



National

Pediatric Readiness Quality Collaborative
Ensuring Emergency Care for All Children

**Pediatric Readiness
Quality Improvement
Collaborative Welcome Kit**

June 2023 through December 2024



EMSC
Quality Improvement
Collaboratives

WELCOME TO THE PEDIATRIC READINESS QUALITY IMPROVEMENT COLLABORATIVE (PRQC)!

We are so glad you have chosen to join us in this important collaborative to improve the lives of children across the country!

Pediatric readiness in emergency departments (EDs) is associated with improved survival for critically ill and injured children. The 2013 National Pediatric Readiness Project (NPRP) assessment showed EDs with a quality improvement (QI) plan had significantly higher pediatric readiness. However, barriers to pediatric QI plans include low pediatric patient volume, lack of relevant measures, and insufficient staff training and resources. To overcome these barriers, the Emergency Medical Services for Children Innovation and Improvement Center (EIIIC) hosts national QI collaboratives that provide centralized resources and support for health care teams to improve their pediatric readiness - and ultimately, improve outcomes for kids.

QI collaboratives guide teams in implementing QI efforts, facilitate knowledge sharing, and promote the adoption of evidence-based guidelines. Participants have access to expert presentations, evidence-based resources, educational sessions, coaching, networking opportunities, and a data platform at no cost.

In 2018, EIIIC launched the Pediatric Readiness Quality Collaborative (PRQC) to enhance pediatric readiness in EDs by implementing local QI efforts. The 2018 PRQC cohort had 125 sites across 16 states participating, addressing areas like patient safety and interfacility transfers.

The 2021 NPRP assessment revealed an increased presence of pediatric QI plans, but there are still opportunities to support local teams. In 2023, the EIIIC launched a second PRQC cohort, focusing on areas like measuring and recording weight in kilograms, recognizing abnormal vital signs, pediatric pain management, and suicide. The goal is to address ongoing gaps in pediatric readiness and improve survival rates in pediatric emergencies.



Phase	Timeline	What We'll Cover	Your Responsibilities
Phase 1 Welcome and Orientation	June to August 2023	<ul style="list-style-type: none"> • EMSC and PRQC overview • Framework for QI Collaboratives • Logistics • Resources • Expectations • Evidence-based clinical intervention guides • QI training: PDSA cycles, team building • Data sampling and chart abstraction • Data literacy and dashboards 	<ul style="list-style-type: none"> • Attend Fireside Chats presented by subject matter experts that discuss each intervention bundle • Review intervention bundles and begin considering clinical area of focus • Register for and access the data platform, the National Pediatric Readiness Quality Initiative (NPRQI). NPRQI will provide teams with individualized dashboards to track improvements over time and compare their performance with similar sites.
Phase 2 Mobilization	August 2023	<ul style="list-style-type: none"> • Environmental scans • Coaching and support on clinical focuses, seeking logical support, and developing potential implementation strategies 	<ul style="list-style-type: none"> • Attend Learning Sessions • Conduct environmental scan • Finalize clinical area of focus and QI project • Teams are encouraged to promote engagement in the collaborative within their hospital system and among neighboring ED sites. State Partnership program managers and other representatives from the EMSC are welcome to participate to support and guide local and regional efforts.
Phase 3 Improvement Cycles	September 2023 to 2024	<ul style="list-style-type: none"> • Coaching, guidance, and support throughout the improvement cycle 	<ul style="list-style-type: none"> • Introduce team • Refine SMART aim • Prioritize and implement change strategies
Phase 4 Sustainability Planning	October to December 2024	<ul style="list-style-type: none"> • Guidance, support, and discussion on lessons learned and sustainability 	<ul style="list-style-type: none"> • Communicate successes • Share barriers • Establish partnerships • Participate in Community of Practice to further improvements

TOPICS AND MATERIALS

ED-based teams participating in the collaborative will choose a clinical area of focus and conduct an environmental scan to assess the current situation. They will then implement a QI project to improve pediatric patient care. Intervention bundle guides, along with fireside chats vled by national experts, will provide educational materials and support for each clinical area.

Intervention bundle guides will be available for the following areas:

- weight measurement
- recognizing abnormal vital signs
- optimizing pediatric pain management
- addressing suicide

Teams will receive foundational QI training covering topics like:

- identifying gaps in care
- setting SMART aims
- creating key driver diagrams
- utilizing QI tools (e.g. process maps and SWOT analysis)

The training will also include the Model for Improvement, sustainability strategies, and data sampling techniques.

TIME COMMITMENT

- Teams are encouraged to attend monthly collaborative learning sessions and fireside chats. Participants are asked to register individually for each session and sessions will be recorded for those who cannot participate live.
- Teams should allocate approximately one hour per week to meet and work on selecting improvement ideas, testing strategies, and reflecting on progress.

The total commitment can range from 4 to 8 hours per month, depending on the planning and implementation needs. Even small changes in clinical care processes can lead to significant progress and improve job satisfaction and patient outcomes.

RESOURCES

 [PRQC Collaborative Webpage](#)

 [QI Collaborative Participation Details](#)

 [QI Collaborative Session Information](#)

Schedule for upcoming/watch previous Fireside Chats and Learning Sessions

 [About Intervention Bundles](#)

 [Access the Data Platform \(NPRQI\)](#)

 [How PRQC and NPRQI are related](#)

 [PRQC 2023 Cohort](#)

 [Learn about the NPRP](#)

 [What is QI Science?](#)

 [What is a QI Collaborative?](#)

 [PRQC 2018 Cohort and Results](#)

RESPONSIBILITIES BY ROLE

ED Site Team Leader

- Serve as a point of contact to facilitate communications with team participants and others as needed
- Complete the team registration, Environmental Scan, and gain access to the data platform
- Notify EIIC staff if team composition changes
- Confirm team participants are receiving important updates (via email and web page)
- Participate in monthly learning sessions (1.5 hours each) and encourage others to do the same
- Coordinate and lead meetings with other team members and/or ED staff as needed
- Work with team members to develop/implement a QI focused on enhancing the clinical care of children with acute suicidality
- Collaborate with team members to present QI project activities to the larger collaborative, including successes and barriers during small group breakout sessions
- Share progress with ED and/or hospital leadership

ED Site Team Member/Participant

- Participate in team meetings and monthly learning sessions
- Help complete Environmental Scan and review results with the team
- Offer input on project SMART aim to achieve quality measures
- Work collaboratively on QI project, including data collection and presenting results
- Share progress with ED and/or hospital leadership

EMSC Program Manager

- Support the ED site teams by sharing pediatric readiness and EMSC resources
- Participate in monthly collaborative sessions and ED site team meetings

SUBJECT MATTER EXPERTS

Weight in Kilograms

- Marianne Gausche-Hill
MD, FACEP, FAAP, FAEMS
- Timothy W Staed, MD, FAAP
- Heidi Ruff, RN
- Sue Cadwell, MSN, RN, NE-BC

Assessment and Reassessment

- Sheryl Yanger, MD, FAAP
- Christina Aspiotes, DO, MS
- Laura Garcia, RN
- Madeline Joseph, MD
- Emily Roben, MD, MS

Pain Management

- Corrie Chumpitazi
MD, MS, FAAP, FACEP
- Aubri Carman, MD
- Emily Sterrett, MD, MS
- Michael Kim, MD

Suicide

- Mohsen Saidinejad
MD, MBA, FAAP, FACEP
- Vera Feuer, MD
- Michael Goldman, MD MHS-MED
- Carolyn Landis, PhD, DBSM
- Joyce Li, MD, MPH
- Angela Nguyen, LCSW-S

Quality Improvement Specialist

- Katherine Remick
MD, FAAP, FACEP, FAEMS
- Krystle Bartley, MA
- Sanyukta (Sanya) Desai, MD MSc

Administrative Team

- Kasey Petika, MBA, MPH, CPH
- Liza Hinojosa, BS
- Eleni Balourdos, MPH

 [Full titles and bios of our Subject Matter Experts can be found on our website.](#)

Have questions or need additional information? Please email us at prqc@emscimprovement.center.