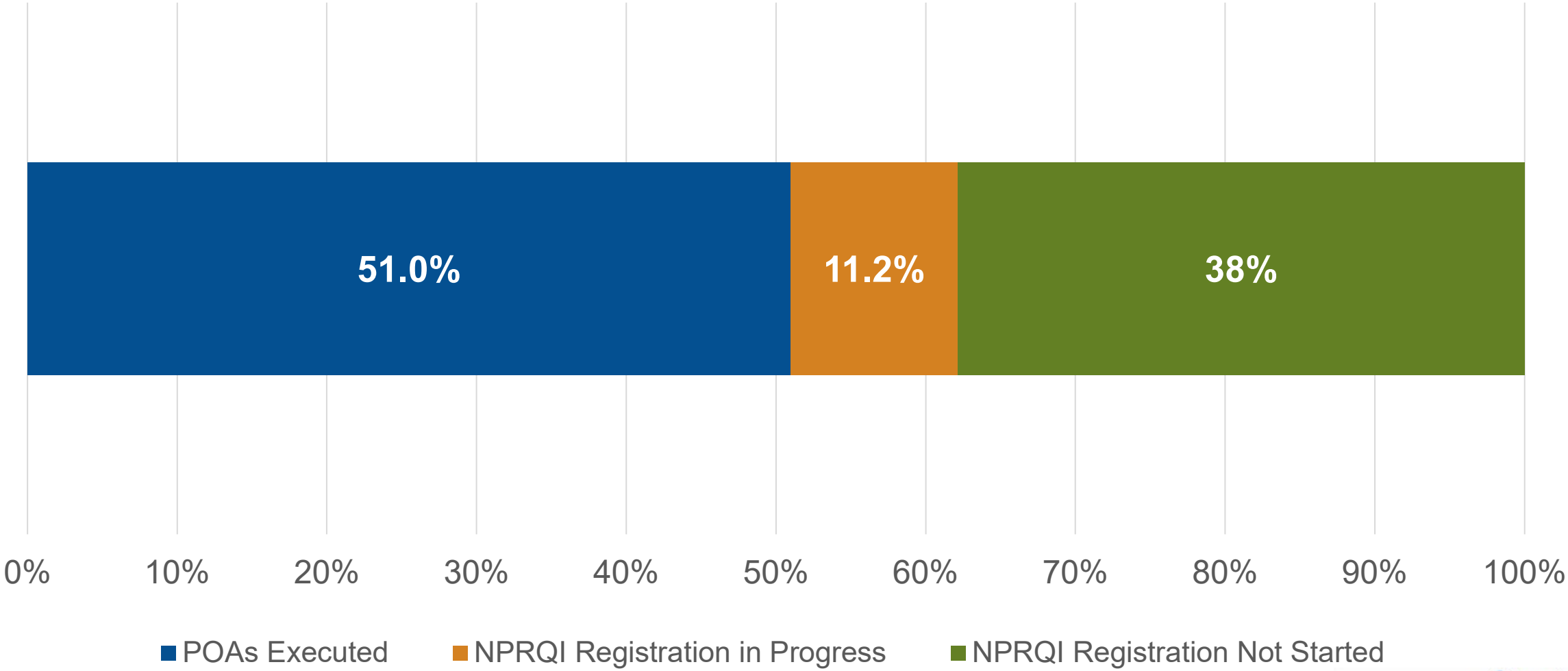
PRQC POA Status



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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

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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

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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

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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

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PRQC POA Snapshot

Pending Execution

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

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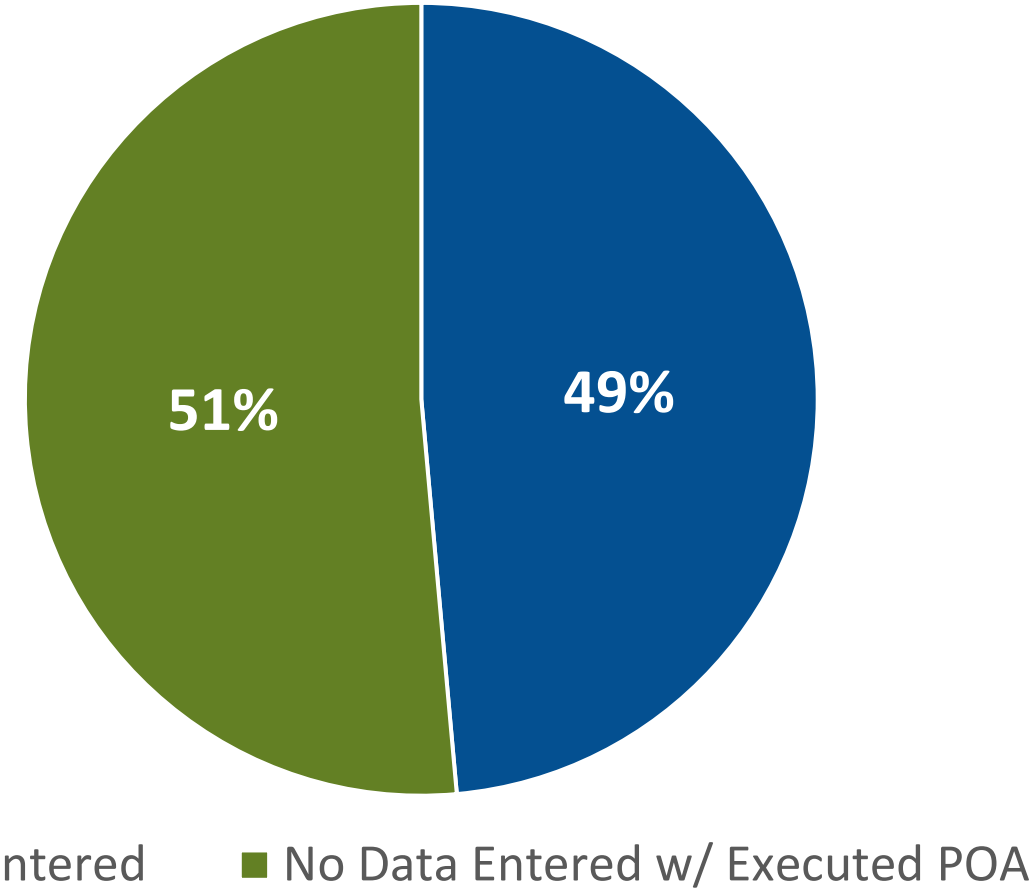
PRQC Participating Site with Data Entered into NPRQI November 2023



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NPRQI Secure Login Credentials

- Secure login credentials will be sent from Clario via 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

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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

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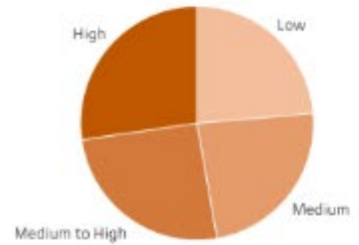
NPRQI Reporting Dashboard
55 Sites / 1,823 Records

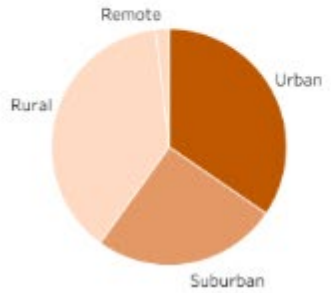
Make your selections from the green filter bar, and Click "GO" to return your report

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

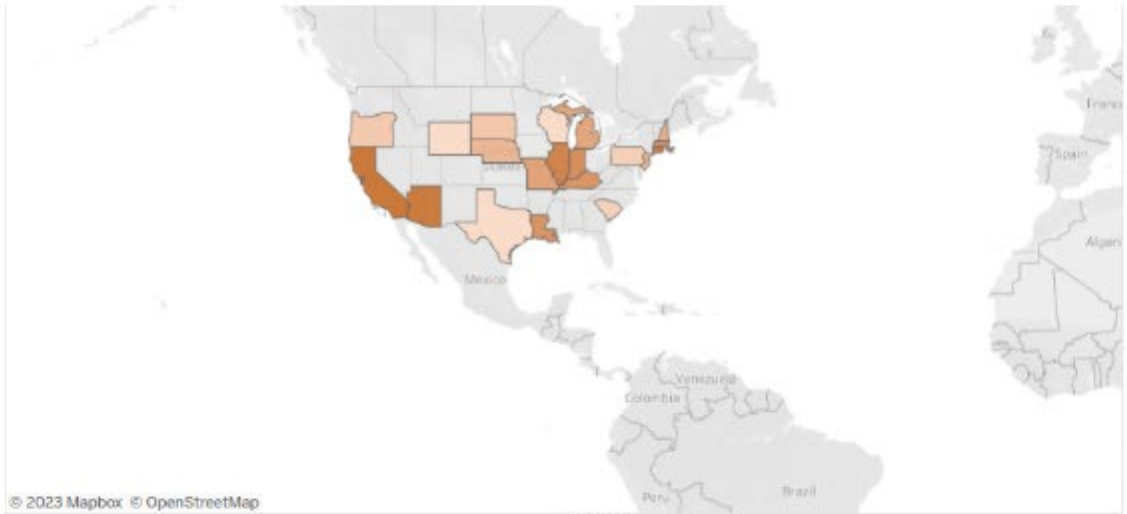
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initative



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

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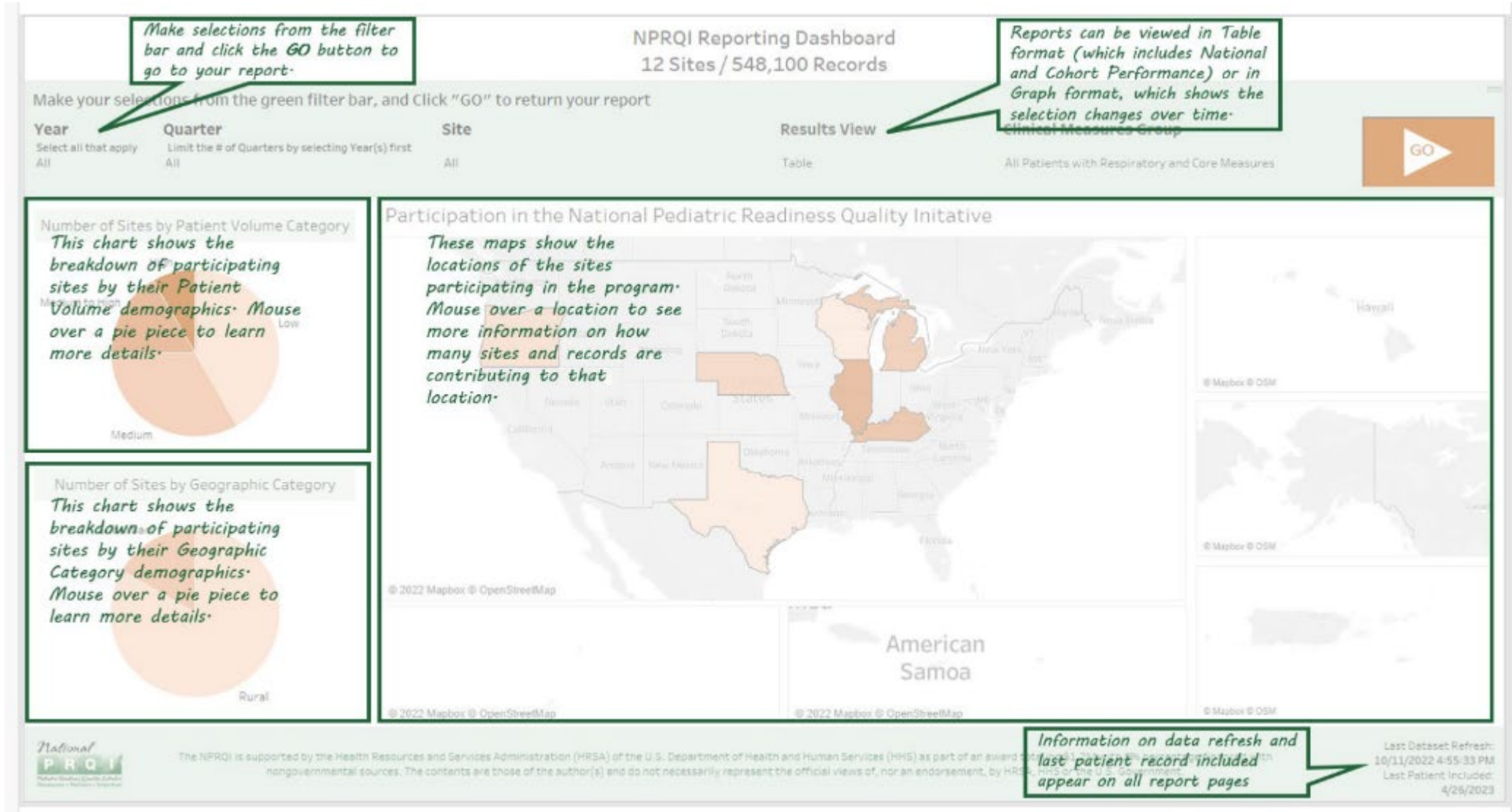

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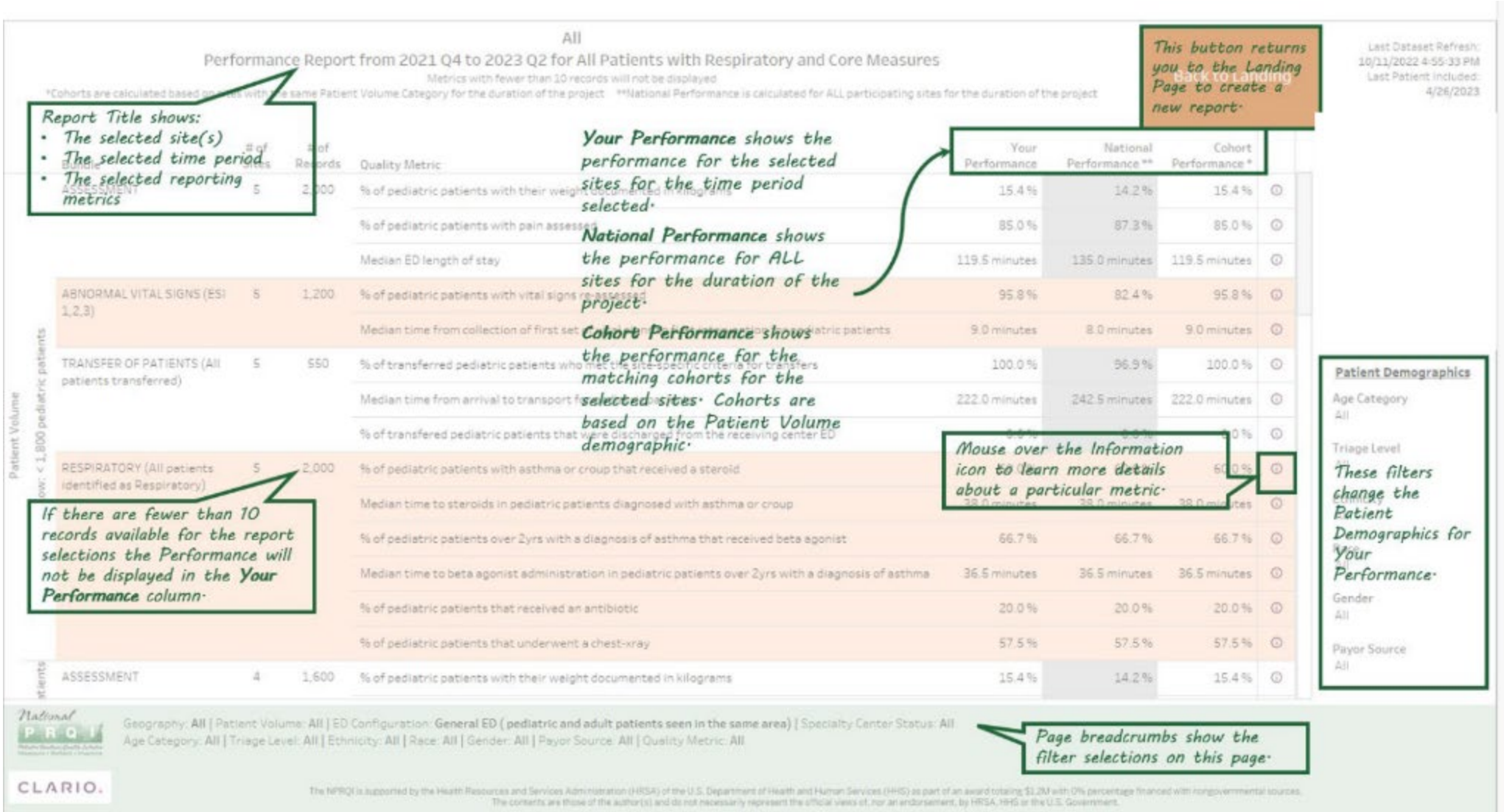

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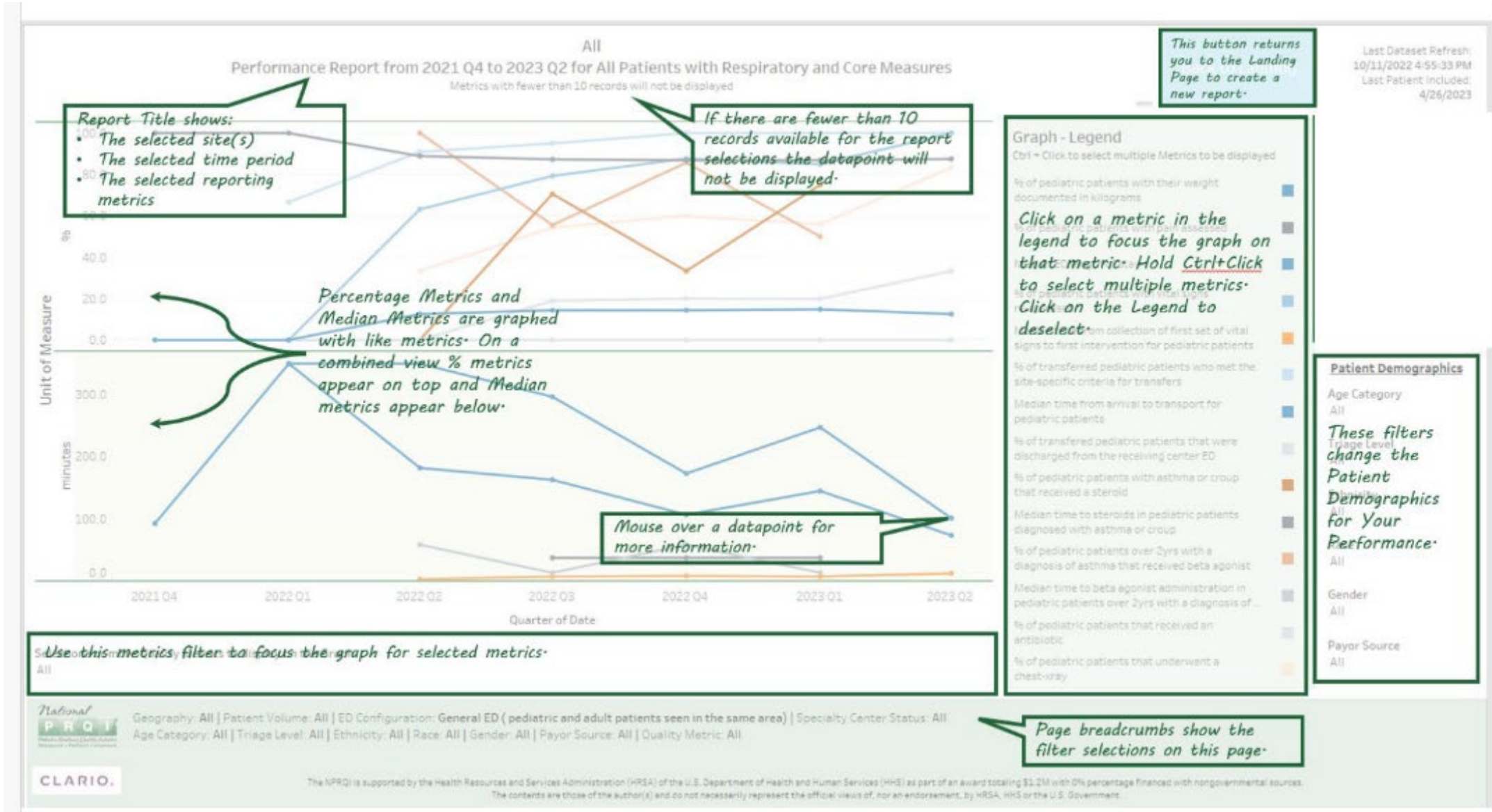

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Core Measures Data – Table View

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

Volume	Bundle	# of Sites	# of Records	Quality Measure	Your Performance	National Performance **	Cohort Performance *
Low: < 1,800 pediatric patients	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
	TRANSFER OF PATIENTS	13	39	% of transferred pediatric patients who met site-specific transfer criteria	97.4 %	98.7 %	92.9 %
				Median time from triage to transport	353.0 minutes	514.3 minutes	343.3 minutes
				% of transferred pediatric patients who were discharged from the receiving ED	2.6 %	1.8 %	0.0 %
Medium: 1,800 - 4,999 pediatric pa..	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
	TRANSFER OF PATIENTS	13	47	% of transferred pediatric patients who met site-specific transfer criteria	100.0 %	98.7 %	100.0 %
				Median time from triage to transport	242.0 minutes	514.3 minutes	278.4 minutes
				% of transferred pediatric patients who were discharged from the receiving ED	8.5 %	1.8 %	8.3 %

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)

National PRQI

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 Performance	National Performance **	Cohort 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 %
				% 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
	TRANSFER OF PATIENTS	14	43	% of transferred pediatric patients who met site-specific transfer criteria	100.0 %	98.7 %	100.0 %
				Median time from triage to transport	440.0 minutes	514.3 minutes	516.4 minutes
				% of transferred pediatric patients who were discharged from the receiving ED	0.0 %	1.8 %	0.0 %
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 %
				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
	TRANSFER OF PATIENTS	15	70	% of transferred pediatric patients who met site-specific transfer criteria	98.6 %	98.7 %	100.0 %
				Median time from triage to transport	452.0 minutes	514.3 minutes	769.3 minutes
				% of transferred pediatric patients who were discharged from the receiving ED	0.0 %	1.8 %	0.0 %

National PRQI

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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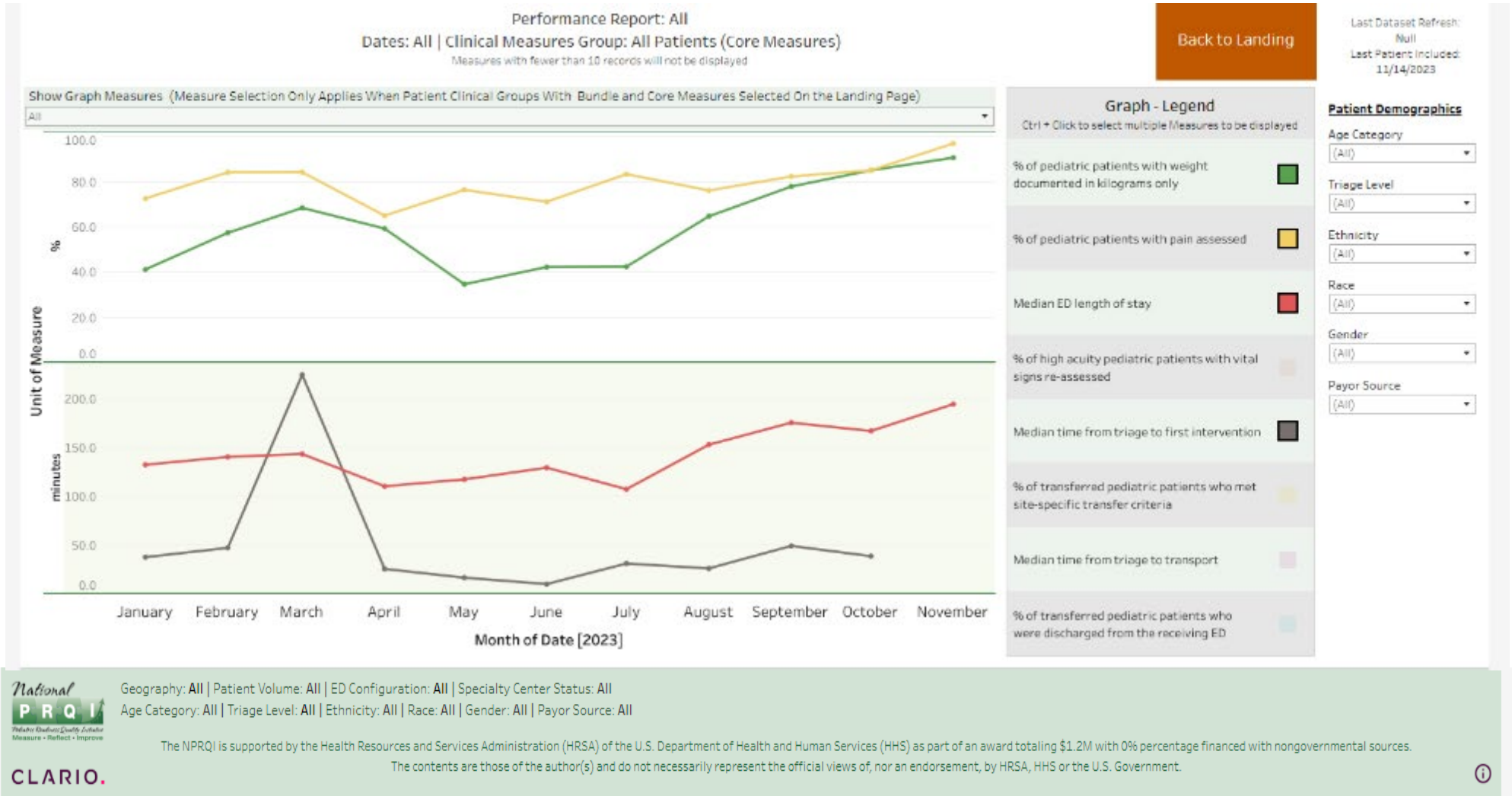
Core Measures Data – Graph View



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

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)

National PRQI Pediatric Readiness Quality Initiative 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

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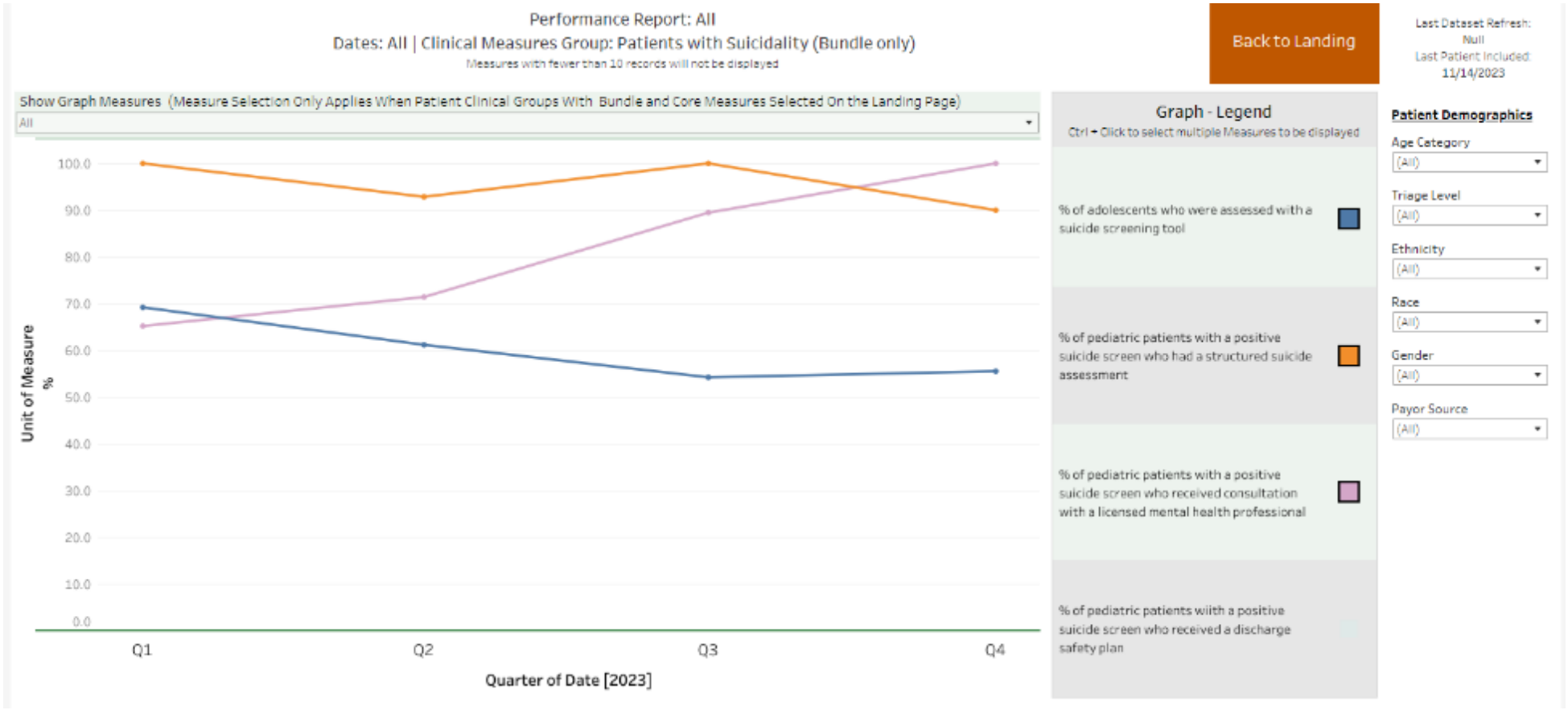
Suicide Aggregate Data – Graph View



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Change Strategies & Process Map Recap

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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

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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

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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

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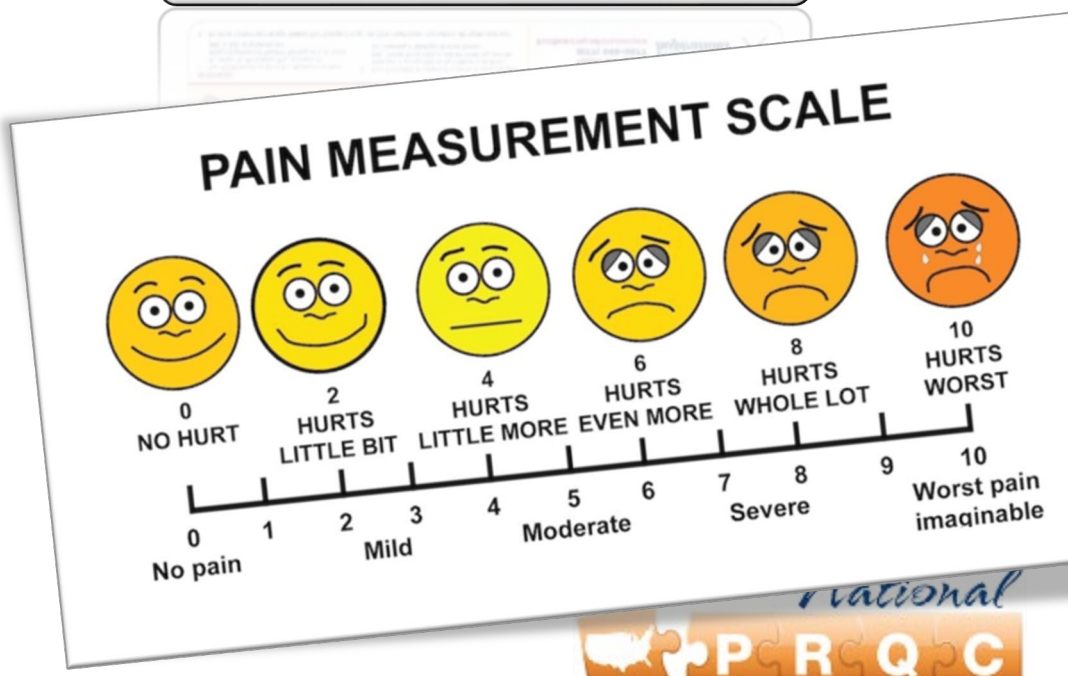
Patient Centered Strategies to Pain Assessment

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



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Pain Process Map

Patient-Centered Strategies

Ask → Record → Treat → Reassess

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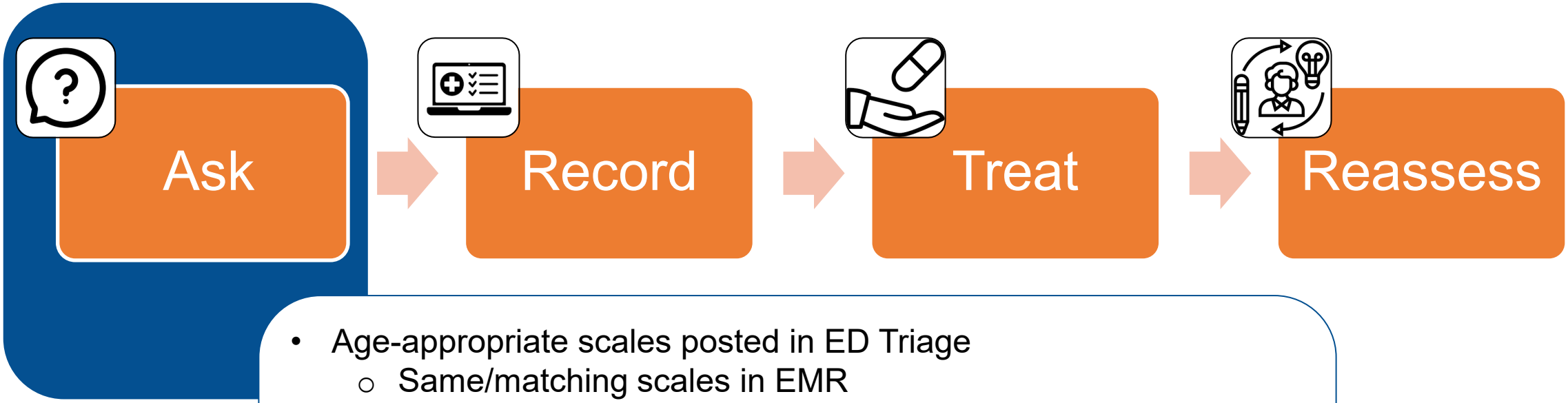
Pain Process Map

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?*

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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?*

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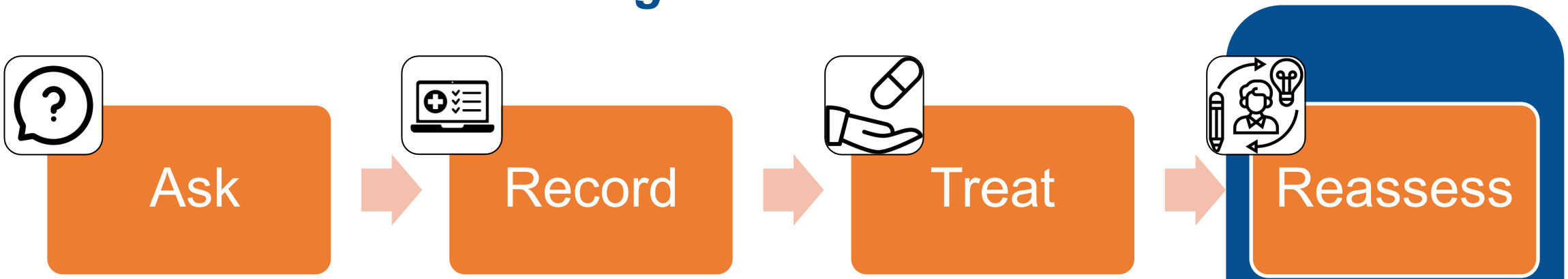
Pain Process Map

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.*

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Patient Safety

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

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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	8.8 %

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

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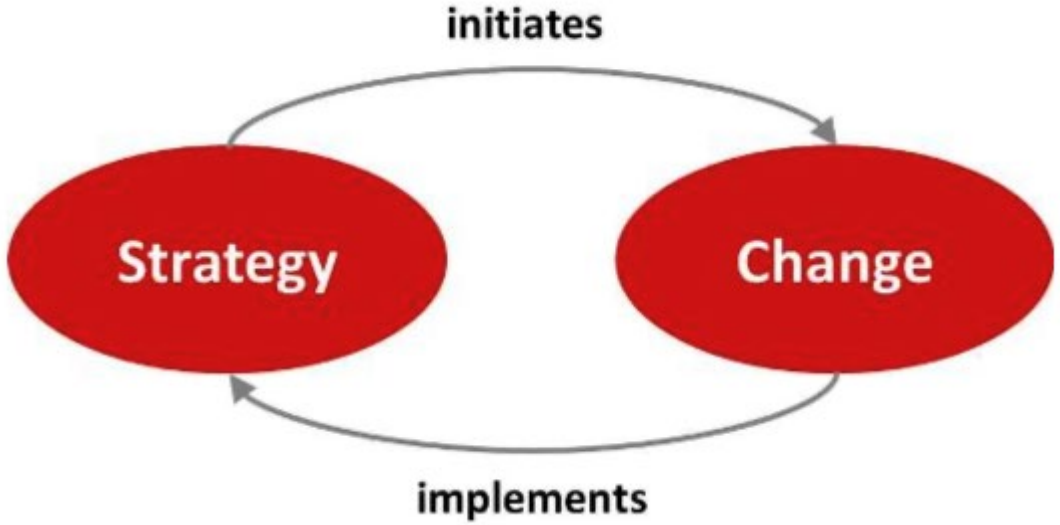
Change Strategy

- 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

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Data to be Collected

- Parent preference
- Medication errors
- Satisfaction of staff

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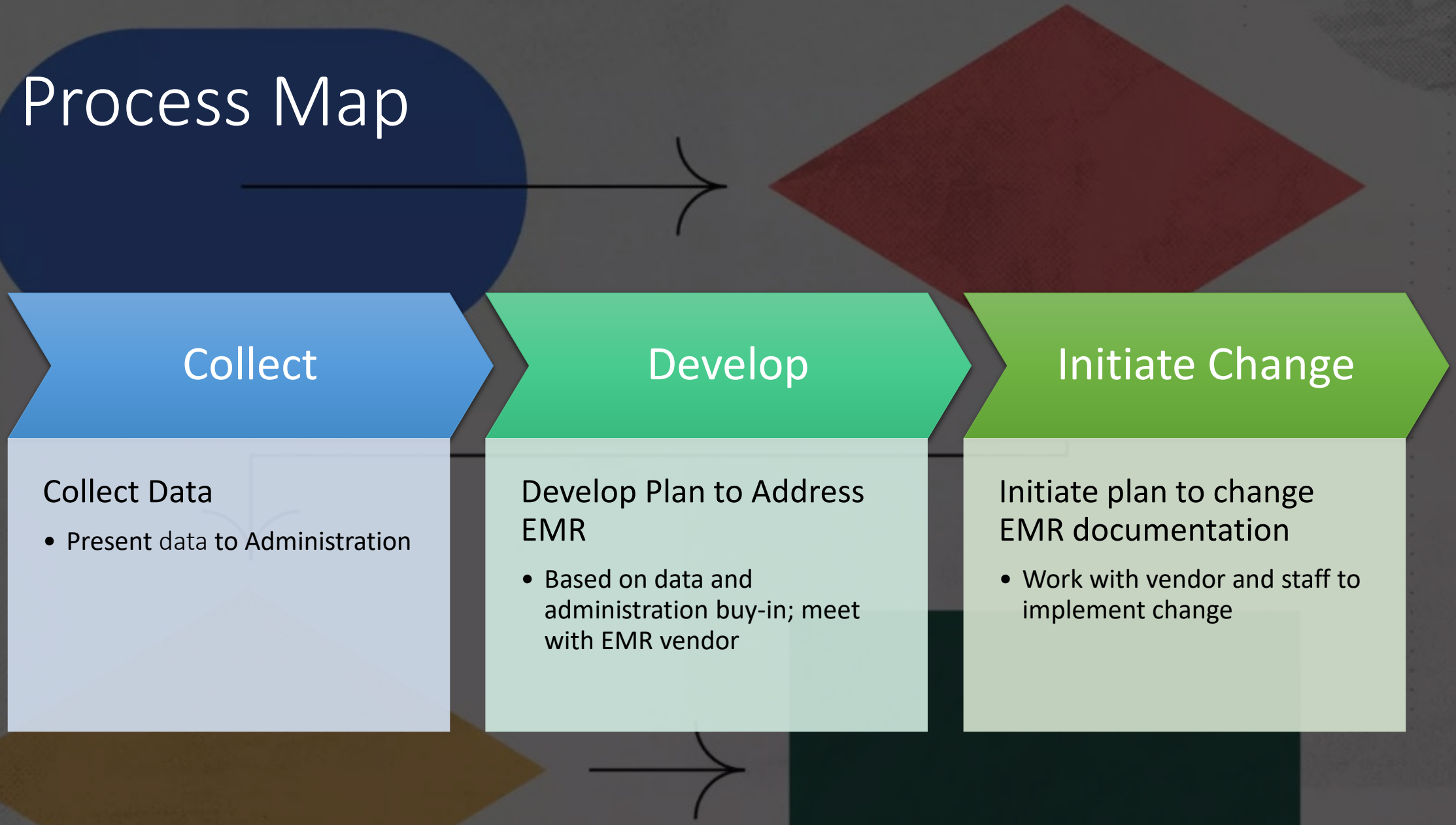
Process Map


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

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

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)

National PRQI

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

CLARIO.

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.

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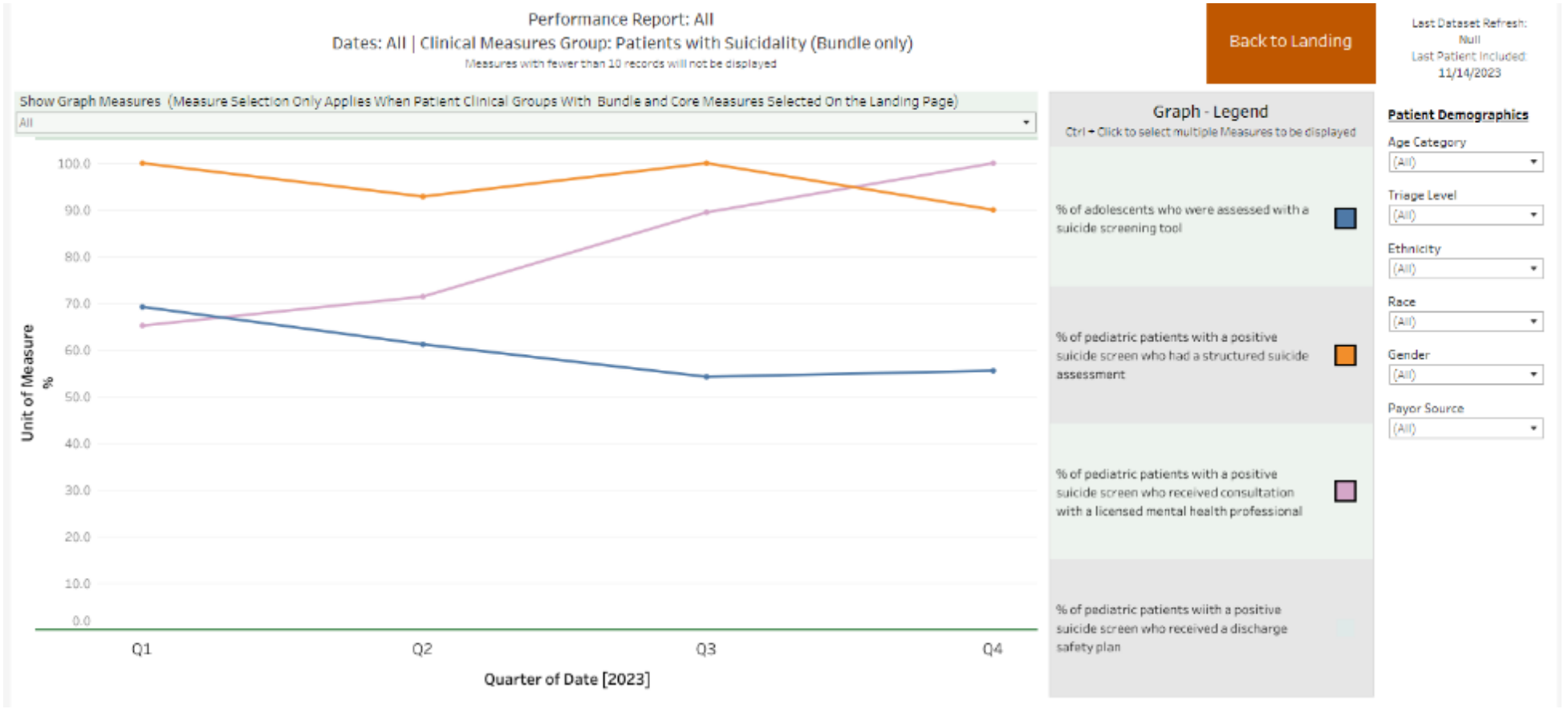
Suicide Aggregate Data – Graph View



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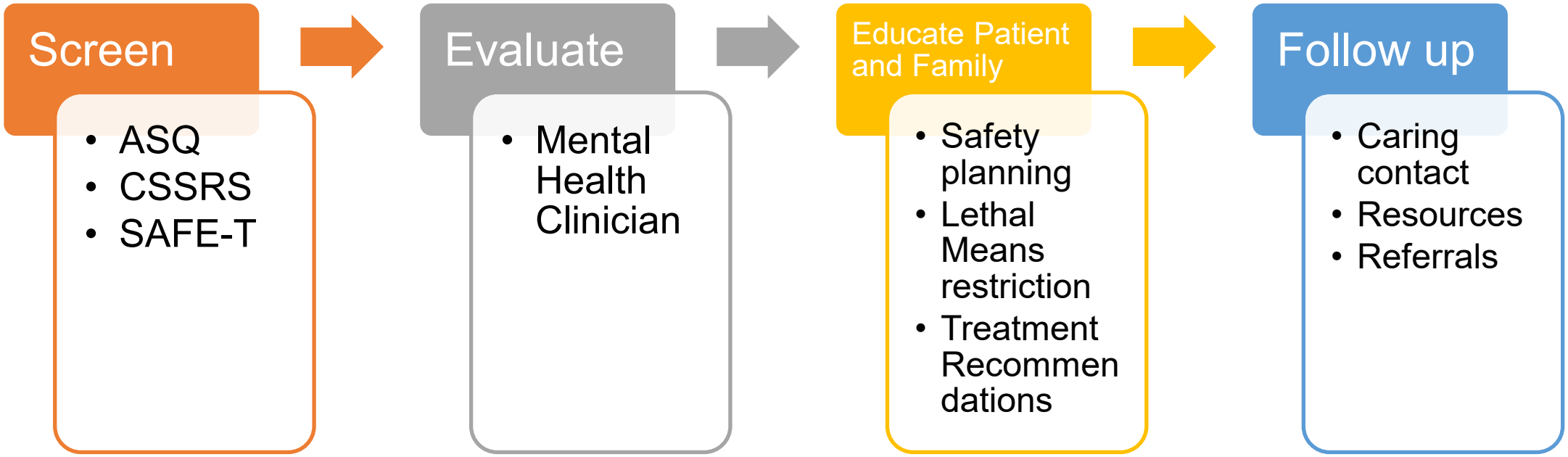
Suicide Care Process Map



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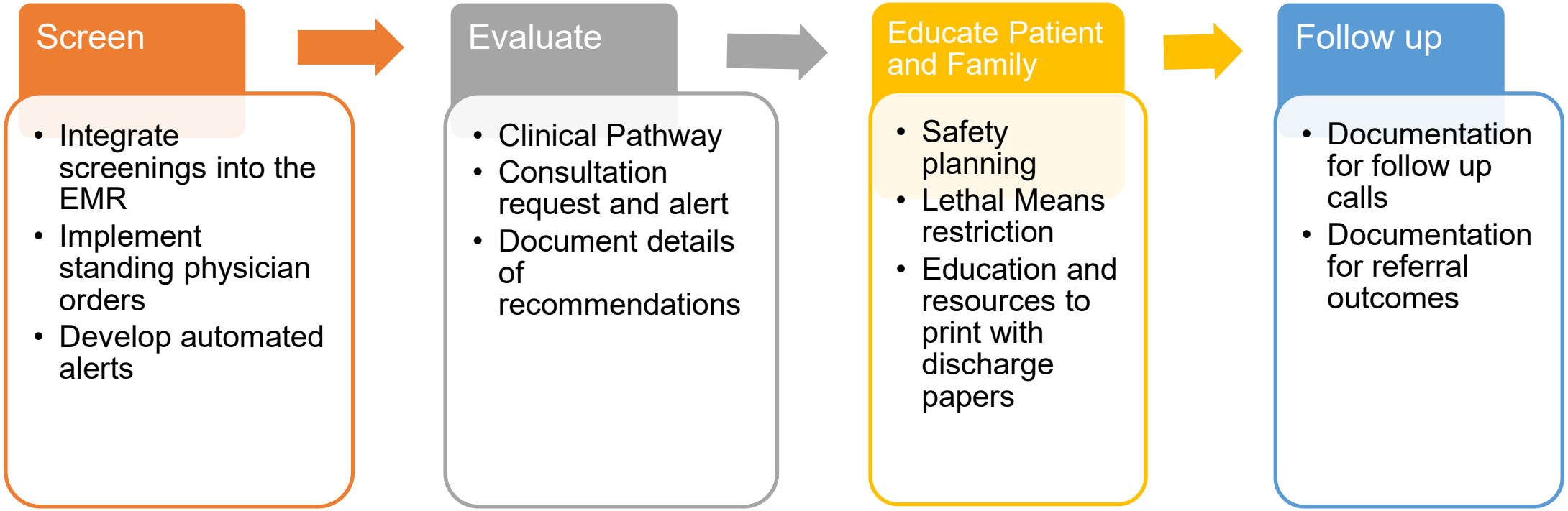
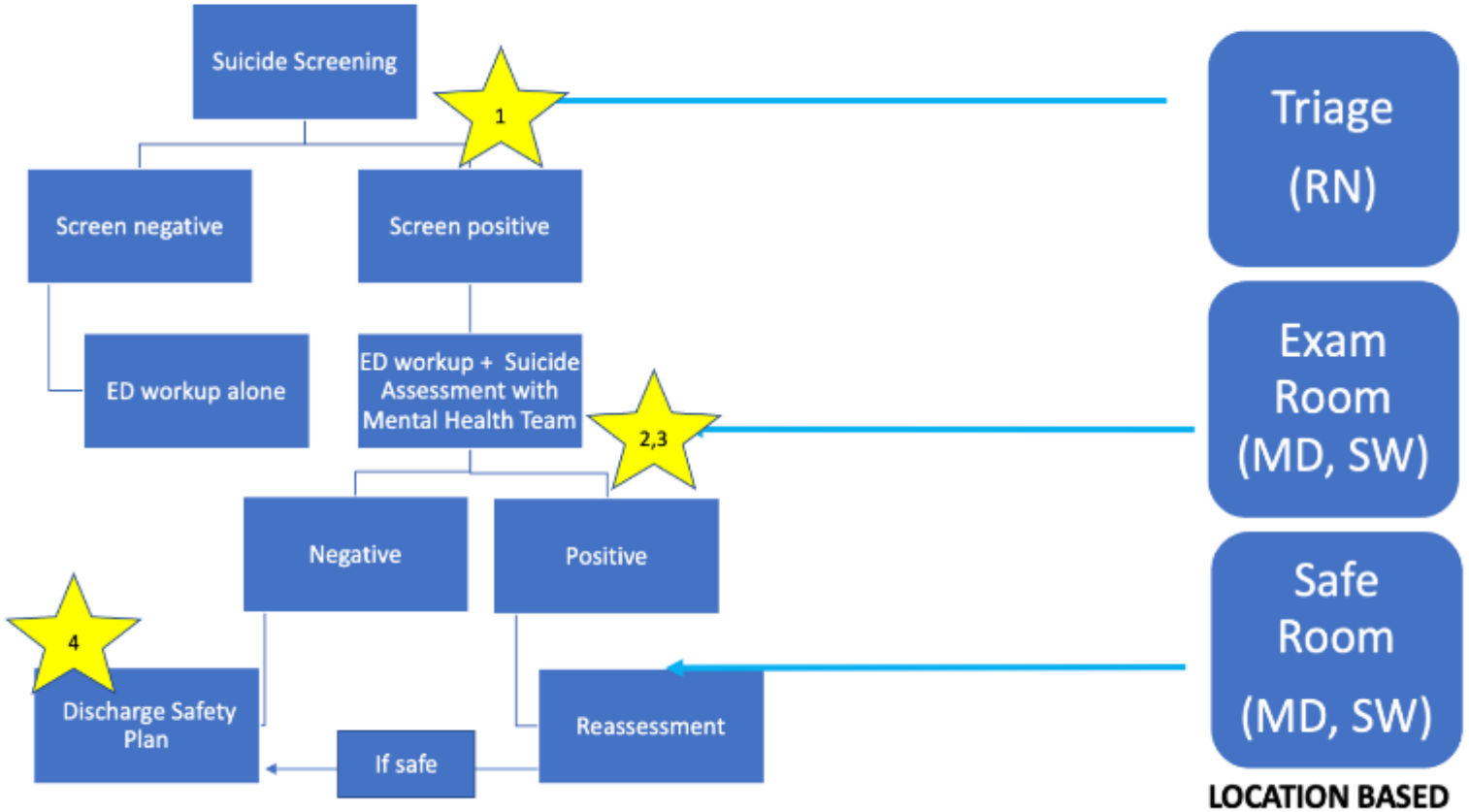
EMR Optimization



Patient Flow Diagram

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



Abnormal Vital Signs

Sheryl Yanger, MD, FAAP

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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

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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

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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

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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

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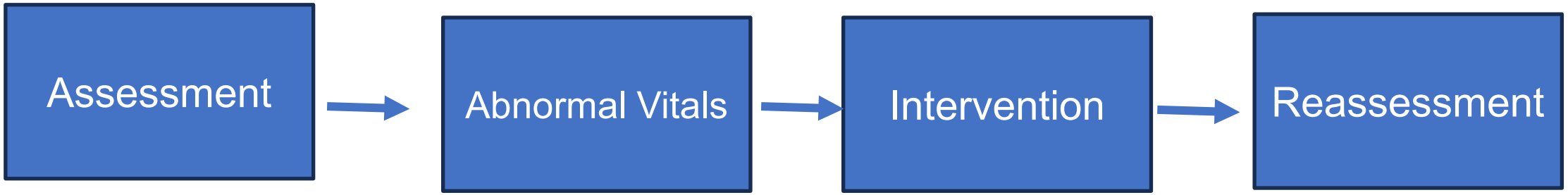
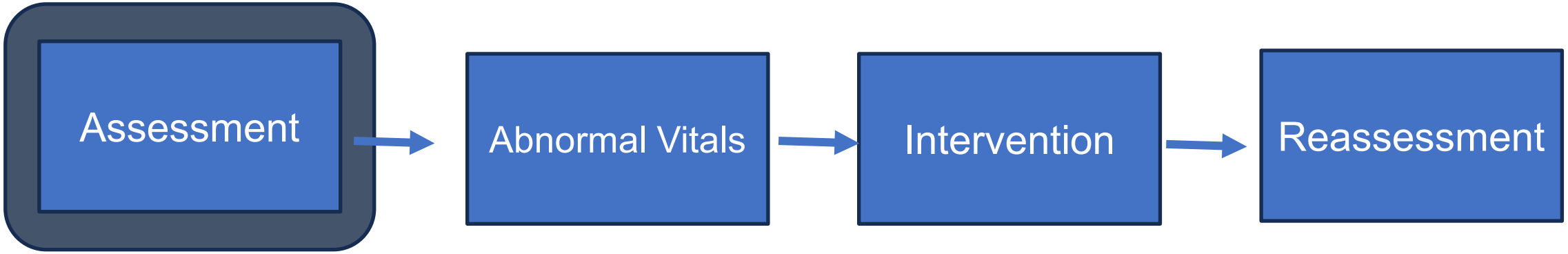
Process Map



Process Map



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

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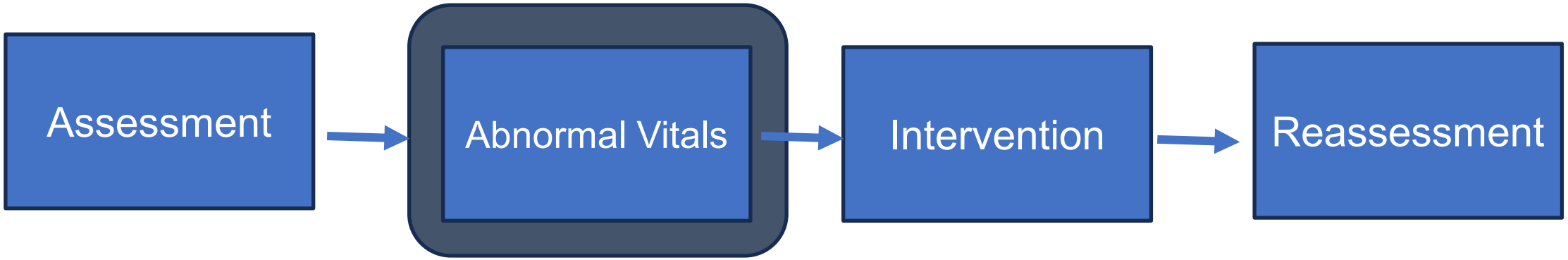
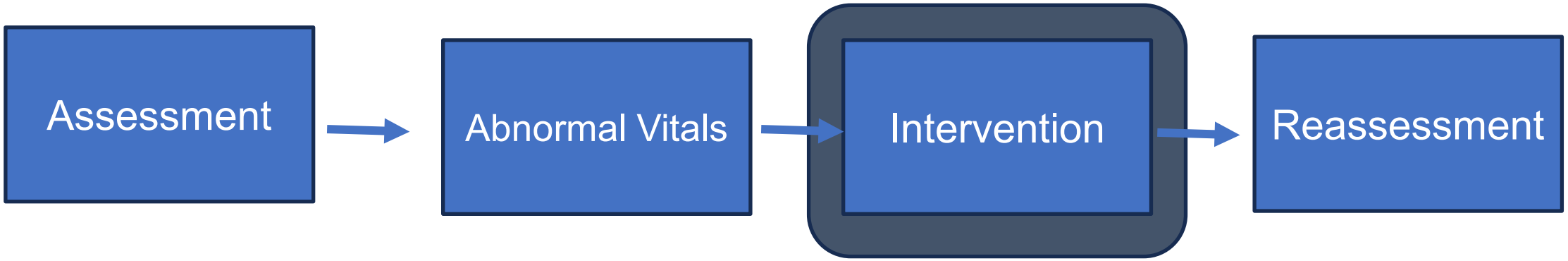
Process Map



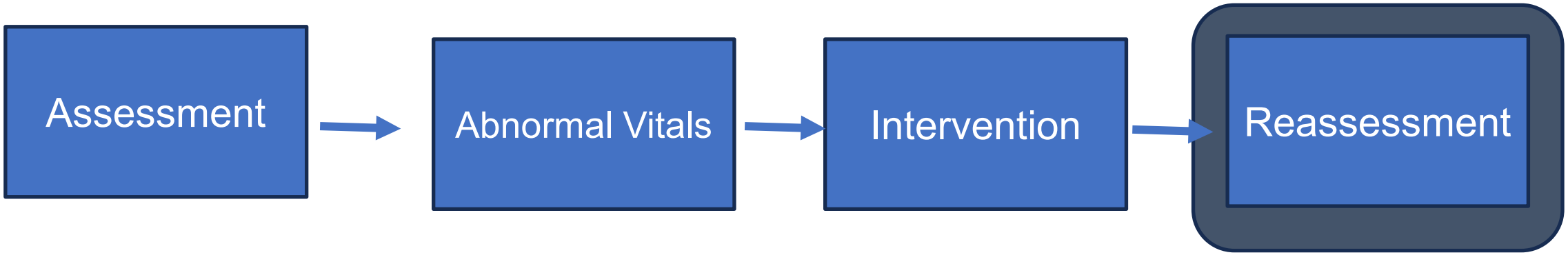
- Visuals for normal VS (badge buddies, posters)
- Alert system (BPA, EMR, PEWS, sepsis screener)

Process Map



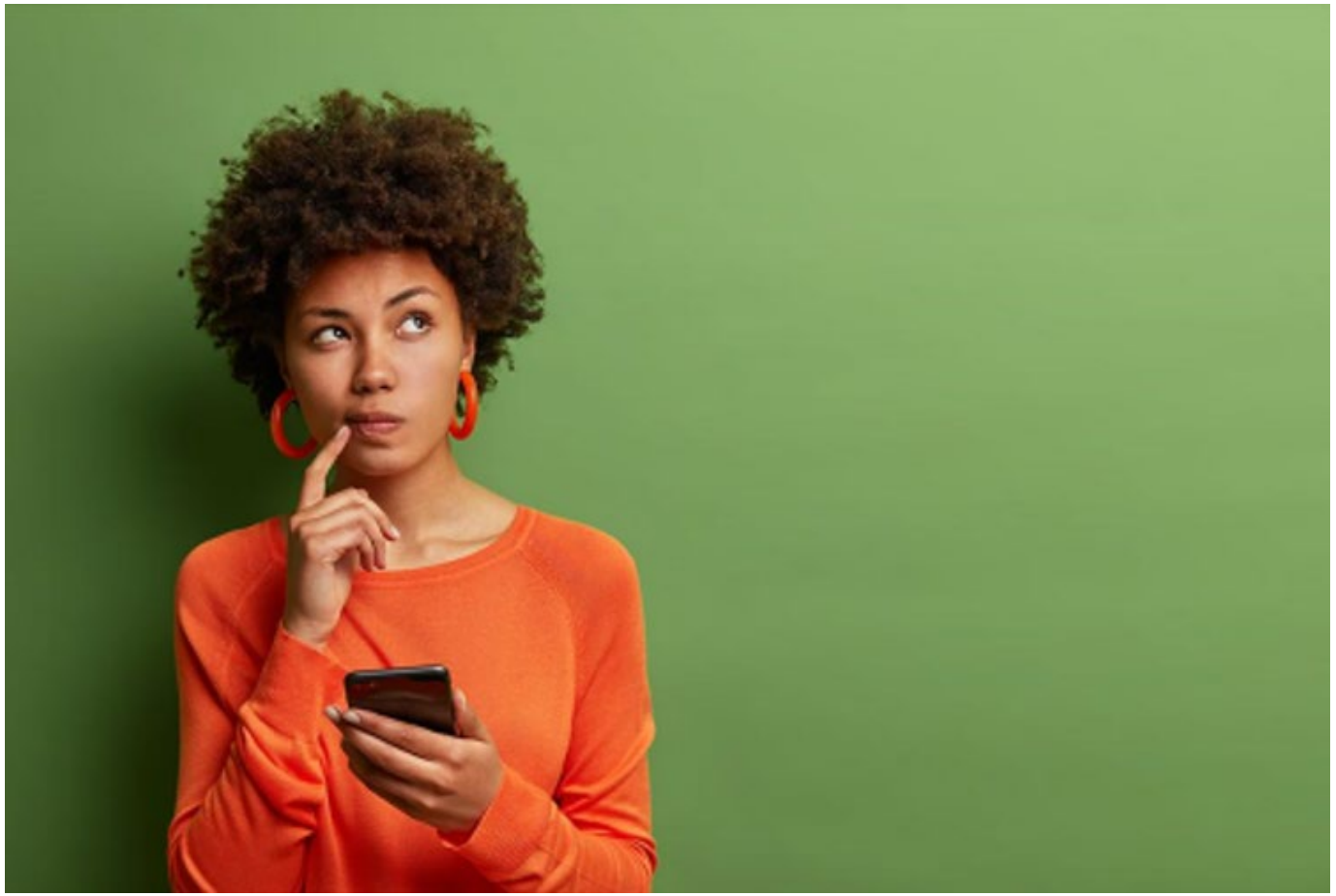
- Sepsis huddles
- Provider notification
- Standardized pediatric protocols (SMDOs, sepsis order sets)

Process Map



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

Q&A Session



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Please Complete Session Evaluation Poll

Thank you!

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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**

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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.goodmanrn@gmail.com**

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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

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