National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

How Your ED Can Make a Difference in Pediatric Emergency Care

Welcome to the National Pediatric Readiness Quality Initiative!

This packet is designed to:

- Orient you to the National Pediatric Readiness Quality Initiative (NPRQI)
- Provide practical information to register as a participant organization (PO)
- Help you understand the onboarding process for this quality improvement initiative
- Provide guidance for completing the required participant organization agreement
- Outline the benefits of participating in the NPRQI Patient Safety Organization

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National Pediatric Readiness Quality Initiative www.nprqi.org
Program email: NPRQI@austin.utexas.edu

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Registration Checklist

PSO/NPRQI TRAINING VIDEOS AND CONFIDENTIALITY ATTESTATION

Upon initial login to the NPRQI platform, designated users will be required to watch a brief training video outlining key elements of a Patient Safety Organization. Additionally, viewing an instructional video highlighting use and functionality of the NPRQI platform will be required before beginning data entry.

CHECKLIST

- ☐ Review NPRQI Welcome Packet (Estimated time: 10 minutes)
- ☐ Submit statement of interest (https://redcap.link/nprqienrollment) (2 min.)
- ☐ Create site login, username, and password in REDCap (participant data management system) (3 minutes)
- ☐ Register participant organization in REDCap (25 minutes)
- ☐ Download Participant Organization Agreement (POA) and provide to authorizing official for signature. *(Note: This process will vary by each organization and could take 1-2 weeks or possibly up to 3 months or longer to complete. It is advised that organizations route the POA for signature as soon as possible.)*
- ☐ Upload signed participant agreement into REDCap (2 minutes)
- ☐ Assign users, associated user access levels, and appropriate contact information (6 minutes)
- ☐ Receive email confirmation that onboarding process is complete
- ☐ Verify users' access to NPRQI platform
- ☐ Complete Center for Patient Safety Training video (13 minutes)
- ☐ Complete NPRQI Platform Technical Training video (20 - 30 minutes)
- ☐ Review NPRQI implementation and intervention bundle guides to select area(s) of focus (5 minutes)
- ☐ Begin data entry and assess performance (*Data entry is anticipated to take approximately 2-4 hours for 10-20 charts. This time may vary depending on an organization's process for abstracting charts.)*

About NPRQI

OVERVIEW

The goal of the National Pediatric Readiness Quality Initiative (NPRQI) is to ensure children have access to high quality emergency care regardless of geographic location by providing all EDs with a national platform to measure, reflect, and improve pediatric emergency care delivery. The NPRQI is the implementation arm of the National Pediatric Readiness Project (NPRP). NPRQI will strive to support emergency departments (EDs) in their pursuit of providing the highest quality of care possible for pediatric patients.

The NPRQI was created to drive national quality improvement efforts for pediatric emergency care delivery. Most children are seen in general EDs many of which are in rural communities, and less than 50% of these 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 with benchmarking capabilities.

The National Pediatric Readiness Quality Initiative seeks to:

- Provide an ED centered approach that empowers providers, especially in low-resource settings;
- Create a real-time assessment (national dashboard) of pediatric emergency care delivery across the U.S.;
- Improve pediatric emergency care across all U.S. EDs;
- Demonstrate the impact of pediatric readiness efforts on the quality of pediatric emergency care and health outcomes; and
- Decrease pediatric morbidity and mortality due to critical illness and/or injury across general EDs

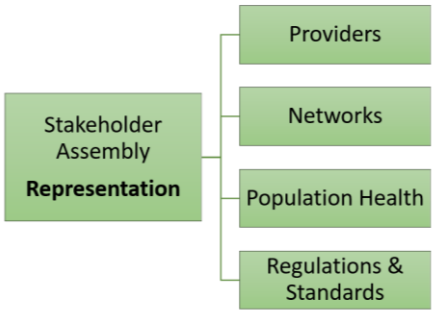
NATIONAL PARTNERS

Quality Improvement and Analytics Advisory Board (QIAAB) including national subject matter experts

The Quality Improvement and Analytics Advisory Board is comprised of 32 members and their respective organizations. Members have high levels of expertise in evidence-based practice, knowledge translation, value-based care, trauma, behavioral health, registries, development of quality metrics, and improvement science. All members are deeply embedded within their organization's leadership and have helped to ensure alignment of NPRQI priorities with those of their respective organizations. The 28 NPRQI quality measures were developed and vetted by the QIAAB.

Stakeholder Assembly

The Stakeholder Assembly is composed of approximately 20 national societies, hospital administrators, accrediting bodies, and federal entities working collaboratively to facilitate, promote and sustain the National Pediatric Readiness Quality Initiative.



Dell Medical School - The University of Texas at Austin

The Dell Medical School is part of the University of Texas at Austin, a 150-year-old top-tier state institution with a rich history of research and sponsored activities. The mission of The University of Texas at Austin is to achieve excellence in the interrelated areas of undergraduate education, graduate education, research and public service. Dell Medical School also has a mission to accelerate innovation and research to improve the health of populations.

Emergency Medical Services for Children

The federal Emergency Medical Services for Children (EMSC) Program provides funding to 58 states and territories to improve the quality of pediatric emergency medical care, with the goal of reducing childhood morbidity and mortality that results from severe illness or injury. This federal program, housed within the Health Resources and Services Administration, evolved out of a growing recognition that children have unique needs in emergency situations, which often vary from those of adults due to physiological, developmental and psychological differences.

Clario

Clario is a world-renowned technology company with decades of experience leading more than 19,000 clinical trials. Clario prides itself on generating the richest clinical evidence by fusing scientific expertise and global scale into the broadest endpoint technology platform to enable pharmaceutical, biotech, and medical device partners to transform lives.

Center for Patient Safety (CPS)

The Center for Patient Safety is a patient safety organization (PSO) whose mission is to provide protection and support to organizations reviewing patient safety data.

- PSOs aggregate data from many providers to identify risk patterns of care and system failure
- PSOs allow providers to work together in a confidential, protected space
- PSOs do not impose fines or other punitive results for participating – PSOs are not a regulatory body
- PSOs assure participating providers their safety work will not be used against them

The CPS is working with the University of Texas and Clario to support the confidentiality and non-punitive environment of the NPRQI. They will ensure each participating organization understands the patient safety act that delegates oversight and protection to PSOs. Each participating organization will receive training and provide assurance of confidentiality to participate in NPRQI.

QUALITY MEASURES AND IMPORTANCE STATEMENTS

NPRQI uses quality measures that address specific clinical presentations, patient safety priorities, and that are useful to track at any emergency department regardless of underlying experience with quality improvement methodology or pediatric populations. As a participant organization, you will be able to view real-time dashboards that reflect your organization's performance for each measure, and subsequently use this data to guide your quality improvement efforts.

Recognition and Assessment of a Sick or Injured Child

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients with their weight documented in kilograms	Weighing in kilograms is the first step in the prevention of medication errors
% of pediatric patients with pain assessed	Pain is under recognized in pediatric patients in the ED especially the younger the age
% of pediatric patients with vital signs re-assessed	Vital signs assessment serves as an early warning of a change in patient condition, and can assist in preventing the deterioration of a patient
Median time from collection of first set of vital signs to first intervention	Early recognition of abnormal vital signs allows for timely intervention
ED length of stay	Time to definitive care for the patient, and global marker for (aggregate) of the efficiency of the care process

Effective Transfer of Pediatric Patients to Appropriate Resources

QUALITY MEASURE	IMPORTANCE STATEMENT
% of transferred pediatric patients who met the site-specific criteria for transfers	All available resources are provided to patient
Time from arrival to transport	Timely recognition of clinical needs of a patient
% of transferred pediatric patients that were discharged from the receiving center <24 hours of arrival	Minimize cost, institutional and family burden associated with transition of care to another facility

Adherence to EBG management of patients with Suicidal Symptoms

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients who had a structured suicide screen	Increase the age-appropriate universal screening for suicide
% of patients with positive suicide screen who had a structured suicide assessment	Increase appropriate identification of suicidality
% of pediatric patients with positive assessment that received consultation with a licensed mental health professional	Increase appropriate assessment of suicidality by a licensed mental health professional
% of pediatric patients with a positive assessment that received a discharge safety plan	Increase appropriate use of safety plan for discharged patients with suicidality

Assess the Timeliness and Variability of interventions for patients with Vomiting

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients that received an antiemetic	Increase number of patients receiving treatment for vomiting
Time to first antiemetic	Decease duration of nausea and vomiting
% of patients that received oral rehydration	Increase the number of patients that receive non-invasive rehydration

Adherence to EBG management of patients with Respiratory Symptoms

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients with asthma or croup that received a steroid	Decrease severity of respiratory distress in asthma and croup
Median time to steroids in patients diagnosed with asthma or croup	Decrease duration of respiratory distress in asthma and croup
% of pediatric patients over 2yrs with a diagnosis of asthma that received beta agonist	Decrease severity of respiratory distress in asthma
Median time to beta agonist administration in patients over 2yrs with a diagnosis of asthma	Decrease duration of respiratory distress in asthma
% of patients that received an antibiotic	Decrease the inappropriate use of antibiotics in patients with respiratory symptoms
% of patients that underwent a chest x-ray	Decrease exposure to radiation in patients with respiratory symptoms

Adherence to EBG management of patients with Seizures

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients with a neurologic re-assessment	Early recognition of deterioration
% of pediatric patients that received at least one additional class of antiepileptics *For patients requiring >2 doses of benzodiazepine*	Ensuring patients with prolonged seizures receive the appropriate medication
%of pediatric patients who underwent the following diagnostic assessments: *blood glucose, blood work, urinalysis, lumbar puncture, and head CT*	Decreasing un-necessary patient testing in the management of seizures

Adherence to EBG for management of patients with Blunt Head Trauma

QUALITY MEASURE	IMPORTANCE STATEMENT
% of pediatric patients with a full set of vital signs obtained	Early identification of blunt head trauma
% of pediatric patients with a Glasgow Coma Scale re-assessment	Early recognition of clinical deterioration following blunt head trauma
% of patients with a head CT that met one or more PECARN criteria - *Median CT radiation dose of pediatric patients*	Minimizing radiation exposure in the assessment of child with head trauma
% of pediatric patients that received **hypotonic** saline	Decreasing harm in the management of child with head trauma

PATIENT SAFETY ORGANIZATION

The University of Texas has contracted with the Center for Patient Safety (CPS) to conduct the NPRQI project within CPS's protected PSO environment. The Agency for Healthcare Research and Quality certified CPS as a PSO in 2008.

Key PSO Concepts

The Patient Safety and Quality Improvement Act (PSQIA) has two goals: (1) to encourage healthcare providers' patient safety and quality work, including sharing that work for public benefit, and (2) to provide privilege and confidentiality protection for that work. Healthcare providers are more likely to explore safe care deeply if they do not fear the work being used against them, either as individuals or organizations.

Patient Safety Evaluation System (PSES): The law views the PSES as the primary engine to collect, manage, and analyze information regarding Patient Safety Activities for reporting to the PSO. By agreeing to follow the protocols of this project, participants will have created their simple PSES, within which they will collect the designated data and report it to NPRQI, which also means they have reported it to CPS. CPS has its own PSES, and the bulk of the protected work in this project will take place within CPS' PSES.

Patient Safety Work Product (PSWP): PSWP for this project consists of data, reports or records, and any other work product related to the collection and submission of information within the project. PSWP is privileged and therefore not subject to a Federal, State, or local civil, criminal or administrative subpoena or other discovery methods. PSWP is also "confidential and shall not be disclosed." The protections continue to apply after a permitted or unpermitted disclosure, so the protections are never waived. Inappropriate disclosure can lead to the imposition of civil money penalties.

What is Never PSWP: The Patient Safety Act does not protect standard patient care or business information, or information created to meet some other obligation. This includes medical records, billing and discharge information, any other original patient or provider record, as well as any other data or other materials gathered or abstracted for reporting to an outside entity.

Statutory and Regulatory Background

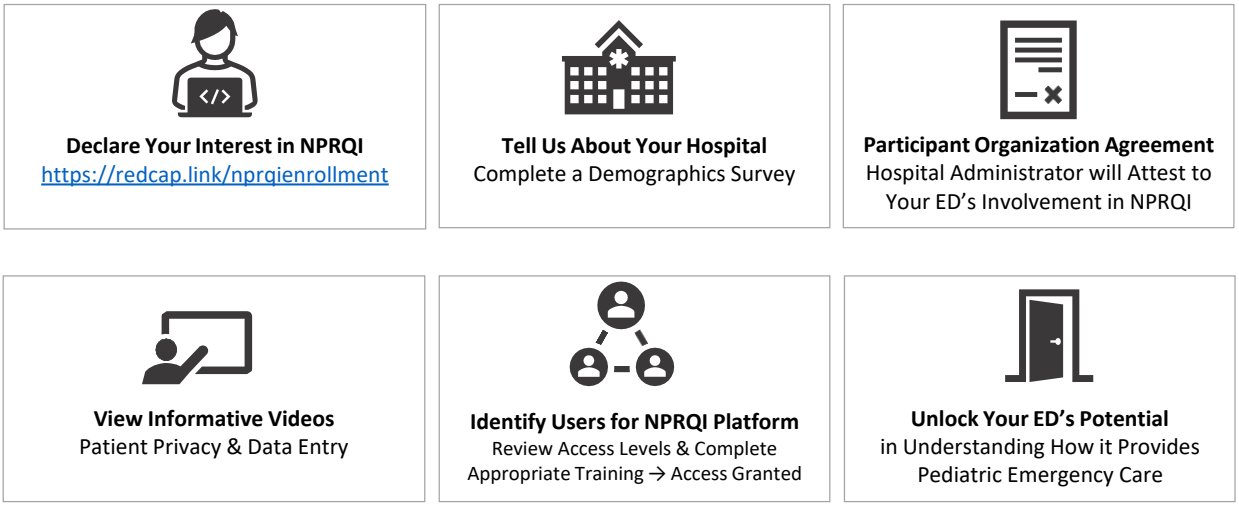
Congress passed the Patient Safety and Quality Improvement Act in 2005 (Patient Safety Act, Pub. L 109-41), with the key provisions codified at 42 USC 299b–21 through 299b–26. The final rule, which provides more guidance to PSOs and participating healthcare providers, can be found at 42 CFR Part 3. (PDF copies of the Statute and the Final Regulation can be downloaded from The AHRQ website: https://pso.ahrq.gov/resources and are available on the NPRQI project website). CPS will also contribute information about the PSO protections and requirements on the project website.

For additional information, please contact Kathy Wire at kwire@centerforpatientsafety.org.

Getting Started

REGISTRATION STEPS

NPRQI Registration Process



KEY STAKEHOLDERS

The achievements of an organization are the results of the combined effort of every individual. It will take the commitment of a pediatric champion, hospital leadership, and the entire ED care team to ensure that the quality improvement efforts set forth will positively impact the pediatric patients your organization serves. Consider the following as models for building your local NPRQI team - the team members listed are neither exhaustive nor required. Please note that for a given organization a single individual may serve in more than one role.

Site Administrator (required for site enrollment)
Interested organizations should identify a single individual to serve as the **site administrator**. This individual will be responsible for downloading and uploading the signed participant organization agreement, registering authorized users, and completing the site enrollment steps. The site administrator may vary from site to site. Typically, this will be a nurse leader who will maintain administrative oversight of the organization's project activities (including site users/access roles), direct line of communication to hospital leadership regarding progress and performance, and knowledge of steps to establish a participant organization agreement. *Typically the Site Administrator will be a user access level 3 or Network Super User.*

Pediatric Champion/Pediatric Emergency Care Coordinator (PECC) (required for site enrollment)
Every improvement team needs a lead. The pediatric champion/PECC helps coordinate and oversee improvement efforts including helping the team reflect on performance and identify change strategies. The PECC may serve in other roles as well (e.g., Site Administrator). *The PECC is typically a user access level 3.*

Hospital Executive/Administrator (required for site enrollment)
Critical to the success of any improvement is leadership support and awareness. A hospital administrator can help expedite the participant organization agreement, help identify essential resources when needed, and celebrate performance improvement efforts. The hospital executive does not need to be registered as a user.

Authorizing Official (required for site enrollment)
The Participant Organization Agreement (POA) must be signed by an authorized official at your organization. The POA outlines the purpose, benefits, security, and oversight that will be provided to all participant organizations.

Improvement Team (QI Implementation Phase)
The improvement team consists of any staff who will be involved in monitoring and improving care processes. 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. Anyone involved in data entry/review of performance should be listed as a NPRQI user and assigned an appropriate access level upon site registration. *The improvement team will be a user access level 1 and 2.*

EMSC State Partnership

Every state and U.S. territory are eligible for funding from the federal Health Resources and Services Administration-EMS for Children Program. EMS for Children State Partnership Managers are heavily invested in supporting pediatric quality improvement efforts as they work to better integrate pediatric needs into the overarching emergency care system. Pediatric readiness of emergency departments is a national EMS for Children performance measure. State Partnership Managers serve as an excellent resource to support your team's efforts. The EMSC State Partnership Manager's contact information can be found using the following link: https://emscimprovement.center/programs/grants/.

USER ACCESS LEVELS

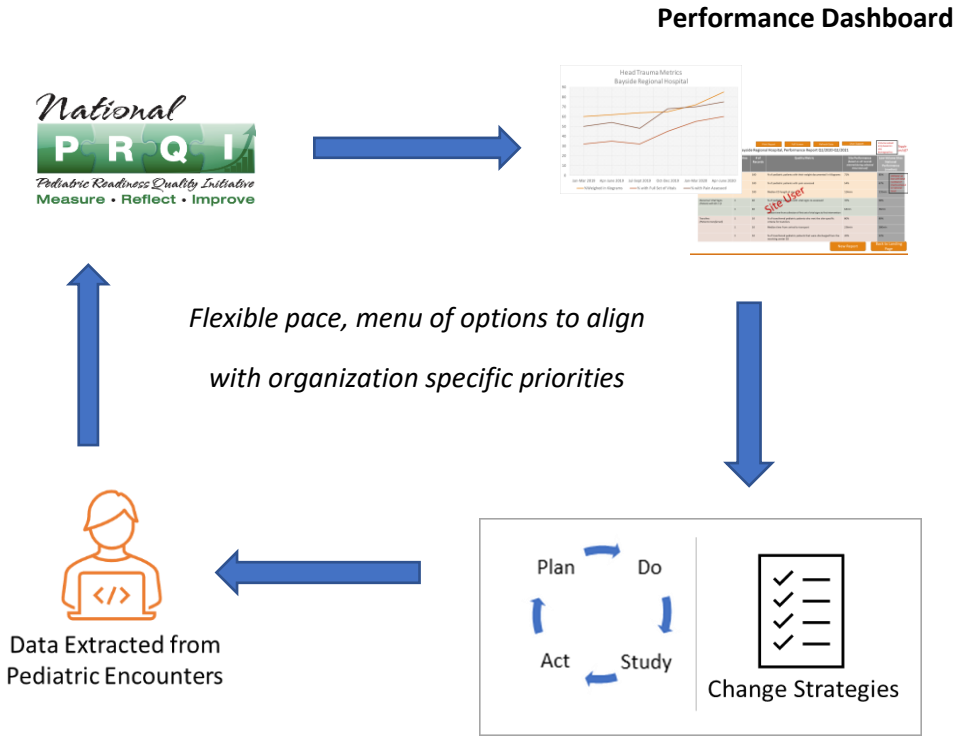
For data entry security, several user access levels have been defined for selection by the organization's Site Administrator. Each organization is required to have at least one person assigned to the Site Administrator user role, ideally, an alternative to this person is also defined. The Site Administrator determines the user role for all individuals provided access to the organization's NPRQI data system. All roles have permission to view the dashboard and create reports based on available filters. NOTE: The Site Administrator has permissions over the organization's data and data workflow but does not have additional permissions for the NPRQI data entry platform.

User Access Level Summary

USER ACCESS ROLE	Enter/ Edit Data	Submit Data	Dashboard Viewing	Download Site/ Network Data	Administrative Oversight
Level 1	✓		✓ Site		
Level 2	✓	✓	✓ Site		
Level 3 (Site Administrator)	✓	✓	✓ Site	✓	✓ Site
Network Access			✓ **Sites**		
***Network Super User**	✓	✓	✓ **Sites**	✓	✓ **Sites**

**Network Users are only available to registered Hospital Networks.*

DIAGRAM OF DATA SYSTEM AND WORKFLOW



CONTACT US

If you have questions about onboarding or want to learn more about joining NPRQI please contact:

Liza Hinojosa
Senior Program Coordinator
National Pediatric Readiness Quality Initiative www.nprqi.org
Dell Medical School, University of Texas Austin
Mobile: 512.925.0394
Email: liza.hinojosa@austin.utexas.edu

OR

Program email: NPRQI@austin.utexas.edu

FREQUENTLY ASKED QUESTIONS

About Us

Participating Organizations

Costs and Benefits

Data and Security

On Boarding and Activities

Quality Improvement and Quality Metrics

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 .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

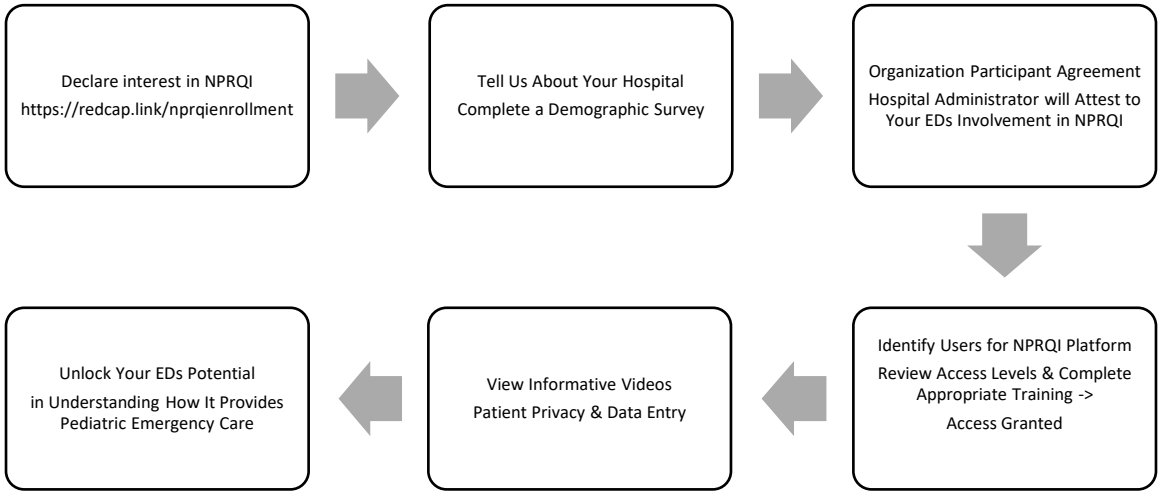
NPRQI Program owns the aggregate and non-identifiable data subject to PSO requirements.

ONBOARDING AND ACTIVITIES

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

   Complete the statement of interest to receive the registration link in REDCap.

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.

Appendix

PARTICIPANT ORGANIZATION AGREEMENT

Participant Organization Agreement
National Pediatric Readiness Quality Initiative

This Participant Organization Agreement ("Agreement"), effective as of the date of the last signature, is entered into by and between The University of Texas at Austin on behalf of its Dell Medical School ("University") and [*insert Participant Organization Name here*], a pediatric medical care entity (each a "Party" and collectively the "Parties"). The Terms and Conditions for Data Use attached hereto as Exhibit A are incorporated herein by reference in their entirety (the "Terms and Conditions"). Any Capitalized terms used in this Participant organization agreement without definition shall have the means given to them in the Terms and Conditions for Data Use.

I. Background:

A. [*Insert Participant Organization Name*] (PO) has agreed to participate in the National Pediatric Readiness Quality Initiative (NPRQI), an initiative conducted under the University (hereafter referenced as NPRQI Program). The NPRQI program provides a platform for acute care hospital emergency departments to engage in quality improvement efforts based on evidence-based, standardized quality metrics that reflect optimal delivery of pediatric emergency care for children.

B. NPRQI is the implementation arm of the National Pediatric Readiness Project. The goal of NPRQI is to support emergency departments (EDs) to ensure high quality emergency care for children in their communities.

C. NPRQI Program has contracted with the Center for Patient Safety (CPS), a federally-listed Patient Safety Organization (PSO), and is conducting this project under the umbrella of the PSO. The information submitted to the project and the identifiable work product it generates, as well as the deliberations that take place, are protected by federal privilege and confidentiality under the Patient Safety and Quality Improvement Act (PSQIA). See NPRQI Welcome Packet for overview: www.nprqi.org .

D. The NPRQI Program is a Quality Improvement effort organized and operated under the Dell Medical School at The University of Texas at Austin (University). University is a public research university of the State of Texas.

E. NPRQI Program will receive certain confidential data that may be classified as Protected Health Information (PHI) that is protected under the Health Insurance Portability and Accountability Act (HIPAA) and the HIPAA Regulations, Health Information Technology for Economic and Clinical Health Act (HITECH Act) and state law, including the Medical Records Privacy Act (MRPA), and is permitted to manage such information only in accordance with HIPAA and the HIPAA Regulations, HITECH Act, and MRPA. The Parties agree that this data is being transmitted for quality improvement efforts in support of the Patient Safety Organization under the Patient Safety and Quality Improvement Act and for research based on de-identified data but desire to comply with the aforementioned laws and regulations to the maximum extent required.

F. Participant Organization (PO) will submit patient data and understands that the value of the program lies in the collection of sufficient data from the participants. Data collection will facilitate local quality improvement efforts and provide benchmarking capabilities to help decrease pediatric morbidity and mortality.

II. Data Security and Confidentiality

A. NPRQI Program has contracted with Clario (formerly known as BioClinica) to host all confidential data, performance dashboard, and de-identified aggregate performance dashboards of Participant Organizations.
B. Clario's Trial Application Platform (TAP) is a 21 CFR Part 11 and European Union General Data Protection Regulation (GDPR) compliant, cloud-based clinical trial support system utilizing industry-standard encryption technology, and employing Standard Operating Procedures governing the handling of trial-related data (e.g., PHI and Patient Safety Work Product (PSWP)) through the full program lifecycle.
C. Data is encrypted pursuant to current standards from the National Institute of Standards and Technology (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. (NIST: https://csrc.nist.gov/publications/detail/sp/800-175b/rev-1/final).
D. 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.
E. TAP's architecture is designed to ensure that only authorized users may trigger operations (e.g., create, edit, delete records, etc.) within the system. TAP'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.

III. Patient Safety Organization Requirements:

The PO must meet the following requirements to satisfy requirements for the PSO:

A. Participant staff members working with the project data will sign confidentiality agreements that will be kept on file by PO and view a 10-minute educational video that explains the PSQIA's practical impact on their work in the project. The link to the educational video will be provided when the PO registers for NPRQI.
B. Each participating hospital will adopt measures to protect the confidentiality of the data gathered and submitted to the project, described in the educational video.
C. The PO's engagement with the NPRQI Program will have no effect on the participants' relationships with other PSOs.
D. CPS will be available to support participants on PSO-related questions through the FAQ section of the website or direct consultation.
E. Pursuant to the PSQIA, NPRQI Program will only disclose aggregated, de-identified participant data and only the PO will have access to its own identifiable data.

IV. Participant Organizations:

A. PO will submit data and understands that the value of the program lies in the collection of sufficient data from the participants.
B. The platform will be accessed through a password-protected portal, with unique identifiers that control access levels for select PO staff, and only those select individuals will have access to the PO's identifiable data.
C. The PO will designate a contact person to interact with NPRQI Program on activities related to this agreement. If the designated contact person changes at the site of the PO, the PO will notify NPRQI Program and CPS of the change via email at: NPRQI@austin.utexas.edu
D. PO will identify to NPRQI Program any network parent organization with which it will be affiliated on the data system such that the other organization may have access to the identifiable data of the Participating Organization (Affiliated Organizations as defined by the PSQIA).

V. Funding:

A. The National Pediatric Readiness Quality Initiative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1.2M with 0% percentage financed with non-governmental sources. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.
B. There are no fees for POs participating in this initiative.

VI. Requests for Protected Information

A. If a PO, NPRQI Program, or CPS receives a request for Patient Safety Work Product protected by the PSQIA, it will notify the other Parties and will assert all relevant privileges under HIPAA and the PSQIA. The Parties will communicate with each other regarding any decision to disclose potentially protected information.
B. The PO will have primary responsibility for defending the privilege and confidentiality protections in cases where it or its affiliated providers are a party and/or are the subject of an investigation. In other cases, the Parties will confer as to the appropriate responsibility. NPRQI Program and CPS will make resources and expertise available (through technical assistance from NPRQI, NPRQI website, CPS website, Welcome Packet, and intervention guidebooks) to support the PO's efforts under this paragraph.

VII. Ownership, Work Product, and Research

A. The PO owns all identifiable PSWP and other identifiable information it submits to NPRQI.
B. The University of Texas at Austin owns all aggregate and non-identifiable information it has developed subject to the PSQIA requirements of CPS as a PSO.
C. The University of Texas at Austin may use and make available collected de-identified data for research purposes.

VIII. Term and Termination.

A. Term. The term of this Agreement shall commence as of the date of last signature and shall continue for so long as this project is ongoing.

B. Termination by University. University may terminate this agreement at any time by notifying the Provider and returning or destroying the data set provided by the PO. Termination of the agreement shall also result in termination of PO from the NPRQI program.

C. Termination by PO. PO may terminate this Agreement at any time by providing thirty (30) days prior written notice to University.

D. Disposition of Data Set. Upon the first to occur of 1) Termination of this Agreement or 2) completion of the Purpose of this Agreement, NPRQI Program shall return the data set to PO or certify destruction of any portion of the data set not returned.

IX. Miscellaneous.

A. Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section VIII.

B. Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding HIPAA, HIPAA Regulations, the PSQIA, and PSQIA Regulations.

C. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

D. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing, or enforcing any of the provisions of this Agreement.

E. Other Provisions. No amendment to the Agreement will be effective unless in writing and signed by the Parties. Neither the Agreement nor the rights and obligations of the Parties hereunder may be sold, assigned or otherwise transferred. If any provision of the Agreement is held to be unenforceable, all other provisions will continue in full force and effect. The Agreement supersedes any and all prior understandings or previous agreements between the Parties, oral or written, relating to the subject matter herein and constitutes the sole and complete agreement between the Parties related to the subject matter hereof. Any delay by a Party to enforce any right under the Agreement shall not act as a waiver of that right, nor as a waiver of the Party's ability to later assert that right relative to any particular factual situation. The Parties acknowledge that nothing in the Agreement shall constitute a waiver of sovereign immunity by Parties that are state agencies.

THE UNIVERSITY OF TEXAS	PARTICIPANT ORGANIZATION
SIGNATURE	SIGNATURE OF AUTHORIZING OFFICIAL
PRINTED NAME	PRINTED NAME
TITLE	TITLE
DATE SIGNED	ORGANIZATION
	DATE SIGNED

Attachments:

Exhibit A: Data Use

Exhibit A

TERMS AND CONDITIONS **FOR DATA USE**

These Terms and Conditions ("Terms and Conditions") for Data Use are attached to and incorporated into the referenced Participation Agreement. All Section number references in these Terms and Conditions shall be references to provisions in these Terms and Conditions unless explicitly stated otherwise.

Background

Participant Organization ("Provider") owns rights in a data set and considers it desirable to make its data set available to The University of Texas at Austin ("Recipient") in support of the National Pediatric Readiness Quality Initiative, a quality improvement project based on evidence-based, standardized quality metrics and focused on optimal delivery of pediatric emergency care for children.

1. Definitions. Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the "HIPAA Regulations" codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.

2. Responsibilities of Recipient. Recipient agrees any disclosure of data set is made in the strictest confidence and to:

   Use or disclose the data set only as permitted by the Participation Agreement, this Agreement, as required by law, or otherwise authorized in writing by Provider;

   Safeguard the data set according to commercially reasonable administrative, physical and technical standards (e.g., National Institute of Standards and Technology, Center for Internet Security, Gramm-Leach Bliley Act) to prevent use or disclosure of the data set other than as permitted by this Agreement or required by law, including all reasonable efforts to ensure the protection, confidentiality, and security of any data set in its possession, such efforts to be no less than the degree of care employed by Recipient to preserve and safeguard its own confidential information, but in no event less than a reasonable degree of care;

   Continually monitor its operations and take any action necessary to assure the data set is safeguarded in accordance with the terms of this Agreement;

   To provide written notice to Provider of any use or disclosure of the data set of which it becomes aware that is not permitted by this Agreement or required by law, within ten (10) business day after discovery of misuse or disclosure. Recipient will promptly provide all information requested by Provider regarding the impermissible use or disclosure;

   Require any of its subcontractors or agents that receive or have access to the data set to agree to the same restrictions and conditions on the use and/or disclosure of the data set that apply to Recipient under this Agreement;

Not use the information in the data set to contact the individuals who are data subjects; and

Follow the terms of this Agreement *in addition to* any official policies and standards of University, or their functional equivalent. University policies and standards include[1], but are not limited to, the Information Resources Use and Security Policy[2], the Acceptable Use Policy[3], the Minimum-Security Standards for Systems[4], the Minimum-Security Standards for Application Development and Administration[5], the Data Classification Standard[6], the Data Encryption Guidelines[7], the Minimum-Security Standards for Data Stewardship[8], and Protecting Sensitive Research Data[9].

5. Permitted Uses and Disclosures of the Data Set.

a) Recipient may use and disclose the data set only in support of the National Pediatric Quality Readiness Initiative.

[End of Terms and Conditions]

[1] https://it.utexas.edu/policies
[2] https://security.utexas.edu/policies/irusp
[3] https://security.utexas.edu/policies/aup
[4] https://security.utexas.edu/content/min-security-standards
[5] https://security.utexas.edu/content/min-security-standards
[6] https://security.utexas.edu/policies/data_classification
[7] https://security.utexas.edu/policies/encryption
[8] https://security.utexas.edu/content/min-security-standards
[9] https://security.utexas.edu/policies/sensitive_research