Learning Session
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HRSA
Maternal & Child Health

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LEARNING SESSION DISCLOSURES

Note Faculty/Speakers and Planners for this learning session:

- Kate Remick, MD
- Krystle Bartley, MA
- Diana Fendya, MSN (R), RN
- Michael Ely, MHRM

have no conflicts of interest. Additionally, no commercial support has been received for this activity.

Should participants detect any bias in this presentation please note such on the evaluation or reach out to Diana Fendya, nurse planner for continuing education.

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

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

MEMBERSHIP

-Subject Matter Experts
- Advisory Committee
- NEDARC
- EIIC
- HRSA

Team 1
Providence Alaska Medical Center
The Last Frontier Kids

Team 2
Cardinal Glennon Children's Hospital
LifesavERs

Team 3
Children's Mercy
MOKAN ROCKS

Team 4
Dell Children's Medical Center of Central Texas
The Longhorn Kids

Team 5
Medical City Dallas
North Texas Division HCA

Team 6
UC Davis Medical Center
Fight or Flight Response Team

Team 7
Yale New Haven Children's Hospital & Connecticut Children's Medical Center
New England EMSC

Team 8
Cohen Children's Medical Center
Eight is Enough

Team 9
Augusta University
ReTEE FORE Kids

Team 10
Riley Hospital for Children
Pit Crew

Team 11
Comer Children's Hospital University of Chicago
Remoc Minions

Team 12
Wisconsin EMSC Program & Children's Health Alliance of Wisconsin
WISPR

Team 13
Providence St. Vincent Medical Center
WranglER for Kids

Team 14
OHSU Doernbecher Children's Hospital & Randall Children's Hospital
Oregon Pediatric Readiness Program

Team 15
East Tennessee Children's Hospital
ETCH

Team 16
Piedmont Columbus Regional
Pediatric Peaches

New Member of PRQC Admin Team

Welcome Meredith Rodriguez, PhD

Newest EIIC Project Manager

As a Project Manager with the EIIC, Meredith supports a wide range of activities. Her current focus is the redesign of the EIIC website. "I want the new website to be intuitive, allowing for straightforward access to resources such as evidence-based guidelines and quality improvement tools." She is also part of our social media team where she not only disseminates resources but also promotes the important work of the EMSC grantees. When asked what personal motivations she brings to the EIIC, Meredith said "I want to impact human health in a meaningful way. This is a goal that I have been approaching from different angles for a while now."

As an undergraduate molecular biology major at the University of Colorado, Meredith planned to go to medical school until becoming enamored with research. After completing a Ph.D. in cardiac metabolism at the University of Texas Health Science Center at Houston, Meredith left the bench to become a clinical research coordinator, most recently in cardiothoracic surgery at Baylor College of Medicine and currently for a surgeon in private practice. "I find the direct patient interaction rewarding" she said, "but progress can be incremental and somewhat narrow in its impact."

This led Meredith to quality improvement with the EIIC, drawn by the focus on rapid and continuous progress–think PDSA cycles–rather than controlled, hypothesis-driven research studies. "I've finally found a way to pair my love of research with my desire to directly impact patient care," she said. Nonetheless, Meredith maintains a passion for the basic sciences, freelancing as a proofreader of pre-submission scientific articles for non-native English speakers in her spare time. She also enjoys reading, cycling and spending time with her three kids.

TALKING POINTS

Discussion	Presenter	Time
Current State of Collaborative ▪ Participating Sites ▪ Data Leaderboard ▪ Data Entry System and Dashboard Updates ▪ Review of Aim Statements	PRQC Admin Team	10 min
Preliminary Findings from Environmental Scans		40 min
Collaborative Recap and Available Resources		10 min
Housekeeping ▪ Fireside Chats ▪ CNE Credit ▪ Inaugural Newsletter ▪ PRQC April 2020 Extension Letter ▪ Additional Incentives		10 min

COLLABORATIVE **DESIGN**

FOUR PHASES OF PEDIATRIC READINESS QUALITY COLLABORATIVE

1 Orientation

Addresses the administrative aspects of launching a quality improvement collaborative. Host introductory meetings/webinars; compiling team profiles /characteristics; stakeholder engagement; legal/regulatory issues; assessing ED's Pediatric Readiness

2 Mobilization

Establish cadence for team meetings; exposure to QI education; extensive education on intervention bundles; convening local QI teams; developing plans for implementation, data collection and submission

3 Implementation

Declare site-specific aims; Roll-out interventions from targeted bundle(s); measure performance; provide feedback to care team regarding progress

4 Sustainability & Spread

Sustainability: Locking in the progress that hospitals have made already and continually building upon it; and

Spread: Actively disseminating best practice and knowledge about every intervention and implementing each intervention in every available care setting.

MIGHTY 98

Hospital Name	Team
Providence Alaska Medical Center	1
Providence Seward Medical Center	1
Anderson Hospital	2
Heartland Regional Medical Center	2
SSM Health - Cardinal Glennon Children's Hospital	2
SSM Health - DePaul Hospital	2
SSM Health - St. Clare Hospital	2
SSM Health - St. Joseph Hospital - Lake St. Louis	2
SSM Health - St. Mary's Hospital - St. Louis	2
Atchison Hospital	3
Children's Mercy Kansas City	3
Hays Medical Center	3
McPherson Hospital	3
Norton County Hospital	3
Ransom Memorial Health	3
Russell Regional Hospital	3
Shawnee Mission Medical Center	3
Great Plains of Smith County, Inc.	3
Trego County Lemke Memorial Hospital	3
Cogdell Memorial Hospital	5
Columbia Medical Center of Lewisville	5
Columbia Medical City Arlington	5
Columbia Medical City Denton	5
Medical City Alliance	5
Medical City Burleson	5
Medical City Dallas	5
Medical City ER Grand Prairie	5
Medical City ER Lewisville	5
Medical City ER Park Cities	5
Medical City ER Plano	5
Medical City ER Saginaw	5
Medical City ER Stonebridge	5
Medical City Fort Worth	5
Medical City Frisco	5
Medical City Las Colinas	5
Medical City McKinney	5
Medical City North Hills	5
Medical City Plano	5
Medical City Weatherford	5
Adventist Health Clear Lake Medical Center	6
Adventist Health Lodi Memorial	6
Enloe Medical Center	6
Fairchild Medical Center	6
Jerold Phelps Community Hospital	6
Mayers Memorial Hospital District	6
Greenwich Hospital	7
Hospital of Central Connecticut	7
Saint Mary's Hospital	7
Yale New Haven Health System System -Saint Raphael Campus	7
Springfield Hospital	7
Stamford Hospital	7
University of Connecticut Health Center Health	7
Yale New Haven Health Westerly Hospital	7
Maimonides Medical Center	8
Shore Medical Center	8
Eskenazi Health	10
Union Health Inc.	10
Witham Health	10
Advocate Good Shepherd Hospital	11
Comer Children's Hospital University of Chicago	11
Memorial Hospital Belleville	11
OSF Saint Elizabeth Medical Center	11
Saint Joseph Hospital - Elgin	11
Sinai Health Systems (Mount Sinai Hospital)	11
Aurora Sheboygan Memorial Medical Center	12
Crossing Rivers Health	12
Memorial Medical Center	12
Mercy Health System and Trauma Center - Janesville	12
Mercyhealth Walworth Hospital and Medical Center	12
Mile Bluff Medical Center	12
Sauk Prairie Hospital	12
Southwest Health	12
UnityPoint Health Meriter	12
Providence Hood River Memorial Hospital	13
Providence Medford Medical Center	13
Providence Milwaukie Hospital	13
Providence Newberg Medical Center	13
Providence Portland Medical Center	13
Providence Seaside Hospital	13
Providence St. Vincent Medical Center	13
Providence Williamette Falls Medical Center	13
Adventist Medical Center - Portland	14
Blue Mountain Hospital District	14
Mercy Medical Center	14
Kaiser Sunnyside Medical Center	14
Legacy Salmon Creek Medical Center	14
Legacy Silverton Medical Center	14
PeaceHealth Peace Harbor Medical Center	14
PeaceHealth Southwest Medical Center	14
Sky Lakes Medical Center	14
Tuality Healthcare	14
East Tennessee Children's Hospital	15
Hawkins County Memorial Hospital	15

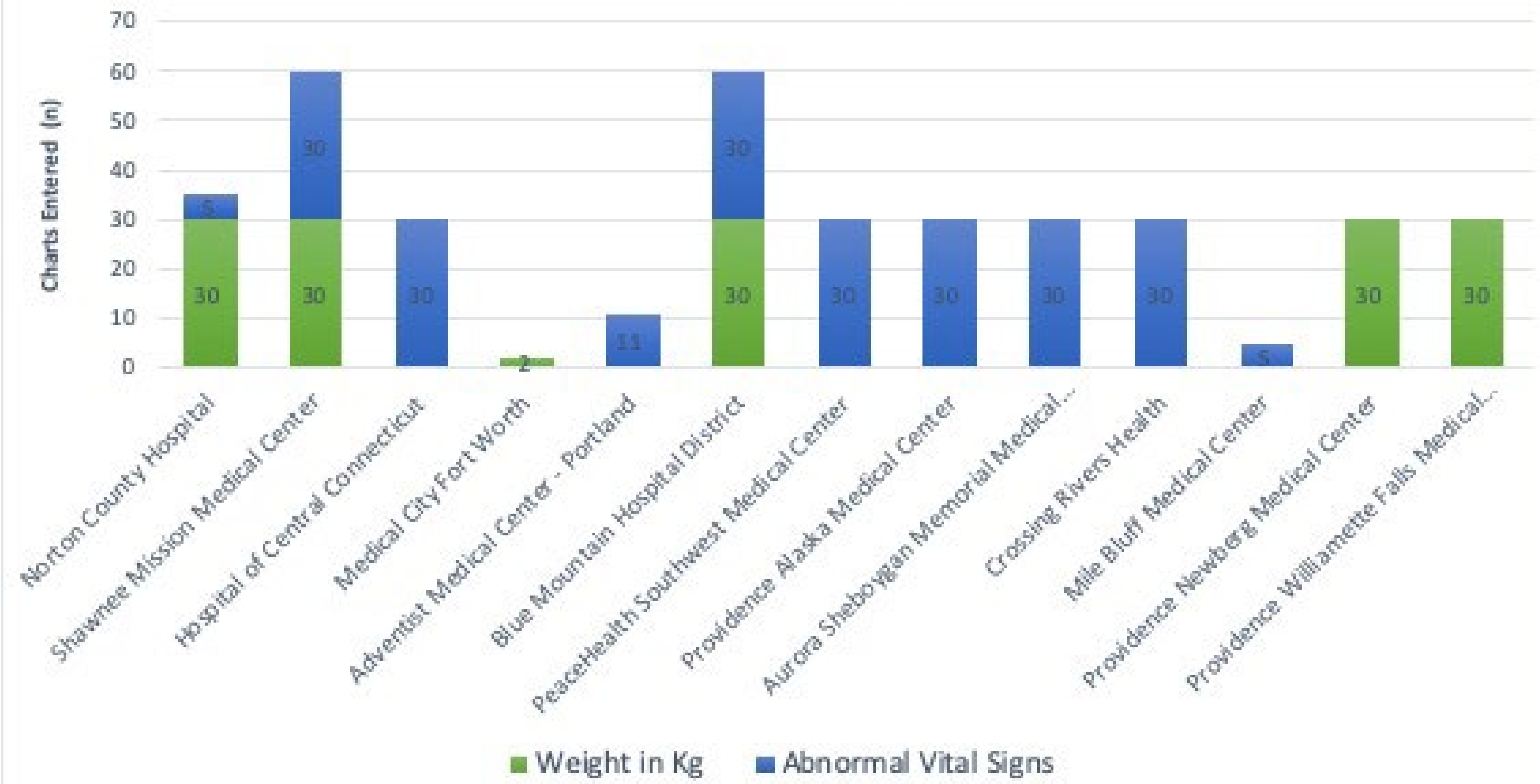
MIGHTY 98

LifeBrite Community Hospital of Early	16
Wellstar Cobb Hospital	16
Wellstar Douglas Hospital	16
Wellstar Kennestone Regional Medical Center	16
Wellstar Paulding Hospital	16

ON THEIR WAY...

Hospitals in Signature Phase	Team
SSM Health - St. Joseph Hospital - St. Charles	2
SSM Health - St. Joseph Hospital - Wentzville	2
St. Elizabeth O'Fallon	2
Cohen Childrens Medical Center	8
Long Island Jewish Valley Stream	8
Newport Medical Center	15

Hospitals in Negotiation	Team
Via Christi Hospital, Pittsburg	3
Dell Childrens Medical Center of Central Texas	4
Dell Seton Medical Center at the University of Texas	4
Seton Southwest Hospital	4
Seton Medical Center Austin Hospital	4
Seton Smithville Hospital	4
Seton Highland Lakes Hospital	4
Seton Medical Center Williamson	4
Seton Medical Center Hays	4
Seton Northwest Hospital	4
Seton Edgar B. Davis Hospital	4
Huntington Hospital	8
Staten Island University Hospital	8
Indiana University Health Arnett Hospital	10
Ascension Franklin	12
Howard Young Medical Center	12
Waupun Memorial Hospital	12



WITHIN 1 MONTH, 13 OF MIGHTY 98 STARTED ENTERING DATA

Data Entry System and Dashboard Update

NEDARC

PRQC Aim Statements

Global Aim

- By April 2020, hospitals from the sixteen participating teams will collectively improve their pediatric readiness scores by 10 points.

Strategy

- Implementation of (4) intervention bundles
- Sites will conduct a final Pediatric Readiness Assessment to illustrate improvements

PRQC Aim Statements

Global, Bundle-Specific, Aim Statements

- *Weight in Kilograms*
  - *By **April 2020**, at least 85% of pediatric patients will have their weight measured and recorded exclusively in kilograms.*
- *Abnormal Vital Signs*
  - *By **April 2020**, 100% of pediatric patients with abnormal vital signs will be identified by healthcare providers in the emergency department.*

PRQC Aim Statements

Global, Bundle-Specific, Aim Statements

- *Interfacility Transfers*
  - *By **<u>April 2020</u>**, 100% of sites implementing the Interfacility transfer bundle will have a comprehensive plan that address 9 pediatric-specific components.*
- *Disaster Planning*
  - *By **<u>April 2020</u>**, 100% of sites implementing the disaster bundle will have a plan that address four essential domains of pediatric disaster preparedness.*

Baseline Aggregate Performance

Overall Process/Outcome Measures Information

Intervention Bundle	Total # of Sites Participating	Max Current Cycle	Total # of Charts Entered	Measure Name	Average Measure Value
Weight in Kilograms	6	0	152	OM1 - % of Dosing Errors	44%
				PM1 - % with Weights Documented in Kilos Only	66%
Abnormal Vital Signs	10	0	232	PM1 - % of Patients with standard vitals	44%
				PM2 - % of Patients with abnormal vitals included in notification process	12%
				PM3 - % of Patients with pain assessed	67%
				PM4 - Median time from recognition of abnormal vital signs/pain to first intervention	34.0 min

What We've Learned About Our Hospitals

Results from Environmental Scans

Environmental Scan for Bundle 1:
Weight in Kilograms

Does your Emergency Department have a scale that weighs in pounds and kilos?
(scale_type) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
81	0 (0.0%)	2

Counts/frequency: Yes (70, 86.4%), No (11, 13.6%)

Can your scale be switched to kilograms only?
(scale_switched_to_kg) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
70	11 (13.6%)	2

Counts/frequency: Yes (46, 65.7%), No (24, 34.3%)

Can your scale be locked in kilograms?
(scale_locked) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
70	11 (13.6%)	2

Counts/frequency: Yes (31, 44.3%), No (39, 55.7%)

Environmental Scan for Bundle 2:
Abnormal Vital Signs

Do you have a policy that defines frequency for assuring your scale is locked in kilograms? *(scale_policy)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (12, 14.6%), No (70, 85.4%)

Who triages patients in your ED? *(who_triages)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Nurse (81, 98.8%), Technician (0, 0.0%), Medical Assistant (0, 0.0%), Other (1, 1.2%)

Other (specify) *(triage_other)*

Total Count (N)	Missing
1	81 (98.8%)

What triage system has been adopted for children at your institution? *(triage_system)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Emergency Severity Index (ESI) (78, 95.1%), Manchester Triage System (MTS) (0, 0.0%), Pediatric Canadian Triage and Acuity Scale (CTAS) (0, 0.0%), Australasian Triage Scale (ATS) (0, 0.0%), Ramathibodi Triage System (RTS) (0, 0.0%), Color-coded (0, 0.0%), Other (4, 4.9%)

Environmental Scan for Bundle 2:
Abnormal Vital Signs

Which of the following vital signs are documented on every child in triage and/or during the ED stay? (check all that apply) *For an example, some EDs would not obtain a BP in triage if patient is crying with an arm deformity but they would do that later if patient needed sedation. *(vs_documented)* Refresh Plot

Total Count (N)	Missing	Unique
82	0 (0.0%)	7

Counts/frequency: Heart rate (82, 100.0%), Blood pressure (35, 42.7%), Respiratory rate (80, 97.6%), Pulse oximetry (75, 91.5%), End-tidal CO2 (2, 2.4%), Temperature (81, 98.8%), Mental status (45, 54.9%)

Where are initial vital signs usually taken? *(vs_location)* Refresh Plot

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Registration (0, 0.0%), Triage area (66, 80.5%), ED room (48, 58.5%), Other (0, 0.0%)

Other (specify) *(vs_location_other)*

Total Count (N)	Missing
0	82 (100.0%)

Is there currently a process in place for notifying physicians of abnormal initial vital signs at triage? *(notifying_vs)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (51, 62.2%), No (31, 37.8%)

Environmental Scan for Bundle 2:
Abnormal Vital Signs

Is pain assessed and documented on every child? *(pain_assessed)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (65, 79.3%), No (17, 20.7%)

Is social/behavioral health assessed and documented on every child? *(s_b_health_assessed)*

Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	3

Counts/frequency: Yes (37, 45.1%), No (40, 48.8%), Only if Admitted (5, 6.1%)

Is suicide assessment documented in all adolescent children who present to the ED?

(suicide_assessed) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (43, 52.4%), No (39, 47.6%)

Environmental Scan for Bundle 2:
Abnormal Vital Signs

What standard is used for normal vital signs? *(standard_for_normal_vs)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
81	1 (1.2%)	7

Counts/frequency: American Heart Association, Pediatric Advanced Life Support (PALS) (44, 54.3%), Advanced Paediatric Life Support (APLS) (8, 9.9%), World Health Organization (WHO) (0, 0.0%), Advanced Trauma Life Support (ATLS) (0, 0.0%), Pediatric Early Warning Signs (PEWS) (2, 2.5%), Pediatric Advanced Warning Score (PAWS) (3, 3.7%), European Pediatric Life Support (EPLS) (0, 0.0%), Unknown (10, 12.3%), No set standard exists at our hospital (8, 9.9%), Other (6, 7.4%)

Other (specify) *(standard_vs_other)*

Total Count (N)	Missing
6	76 (92.7%)

Do all staff receive regular training on normal pediatric vital signs by age/weight/height? *(training_vs)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (53, 64.6%), No (29, 35.4%)

How are vital signs recorded? *(vs_recorded)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	3

Counts/frequency: Electronically (59, 72.0%), Manually (2, 2.4%), Both (21, 25.6%)

Environmental Scan for Bundle 2:
Abnormal Vital Signs

Is there a written guideline of how staff communicate with physicians or advanced providers regarding abnormal vital signs? *(communicate_abxvs)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (35, 42.7%), No (47, 57.3%)

Is there currently a process in place for notifying physicians of abnormal vital signs during the ED visit (including before discharge)? *(abx_vs_n_process)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
82	0 (0.0%)	3

Counts/frequency: Verbal (49, 59.8%), Electronic (15, 18.3%), Manual (0, 0.0%), There is no standard process in place (18, 22.0%)

Environmental Scan for Bundle 3:
Interfacility Transfers

Are there criteria in place that define those patients/diagnoses to be considered for pediatric interfacility transfer? *(criteria_for_ift)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (49, 59.8%), No (33, 40.2%)

Are there criteria in place to guide decisions regarding mode of pediatric interfacility transports? *(transport_mode_criteria)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (48, 58.5%), No (34, 41.5%)

Which of the following patient inpatient capabilities are available at your site? (check all that apply) *(inpatient_capabilities)* Refresh Plot

Total Count (N)	Missing	Unique
82	0 (0.0%)	6

Counts/frequency: Newborn Nursery (47, 57.3%), NICU (29, 35.4%), Pediatric Ward (22, 26.8%), PICU (6, 7.3%), Adult services only, pediatric patients admitted on case-by-case basis only (41, 50.0%), None (9, 11.0%)

Approximately how many pediatric (as defined by your institution) patients were transferred to another facility in the last year? *(number_transferred)*

Total Count (N)	Missing
80	2 (2.4%)

Environmental Scan for Bundle 3:
Interfacility Transfers

Which of the following ground transportation services are readily available? (check all that apply) *(ground_transportation)* Refresh Plot

Total Count (N)	Missing	Unique
82	0 (0.0%)	6

Counts/frequency: Municipal/Fire-based EMS Basic Life Support (48, 58.5%), Municipal/Fire-based EMS Advanced Life Support (61, 74.4%), Private/Franchise ambulance company (41, 50.0%), Critical Care transport unit (47, 57.3%), Pediatric transport unit (57, 69.5%), Other ____________________ (7, 8.5%)

Other (specify) *(other_transportation)*

Total Count (N)	Missing
7	75 (91.5%)

Do you have interfacility transfer agreements for pediatric medical patients?
(ift_agrmts_for_peds_meds) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (53, 65.4%), No (28, 34.6%)

Do you have interfacility transfer agreements for pediatric trauma patients?
(ift_agrmts_for_peds_trauma) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (51, 63.0%), No (30, 37.0%)

Environmental Scan for Bundle 4:
Disaster Planning

Does your site have a formal all-hazard written disaster plan (in writing)?
(disaster_plan_written) Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (76, 92.7%), No (6, 7.3%)

Who is responsible for maintaining the plan (choose all that apply)? *(plan_updater)* Refresh Plot

Total Count (N)	Missing	Unique
76	6 (7.3%)	5

Counts/frequency: Emergency Management/Preparedness Coordinator (64, 84.2%), Emergency Management/Preparedness Committee (35, 46.1%), Hospital Administrator (24, 31.6%), Clinical Leadership (19, 25.0%), Other (5, 6.6%)

Other (specify) *(updater_other)*

Total Count (N)	Missing
5	77 (93.9%)

Which of the following are included in the disaster plan (choose all that apply):
(disaster_plan_parts) Refresh Plot

Total Count (N)	Missing	Unique
76	6 (7.3%)	3

Counts/frequency: Surge capacity (71, 93.4%), Decontamination (73, 96.1%), Patient tracking/Family Reunification (50, 65.8%)

Environmental Scan for Bundle 4:
Disaster Planning

Which of the following pediatric-specific needs are included in the plan (check all that apply)? Pediatrics as defined by your institution. *(pedi_plan_features)* Refresh Plot

Total Count (N)	Missing	Unique
74	8 (9.8%)	5

Counts/frequency: Pediatric essential resources (medications, equipment, nutrition) (36, 48.6%), Pediatric surge capacity/mass casualty (36, 48.6%), Pediatric decontamination (31, 41.9%), Pediatric triage (42, 56.8%), Pediatric patient tracking and family reunification (38, 51.4%)

How are ED staff educated on the plan details? *(staff_education)* Refresh Plot

Total Count (N)	Missing	Unique
76	6 (7.3%)	7

Counts/frequency: New Employee Orientation (35, 46.1%), Web based learning (38, 50.0%), Table top drills (41, 53.9%), Department specific meeting updates (35, 46.1%), CME/CNE (Continuing Education) (11, 14.5%), Other____________________ (15, 19.7%), I do not know (11, 14.5%)

Other (specify) *(staff_disaster_education)*

Total Count (N)	Missing
15	67 (81.7%)

Does your site have a disaster/emergency preparedness committee? *(dep_committee)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (72, 87.8%), No (10, 12.2%)

Environmental Scan for Bundle 4:
Disaster Planning

Is there a pediatric representative on the committee? *(pedi_rep)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
72	10 (12.2%)	2

Counts/frequency: Yes (20, 27.8%), No (52, 72.2%)

Does the pediatric representative carry a formal title (in writing) related to pediatric disaster coordination? *(pedi_formal_title)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
20	62 (75.6%)	2

Counts/frequency: Yes (4, 20.0%), No (16, 80.0%)

Does the pediatric representative have any formal training in disaster preparedness?

(pedi_formal_training) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
20	62 (75.6%)	2

Counts/frequency: Yes (12, 60.0%), No (8, 40.0%)

Environmental Scan for Bundle 4:
Disaster Planning

Over the last 2 years, has your emergency department conducted any disaster exercises or drills? *(recent_disaster_activity)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
82	0 (0.0%)	2

Counts/frequency: Yes (76, 92.7%), No (6, 7.3%)

How frequently are exercises/drills conducted involving the emergency department? *(disaster_activity_freq)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
76	6 (7.3%)	5

Counts/frequency: Once every two 2 years (13, 17.1%), Annually (22, 28.9%), Two 2 times per year (34, 44.7%), Three 3 times per year (4, 5.3%), Four 4 times per year (3, 3.9%), Greater than 4 times per year (0, 0.0%)

On average, over the last 2 years, what is the percentage of children (live or simulated) represented in the drills? *(peds_involved)* Refresh Plot

Total Count (N)	Missing	Unique	Min	Max	Mean	StDev	Sum	Percentile						
								0.05	0.10	0.25	0.50 Median	0.75	0.90	0.95
75	7 (8.5%)	28	0.00	100.00	24.48	26.90	1,836.00	0.00	0.00	5.00	15.00	32.50	56.40	97.90

Lowest values: 0, 0, 0, 0, 0

Highest values: 97, 100, 100, 100, 100

On average over the last 2 years, were actual children used in the drill (i.e. live child actors)? *(actual_ped)* Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
75	7 (8.5%)	2

Counts/frequency: Yes (29, 38.7%), No (46, 61.3%)

Environmental Scan for Bundle 4:
Disaster Planning

Has your site conducted pediatric-only or pediatric-focused disaster exercises or drills? *(pedi_only_drills)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
75	7 (8.5%)	2

Counts/frequency: Yes (27, 36.0%), No (48, 64.0%)

Does your site have a tool/process for calculating the emergency department's surge capacity? *(calculate_surge_capacity)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (54, 66.7%), No (27, 33.3%)

Does your site participate in a regional disaster coalition? *(regional_coalition)* Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (56, 69.1%), No (25, 30.9%)

Environmental Scan for Bundle 4:
Disaster Planning

Is pediatrics represented on the regional disaster coalition?

(pedirep_coalition) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
56	26 (31.7%)	2

Counts/frequency: Yes (35, 62.5%), No (21, 37.5%)

Has the regional coalition determined pediatric surge capacity strategies?

(regional_coalition_sc) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
56	26 (31.7%)	3

Counts/frequency: Yes (12, 21.4%), No (7, 12.5%), Unknown (37, 66.1%)

What pediatric triage tool or approach has been adopted by your facility/region?

(pedi_tool_approach) Refresh Plot | View as Bar Chart

Total Count (N)	Missing	Unique
81	1 (1.2%)	6

Counts/frequency: START (12, 14.8%), JumpSTART (21, 25.9%), SMART (3, 3.7%), SALT (5, 6.2%), Other (2, 2.5%), Unknown (38, 46.9%)

Environmental Scan for Bundle 4:
Disaster Planning

Does your site have a process in place to decontaminate pediatric patients?
(decontamination_area) Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (52, 64.2%), No (29, 35.8%)

Does your site have a pediatric tracking tool for use when children might be separated from parents/guardians during disasters?
(pedi_tracking_tool) Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
81	1 (1.2%)	2

Counts/frequency: Yes (28, 34.6%), No (53, 65.4%)

If yes, are the following included (check all that apply):
(tracking_method) Refresh Plot | View as Bar Chart ▼

Total Count (N)	Missing	Unique
28	54 (65.9%)	2

Counts/frequency: Photo tracking (5, 17.9%), ID bands (23, 82.1%)

Based on your site's all-hazards vulnerability analysis, what are the top five (5) hazards for your site?
(five_hazards) Refresh Plot

Total Count (N)	Missing	Unique
81	1 (1.2%)	21

Counts/frequency: Pandemic Influenza (42, 51.9%), Other infectious pandemic (16, 19.8%), Flooding (30, 37.0%), Fire (20, 24.7%), Radiation (3, 3.7%), Tornado (41, 50.6%), Tsunami (5, 6.2%), Volcano (4, 4.9%), Landslide (4, 4.9%), Hurricane (2, 2.5%), Wildfire (8, 9.9%), Earthquake (29, 35.8%), Extreme Heat (12, 14.8%), Winter Storm (50, 61.7%), Chemical Emergency (21, 25.9%), Bioterrorism (6, 7.4%), Active shooter event (40, 49.4%), Information Technology

Progress Messages

- Meredith Rodriguez will be sending monthly emails to data stewards and trainers with a recap of # charts entered

Resources Available

Implementation Guide	Bundle-Specific	All Things Data
Implementation Toolkit ▪ Launch PRQC at your site **QI Tutorial** ▪ Simple demo of developing aim statements, ideal sampling strategies, selecting interventions (requirements and considerations for PRQC baseline)	**Intervention Guides** ▪ Background (References) ▪ Change Strategies ▪ Metrics **Resources Section** ▪ Templates, Policies, Toolkits, Pathways **Adaptable Content** ▪ Deep Dive Presentation (.ppt) ▪ Recording of Deep Dive	Recorded **Demo of Data Entry System** (DES) Recorded **Demo of Dashboards** (Track Performance) **User Guide** for Every Aspect of Data Entry System ▪ Data Dictionary ▪ Paper Version of Variables To Collect ▪ Keys to Map Patients in DES to Your EMR

FAQ's to Subject Matter Experts – email QECA@texaschildrens.org

Google: EMSC PRQC (also password for Members Only Content)
Full-Access to All Content

Demo PRQC Members-Only Content

Upcoming Learning Sessions

Structure

Future LS Talking Points

Discussion	Presenter	Time
HOUSEKEEPING	PRQC Admin Team	10 min
REVIEW COLLABORATIVE DATA & PROGRESS	PRQC Admin Team	30 min
TEAM-SPECIFIC PROGRESS **July:** Bundle 1 and 2 Targeted Team Updates ▪ Source of Content: Feedback from Affiliate Sites, Discussions during Team Mtgs & Dashboards) **August:** Bundle 3 and 4 Targeted Team Updates ▪ Source of Content: Feedback from Affiliate Sites, Discussions during Team Mtgs & Dashboards **October – December:** All Teams will present slides describing engagement, best practices, and challenges	PRQC Training Sites	10 min per team Member of PRQC admin team will reach out to trainers to discuss July & August schedule

Housekeeping

CNE/MOC Credit | Fireside Chats | Newsletter & Extension Letter | IHI Open School

To Obtain Nursing CEs:

- Participants should be sure and sign into the webinar providing your name, an email address and the name of your facility.

- At the completion of the presentation a link will be provided which will take you to a short evaluation form which you will need to complete.
    - https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8
      Within 48 hours of receiving your evaluation, your certificate will be sent to you electronically.

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

Weight In Kilograms

June 4, 2019 1:00-2:00 CST

Meeting Number: 802 329 190

Dial: 855-797-9485

Access code: 802 329 190

MEETING LINK

Abnormal Vital Signs

June 4, 2019 3:30-4:30 CST

Meeting Number: 804 878 658

Dial: 855-797-9485

Access code: 804 878 658

MEETING LINK

Inter-Facility Transfer

June 4, 2019 11:00-12:00 CST

Meeting Number: 808 659 981

Dial: 855-797-9485

Access code: 808 659 981

MEETING LINK

Disaster Planning

June 11, 2019 12:00-1:00 CST

Meeting Number: 807 733 332

Dial: 855-797-9485

Access code: 807 733 332

MEETING LINK

Call for Topics & Questions

Submit by Monday, May 27th

Email: dfendya@bcm.edu

Weight in Kilograms:
Impact of weighing procedure on dosing errors
Abnormal Vital Signs:
Blood Pressure, MS, and Pain Assessment
Interfacility Transfer:
Developing Transfer Criteria
Pediatric Disaster Preparedness:
Preparing Providers for Disaster

20-May 2019

INAUGURAL NEWSLETTER

The PRQC Admin Team & Subject Matter Experts are pleased to release the first quarterly newsletter that will focus on updates, the progress of the collaborative, and highlight the efforts of participating hospitals.

With unavoidable delays in the launch of the data entry system, the collaborative will now extend through April 30, 2020. This will ensure that participating sites have a full 12-month period to work through PDSA cycles to improve the quality of pediatric emergency care. The extension letter can be found on the PRQC website under the members-only section.

Visit our Website

Quick Highlights

Data Entry System Has Gone Live!

Data stewards from EDs with fully executed data use agreements should have received username information and site-specific access.

Baseline Data

- Enter records beginning as early as 1/1/2018
- Minimum of 30 records must be entered to adequately assess average site-specific performance, variability, and for bench-marking against peers.

Established Data Use Agreements (DUA)

All sites, regardless of DUA status, are welcome to join all learning sessions and access PRQC resources. Please see below for a list of sites with fully executed agreements.

- 99 sites have fully executed DUAs
- 6 are finalizing signatures
- 18 are negotiating verbiage

The Bundle Round-Up!!

Intervention Bundle	1st Choice – % (N)	2nd Choice – % (N)

PRQC Extension Letter

Due to unavoidable delays in launching the PRQC Data Entry System, the collaborative will be extended through **April 30th, 2020**. This Extension Letter from the EIIC leadership may be used to inform site leadership of the recent change in timeline.

May 7th, 2019

Dear PRQC Participant:

Thank you for your continued support to improve pediatric readiness in your emergency department (ED), a national initiative to ensure children have immediate access to high quality emergency care. Over 80% of children seeking emergency care turn to their local community ED; it is imperative that every ED be ready to stabilize the critically ill child.

Over the last year, your ED has collaborated with 143 EDs across 17 states as part of the Pediatric Readiness Quality Collaborative (PRQC) led by the federal EMS for Children Program. All participants have received access to the Institute of Healthcare Improvement Open School online learning system, continuing education or maintenance of certification credits, access to numerous resources to enhance safety, efficiency, and effectiveness of ED processes, and learning sessions on pediatric readiness and quality improvement principles and tools to support local improvement efforts.

This is the first national quality improvement collaborative to support local pediatric readiness efforts and demonstrate the impact on quality of care. Each participating ED is given access to an online dashboard to monitor and benchmark quality of pediatric emergency care delivery using core evidence-based quality metrics. The PRQC online data management system launched on April 2nd, 2019, approximately six months behind schedule. This delay allowed participants additional much-needed time to finalize data use agreements, to better understand internal processes and improvement science, and to prioritize local activities. While we regret the delays in launching the core improvement activities, we appreciate your continued commitment to the project and the children you serve.

Quality improvement collaboratives are most impactful when participants are given 12-18 months to implement rapid cycles of improvement. Specifically, participants need sufficient time to modify local processes, collect data, and assess the impact on performance. Thus, the National PRQC Steering Committee recommended the PRQC be extended to April 30th, 2020.

If you have questions regarding any and all aspects of the collaborative, please feel free to contact us directly: qeca@texaschildrens.org.

Sincerely,

Kate Remick, MD, FAAP, FACEP, FAEMS
Executive Lead and PRQC Director

Charles Macias, MD, MPH
Executive Director

Additional Incentives

- Sites from leaderboard will receive information regarding Maintenance of Certification for their participating physicians
- Earn 25-points toward Part IV (ABMS and ABP)
- IHI Modules (QI Training) will be closing in the coming months. Please complete training if you have not done so already!

Future 2019 Learning Sessions

- May 21st
- July 16th – 8 team reports
- Aug 27th – 8 team reports
- Oct 1st
- Nov 19th
- Dec 3rd

Questions | Feedback?

CNE Link: https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8
Google: EMSC PRQC (Password also)