

PEDIATRIC READINESS QUALITY COLLABORATIVE

January 2018 – December 2019

Application Guide_v2



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Overview of Collaborative

BACKGROUND

In 2013, the Emergency Medical Services for Children (EMSC) Program in partnership with the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association launched the National Pediatric Readiness Project (NPRP) to ensure high quality emergency care for children regardless of their geographic location. The project began with a national assessment based on the 2009 “Guidelines for Care of Children in the Emergency Department,” to determine the capacity of our nation’s emergency departments to meet the needs of children. The 2013 National Pediatric Readiness Assessment had a remarkable 83% of EDs across the US participate. This was a clear indication of the nation’s desire to ensure high quality emergency care for children. Common gaps identified included:

- Presence of physician (47.5%) and nurse (59.3%) pediatric emergency care coordinators (PECC);
- Presence of quality improvement plans that include children (45.1%);
- Process to ensure pediatric weights are measured in kilograms (67.7%);
- Presence of inter-facility transfer guidelines (70.6%);
- Presence of disaster plans that include pediatric-specific needs (46.8%).¹

Equally important was the finding that the majority of children who seek emergency care (69.4%) are cared for in emergency departments that see fewer than 15 pediatric patients per day – local, community emergency departments. Even among low volume pediatric facilities, the presence of a PECC/pediatric champion was strongly correlated with improved pediatric readiness, independent of other factors. In addition, the presence of a QI plan that included pediatric-specific indicators was found to be independently associated with improved overall readiness.²

These findings are particularly important in light of the common barriers reported by participants in the NPRP assessment:

- Cost of training personnel;
- Lack of educational resources;
- Lack of a QI plan for children.

¹ Gausche-Hill M, Ely M, Schmuhl P, Telford R, Remick KE, Edgerton EA, Olson LM. A National Assessment of Pediatric Readiness of Emergency Departments. *JAMA Pediatr.* 2015;169(6):527-534. doi:10.1001/jamapediatrics.2015.138

² Remick, K., Kaji, A.H., Olson, L. et al, Pediatric readiness and facility verification. *Ann Emerg Med.* 2016;67:320–328. doi: 10.1016/j.annemergmed.2015.07.500.

OVERVIEW OF COLLABORATIVE

Quality improvement science has been proven to be a timely and effective approach to integrating best practices and recent evidence based guidelines into healthcare. Quality improvement collaboratives further this by allowing teams to learn from one another, test changes to improve quality, and use their collective experience and data to understand, implement, and disseminate best practices for common adoption. The Health Resources and Services Administration in collaboration with the EMS for Children Innovation and Improvement Center (EIIC) sponsors national quality improvement collaboratives that align with the Institute for Healthcare Improvement's Breakthrough Series collaborative model to facilitate rapid adoption of evidence-based guidelines that result in short-term transformation of healthcare for patients.^{3,4}

Based on the findings described above, the EIIC will launch the First National Pediatric Readiness Quality Collaborative to support efforts in states and territories at the local level to meet the emergency care needs of children.

DESIGN

Twenty teams (20 training sites and between 160-240 affiliate sites) are invited to participate in the Pediatric Readiness Quality Collaborative to improve the capabilities and quality of care provided to pediatric patients across the nation. Using a train-the-trainer model, participants will be supported through targeted quality improvement education, the provision of tools and resources to support local efforts, and sharing of best practices.

QI training will cover the following topics: Strategies to identify gaps in care/needs assessments; creating SMART aims; developing key driver diagrams; integrating QI tools (e.g., process maps, SWOT analyses, fishbone diagrams); the Model for Improvement; sustainability and dissemination techniques.

Each Trainer will work with Pediatric Champions at each of the Affiliate Sites to develop and implement QI plans targeting key gaps in pediatric readiness. The collaborative will focus on the following topics: 1) A patient safety initiative focused on collecting and documenting pediatric patients' weight in kilograms; 2) Developing a notification process for abnormal vital signs; 3) Ensuring inter-facility transfer guidelines are patient and family centered; 4) Establishing disaster plans that include children. Each intervention will form the basis for local and regional quality improvement efforts as part of the collaborative activities.

³ Lannon CM, Peterson LE. Pediatric collaborative improvement networks: background and overview. *Pediatrics*. 2013;131(suppl 4):S189–S195. doi: 10.1542/peds.2012-3786E.

⁴ The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

BENEFITS OF PARTICIPATION

Benefits of Participation

- All participating sites will receive a letter from the HRSA EMS for Children Program acknowledging their participation, achievements, and dedication to meeting the emergency care needs of children.
- All Trainers will receive mentoring by a national QI specialist and content coach
- All Trainers will attend (2) in-person learning sessions. Hotel and travel accommodations will be covered by the collaborative
- All Trainers and Pediatric Champions (whether an affiliate or training site) will undergo QI training and receive ongoing support to facilitate collaborative activities
- Physicians can earn Maintenance of Certification Part IV credit for participation in collaborative and educational activities
- Nurses can receive Continuing Nursing Education credit for participation in all educational activities

Key Terms

Affiliate Site:	Any emergency department/acute care hospital (may be a free standing or satellite ED) that agrees to work closely with a Training Site to implement a pediatric quality improvement program in the emergency department. Typically, these are sites that completed the Pediatric Readiness Assessment (www.pedsready.org) and scored at or below the national median. Affiliate Sites are committed to improving their pediatric readiness score.
Content Coach:	Subject matter expert with significant experience serving as a pediatric champion and/or overseeing, developing, and implementing pediatric clinical quality improvement programs in the ED.
Data Collection:	Each site will be asked to conduct chart reviews. Only de-identified data related to the target intervention will be entered on a secure site housed by the National EMS for Children Data Analysis Resource Center (NEDARC). Institution-specific data will only be shared with the team's Trainer and Pediatric Champions. Aggregate team data will be shared with the larger collaborative for the purposes of measuring progress and guiding next steps. All sites must submit a data-use/data-sharing and confidentiality agreement upon acceptance to the collaborative.
ED Leadership:	ED Medical Director and/or ED Nursing Director at any given site who agrees to support participation in this Pediatric Readiness Quality Collaborative and associated team-based activities.
EMSC Program Manager:	The National EMS for Children Program supports all 50 states and US territories through State Partnership grants. The EMSC Program Manager serves as the coordinator of all state/territory EMSC activities of which Pediatric Readiness is one. The contact information for the EMSC Program Manager may be found at: https://emscimprovement.center/emsc-grantee-contact-list/ . (Search Strategy: Select your state / "Grant Role" column look for program manager, program coordinator, or program coordinator)
Gap Analysis:	Results from the pediatric readiness assessment outlining specific gaps or deficits in each of the assessed domains from the 2009 " Guidelines for Care of Children in the ED. "
Hospital Administrator:	An individual serving in an executive leadership role (i.e., Chief Medical Officer or Chief Nursing Officer) at any given site who agrees to support participation in this Pediatric Readiness Quality Collaborative and associated team-based activities.
Interventions:	The collaborative will focus on the following improvement interventions: 1) Recording pediatric patients' weight in kilograms; 2) Developing a notification

KEY TERMS

process for abnormal vital signs; 3) Establishing inter-facility transfer guidelines; 4) Integrating pediatric-specific needs into disaster plans. Each intervention will form the basis for local and regional quality improvement efforts as part of the collaborative activities.

- PECC: Pediatric Emergency Care Coordinator - A designated physician and/or nurse who coordinates administrative aspects of pediatric emergency care including establishing a pediatric quality improvement program.
- Pediatric Champion: A physician and/or nurse at an Affiliate Site, identified by the site's Hospital Administrator and ED Leadership, who agrees to implement a pediatric quality improvement program and participate in associated team-based activities.
- PR Assessment: Pediatric Readiness Assessment is an online assessment tool based on the 2009 "[Guidelines for Care of Children in the Emergency Department](#)." Results from the assessment formed the basis for the Pediatric Readiness Quality Collaborative. The weighted pediatric readiness score can be obtained by visiting: www.pedsready.org. The portal remains open for those facilities who have not participated in the assessment as of yet and who want to participate in the collaborative.
- Office Hours: An opportunity for sites to ask the collaborative's staff additional questions about the application process or the collaborative in general.
- Site Visit: An opportunity for Trainers to work individually with each Pediatric Champion to better understand the strengths, weaknesses, opportunities, and threats (SWOT) at the Affiliate Site. Site visits may be conducted virtually if needed. The initial site visit is intended to orient the Trainer to the Affiliate Site's ED, meet ED Leadership, and assess Pediatric Readiness. Subsequent site visits will target specific gaps previously identified/overcome and highlight improvements.
- Team: Identified Trainers and Pediatric Champions from 8-12 affiliate sites, all associated Hospital Administrators and ED Leaders, and an EMSC Program Manager in a given state or territory
- Trainer: A physician and/or nurse at a Training site, who serves in the role of PECC, disseminates educational content to Affiliate Sites, and prepares Pediatric Champions to develop and implement a pediatric quality improvement program.
- Training Site: A comprehensive medical center or children's hospital that treats a high annual volume (>10,000) of pediatric patients *and* has an established clinical quality, patient safety, and risk management program. Each training site will identify 1-2 Trainers to work collaboratively with the Affiliate Sites' Pediatric Champions.

PARTICIPANT EXPECTATIONS

Participant Expectations

TRAINERS

- Participate in monthly learning sessions (1.5hrs each);
- Coordinates and leads regular team meetings with Affiliate Site Pediatric Champions - which will occur quarterly beginning in June 2018 and ending in December 2019. These team meetings need not occur in person but can occur virtually;
- Schedule 2-3 site visits with each Affiliate Site during the collaborative (January 2018 - December 2019, 24 months); and
- Disseminate resources and provide education and support to Pediatric Champions to implement local QI plans.

PEDIATRIC CHAMPION

- Participate in quarterly team meetings;
- Facilitate 2-3 in-person or virtual site visits with team Trainer to occur between January 2018 and December 2019;
- Participate in local QI activities to include completing pediatric readiness assessment and chart reviews (with data extraction) before and after targeted interventions.

HOSPITAL ADMINISTRATION & ED LEADERSHIP

- Provide ongoing support to Trainer(s)/Pediatric Champion(s);
- Agree to data sharing as described above; and
- Agree to identify additional Pediatric Champion/Trainer should extenuating circumstances preclude ongoing participation.

EMSC PROGRAM MANAGER

- Support Trainer and Pediatric Champions as consultant on pediatric readiness
- Participate in quarterly team meetings (when available and at the discretion of the team)
- Participate in site visits or other calls (when available and as requested by Trainer/Pediatric Champions)
- Participate in in-person workshops (when available and as requested by Trainer/Pediatric Champions)

KEY DATES

Key Dates

Application Portal Open

Introductory Webinar I

Introductory Webinar II

Introductory Webinar III

Office Hours

Deadline to Submit Letter/Statement of Interest

Office Hours

Office Hours

Office Hours

Office Hours

Deadline to Submit Application

Notification of Acceptance

July 10

July 10 at 4pm CDT

August 28 at 3pm CDT

August 29 at 3pm CDT

September 11 from 2-3pm CDT

New Date (October 13)

September 11 from 2-3pm CDT

September 26 from 2-3pm CDT

October 9 from 2-3pm CDT

October 24 from 2-3pm CDT

October 31 at 5pm CDT

December 15

CONTACT INFORMATION

Contact Information

If you have any questions for our team, please send an email to qeca@texaschildrens.org



KATE REMICK, MD

Executive Core, EIC
Lead, Hospital Base &
Collaboratives



KRYSTLE BARTLEY, MA

QI Specialist &
Collaboratives Project
Manager



DIANA FENDYA, MSN, RN

Hospital Base, State
Partnerships, Trauma &
Measurement Specialist

APPENDIX DOCUMENTS

Appendix Documents

1. Statement of Interest
2. Formal Application
3. Pediatric Champion Application & Signature Document
4. Trainer Application & Signature Document
3. Letter of Commitment for Hospital Administrator

Pediatric Readiness Quality Collaborative

Statement of Interest

If your hospital is interested in joining the collaborative, please complete this statement of interest. Upon completion of the document, you will be granted access to the application.

Please forward your feedback and questions to qeca@texaschildrens.org.

Select your state, district, or territory

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- American Samoa
- Central Northern Marianas Islands
- Federated States of Micronesia
- Guam
- Marshal Islands
- Palau
- Puerto Rico

Hospital Name

Preferred Contact Person

Preferred Email Address

Preferred Phone Number _____

Secondary Contact Person Available Yes
 No

Secondary Contact Name _____

Secondary Contact Email Address _____

Secondary Contact Phone Number _____

There are two types of sites in the Pediatric Readiness Collaborative - Affiliate and Training Sites.

Affiliate Site:

Any emergency department/acute care hospital (may be a free standing or satellite ED) that agrees to work closely with a Training Site to implement a pediatric quality improvement program in the emergency department. Typically, Affiliate sites are facilities that participated in the pediatric readiness assessment (www.pedsready.org) and scored at or below the national median. Affiliate Sites are committed to improving their pediatric readiness score.

Training Site:

A comprehensive medical center or children's hospital that treats a high annual volume (>10,000) of pediatric patients and has an established clinical quality, patient safety, and risk management program. Each training site will identify 1-2 Trainers to work collaboratively with the Affiliate Sites' Pediatric Champions.

Are you interested in becoming an Affiliate or Training site? Affiliate Site
 Training Site

Pediatric Readiness Quality Collaborative

Formal Application

The first National Pediatric Readiness Quality Collaborative (PRQC), to be led by HRSA's EMS for Children Innovation and Improvement Center (EICC) and the National EMSC Data Analysis Resource Center (NEDARC) will focus on helping EDs improve their pediatric readiness by providing participants with education, tools and resources to implement local quality improvement programs.

The PRQC will utilize a train the trainer model to share quality improvement education and strategies with 20 training sites who will in turn provide this information to teams of 8-12 affiliate sites that may be local, regional, or even cross state borders. The 20 teams will work collaboratively to improve pediatric readiness with regular guidance provided by the EICC.

The PRQC is seeking team applications at this time. If you have any questions, please email our team at qeca@texaschildrens.org

Select your state, district, or territory

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- American Samoa
- Central Northern Marianas Islands
- Federated States of Micronesia
- Guam
- Marshal Islands
- Palau
- Puerto Rico

Hospital Name _____

Is your hospital part of a network?

- Yes
- No

Name of Network

Your site is best described as:

- Academic Medical Center
- Children's Hospital
- Community Hospital
- Comprehensive Community Hospital
- Critical Access Hospital
- Free-standing Emergency Department
- Satellite Emergency Department

Site's geographic descriptor

- Frontier
- Rural
- Suburban
- Urban

Site's Address (include city, state and zip code)

Site Designations

- Trauma Center
- ACS-COTs Verified
- Stroke Center
- STEMI Center
- Other
- None of the above

Trauma Center - State Designated Level:

- 1 2 3 4
- 5

ACS-COT Verified:

- 1 2 3 4

Stroke Center

- Primary Comprehensive

Specify "Other" Designation

Select your ED configuration

- General ED only
- General ED with designated pediatric treatment area
- General and Pediatric ED
- Pediatric ED only

Estimated number of annual ED visits

Estimated number of annual pediatric visits

Age range of pediatric medical patients

Has your site completed the pediatric readiness assessment?

- Yes
- No

Visit <https://www.pedsready.org> for more information on the pediatric readiness assessment.

Most recent pediatric readiness score

There are two types of sites in the Pediatric Readiness Collaborative - Affiliate and Training Sites.

Affiliate Site:

Any emergency department/acute care hospital (may be a free standing or satellite ED) that agrees to work closely with a Training Site to implement a pediatric quality improvement program in the emergency department. Typically, Affiliate sites are facilities that participated in the pediatric readiness assessment (www.pedsready.org) and scored at or below the national median. Affiliate Sites are committed to improving their pediatric readiness score.

Training Site:

A comprehensive medical center or children's hospital that treats a high annual volume (>10,000) of pediatric patients and has an established clinical quality, patient safety, and risk management program. Each training site will identify 1-2 Trainers to work collaboratively with the Affiliate Sites' Pediatric Champions.

Proposed role in Pediatric Readiness Quality Collaborative

- Affiliate Site
 Training Site

Specify the name of the Affiliate sites that you plan to work with for this collaborative.

If you have not identified any affiliate sites, enter "Unknown".

Specify the name of the Training Site that you plan to work with for this collaborative.

If you have not identified a training site, enter "Unknown".

As an affiliate site, a pediatric champion must be identified.

The Pediatric Champions will be expected to:

- Participate in quarterly team meetings;
- Facilitate 2-3 in-person or virtual site visits with team Trainer to occur between January 2018 and Dec. 2019;
- Participate in local QI activities which include completing pediatric readiness assessment and chart reviews (with data extraction) before and after targeted interventions.

Pediatric Champion Name

Pediatric Champion Title

Pediatric Champion Email Address

You have decided to serve as a training site. Your site must designate an individual to function as a trainer for affiliate sites.

Trainers will be expected to:

- Participate in monthly learning sessions (1.5hrs each);
- Coordinate and lead regular team meetings with Affiliate Site Pediatric Champions to occur quarterly beginning in June 2018 and ending in Dec. 2019. These team meetings need not occur in person;
- Schedule 2-3 site visits with each Affiliate Site (may be virtual) during the collaborative (January 2018-Dec. 2019, 24 months); and
- Disseminate resources and provide education and support to Pediatric Champions to implement local QI plans.

Trainer Name _____

Trainer Title _____

Trainer Email Address _____

SIGNATURES

Each affiliate site must provide documentation indicating the identification of a pediatric champion and support from ED leadership to participate in the collaborative.

Download the Word document, obtain the appropriate signatures, and upload the completed form below.

[Attachment: "Affiliate Site - Pediatric Champion Application and Signature.docx"]

Upload Signed Agreement Here

A letter of commitment must be submitted by your site's hospital administrator. Download the attached document.

[Attachment: "Affiliate Site - Letter of Commitment for Hospital Administrator.docx"]

Upload Signed Letter of Commitment Here

Each training site must provide documentation indicating the identification of a trainer and support from ED leadership to participate in the collaborative.

Download the Word document, obtain the appropriate signatures, and upload the completed form below.

[Attachment: "Training Site - Trainer Application and Signature.docx"]

Upload Signed Agreement Here

A letter of commitment must be submitted by your site's hospital administrator. Download the attached document.

[Attachment: "Training Site - Letter of Commitment for Hospital Administrator.docx"]

Upload Signed Letter of Commitment Here



PEDIATRIC READINESS QUALITY COLLABORATIVE

Designated Pediatric Champion Information & Signatures - *Affiliate Sites*

PEDIATRIC CHAMPION CONTACT INFORMATION

Site Name:

Pediatric Champion Name:

Pediatric Champion Title:

Phone:

Fax:

E-mail:

Work Mailing Address:

City:

State:

ZIP Code:

Role at Site:

Length of Time Served in this Role:

CO-PEDIATRIC CHAMPION CONTACT INFORMATION

Some affiliate sites may choose to have both physician and nurse leaders serving jointly in this role. If so, please include the name of your co-pediatric champion below.

Co-Pediatric Champion Name:

Co-Pediatric Champion Title:

Phone:

Fax:

E-mail:

Work Mailing Address:

City:

State:

ZIP Code:

Role at Site:

Length of Time Served in this Role:

AGREEMENT

PEDIATRIC CHAMPION(S)

1. I agree to serve as the Pediatric Champion for the site listed above (which will be known as an Affiliate Site for the purposes of the Pediatric Readiness Quality Collaborative).
2. Should I need to vacate my position prior to completion of the collaborative, I agree to assist leadership at my site in finding a replacement for this project team.
3. I understand that I must participate in quarterly team meetings.
4. I will facilitate 2-3 in-person or virtual site visits with the team Trainer to occur between January 2018 and December 2019.
5. I must participate in local QI activities which includes completing the pediatric readiness assessment and chart reviews (with data extraction) before and after targeted interventions.

ED LEADERSHIP (MEDICAL AND/OR NURSING DIRECTOR)

1. I agree to support the above-mentioned Pediatric Champion in this Pediatric Readiness Quality Collaborative from June 2018 – December 2019.
2. I will allow time for him/her to prepare and participate in team conference calls and meetings as required by this National EMS for Children Initiative.
3. Should the Pediatric Champion need to disengage from the collaborative, I agree to assist in finding a replacement to lead this project team.
4. I understand that data will be shared transparently and confidentiality within the collaborative and will not include protected health information.
5. If invited to participate, all sites will need to complete a data share agreement.

Signatures Requested on Page 2

SIGNATURES

Pediatric Champion Name:
Date:

Sign Here:

Co-Pediatric Champion Name:
Date:

Sign Here:

ED Medical Director Name:
Date:

Sign Here:

ED Nursing Director Name:
Date:

Sign Here:



PEDIATRIC READINESS QUALITY COLLABORATIVE

Designated Trainer Information & Signatures - *Training Sites*

TRAINER CONTACT INFORMATION

Site Name:

Trainer Name:

Trainer Title:

Phone:

Fax:

E-mail:

Work Mailing Address:

City:

State:

ZIP Code:

Role at Site:

Length of Time Served in this Role:

Brief description of your experience related to pediatric emergency care, quality improvement, and outreach.

Brief explanation of why you feel your team should participate in the Pediatric Readiness Quality Collaborative.

CO-TRAINER CONTACT INFORMATION

Some training sites may choose to have both physician and nurse leaders serving jointly in this role. If so, please include the name of your co-trainer below.

Co-Trainer Name:

Co-Trainer Title:

Phone:

Fax:

E-mail:

Work Mailing Address:

City:

State:

ZIP Code:

Role at Site:

Length of Time Served in this Role:

Brief description of your experience related to pediatric emergency care, quality improvement, and outreach.

Brief explanation of why you feel your team should participate in the Pediatric Readiness Quality Collaborative.

AGREEMENT

TRAINER

1. I agree to serve as a Trainer for the national Pediatric Readiness Quality Collaborative from January 2018 – December 2019, to include participating in collaborative meetings and conference calls, facilitating quarterly team meetings, and overseeing 2 site visits (in-person or virtual) with each affiliate during the collaborative.
2. Should I need to vacate my position prior to completion of the collaborative, I agree to assist leadership at my site in finding a replacement for this project team.
3. I understand that I must disseminate educational content to my designated affiliate sites.
4. I will work with Pediatric Champions (from affiliate sites) to develop and implement a pediatric quality improvement program.

ED Leadership Agreement Continued on Next Page with Signatures

ED LEADERSHIP (MEDICAL AND/OR NURSING DIRECTOR)

1. I agree to support the above-mentioned trainer in this Pediatric Readiness Quality Collaborative from January 2018 – December 2019.
2. I will allow time for him/her to prepare and participate in conference calls and meetings as required by this National EMS for Children Initiative.
3. Should the trainer need to disengage from the collaborative, I agree to assist in finding a replacement to lead this project team.
4. I understand that data will be shared transparently and confidentially within the collaborative and will not include protected health information.
5. If invited to participate, all sites will need to complete a data share agreement.

SIGNATURES

Trainer Name: Date:	Sign Here:
Co-Trainer Name: Date:	Sign Here:
ED Medical Director Name: Date:	Sign Here:
ED Nursing Director Name: Date:	Sign Here:



PEDIATRIC READINESS QUALITY COLLABORATIVE

Affiliate Site

LETTER OF COMMITMENT

Site Name:

Date:

We are pleased to commit to participating in the Pediatric Readiness Quality Collaborative to improve pediatric readiness at our emergency department by at least 10 points.

We understand that:

- Achieving these outcomes will require engaging in quality improvement work for two years beginning in January 2018 and ending in December 2019.
- Should the designated pediatric champion for the collaborative be unable to complete the 2-year commitment to the initiative, another pediatric champion will be identified to continue all project activities.
- We will address key interventions as defined by the pediatric readiness assessment and the collaborative interventions.
- We will work closely with the training site to improve pediatric readiness.
- We will adopt the collaborative bundles for emergency care, submit process and outcome data quarterly, and work in the spirit of all-teach-all-learn with the other team sites.
- The Pediatric Champion(s) for our site, _____, will engage in quarterly learning and sharing activities via in-person team meetings and/or conference calls.
- Data will be shared transparently and confidentially within the collaborative and will not include protected healthcare information.
- If invited to participate, our site will need to complete a data share agreement.
- This signed letter of commitment enrolls our ED.
- Once enrolled, we will have access to materials and activities for participants including QI education, data collection tools, and benchmarking information.
- There is no cost to participate in this collaborative.

SIGNATURES

Hospital Administrator Name:
Hospital Administrator Title:
Date:

Sign Here:



PEDIATRIC READINESS QUALITY COLLABORATIVE

Training Site

LETTER OF COMMITMENT

Site Name:

Date:

We are pleased to commit to participating in the Pediatric Readiness Quality Collaborative to improve the pediatric readiness in our region by at least 10 points.

We understand that:

- Achieving these outcomes will require two years of participation beginning in January 2018 and ending in December 2019. Should the identified trainer for the collaborative be unable to complete the 2-year commitment to the initiative, another trainer will be identified to continue all project activities.
- We will address key interventions as defined by the pediatric readiness assessment and the collaborative interventions.
- We will work closely with affiliate sites to promote pediatric readiness.
- We will adopt the collaborative bundles for emergency care, submit outcome and process data quarterly, and work in the spirit of all-teach-all-learn with our affiliate hospitals.
- We will engage in monthly learning and sharing activities and in-person workshops.
- We will facilitate Trainer-led quarterly conference calls or in-person meetings with the affiliate sites.
- Data will be shared transparently but confidentially within the collaborative and will not include protected healthcare information.
- If invited to participate, this site will need to complete a data share agreement.
- This signed letter of commitment enrolls our ED.
- Once enrolled, we have access to materials and activities for participants including QI education, data collection tools, and benchmarking data.
- There is no cost to participate in this collaborative and the Trainer(s) will be funded to attend two in-person workshops.

SIGNATURES

Hospital Administrator Name:
Hospital Administrator Title:
Date:

Sign Here: