

## FREQUENTLY ASKED QUESTIONS

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### ABOUT US

#### **1. What is the National Pediatric Readiness Quality Initiative (NPRQI)?**

*The goal of NPRQI is to ensure children have access to high quality emergency care regardless of geographic location by providing all Emergency Departments (EDs) with a national platform to measure, reflect, and improve pediatric emergency care delivery. The National Pediatric Readiness Quality Initiative is the implementation arm of the National Pediatric Readiness Project (Remick, Katherine, et al. "Pediatric Readiness in the Emergency Department." *Pediatrics*, vol. 142, no. 5, Nov. 2018, pp. 1–14., <https://doi.org/10.1542/peds.2018-2459>.) NPRQI will strive to support emergency departments in their pursuit of providing the highest quality of care possible for pediatric patients.*

#### **2. Why was NPRQI created?**

*The NPRQI was created to help drive national quality improvement efforts that target pediatric emergency care delivery. The 2013 NPRP assessment identified that the majority of children seek emergency care in general EDs, a large proportion of which are rural. Yet, fewer than 50% of EDs engage in pediatric quality improvement efforts. Given low pediatric patient volumes at an individual site and lack of standardized measures for common pediatric conditions, NPRQI was developed to establish standardized quality measures and benchmarking capabilities.*

#### **3. What is quality care?**

*The Institute of Medicine (now the National Academies of Science Engineering and Medicine) set forth a framework for measuring care delivery and it states that healthcare should be safe, timely, effective, efficient, equitable, and patient centered. NPRQI will be a conduit for EDs to measure their ability to deliver the highest quality of care available.*

#### **4. Is NPRQI a research database?**

*No, NPRQI is not a research platform. NPRQI is a quality improvement platform/registry strictly developed for the purposes of capturing data elements during a patient*

*encounter, evaluating performance on key measures, and aggregating data which will facilitate improvement efforts.*

**5. Is NPRQI a Quality Improvement (QI) collaborative?**

*No NPRQI is not considered a QI collaborative as organizations are working independently to achieve improvement goals. There are no achievement standards which organizations are expected to pursue. NPRQI is a self-paced QI platform that allows ED teams to engage in quality improvement efforts that: 1) are most relevant to the individual site; 2) align with current institutional priorities; 3) are feasible to implement based on available resources; and 4) allow for a high degree of flexibility in terms of timing and implementation.*

**6. Is NPRQI a payor dataset?**

*No. NPRQI is not affiliated with any payor reimbursement programs. The focus is quality improvement funded by the Health Services and Resources Administration (HRSA). How the data is used is left to individual organizations to decide.*

**7. Is NPRQI a collection of clinical guidelines?**

*No, NPRQI will not provide clinical decision support tools such as evidence-based guidelines, algorithms/pathways, or order sets. NPRQI is less focused on specific interventions but rather the collection of data and visualization/reporting.*

**8. Who is a part of NPRQI?**

*NPRQI receives funding from a federal grant with Health Resources and Services Administration-Emergency Medical Services for Children (HRSA-EMSC). Professionals with specific expertise in pediatric emergency care along with quality and research experience were integral in the development of our quality measures. National Partners representing providers, health networks, population health, researchers and regulations and standards organizations serve in an advisory capacity and all content has been reviewed and approved by that body.*

*NPRQI understands the importance of meeting the needs of not only patients and families, but also the needs of physicians, nurses, and extended care team who seek to provide better care to their patients. As such, we convened an assembly of stakeholders that can foster engagement and sustainability of the registry for years to come. Lastly, Clario (formerly BioClinica) supports the technical aspects of the registry and the Center for Patient Safety addresses the regulatory aspects of our work.*

**9. Did NPRQI undergo Institutional Review Board (IRB) review?**

*Yes, NPRQI was identified as exempt under the University of Texas' IRB as it is strictly a quality improvement initiative.*

**10. How long will NPRQI will be available?**

*NPRQI is currently funded through August 2023 with future plans for additional funding for sustainability.*

## PARTICIPATING ORGANIZATIONS

### **1. Who can participate in NPRQI?**

*Any acute care hospital with an emergency department open 24/7 or free standing emergency departments open 24/7*

### **2. Can general, critical access, or rural hospitals participate in NPRQI?**

*Absolutely, NPRQI was designed for non-pediatric specialty facilities, specifically community, rural, and critical access hospitals. The goal of NPRQI is to make implementation of pediatric quality improvement efforts as easy as possible. Participants will be able to compare themselves to similar ED structures and volumes.*

### **3. Can an individual clinician enroll in NPRQI?**

*NPRQI is designed for acute care hospitals and free-standing emergency departments open 24/7. Individuals are registered as part of an organization's improvement team.*

### **4. Are participating organizations expected to identify a champion?**

*It is expected that organizations participating in NPRQI will assemble a team of individuals who will serve as champions. This may include: Quality Improvement specialists, Patient Safety, nurse educators (ED and/or hospital), Risk Management, Data Support and/or EMR specialists, Joint Practice team (if available) and other staff to help coordinate and oversee improvement efforts including helping the team reflect on performance and identify change strategies.*

### **5. Can children's hospitals participate in NPRQI?**

*Children's hospitals can participate, however; the primary target of NPRQI is general emergency departments, especially those with lower volumes of pediatric patients (<10,000 pediatric visits per year). Participants will be able to compare themselves to organizations with similar ED structures and patient volumes.*

### **6. What are the expectations of participant organizations?**

*All participating organizations are expected to engage in regular, ongoing pediatric quality improvement efforts using the NPRQI platform. However, the target area(s) of focus and pace (i.e., number of charts reviewed, type and timing of change strategies implemented) is entirely up to the participating site.*

### **7. Is there a participant organization agreement (POA)?**

*Yes, all participant organizations must sign the Participant Organization Agreement. This should be completed by an authorized official at your organization. The Participant Organization Agreement outlines the purpose, benefits, security, and oversight that will be provided to all participant organizations.*

**8. Can participant organization agreements be modified?**

*Due to the number of participating sites and scale of this effort, we are unable to make changes to the enclosed participant organization agreement. Adjustments were made to our standard agreements to remove any terms and conditions that might have been deemed potentially problematic for a majority of sites. If you have any specific questions regarding the participant organization agreement, please contact the NPRQI Team at [NPRQI@austin.utexas.edu](mailto:NPRQI@austin.utexas.edu). Within the FAQs, we have included a brief [overview of the participant organization agreement](#) that outlines the key elements for reference.*

**9. If my organization is part of a larger network, does a separate POA need to be signed by each site?**

*No, the POA was designed to be used by a single entity or by a larger network as long as there is a single authorizing official for all sites.*

## COST AND BENEFITS

**1. What is the cost to join NPRQI?**

*NPRQI is currently funded by Health Services and Resources Administration – Emergency Medical Services for Children (HRSA-EMSC) for the purposes of improving pediatric emergency care. There is no fee associated to join NPRQI, submit data, or view performance on dashboards.*

**2. What is the expected time commitment for ED teams who participate?**

*Participating organizations must invest time in: learning to operate the data platform, manually entering data into the platform, and reviewing performance and implementing strategies to improve over time. Organizations participating in NPRQI can anticipate 2 hours of initial onboarding and training, approximately 2-4 hours a month for entry of patient data, and 1 hour providing feedback after each round of field testing. Data entry is self-paced and organizations can decide when to submit data.*

*Once onboarding is complete, organizations that continue to meet requirements defined in the participant organization agreement and confidentiality requirements, can participate for months or years depending on their needs. The intent of the platform is to be organization driven to meet the needs of your emergency department. In the future, coordinated Quality Collaboratives may focus on clinical specific areas relevant to your organization.*

**3. What are the benefits of NPRQI?**

*NPRQI provides the following benefits to your ED and clinicians:*

The Emergency Department

- *Opportunity to measure aspects of high-quality pediatric emergency care for pediatric populations*

- *Real-time feedback on participant organization performance*
- *Resources and implementation guides for starting a quality improvement program*
- *Assessment of current pediatric emergency care delivery and tracking performance over time;*
- *Ability to assess performance across 28 standardized pediatric quality measures (system and clinical conditions);*
- *Benchmarking performance with similar emergency departments; Optimize care based on current available resources;*
- *Annual reports to share with hospital/ED leadership regarding quality, patient safety, and risk mitigation;*
- *May fulfill requirements for Pediatric Medical Recognition in your state/territory*
- *Poised for accreditation by state/regulatory agencies*
- *Poised for value-based care reimbursement and reporting*
- *Pediatric Readiness designation that supports system level infrastructure*

#### The Care Team

- *Ability to ensure high quality pediatric emergency care for patients and families*
- *Real-time feedback on performance (for group of providers not as single individuals);*
- *Resources and guidance for starting a quality improvement program;*
- *May be used to fulfill MOC part IV requirements for board-certified physicians and clinical ladder projects for nurses*

#### **4. Does NPRQI address equity?**

*Yes, NPRQI addresses the unique needs of diverse patient populations to reduce variability in care. Aggregate data can be filtered by organization and/or patient demographics to measure comparative performance. The 2018 Joint Policy Statement, Pediatric Readiness in the Emergency Department, outlines the importance of quality improvement and system processes that ensure pediatric patient safety and equitable care for vulnerable populations.*

#### **5. As a physician, can I receive Maintenance of Certification Part IV credit for participating in NPRQI?**

*Yes, the NPRQI will serve as a Part IV – Performance in Practice activity since it is a quality improvement (QI) project designed to assess and improve the quality of patient care. All American Board of Medical Specialties provide a pathway to meet MOC Part IV requirements through “completed projects.” This pathway allows an individual physician to describe a recently completed QI project and reflect on learnings, and the NPRQI can serve this function.*

## DATA AND SECURITY

### **1. Why does NPRQI require participants to enter data?**

*Quality improvement relies on data and measurement to guide improvement strategies. Without patient-level data, it is impossible to assess the current state of pediatric emergency care, whether any change results in an improvement, and how the quality of emergency care delivery changes over time.*

**2. What type of patient level data is being entered?**

*Participating EDs will enter a limited data set that includes date and time of arrival. These two data points are the only potential identifying data fields. All data is cleaned of protected health information (PHI). Only specific patient variables will be entered – relevant to quality metrics calculations. See overview of [metrics](#).*

**3. How is the data entered by our organization protected?**

*Each user at your organization will have completed training from the Center for Patient Safety on the handling of patient information. Each user will have a unique login access to the NPRQI platform. Clario who is providing the platform meets all industry standards for data security nationally and internationally. The data entered does not include any private health information (PHI) except date and time of arrival to the ED.*

**4. Will the data entered put my organization at risk?**

*Your organization is protected by being a participant in a patient safety organization, which is a protective arm of the federal Patient Safety and Quality Improvement Act of 2005. Under this legislation, an organization focused on improving patient safety and healthcare quality receive certain legal protection. The Center for Patient Safety is a PSO certified by the federal Agency for Healthcare Research and Quality (AHRQ).*

**5. What is the relationship of NPRQI and The Center for Patient Safety?**

*NPQRI's leaders have contracted with the Center for Patient Safety (CPS) to assure that the project's work is confidential and privileged under the [Patient Safety and Quality Improvement Act \(PSQIA\)](#). Participants in the project will only notice the PSO involvement in minor ways. The Participant Organization Agreement signed by each participant will acknowledge that they are entering into an agreement with CPS to provide PSO services in the context of the project. Participant staff members working with the project data will need to sign simple confidentiality agreements and view a short webinar that explains the PSQIA's practical impact on their work in the project. Each participating hospital will need to take simple steps to protect the confidentiality of the data gathered and submitted to the project, described in the informational webinar. NPQRI's engagement with CPS will have no effect on the participants' relationships with other PSOs. It only involves the specific work that takes place within this project.*

**6. Is a Data Use Agreement required?**

*No, because NPRQI is not a research effort and is covered by a Patient Safety Organization (PSO). Rather than a DUA, organizations complete a participant organization agreement. Through the partnering PSO, NPRQI provides federal protection of the patient safety work product.*

**7. What is included in the Participant Organization Agreement?**

*The Participant Agreement outlines several things:*

- *The nature of the project as an initiative to learn about and improve pediatric emergency care, including partners and funding sources*
- *The specialized technology that will support the project and its related security*
- *The PSO/contractor relationship between the University of Texas and the Center for Patient Safety, a Patient Safety Organization*
- *The structure of the project's work within the PSO's protective umbrella and the confidentiality obligations of all parties*
- *The expected steps for all parties in the face of efforts to compel the disclosure of protected, confidential information*
- *The ownership of the work product at various stages of the project.*
- *A network may complete the participant organization agreement for multiple sites that fall under a parent organization. The parent organization may have access to the affiliate's data but will not be responsible for submitting data.*

*Exhibit A ("Terms and Conditions of Data Use") provides more details about the rights and obligations of the parties regarding (1) the data which participants contribute to the project and (2) the data contained within the systems that support the project.*

**8. Why is protected health information (PHI) being collected?**

*Timeliness of interventions is imbedded in quality measures. Therefore, the initial time of ED arrival must be collected.*

**9. What is the architecture of the data platform for NPRQI?**

*Clario's Platform is a 21CFR Part-11 and EU GDPR compliant, cloud-based support system utilizing industry-standard encryption technology, and employing Standard Operating Procedures governing the handling of clinically-related data through the full program lifecycle.*

- *Data is encrypted to regulatory standards (256-Bit encryption) while in transit (when files are uploaded or downloaded) over HTTPS. Data is encrypted at rest (in Amazon Web Services RDS databases) utilizing 256-Bit encryption as well.*
- *User authentication is managed through Active Directory Federation Services (ADFS), Virtual Private Tunnels between servers, and leverages Single Sign-On (SSO) and Active Directory (AD) services.*
- *The Platform's architecture is designed to ensure that only authorized users may trigger operations (e.g., create, edit, delete records, etc.) within the system. The Platform's security posture includes full system monitoring to detect potential user and system anomalies, with business continuity and disaster recovery capabilities that span a geographically-dispersed cloud network to minimize the risk of catastrophic failure.*

**10. How is data stored? What are the security features?**

- All hosting is done through Amazon Web Services (AWS)
- AWS is an industry standard hosting solution that naturally includes many layers of security: <https://aws.amazon.com/products/security/>
- Separate AWS accounts are used to host production and non-production data
- Database is not publicly accessible; any requests must originate from within the same AWS account
- AWS permissions for users and services are configured based on the principle of least privilege
- Business Continuity and Disaster Recovery is managed via server and data redundancies in geographically separated AWS regions
- Data is encrypted in transit over HTTPS with 256-bit level encryption
- Data is encrypted at rest within AWS RDS database with 256-bit level encryption
- All communication is done over SSL

**11. Will my organization's performance be shared with other participating organizations?**

*No. All data and performance reports are confidential. Only authorized users will have access to an organization's performance reports. Only aggregate data will be shared for the purposes of benchmarking. Individual organizations/authorized network users may see site specific performance on a real-time reporting dashboard. Organizations may view their performance on key quality metrics in either tabular or graph format. Users will have the option to filter across patient and/or organization demographic categories to assess for variability in care.*

**12. Who owns the data?**

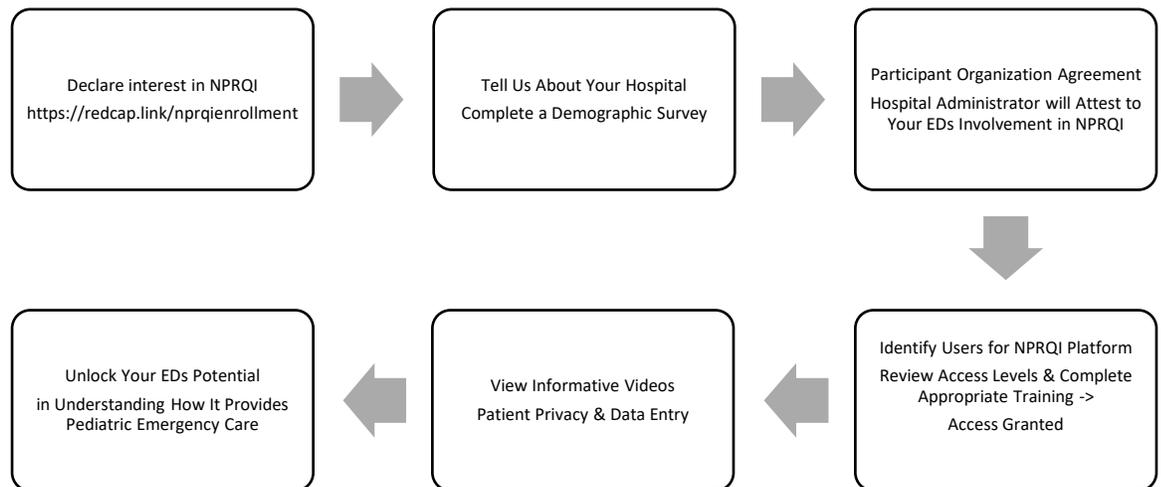
*While the NPRQI and the contracted Patient Safety Organization are housed within the University of Texas, each site owns their own identifiable and performance data. The NPRQI Program owns the aggregate and non-identifiable data subject to PSO requirements.*

ONBOARDING AND ACTIVITIES

**1. How do I join NPRQI?**

Complete the statement of interest: <https://redcap.link/nprqienrollment>

**2. I completed the statement of interest, now what?**



### 3. How long do I have to enter data for patient visits?

*Each organization determines how frequently patient visits are entered. This will be based on an organization's resources, patient volume, and timeline for improvement.*

### 4. What are the specific activities or steps once my site is enrolled?

- *Identify priority area of focus;*
- *Convene a local team/champions;*
- *Measure performance;*
- *Reflect on opportunities for improvement and sustainability;*
- *Identify and implement a new care strategy (e.g., education, policy/protocol);*
- *Re-assess performance*

## QUALITY IMPROVEMENT AND QUALITY METRICS

### 1. How do I know the metrics will benefit our organization?

*The clinical conditions of focus for NPRQI were deliberately chosen based on results from the most recent Healthcare Cost and Utilization Project report. Quality metrics were derived based on core system processes that directly impact all pediatric patients' common clinical conditions for which clear evidence-based guidance exists. The core patient safety processes include patient assessment/reassessment, weighing children in kilograms, and interfacility transfers. The clinical conditions of focus include: head trauma, seizures, respiratory distress, vomiting, and suicidality.*

### 2. How and by whom were the NPRQI metrics designed and developed?

*The NPRQI metrics were developed with the support of subject matter experts and the Quality Improvement and Analytics Advisory Board (QIAAB). The QIAAB is composed of*

*25 representatives of national professional organizations. The final metrics were established after a three-step modified Delphi process in which proposed, evidence-based metrics were evaluated based on feasibility, scientific acceptability, importance, and usability (National Quality Forum criteria).*

**3. Is there an expected threshold performance for each metric?**

*Organizations will gauge their success based on improvement over their own baseline. Organizations may also choose to compare their performance against other similar participating organizations.*