

Collaborative Session #9

April 16, 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



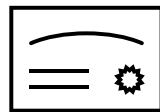
Portions of Today's Session Will Be Recorded

- 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:

- Share experiences including progress, successes, and challenges/barriers
- Brainstorm strategies to address and overcome challenges
- Review NPRQI dashboards for data trends

Agenda

Breakout Groups

Addressing Barriers

April Site Updates

NPRQI Update

Closing Remarks

Breakout Groups

- Share with your group
 - Clinical area of focus
 - Change Strategies
 - What is/isn't going well





Barriers

Review top barriers to progress shared by participants and strategies to overcome them



Barriers (what teams have shared)

Staffing Issues

- Turnover
 - Travel and registry nurses
 - Number of younger and inexperienced staff
 - Staff motivations and willingness to participate
- Competing tasks and duties that prevent staff from getting involved in the project
- Staff interest and engagement



Barriers (what teams have shared)

Systems Issues

- Leadership buy-in
- Consistency in leadership
- Getting hospital administrators to understand why this is necessary now and not waiting until our next trauma survey
- Physician buy-in
- Quality Department buy-in



Barriers (What teams have shared)



Operations issues

- Not enough time and personnel to commit to PI.
- Multiple PdLNs in one year
- Other tasks and duties that get in the way of this project
 - Extra time-consuming project, on top of 100% review cases for EDAP

Barriers (what teams have shared)

Data management issues

- Outdated EMR
- Data entry for NPRQI takes too long
 - NPRQI data entry- type in times rather than manual entry on the clock
 - Medication entry takes a long time
- Need a data person to create reports



Strategies to Overcome Barriers



Staff buy-in: Include staff in planning process of work so they feel they are playing a role in the change

EHR integration: Work in larger health networks/other sites in their network/Leverage adult ED strategies

Strategies to Overcome Barriers

Staff and Personnel:

- Learn how to grown team
- Reduce overall goal of project
 - Make it more feasible and achievable in a shorter period of time
- Focus on policy or leveraging this work in other capacities i.e., going for pediatric recognition to get leadership buy-in



Strategies to Overcome Barriers



Bottom Line: You are a pioneer. This is not a well-traveled road. You may feel a strong headwind; however, the ultimate glory awaits when you don't accept failure, trust yourself, and your team.

Site Updates April 2024



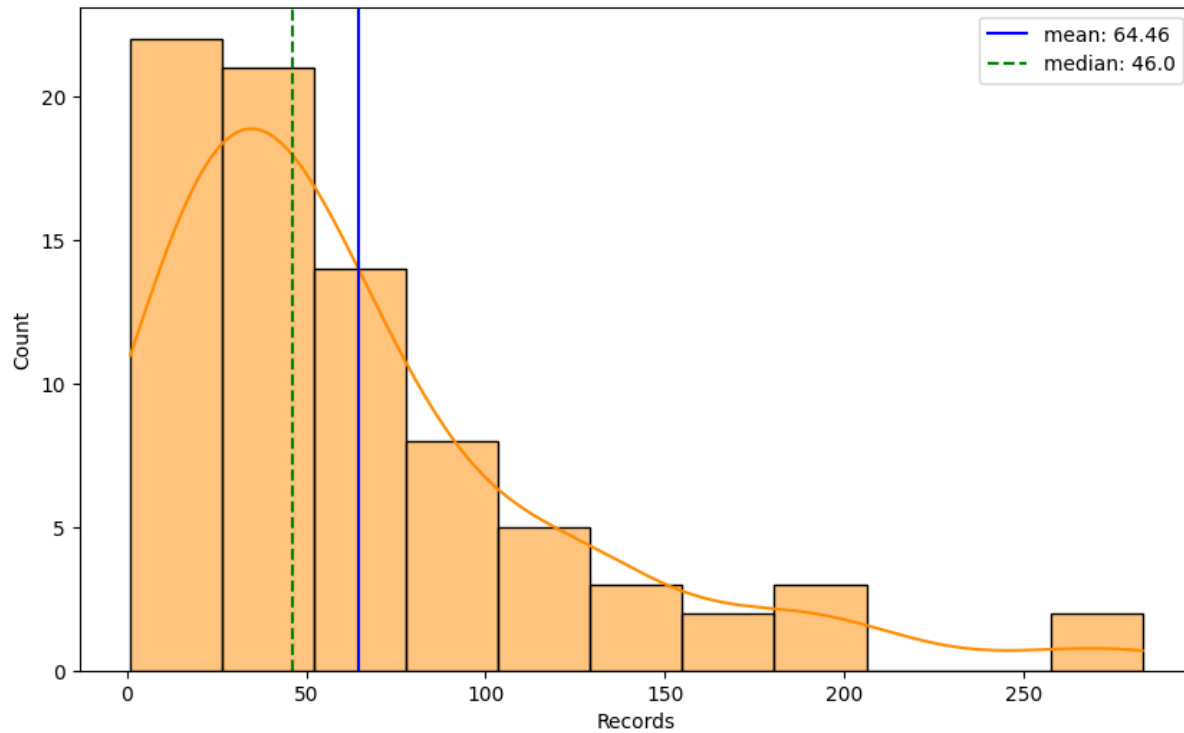
EMSC
Quality Improvement
Collaboratives

PRQC-NPRQI Utilization

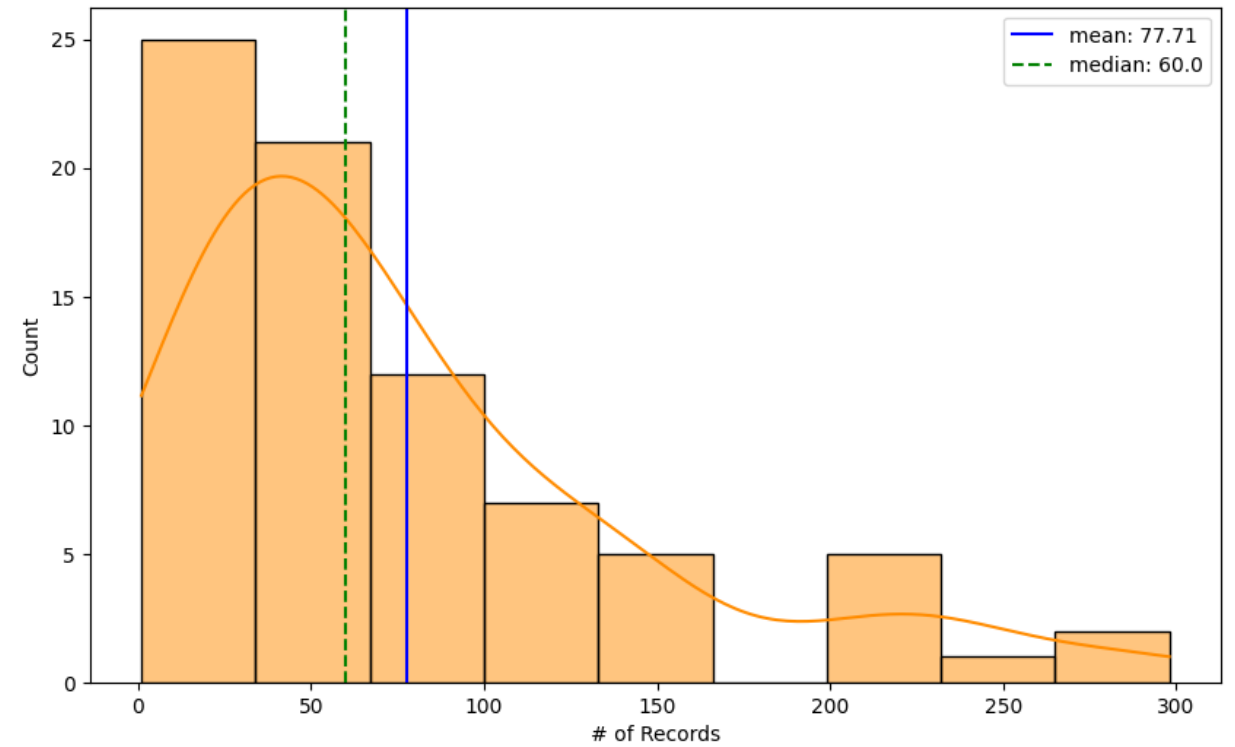


PRQC Sites Number of NPRQI Records Entered

March 2024



April 2024





EMSC
Quality Improvement
Collaboratives

NPRQI Dashboard Update

Accessing Your Site's Performance Dashboard

[Performance Dashboard Link](#)



Same login credentials used for data entry will work for accessing the dashboard

NPRQI Reporting Dashboard

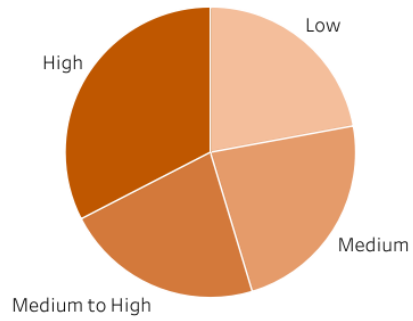
86 Sites / 6,601 Records

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

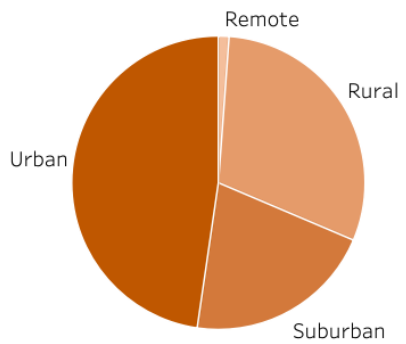
Year Select all that apply All	Quarter Limit the # of Quarters by selecting Year(s) first All	Site All	Results View Table	Patient Clinical Group All Patients (Core Measures)
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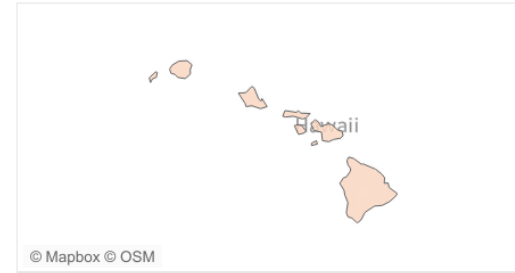
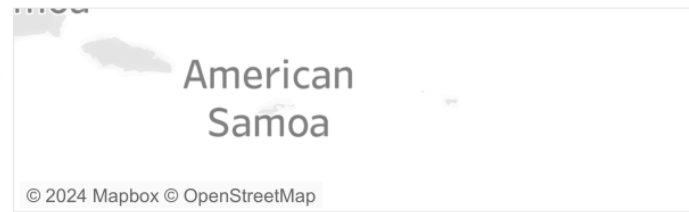
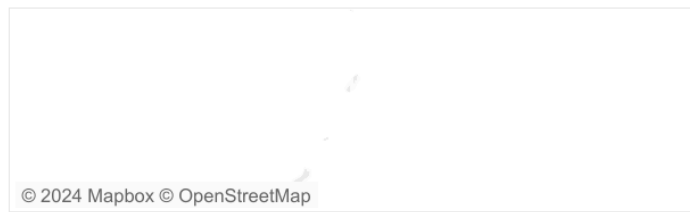
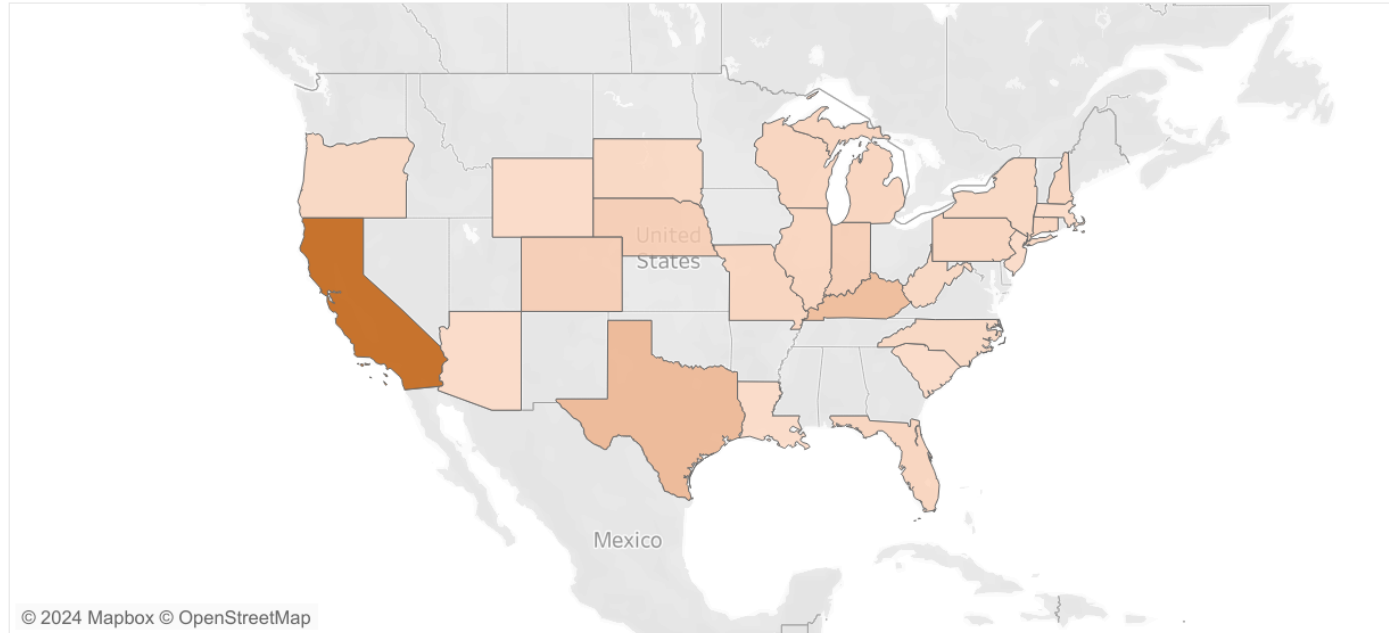
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



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:
4/15/2024 8:32:31 AM
Last Patient Included:
4/7/2024



Table View- NPRQI Core Measures

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)

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Patient Volume

Low: < 1,800 pediatric patients

Medium: 1,800 - 4,999 pediatric pa..

Bundle	# of Records	Quality Measure	National Performance **	Cohort Performance *	
ASSESSMENT	1,361	% of pediatric patients with weight documented in kilograms only	60.3 %	42.7 %	ⓘ
		% of pediatric patients with pain assessed	78.4 %	82.8 %	ⓘ
	1,333	Median ED length of stay	188.6 minutes	118.2 minutes	ⓘ
ABNORMAL VITAL SIGNS	502	% of high acuity pediatric patients with vital signs re-assessed	82.0 %	78.8 %	ⓘ
	254	Median time from triage to first intervention	61.6 minutes	50.6 minutes	ⓘ
TRANSFER OF PATIENTS	87	% of transferred pediatric patients who met site-specific transfer criteria	99.7 %	--	ⓘ
		Median time from triage to transport	469.8 minutes	--	ⓘ
	13	% of transferred pediatric patients who were discharged from the receiving ED	--	--	ⓘ
ASSESSMENT	1,633	% of pediatric patients with weight documented in kilograms only	60.3 %	60.4 %	ⓘ
		% of pediatric patients with pain assessed	78.4 %	77.8 %	ⓘ
	1,601	Median ED length of stay	188.6 minutes	143.6 minutes	ⓘ
ABNORMAL VITAL SIGNS	883	% of high acuity pediatric patients with vital signs re-assessed	82.0 %	79.1 %	ⓘ
	598	Median time from triage to first intervention	61.6 minutes	55.0 minutes	ⓘ
TRANSFER OF PATIENTS	197	% of transferred pediatric patients who met site-specific transfer criteria	99.7 %	100.0 %	ⓘ
		Median time from triage to transport	469.8 minutes	341.2 minutes	ⓘ
	43	% of transferred pediatric patients who were discharged from the receiving ED	--	--	ⓘ

Table View- NPRQI Core Measures

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)

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Medium to High: 5,000 - 9,999 pedi.
High: >= 10,000 pediatric patients

Bundle	# of Records	Quality Measure	National Performance **	Cohort Performance *	
ASSESSMENT	1,012	% of pediatric patients with weight documented in kilograms only	60.3 %	72.8 %	⊖
		% of pediatric patients with pain assessed	78.4 %	68.1 %	⊖
	987	Median ED length of stay	188.6 minutes	240.2 minutes	⊖
ABNORMAL VITAL SIGNS	773	% of high acuity pediatric patients with vital signs re-assessed	82.0 %	81.1 %	⊖
	567	Median time from triage to first intervention	61.6 minutes	72.4 minutes	⊖
TRANSFER OF PATIENTS	164	% of transferred pediatric patients who met site-specific transfer criteria	99.7 %	--	⊖
		Median time from triage to transport	469.8 minutes	--	⊖
	13	% of transferred pediatric patients who were discharged from the receiving ED	--	--	⊖
ASSESSMENT	2,595	% of pediatric patients with weight documented in kilograms only	60.3 %	63.2 %	⊖
		% of pediatric patients with pain assessed	78.4 %	83.4 %	⊖
	2,525	Median ED length of stay	188.6 minutes	234.6 minutes	⊖
ABNORMAL VITAL SIGNS	1,760	% of high acuity pediatric patients with vital signs re-assessed	82.0 %	86.3 %	⊖
	1,171	Median time from triage to first intervention	61.6 minutes	63.4 minutes	⊖
TRANSFER OF PATIENTS	377	% of transferred pediatric patients who met site-specific transfer criteria	99.7 %	99.3 %	⊖
		Median time from triage to transport	469.8 minutes	548.3 minutes	⊖
	13	% of transferred pediatric patients who were discharged from the receiving ED	--	--	⊖

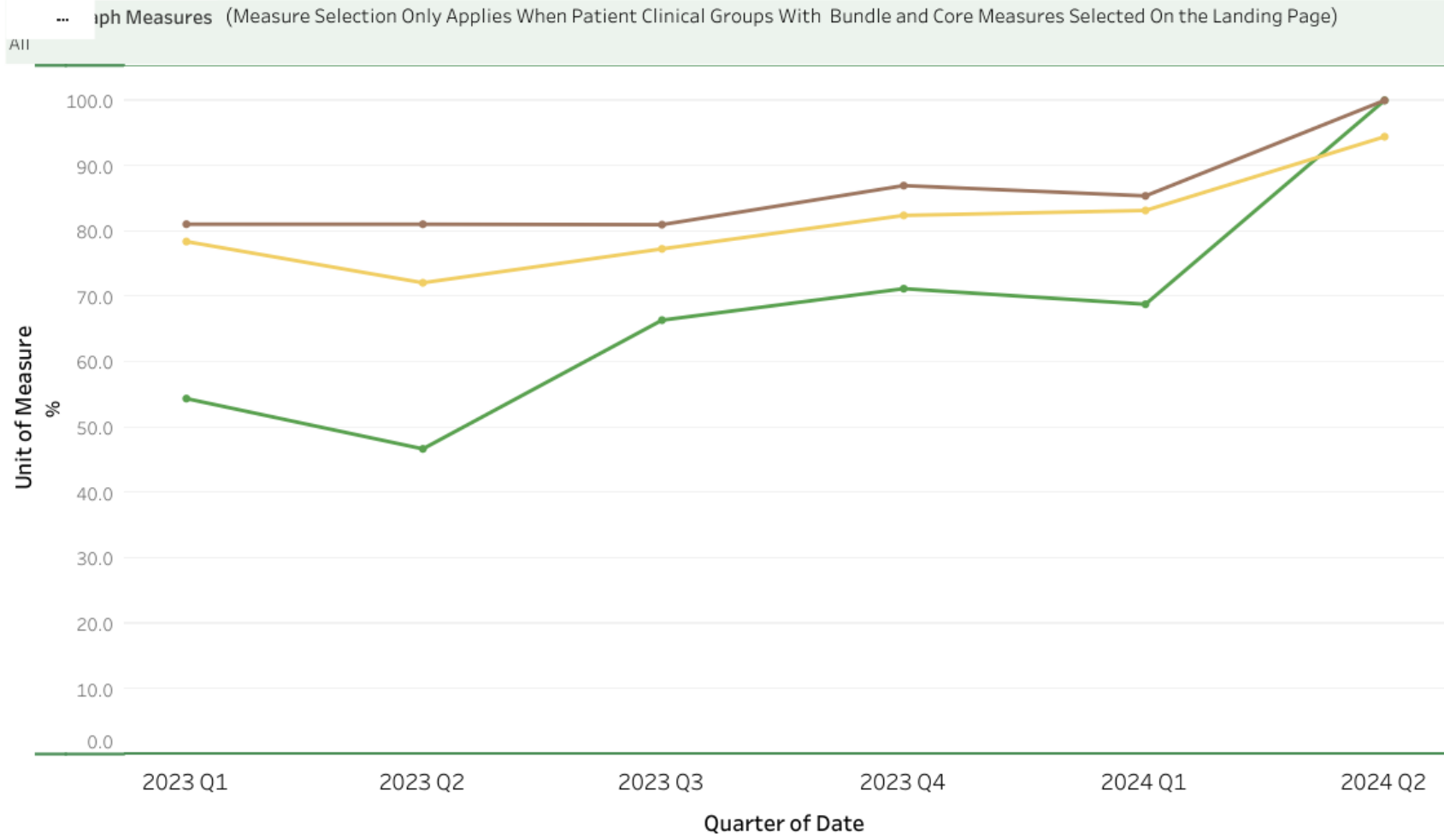
Performance Report: All

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:
4/15/2024 8:32:31 AM
Last Patient Included:
4/7/2024



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: 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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NPRQI Secure Login Credentials

- Secure login credentials will be sent from Clario via tap.support@clario.com to registered users. Congratulations.

Within the Clario TAP system, you have been invited to the UT NPRQI trial with the following role: Site Use

Please click on the link below to register:

https://tap.bioclinica.com/user/invitation/accept?invitation_token=F7c4quQkS7xiVqxTHSJL

- 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 resend the link (include program information: UT NPRQI, hospital name and number, username/email)
- To add or remove users, email: liza.hinojosa@austin.utexas.edu

Getting Help With Your Login

Trouble shooting tips:

- Password expired?
 - Go to login page and reset password
- Error message?
 - Suggest logging in with direct URL vs history or bookmark
- Registered but cannot access data portal?
 - Email Clario:
tap.support@clarion.com
 - Project name: UT NPRQI
 - Hospital Name and ID# (located on your performance dashboard)
 - Ex: First Aid Medical Center (12345)
 - User First name
 - User Last name
 - User Email
 - User Access level

Join Us for Upcoming NPRQI Office Hours

April 17th – Session Full

Coming Soon

- **May 7th 2:00 – 4:00 CST**
- **May 22nd 1:30 – 3:30 CST**



Collaborative Session #10



May 21, 2024

Collaborative Session #11



June 18, 2024

Join Us for Upcoming Sessions!

Surveys to Complete

- Demographic Survey
- Halfway Check-In Survey



Thank you!



Nursing - CE Contact Hours

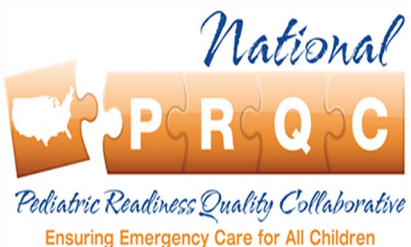
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1. Enter your first and last name in the **chat** if you have not done so already
2. Scan the QR code/use link to access session evaluation
3. Submit completed evaluation by 1700 (Pacific) on 4/18/2024 to be eligible for CE hours



<https://bit.ly/PRQCCollab9>

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