

Collaborative Session #7

Communication and Sharing your QI Work

February 20, 2024

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



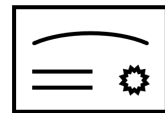
Portions of Today's Session Will Be Recorded

- Available in Archives of PRQC Website



Use Chat Function to Ask Questions

- Dedicated Time for Q&A at End of Session



Seeking Nursing Continuing Education Credit

- Enter Name in Chat Box

Objectives

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

- Strategize how to share the the work accomplished by your site
- Illustrate the impact of your QI work
- Support one another in this process

Speakers

Corrie Chumpitazi, MD, MS, FAAP, FACEP

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



Amy Myers, BA

Program Manager
Outreach Coordinator, Pediatric Emergency Medicine
Yale University School of Medicine



Site Updates February 2024



EMSC
Quality Improvement
Collaboratives

Sharing Your QI Work

Advocating for Your Project

- How and when to use elevator pitches

Option A

Option B

Option C

- Which of these was on the mark? Why?

How to Advocate for Your Project

- Have a short summary to quickly and simply define what you are doing and why
- Aim for right timing to advocate for change, but air-time often is the “right” time

Components of an elevator pitch

What is this project about?
Why is it important to do?
What will success look like?
What do we need from you?
What can you expect from us?

When to advocate

After a difficult or challenging pediatric case
During a staff meeting when prompted for educational or improvement ideas
During or in follow-up to a meeting that has identified a pediatric care improvement

What should the focus of your pitch be?

Pain	Abnormal Vital Signs	Suicide	Weight in kgs
<p>#1 reason children seek care</p> <p>Less treated in peds</p> <p>TJC Standard</p> <p>Parents & care givers value pain management during patient satisfaction surveys</p>	<p>Options for newborns- 3 yo (cap refill)</p> <p>Indicators for abnormal vital signs</p> <p>Missed/delayed diagnosis of sepsis is often due to an abnormal VS that wasn't recognized</p>	<p>ASQ- Quick- 4 questions</p> <p>2nd leading cause of death among adolescents and young adults</p> <p>Safety planning/discharge resources</p> <p>Suicide is preventable but suicidality must be recognized</p>	<p>Reduced medication errors</p> <p>Conversion errors</p>

What should the focus of your pitch be?

Pain	Abnormal Vital Signs	Suicide	Weight in kgs
Pain is the #1 reason children seek emergency care	Early, accurate recognition of severe sepsis in children is challenging	Suicide is the 2nd leading cause of death in children ages 10-24.	Children have 3 times the medication errors compared to adults in the ED.

What should the focus of your pitch be?

Pain

- Pain is the #1 reason children seek emergency care
- Nearly 80% of pediatric ED patient visits are related to pain
- Children receive less pain medication than adults
- We want to increase pain assessment to 95% on all children

Abnormal Vital Signs

- Early, accurate recognition of severe sepsis in children is challenging
- Abnormal vital signs are key in the early detection
- 25% children present with complete vitals signs in our ED
- Our goal is to increase that to 90% by December

Suicide

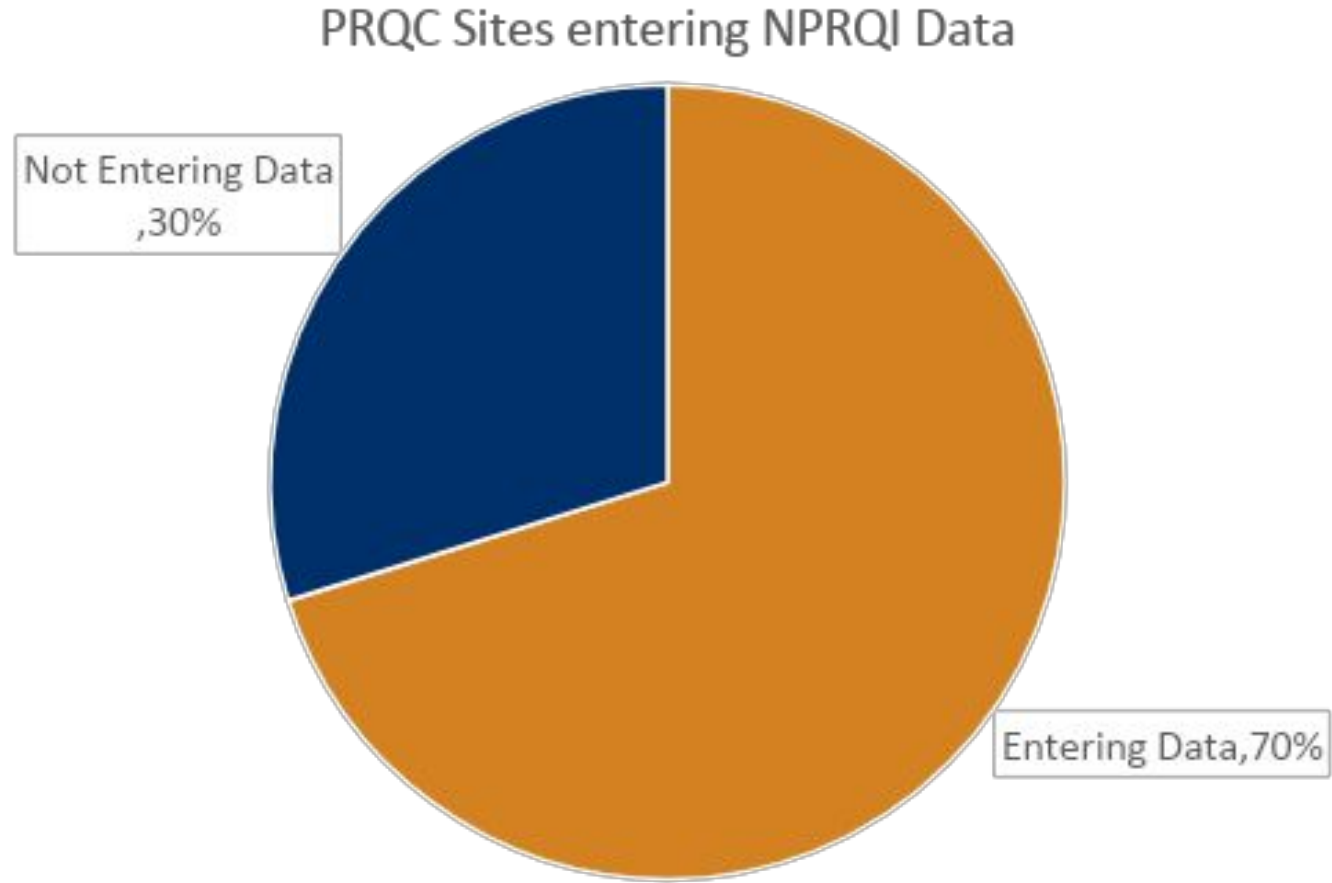
- Suicide is the 2nd leading cause of death in children ages 10-24.
- Increasing demand and decreasing supply of mental and behavioral health specialists have place the burden on the ED
- We desire to screen 90% of children 12- 18 for suicide risk

Weight in kgs

- Children have 3 times the medication errors compared to adults in the ED.
- Standardization of units of measurement to Kilograms can help
- We sought 100% compliance with weight in kgs recorded in the medical record by December

PRQC- NPRQI Utilization

PRQC Sites with Executed POAs Entering Data



NPRQI Reminders

- PRQC registration period officially closed on **December 15, 2023**
 - NPRQI (the data portal) remains open as a standalone QI improvement tool unaffiliated with PRQC.
- 2023 data entry deadline **January 31, 2024.**
- 2024 patient data entry began in January.
- Thanks to everyone who completed the NPRQI Annual Feedback Survey

NPRQI 1:1 Office Hours

- Most Wednesdays- to date we have met with 36 sites
- **20 Minute** one on one sessions with the NPRQI data team
- February 22nd – Session full
- February 28th – Registration open

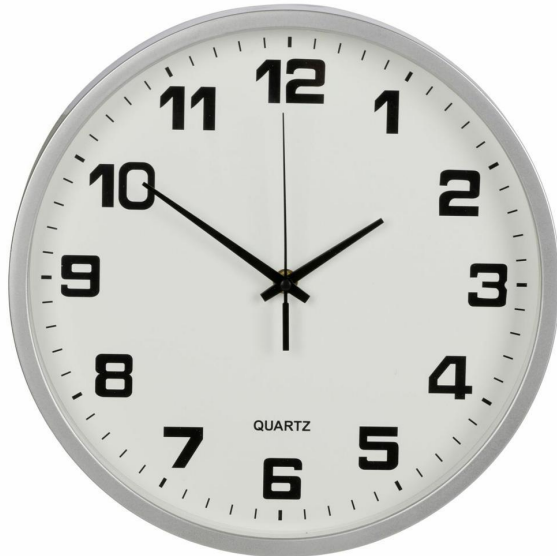
NPRQI 1:1 Office Hours

Wednesday, February 28th

1:30 p.m. – 3:30 p.m. Central Time

Use link or QR code below to sign up for a time

[Register for February 28th PRQC data entry office hours](#)



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.
- Don't see your login link? Check you spam or junk email folders. Or you can email tap.support@clario.com and request they send the NPRQI data portal link.
- To add or remove users email: liza.hinojosa@austin.utexas.edu

NPRQI Dashboard Update

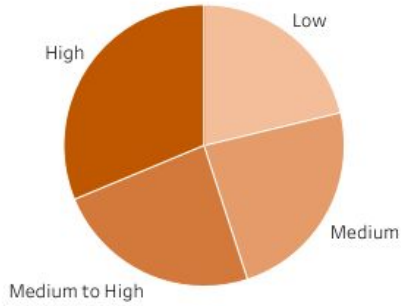
NPRQI Reporting Dashboard

80 Sites / 4,723 Records

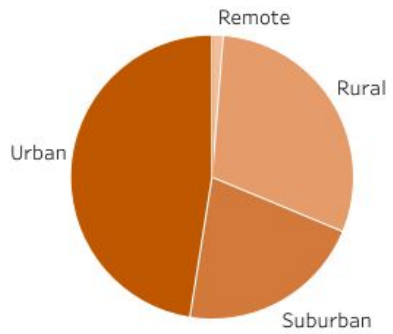
Make your selections from the green filter bar, and Click "GO" to return your report

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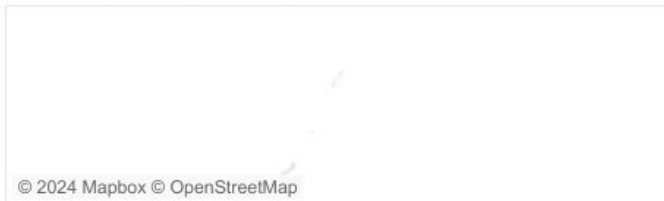
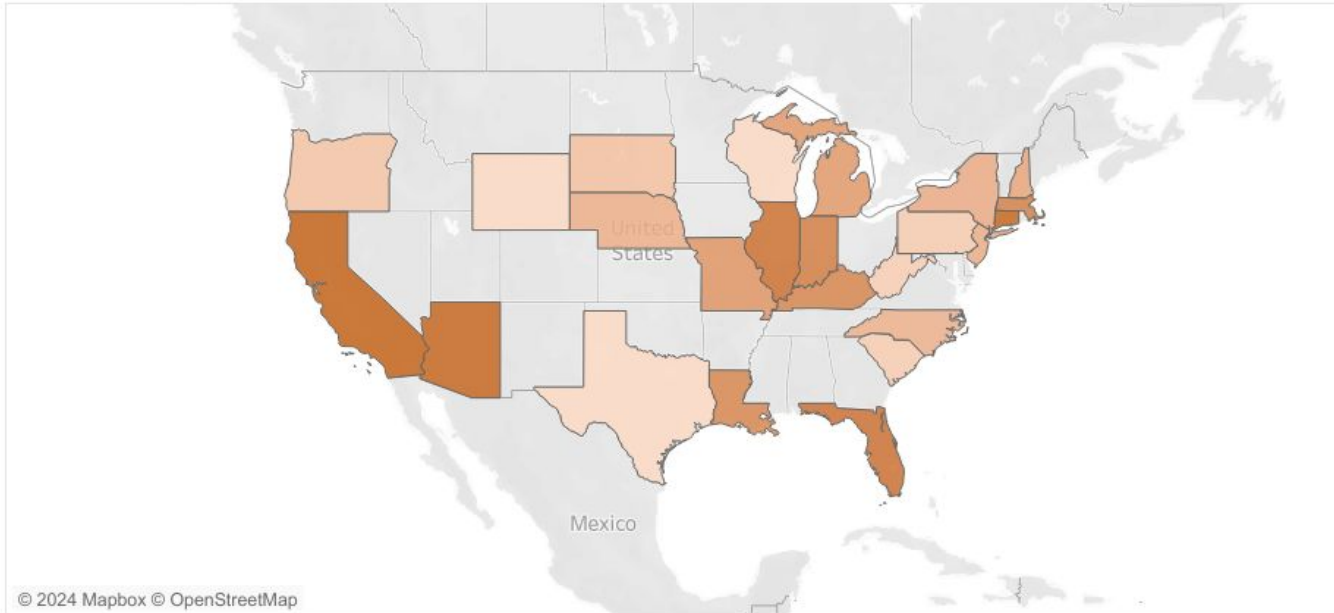
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



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.

Last Dataset Refresh:
2/20/2024 8:38:13 AM
Last Patient Included:
2/18/2024





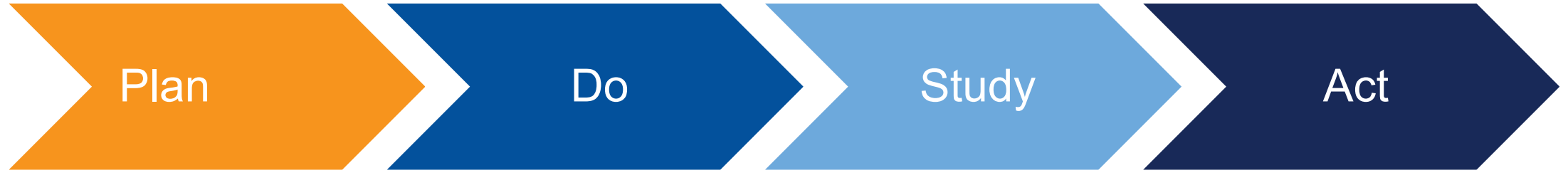
- Complete onboarding

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

- Complete Environmental Scan
- Begin collecting baseline data
- Decide on clinical area(s) of focus

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





- **Adopt an implementation plan**
 - Develop SMART Aim
 - Select a change strategy
- Put the plan into action
 - Rapid test of change
- Assess the outcome and evaluate your performance
 - Consider: Was it successful? What feedback was gathered?
- Adapt or abandon the change process and implement another PDSA cycle



Pediatric Mental Health Care Access (PMHCA) Quality Improvement (QI) Collaborative

February 22 at 1pm EST.

The Collaborative offers several benefits to participants:

1. **Access to a Quality Improvement Guide:** A detailed QI guide provides valuable insights and methodologies to enhance knowledge in the field.
2. **PMHCA Community:** Joining a community of mental health professionals offers networking, collaboration, knowledge sharing, and peer support.
3. **Team Building:** Sharing ideas and best practices among mental health professionals supports collaboration and addresses challenges in a supportive environment.
4. **Project Reporting to the PMHCA Community:** Sharing project updates with the PMHCA community fosters knowledge exchange and recognition, enhancing visibility and potential for collaboration.
5. **Focused Working Sessions:** In focused working sessions, smaller groups can concentrate on specific aims and create effective strategies to overcome obstacles by exploring key drivers and identifying interventions.
6. **One-on-One Office Hours:** Personalized support from quality improvement coaches and data analysts can guide improvement strategies and tailor insights specific to each team's goals.

Scan the code
to view our
offerings!





Please Complete Session Evaluation Poll

Thank you!

Fireside Chat: A Closer Look at Suicide



March 5, 2024

Collaborative Session #8: Addressing Barriers



March 19, 2024

Join Us for Upcoming Sessions!

Nursing - CE contact hours

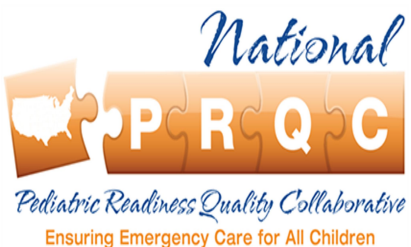
Collaborative session #7 February 20, 2024

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 2/22/2024 to be eligible for CE hours



<https://bit.ly/PRQCCollaborative7>

If you have any questions, please contact Robin Goodman at robin.goodmanrn@gmail.com



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