



## Learning Session 27-August 2019

### Hosts:

Kate Remick, MD  
Diana Fendya, MSN (R), RN  
Meredith Rodriguez, PhD

# ACKNOWLEDGEMENTS

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# ACKNOWLEDGEMENTS

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.5 contact hours.

# LEARNING SESSION DISCLOSURES

Note Faculty/Speakers and Planners for this learning session:

- Kate Remick, MD
- Diana Fendya, MSN (R), RN
- Meredith Rodriguez, PhD

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.

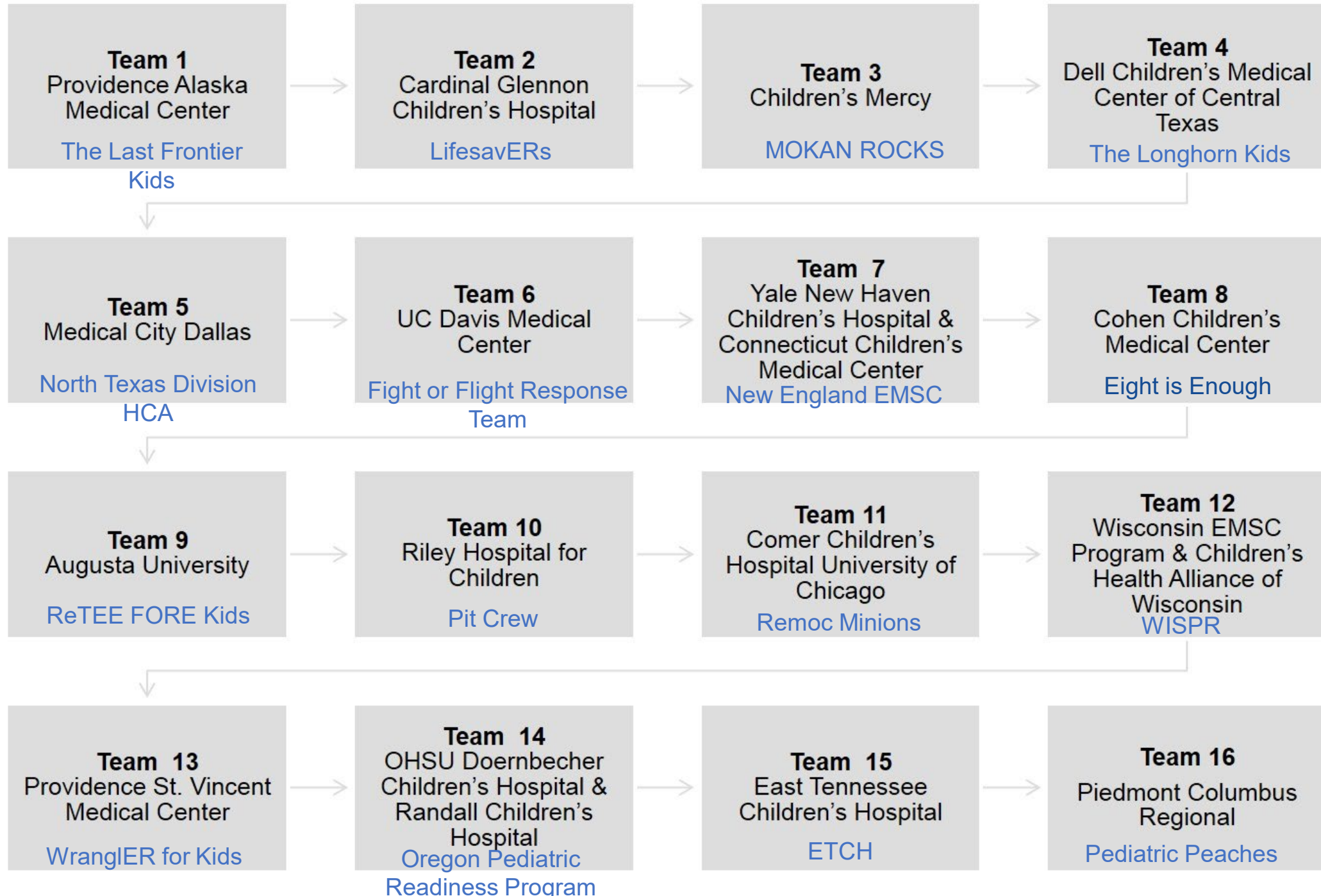
# TO OBTAIN NURSING CEs

- Sign into the webinar: name, email address and 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.
- The evaluation must be completed within 2 weeks:  
<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8>
- Within 48 hours of receiving your evaluation, your certificate will be sent to you electronically.



# MEMBERSHIP

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



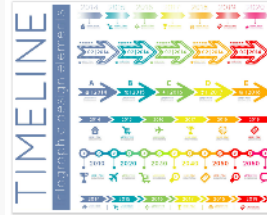
# AGENDA

27-AUGUST 2019 LEARNING SESSION

7



**State of the Collaborative**  
Meredith Rodriguez  
Eddie Zamora



**PDSA Cycle Timeline**  
Meredith Rodriguez



**Aggregate Performance**  
Kate Remick



**Team Updates**

-North Texas Division HCA  
-LifesavERs

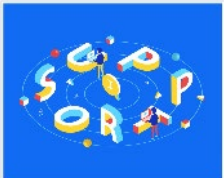
Ashley Yount  
Timothy Staed, MD



**Best Practices**



**Housekeeping**  
Meredith Rodriguez



**Team Support**



**Team Check-in**  
All Participating Teams  
Subject Matter Experts  
PRQC Admin Team



# STATE OF THE COLLABORATIVE

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# DUA Updates

- 119 hospitals are fully executed
- Approximately 76% to 84% of hospitals that began the collaborative have been fully executed
- Only 2 sites are actively negotiating DUAs
- University of Utah can still process additional DUAs but consider data collection period for intervention bundles

# Welcome!

The following sites have newly-executed DUAs:

Seton Central Texas (The Longhorn Kids)

Wheaton Franciscan (WISPR)

Howard Young Medical Center (WISPR)

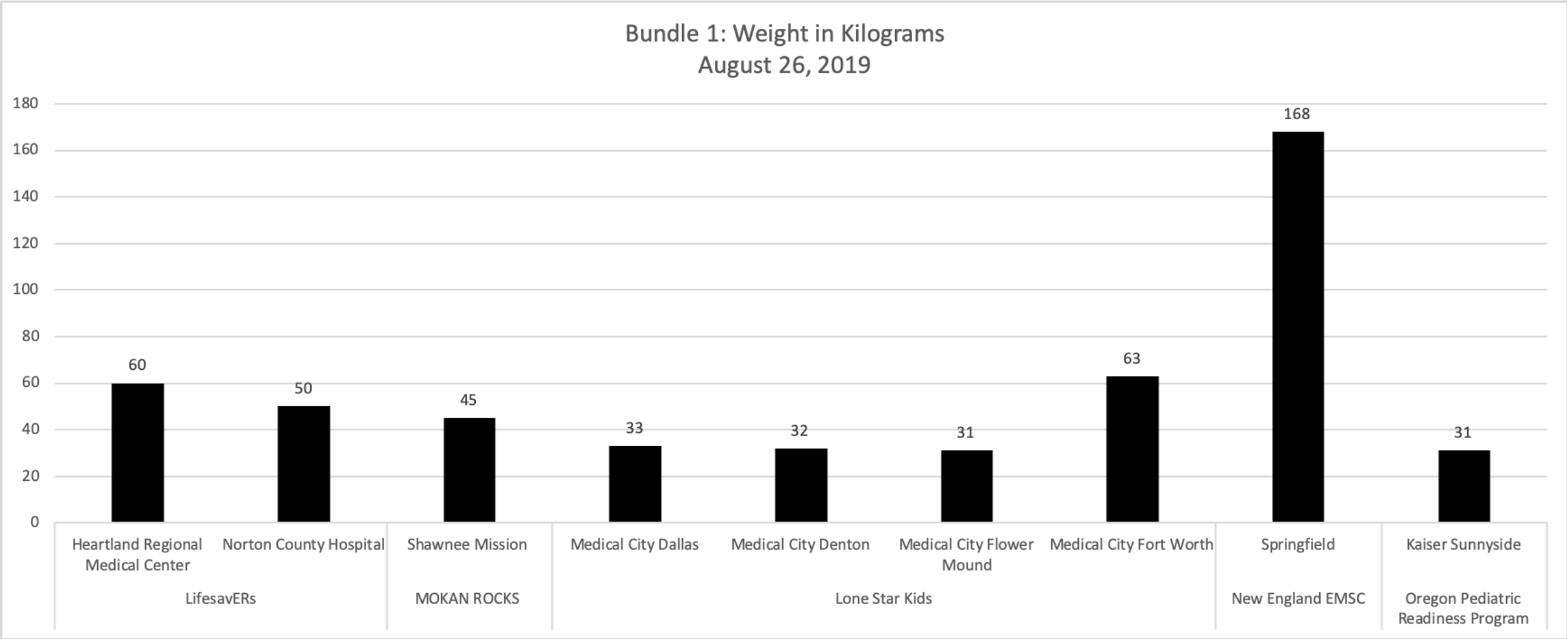
Via Christi Pittsburg (MOKAN Rocks)

Piedmont Columbus Regional Midtown (Pediatric Peaches)

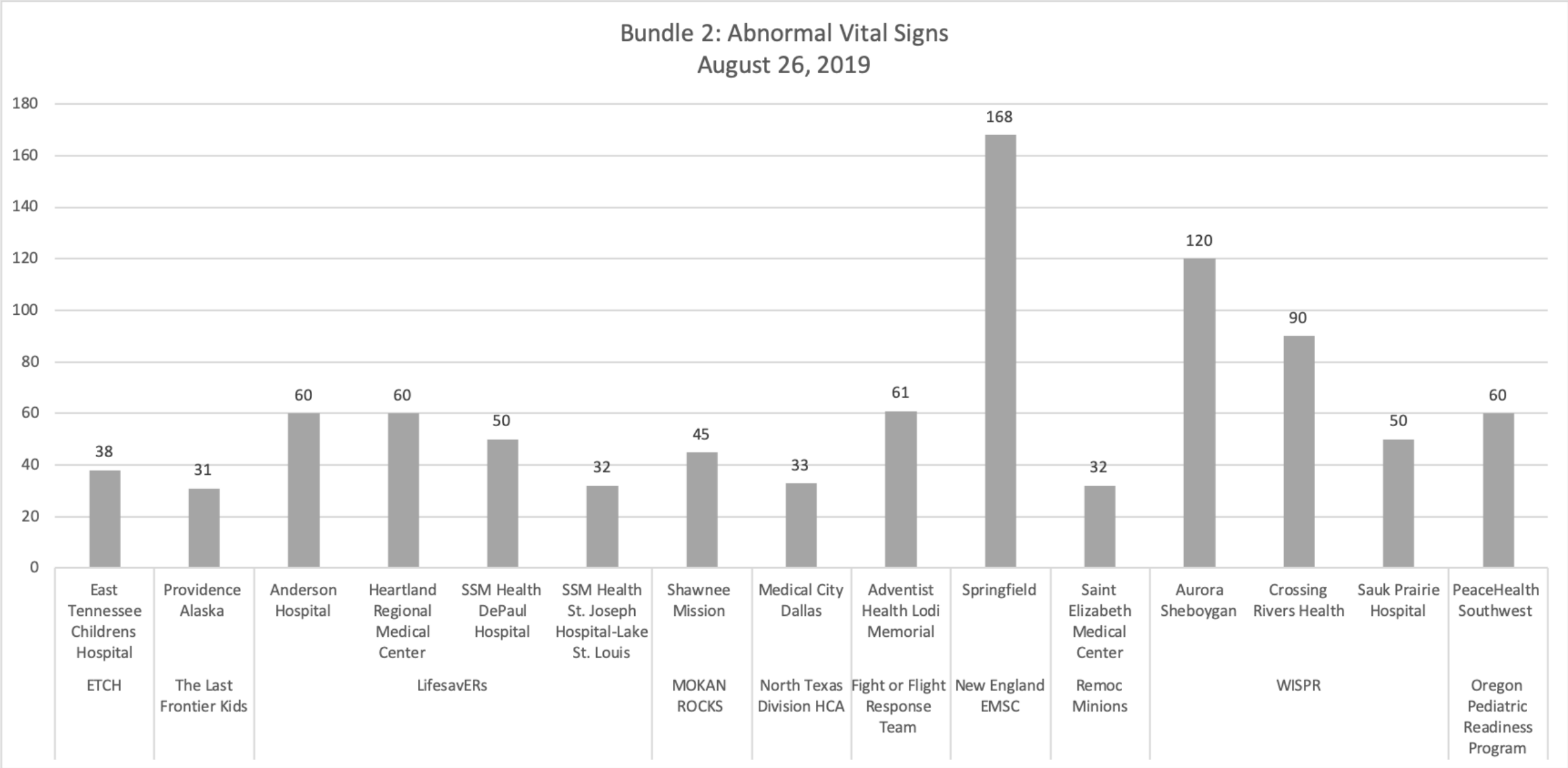
Newport Medical Center (ETCH)

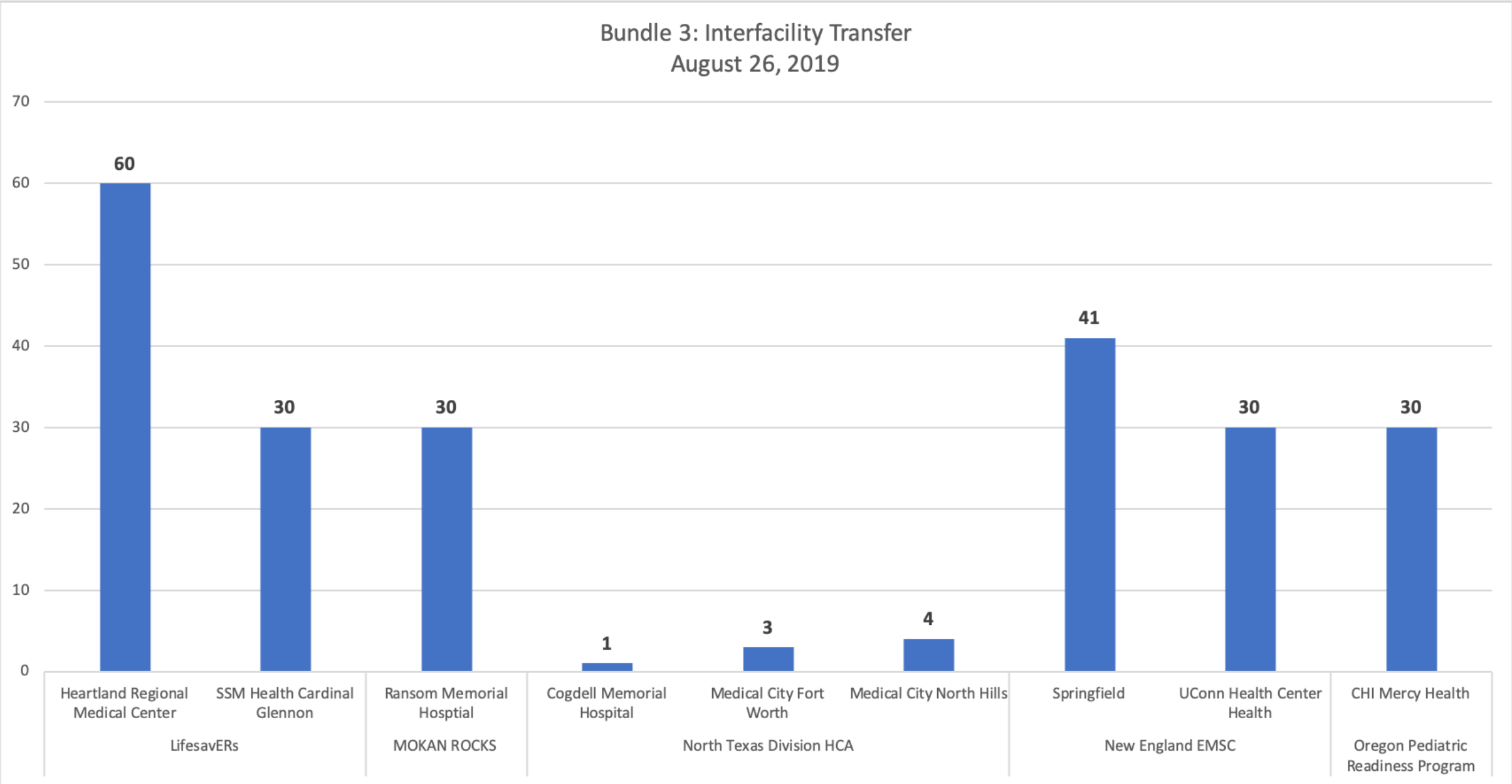
**REDCap QI/Data Steward Survey:**

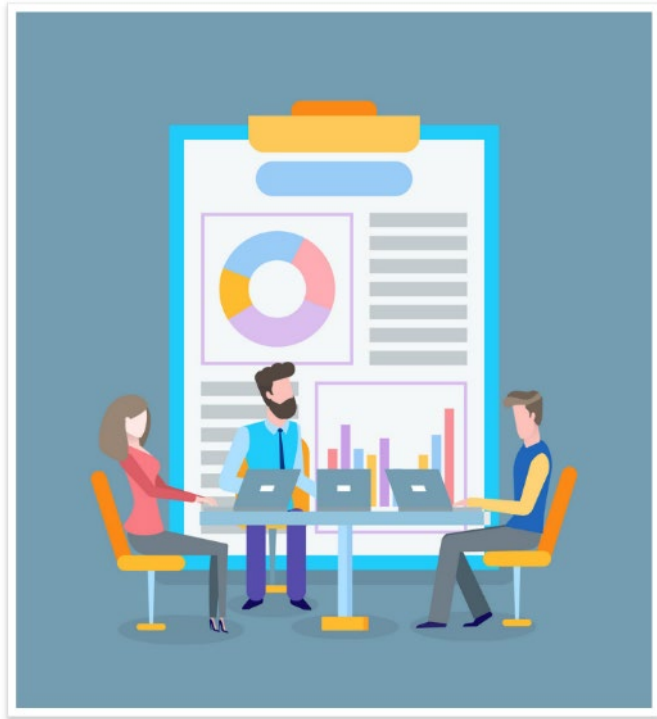
<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=CXELJK8ECF>



# Data Leaderboard







# TEAM UPDATES

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**Team 5: Lone Star Kids**  
**Team 2: LifesavERs**

The background is a light blue gradient. On the left, there are several diagonal stripes in dark blue, purple, teal, magenta, and orange. In the top right, there is an orange area with a white network pattern of dots and lines. In the bottom right, there are several realistic-looking water droplets of various sizes.

# LONE STAR KIDS

MEDICAL CITY FLOWER MOUND

MEDICAL CITY FT. WORTH

# PROCESS

- ESTABLISH PROCESS IN AUDITING 30 PEDIATRIC PATIENTS PER MONTH
- IDENTIFYING CHOSEN CHARTS IS RANDOM PROCESS
- THE RESULTS FOR THE CHART AUDITS HAVE BEEN BETTER THAN EXPECTED BUT STILL DO SHOW ROOM FOR IMPROVEMENT IN OBTAINING A FULL SET OF VITAL SIGNS
- THE CHART AUDITS ARE PERFORMED RANDOMLY DURING THE MONTH
- THE CHANGE STRATEGY WAS DETERMINED AS A QUICK WIN FOR WT IN KGS AND AS A DIVISION STANDARDIZATION FOR THE ABNORMAL VITAL SIGNS AS A DIVISION POLICY



# BENEFITS AND STRUGGLES

- AS A DIVISION, ALL FACILITIES HAVE SAME POLICIES AND PROTOCOLS FOR PEDIATRIC PATIENTS AS MEDICAL CITY CHILDREN'S HOSPITAL
- TRAINER HAS ACCESS TO ALL FACILITIES TO ASSIST WITH CHART AUDITS
- INCREASED TURNOVER OVER SINCE DECEMBER 2018, SEVERAL CHANGES IN PEDIATRIC CHAMPIONS AND MANAGEMENT TEAMS
- DIFFICULT TO OBTAIN RANDOM SUPPLIES FOR SMALLER FACILITIES AND FREE STANDING EDS
- SET BACK ON IMPLEMENTATION DUE TO TRAINER OUT INDIVIDUALLY TRAINING NEW CHAMPIONS AND ASSISTING WITH HANDS ON DATA ENTRY

# GOALS FOR UPCOMING MONTH

- ALL FACILITIES WILL HAVE BASELINE DATA COMPLETED
- MONTHLY WEBEX MEETINGS THE LAST MONDAY OF THE MONTH TO ADDRESS ANY CONCERNS AND DO EDUCATION FOR EACH FACILITY RELATED TO EACH BUNDLE
- REAL PLAY EMERGENCY MANAGEMENT DRILL FOR ENTIRE DIVISION IN OCTOBER WITH PEDIATRIC COMPONENT

The background is a close-up, slightly blurred image of a document. It features a line graph with a jagged line. A pen is visible in the upper right corner, pointing towards the graph. The overall color scheme is blue and white.

# LifeSavers EMSC PRQC Report

Aug 27, 2019

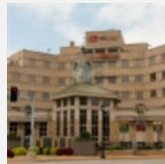
# Experiences Collecting Baseline Data



**SSM St. Joseph Lake St. Louis** -  
Baseline data for Bundles 1-3  
easily shared. Done in <1 day



**Heartland Regional** - Making  
baseline data for all 3 bundles



**SSM CGCH** - Baseline collection  
for Bundle 4: a 2-person job. 5  
hours for experienced QI team

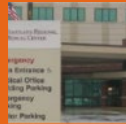
# Process for Data Submission



SSM SJ Lake St. Louis - data stewards required to be present for data submission



SSM SJ St. Clare - Changing Data Stewards slows process



Heartland - Thinking first PDSA cycle data was lost - not an obvious confirmation that first round data was saved



SSM CGCH - being data steward for 2 hospitals tricky - need to reset hospital with each chart

# Decision making process for PDSA Cycles

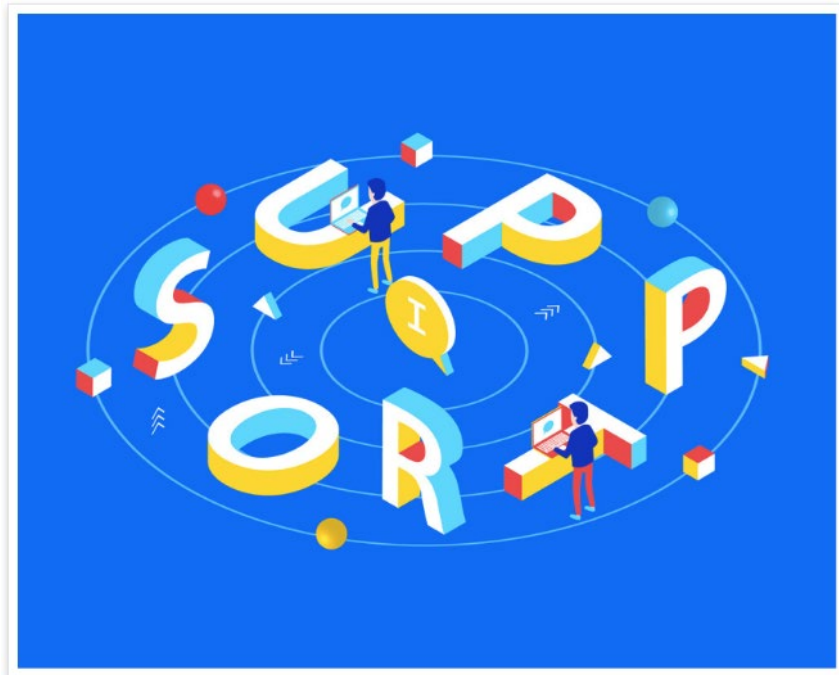


SSM SJ Lake St. Louis - Easy to implement change and collect data. Vital signs and weight are really the same bundle



SSM DePaul - Can make changes rapidly and see improvement rapidly





# TEAM SUPPORT

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# Data Systems – Common Issues



## Data Entry System

Data entry system for Bundles 1, 2 and 3.

[prqc.org](http://prqc.org) > [external link](#)



## Bundle 4 RedCap

Data entry system for Bundle 4, Disaster Planning

[redcap.utahdcc.org](http://redcap.utahdcc.org) > [external link](#)



## Tableau Dashboard

Based on your level of access, this dashboard allows you to see aggregate data for you site or team across all bundles.

[tableau.utahdcc.org](http://tableau.utahdcc.org) > [external link](#)



# Data Entry System

- User lock outs – If you enter password incorrect 3 times, you will not be able to reset it for 15 minutes
- Password reset links get automatically sent to email on file. If you are not receiving the password reset link, it is possible your institution's firewall is blocking the email

# Data Entry System

- If your assigned site is not available on the dropdown, it is either because you are using Internet Explorer or it was not assigned correctly



# Data Entry System

- Active records area is where you manage all the **open** records you are working on that have not been submitted. Once a record has been submitted/completed it **will not** show on this workbench.

Active Records					
WorkBenchId	System Patient Record Number	Bundle 1	Bundle 2	Bundle 3	Go to Record
1809	61201971984821	PDSA CYCLE # 2	NOT USED	NOT USED	<a href="#">➔</a>

# Tableau Dashboards— *Refreshes daily at 7am MDT*

Tableau interface showing the "Overall Process/Outcome Measures Information" dashboard. The dashboard displays a table with columns: Intervention Bundle, Sum of Sites Participating, Max Current Cycle, Total # of Charts Entered, Measure Name, and Average Measure Value. A red circle highlights the "Total # of Charts Entered" column.

Navigation bar: Home / PRQC / B(1-3) PRQC Overall Process/Outcome Measures Infor... / Process and Outcome Measures ☆

Tools: Undo, Redo, Revert, Refresh, Pause, Subscribe, Share, Download, Comments, Full Screen, Data sources

Intervention Bundle	Sum of Sites Participating	Max Current Cycle	Total # of Charts Entered	Measure Name	Average Measure Value
Weight in Kilograms	31	4	1,096	OM1 - % of Dosing Errors	50%
				PM1 - % with Weights Documented in Kilos Only	78%
Abnormal Vital Signs	42	4	1,558	PM1 - % of Patients with standard vitals	59%
				PM2 - % of Patients with abnormal vitals included in notification process	36%
				PM3 - % of Patients with pain assessed	76%
				PM4 - Median time from recognition of abnormal vital signs/pain to first intervention	34.0 min
Interfacility Transfer	11	1	238	PM1 - Median time from arrival to transport	233.5 min
				OM1 - % of Transferred patients who were discharged from ED at receiving center	0%
				PM2 - % of Transfers met minimum criteria	84%
				PM3 - % of Families that received transfer packet	0%

# REDCap

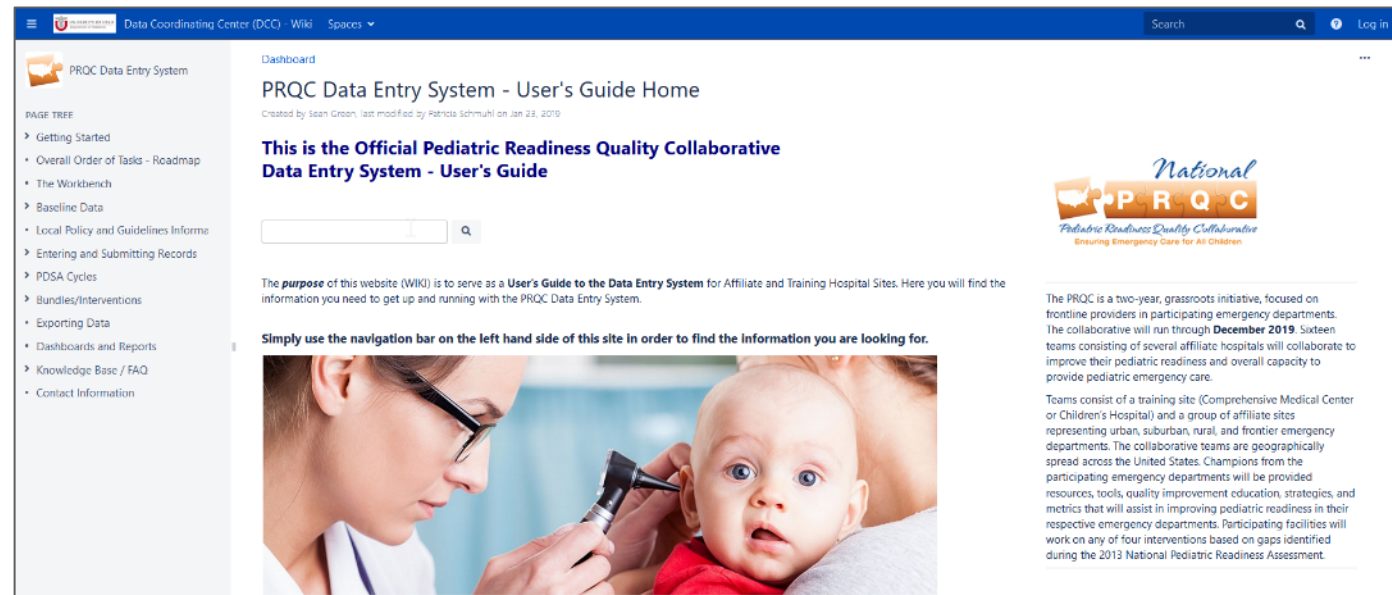
- For entering data for Bundle 4, you can use the same username and password used for the data entry system and Tableau
- When you login the first time, you will need to verify your account before can begin data entry
- We check new account verifications every 2 days but you can email us and let us know you have completed this step

# User Accounts

- New and updates to data stewards need to be first communicated to the PRQC admin team
- We can have up to two data stewards per hospital, and an additional user who has Tableau Dashboard access

# Questions & Technical Assistance

- Email: [dcc\\_prqcsupport@hsc.utah.edu](mailto:dcc_prqcsupport@hsc.utah.edu)
- Phone: 801-213-3393, Option 1
- User Guide: <https://wiki.utahdcc.org/confluence/display/PDESUG>



# New Staff/Champion Corner

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1. New member checklist
2. List of Team Trainers
3. Implementation Toolkit
4. Bundle Packets
5. RedCap Surveys
6. Environmental Scan questions
7. QI Education and IHI





# Yammer Discussion

**Scenario:** A 5 yo patient is involved in a MVA and arrives as a level 1 trauma.

**Current process:** In our hospital these are entered into the system as a john doe forty nine sequential numbering series for all unknowns) with a DOB 01/01/01 (this is the same for adult trauma). This allows the team to order blood, etc without waiting for the patient to be identified and formally admitted.

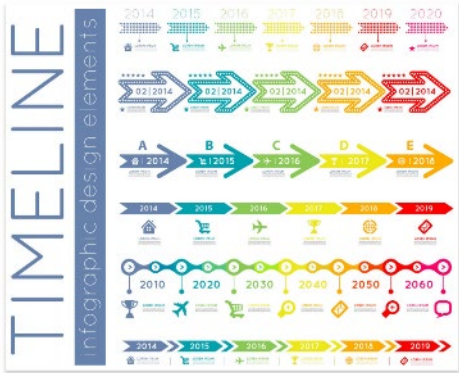
**Problem:** This also gives the age as 118yrs....eliminating all of our automated safety features in the EMR for pediatric patients.

**Question:** For those of you who see both pediatric and adult patients in your ED: How do you register a pediatric patient who arrives as a john doe but needs immediate attention or is not yet identified?



# Yammer Discussion

1. Timeframe for auditing charts for PDSA cycle 1
2. Should you discuss SMART Aim and changes with team/trainer?
3. Keeping a timeline of cycles and change strategy implemented



# PDSA CYCLE TIMELINES

# PDSA Cycle Timeline



## Mile Marker 1: Start with Baseline Data

- Goal: Must be submitted by July 12

## Mile Marker 2: Begin Collecting & Entering Data for 1<sup>st</sup> PDSA

- Goal: July 16 to Labor Day (September 2)

## Mile Marker 3: Begin Collecting & Entering Data for 2<sup>nd</sup> PDSA

- Goal: Labor Day to Halloween

## Mile Marker 4: Begin Collecting & Entering Data for 3<sup>rd</sup> PDSA

- Goal: Halloween to MLK (January 2, 2020)



**BEST PRACTICE**

## TOPICS

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**Stakeholder Engagement**  
**PDSA Cycles**  
**Change Strategies**  
**Data Collections**

# Critical Best Practices

EMSC

Emergency Medical Services  
for Children

IIC

Innovation &  
Improvement Center

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Funded Programs

QI Collaboratives

Education

Our Impact

Home / QI Collaboratives / National Pediatric Readiness Quality Collaborative (PRQC) / Members-Only / Best Practices

Best Practices

A essential component of a collaborative is sharing of best practices. Broadly organized by category below, you will find best practices, tips & tricks and examples shared by our teams.

Data Entry >

Staff Turnover >

PDSA Cycles & Change Strategies >

Staff Education & Buy-In >

Disaster Preparedness >

SBAR Chart 📄

Heather Andersen of Providence Alaska Medical Center (Team: The Last Frontier Kids), created this SBAR 📄 (Situation, Background, Assessment, Request) chart to educate their ED about their first PDSA cycle.

Members-Only

Calendar

Intervention Bundles

Best Practices

All Things Data & QI

Learning Sessions

Fireside Chats


Newsletters

Member List

NEW? GET STARTED HERE >

# Critical Best Practices

## PDSA #1-a

<b>Situation</b>	We will be conducting a brief PDSA cycle today on physician notification of abnormal vital signs for the pediatric population.
<b>Background</b>	<p>PAMC is Alaska's sole designated training center for the Emergency Medical Services for Children's Pediatric Readiness Quality Collaborative (EMSC-PRQC). PAMC is participating in a national collaborative with the aim of improving pediatric emergency care.</p> <p>As part of the quality improvement (QI) work with the collaborative, PAMC is focusing on improving our recognition of abnormal vital signs and the provider notification process.</p> <p>A PDSA (Plan-Do-Study-Act) is a QI method of trialing small tests of change in a controlled setting that allows evaluation of the effectiveness of those changes.</p> 
<b>Assessment</b>	FD caregiver participation in this brief PDSA cycle is crucial for the assessment of the effectiveness of the first small change.
<b>Request</b>	<p>For the designated time period, <b>June 9<sup>th</sup> from 1800-0130</b>, please complete the following:</p> <ol style="list-style-type: none"> <li><b>Full set of vials for all pediatric patients within 30 minutes of discharge or admission.</b> <ol style="list-style-type: none"> <li>If admitted: T, RR, BP (regardless of age), SPO2, and pain scale</li> <li>If discharged: same as (a) for 3-18 years. If under age 3 years, no BP unless chief complaint warrants.</li> </ol> </li> <li>If vital signs turn <b>RED</b> when entered into EPIC, regardless of clinical judgment,             <ol style="list-style-type: none"> <li>Notify the ER MD immediately.</li> <li>Document in comment section name of MD notified and response (i.e. Dr. Navitsky notified, OK to discharge).</li> </ol> </li> </ol>

Update: 7/18/2019 5:33 PM by HA & KR  
L:\Clinical Data Warehouse\Unit Dashboards\Pediatric ER Care\EMSC PRQC\SBAR - PDSA 1-a.docx

## Staff Turnover

By Olivia Karlton, MHA, RRT, RUC-NPS August 2019

**Background**  
Often during collaborations in the medical field staff changes due to eating needs, position changes and staff turnover. This can cause frustrations for the rest of the team and setbacks in improvement. However, let's make this a time for positive change!  
What can the replacement team member bring to the group that might have been missing before?  
What strengths can be identified in the new configuration?

**How do we address staff turnover?**  
Be patient. We, as collaborative leaders, might be looking to "mark things off of our list" and become anxious for sites to work through the collaborative, but remember, if a team member has left the group there are likely to be several things the rest of the group are making up for, or having to change in their organization.

**When you have a replacement team member, don't forget!**  
**Communicate, Communicate, Communicate:** Reach out often, but assure the replacement team member that you are understanding of any other commitments they have. Offer assistance and ask what you can do to help catch them up to speed in the best way for them to learn.

Update your directory make sure to include their title, credentials and best way to contact them.  
Update your email distribution list. If you have an email group for sending reminders and updates, be sure to add them to it! Also be sure to remove any members who are no longer a part of the collaborative.  
- Update your PRQC team- make sure to let your Training Site know as well as Krystle Bartley.  
- Is your new member looking for MCCC Part II Credit? Make sure to catch them up to speed.  
- Make sure your new member has access to the PRQC website and members only section. Help them navigate to learn where they can watch videos of past training, resources and obtain any resources needed.  
- Introduce them to your Training Site team and make sure they are familiar with everyone's roles so that they feel comfortable reaching out for help.



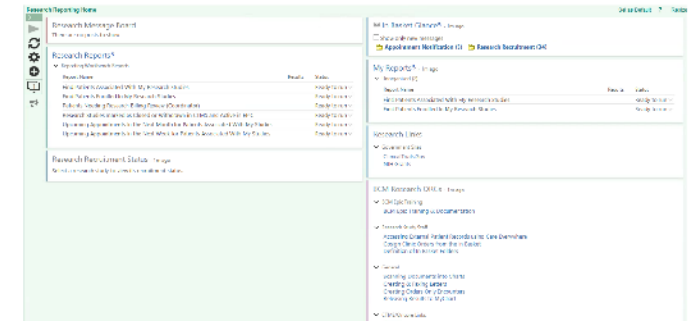
## Research Reporting Dashboard

**Overview:** The Research Reporting Home Dashboard is available for research staff to view In-Basket messages, view and create custom reports, and view the latest important updates posted on the Research Message Board. This QRG will give details on how to operate and customize the Research Reporting dashboard.

### The Research Reporting Dashboard

The Research Reporting Dashboard contains many helpful tools and reports that will help a researcher user locate reports, In Basket messages, training tools and helpful links in a much more efficient manner. The Dashboard contains:

- Research Message Board
- Research Reports
- Research Recruitment Status
- In Basket
- Research Links
- Research QRG's



### Quick Reference Guide

- Version: 2.0 - 11/15/19
- Training Questions: [research@bcm.edu](mailto:research@bcm.edu) | 601 Help Desk: 713-796-9737 or [research@bcm.edu](mailto:research@bcm.edu)
- Visit the [BCM Training and Documentation Page](https://www.bcm.edu/research) to access training materials. The site supports Internet Explorer web browsers, for more information click [here](#).





# AGGREGATE PERFORMANCE

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## Process and Outcome Measures

Team Name

All

SiteAcronym

All

Intervention Bundle

All

### Overall Process/Outcome Measures Information

Intervention Bundle	Sum of Sites Participating	Max Current Cycle	Total # of Charts Entered	Measure Name	Average Measure Value
Weight in Kilograms	31	4	1,096	OM1 - % of Dosing Errors	50%
				PM1 - % with Weights Documented in Kilos Only	78%
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				PM3 - % of Families that received transfer packet	0%



## PDSA Metrics for All in All

Team Name

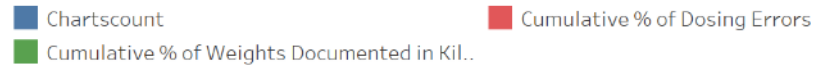
All

Site Acronym

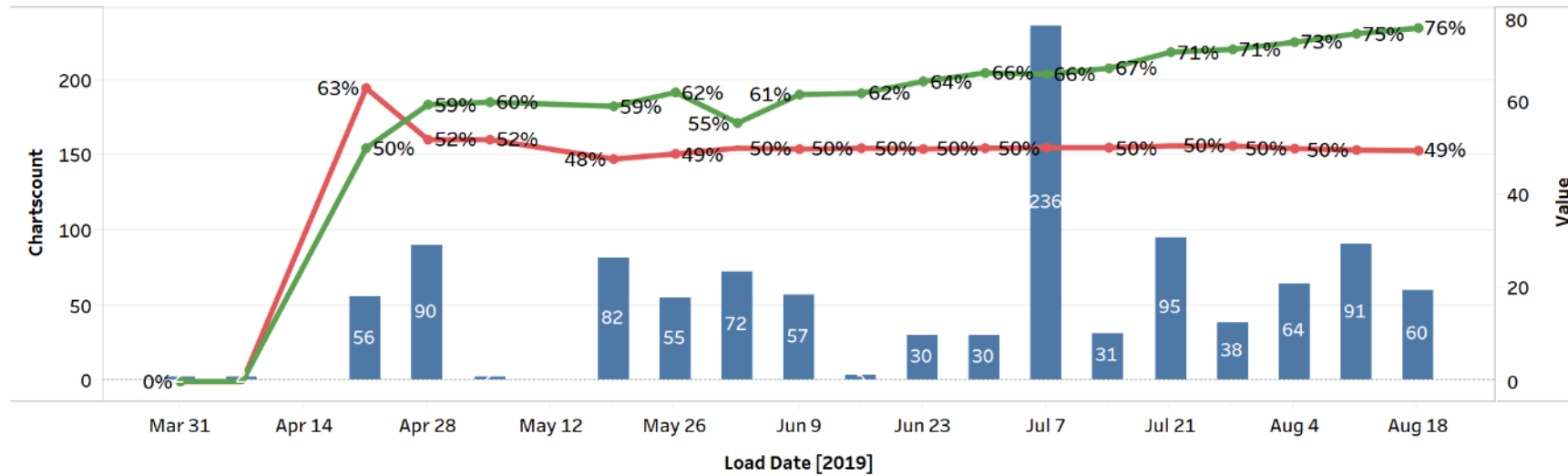
All

Intervention Bundle

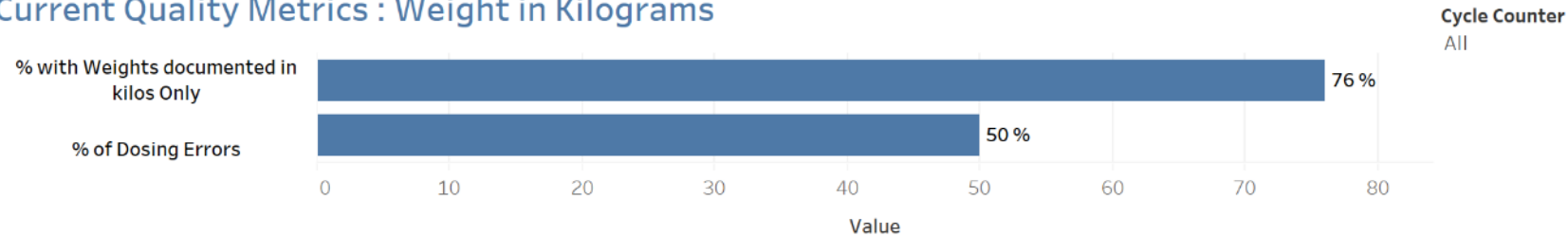
Weight in Kilograms



### PDSA Metrics for : Weight in Kilograms

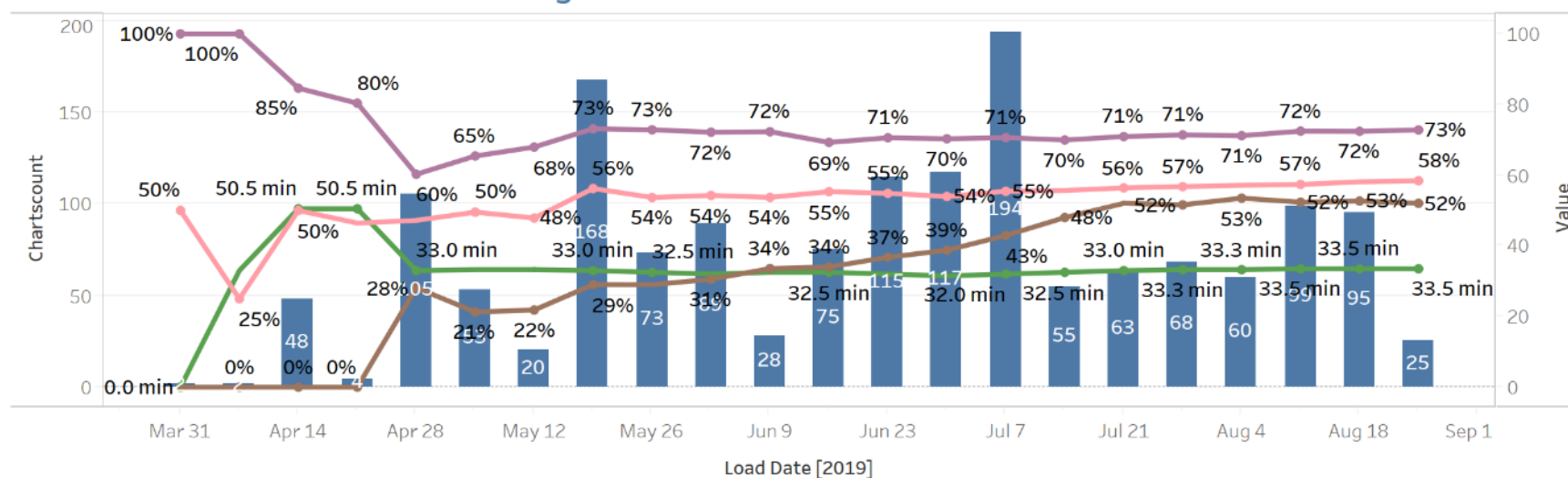


### Current Quality Metrics : Weight in Kilograms



■ Cumulative % of patients with pain assessed  
■ Cumulative % of patients with abnormal vitals includ..  
■ Cumulative Median time from first vitals collected to..  
■ Cumulative % of patients with standard vitals  
■ Chartscount

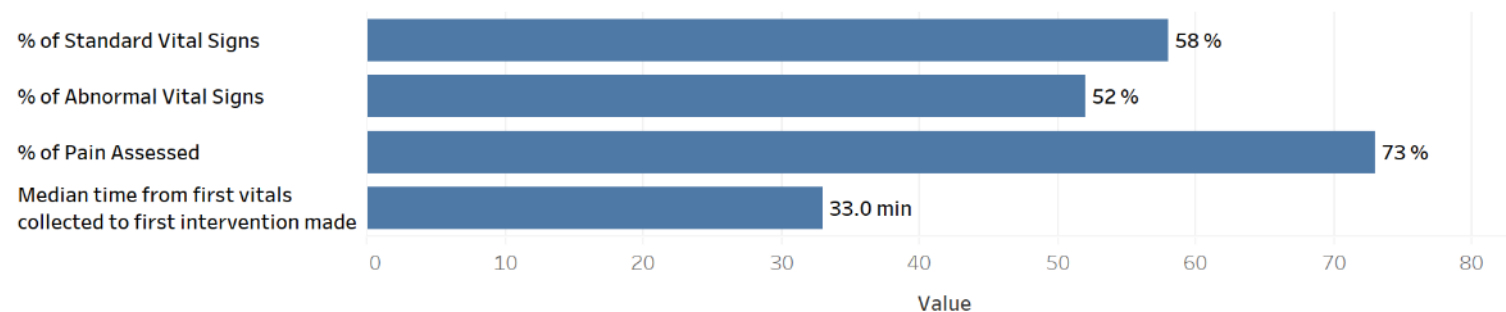
### PDSA Metrics for : Abnormal Vital Signs



### Current Quality Metrics : Abnormal Vital Signs

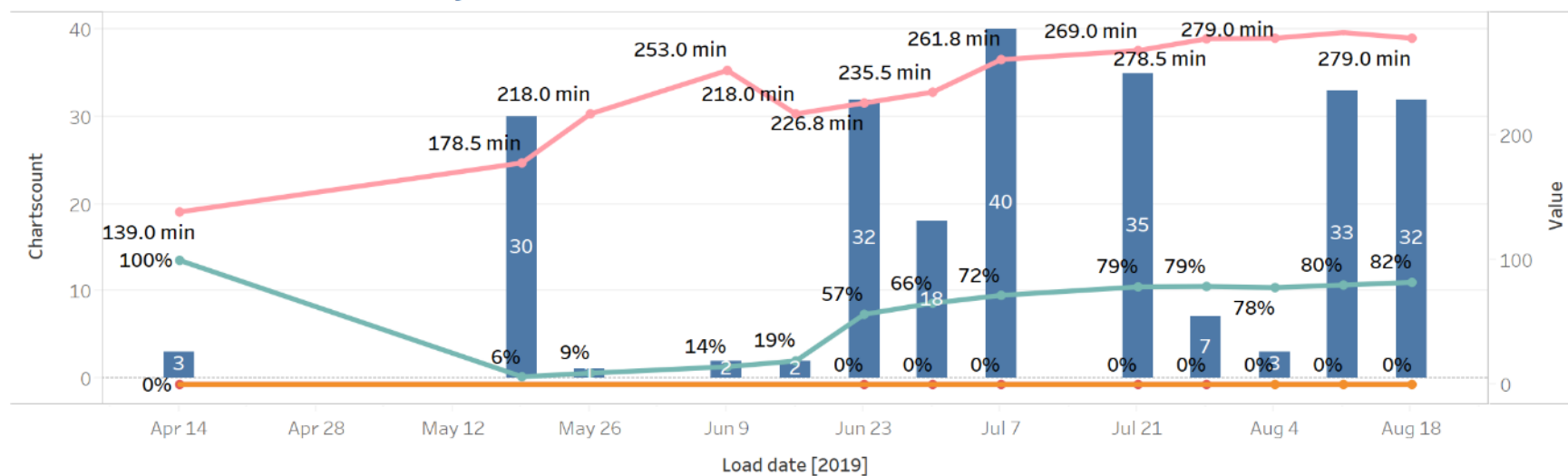
Cycle Counter

All



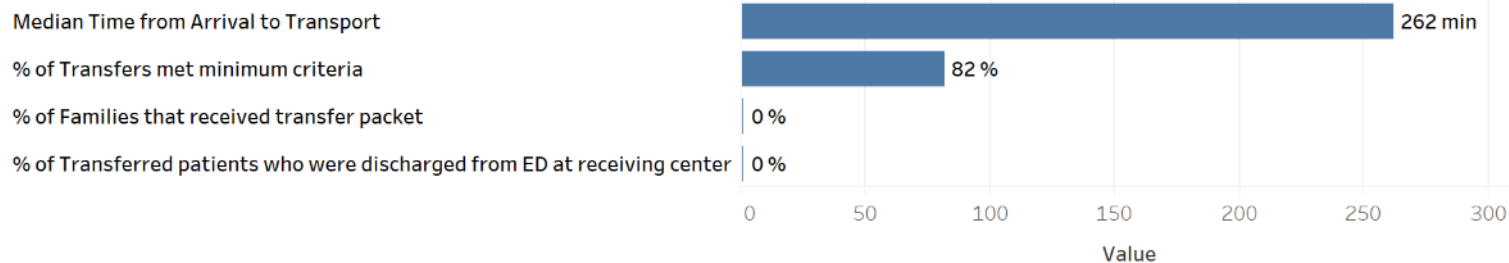
Cumulative median time from arrival to transport      Chartscount  
Cumulative % of families that received transfer packet      Cumulative % of transferred patients who were discharged ...  
Cumulative % of transfers met minimum criteria

### PDSA Metrics for : Interfacility Transfer



### Current Quality Metrics : Interfacility Transfer

Cycle Counter  
All



Discussion



# TEAM CHECK-IN

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- Any difficulty implementing a bundle or submitting data?
  - Reminder: Each bundle has a corresponding workbook that provides a description of possible interventions and resources. Key drivers (which are requested in the DES) can be found in the intervention workbooks.
- What was your experience with the 1<sup>st</sup> PDSA cycle?

**Team 1**  
Last Frontier  
Kids

**Team 2**  
LifesavERs

**Team 3**  
MOKAN  
Rocks

**Team 4**  
Longhorn Kids

**Team 5**  
Lone Star  
Kids

**Team 6**  
Fight of Flight

**Team 7**  
New England  
EMSC

**Team 8**  
Eight is  
Enough

**Team 9**  
ReTEE for  
Kids

**Team 10**  
Indiana Pit  
Crew

**Team 11**  
Remoc  
Minions

**Team 12**  
WISPR

**Team 13**  
WranglER for  
Kids

**Team 14**  
Oregon Pediatric  
Readiness  
Program

**Team 15**  
ETCH

**Team 16**  
Pediatric  
Peaches



# HOUSEKEEPING

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# 2019 EMSC All-Grantee Meeting

*Renee Escamilla, Erica Kane, Rachel Ford*

- Submit Baseline Data
- Environmental Scan
- Continue working on your PDSA cycles





# Housekeeping

## Fireside Chats

- September 3: Disaster
  - 11:00 CDT
- September 10: Abnormal Vital Signs
  - 12:30 CDT
- September 17: Inter-Facility Transfer
  - 1:00 CDT
- September 24: Weight in Kilograms
  - 2:00 CDT

## Learning Sessions

- October 1
- November 19
- December 3rd

# Key Information

**CNE Link:** <https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8>

**Google:** EMSC PRQC (Password also)

**Email:** [qeca@texaschildrens.org](mailto:qeca@texaschildrens.org) | [dcc\\_prqcsupport@hsc.utah.edu](mailto:dcc_prqcsupport@hsc.utah.edu)

