



MEASURE

Assess Pediatric Emergency Care in Your ED

Track Progress Using Pediatric-Specific Quality Measures

REFLECT

Share experiences with similar EDs

IMPROVE

Demonstrate Improved Pediatric Care

Become Pediatric Ready

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 assist with registration for the NPRQI Data Platform
- Provide guidance for completing the required participant organization agreement
- Outline benefits of participating in the NPRQI Patient Safety Organization

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Commonly Used Terms and Acronyms

American Hospital Association Number (AHA#): Provider number issued by the AHA. The AHA works to raise the standards of hospitals and health systems across the nation, as well as foster dialogue on emerging policy issues and environmental trends that are critical to health care. Data Source: <https://www.aha.org>

Center for Patient Safety (CPS): An independent federally designated patient safety organization. The Center for Patient Safety (CPS) is working with the University of Texas and Clario to support the confidentiality and non-punitive environment of the National Pediatric Readiness Quality Initiative (NPRQI).

Clario: Clario has developed the NPRQI Data Platform and Dashboards. Clario is a world-renowned technology company with decades of experience leading more than 19,000 clinical trials.

Data Reference Guide (DRG): Includes all the data needed from a chart to complete data entry in the platform. The DCR provides definitions and guidance on how to enter the patient encounters and where information might be located in the patient's chart.

Emergency Medical Services for Children (EMSC) State Partnership Program: HRSA funded program designed to expand and improve emergency medical services for children who need treatment for trauma or critical care.

Health Information Technology for Economic and Clinical Health Act (HITECH Act): Part of the American Recovery and Reinvestment Act (ARRA) of 2009. HITECH creates incentives related to health care information technology, including incentives for the use of electronic health record (EHR) systems among providers.

Health Resources and Services Administration (HRSA): Federal bureau within the U.S. Department of Health & Human Services. HRSA provides funding for NPRQI.

Hospital Network/Hospital System: A hospital network/system is a public, non-profit or for-profit company or organization that provides two or more hospitals and other broad healthcare facilities and services. A hospital network may include hospitals in one or more regions within one or more states within one or more countries.

Medical Records Privacy Act (MRPA): Prohibits any release of protected health information (PHI) for marketing purposes without consent or authorization from the individual.

National Pediatric Readiness Assessment ("Peds Ready Score"): The National Pediatric Readiness (NPRP) Assessment is based on the 2018 Policy Statement: *Pediatric Readiness in the Emergency Department* and was developed by NPRP collaborative partners. It is intended to be used to evaluate overall pediatric readiness in Emergency Departments. Data Source: <https://www.pedsready.org>

NPRQI: National Pediatric Readiness Quality Initiative.

Organization/Hospital/Site/ED: Interchangeable term for organizations or sites participating in NPRQI.

Participant Management System (PMS): Registration system used for organizations that want to join NPRQI.

Participant Organization Agreement (POA): Agreement that outlines the purpose, benefits, security, and oversight that will be provided to all NPRQI participant organizations.

Participant Organization (PO): Organization that completes the Participant Organization Agreement and agrees to participate in NPRQI.

Patient Safety Organization (PSO): An organization that works with healthcare providers to help them improve patient safety and healthcare quality and encourage a culture of safety.

Patient Safety and Quality Improvement Act (PSQIA): The Patient Safety and Quality Improvement Act of 2005 establishes a voluntary reporting system designed to enhance the data available to assess and resolve patient safety and health care quality issues.

Patient Safety Work Product (PSWP): The information protected by the privilege and confidentiality protections of the Patient Safety Act and Patient Safety Rule. PSWP may also include patient information that is protected health information as defined by the HIPAA Privacy Rule.

Protected Health Information (PHI): The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information.

Quality Improvement (QI): Quality improvement is the framework used to systematically improve care. QI seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations.

Quality Measures and Importance Statements: NPRQI clinical measures that address specific presentations and patient safety priorities.

REDCap: Research Electronic Data Capture (REDCap) is a web-based application that will be used for NPRQI registration. It is HIPAA compliant and highly secure.

Trauma Quality Improvement Program Number (TQIP#): Provider number issued by the American College of Surgeons (ACS) to hospitals/organization/EDs. ACS works with organizations to elevate the quality of care for trauma patients by offering best practice guidelines. Data Source: Consult with your local trauma coordinator or [TQIP Program](#)

Trial Application Platform (TAP): Data Platform created to serve as the NPRQI Data Platform.

University of Texas at Austin Dell Medical School (UTDMS): Entity that facilitates engagement in NPRQI.

U.S. Department of Health and Human Services (HHS): Federal governmental entity that works closely with state, tribal, local, and U.S. territorial governments, providing funding for programs to improve health outcomes. HHS oversees programs funded by HRSA.

User Access Levels: User permissions within the NPRQI Data Platform/Dashboard that allow users to enter and edit data, view data, download data, or provide administrative oversight of data.

Registration Process

Before Registering

Information Good to Know (~15 min.)

To streamline the registration process, it is recommended to review and collect the following information before completing registration:

- Review NPRQI Welcome Packet**

- Collect Information:**
 - Trauma Quality Improvement Program Number (TQIP#)
 - Data Source: Consult with your local trauma coordinator or [TQIP Program](#)
 - American Hospital Association Number (AHA#)
 - Data Source: <https://www.aha.org>
 - Legal Name of organization/hospital/ED/site
 - Hospital Network/System
 - Peds Ready Score and date of last assessment
 - Name and contact information of all team members participating in NPRQI
 - Name and contact information of Participant Organization Agreement (POA) signatory

Registration – Tell Us About Your Site

Part 1: Registration Information (~4 min.)

Organizations will [register](#) using NPRQI's Participant Management System (PMS) . At the end of each section, a survey link and return code can be provided if you need to leave registration before completing the survey.

- Identify if participating as part of a Quality Improvement Collaborative** (e.g., PRQC, ED STOP, etc.)

- Identify Your Role** (e.g., Site/ED, Hospital System/Network, EMSC State Partnership Manager.)

- Identify Site Information** (e.g., City, State, Zip Code, Network/Health System, TQIP#, AHA#)
 - Note: Hospitals/EDs participating in NPRQI must indicate if they want their hospital network/system to have access to their data.
 - If your hospital network/system is not listed in the drop down, scroll down to the bottom and select "Other" then manually enter your hospital's network name.

Part 2: Demographics (~2 min.)

- Identify Site Demographics** (e.g., Specialty Center Status, Geographic location, etc.)
 - Note: Organizations will update their demographics annually to ensure they will be able to view and benchmark data with appropriate volume cohorts. Annual updates will be made in December and take effect the following January.

Part 3: User Access Levels (~2 min.)

- Identify Team Members**
 - Note: All organizations must have at least one Level 3 User
 - See [Data Entry User Guide](#) for details on User Access Levels and privileges

Part 4: Participant Organization Agreement (POA)

- Download Participant Organization Agreement**
 - Provide name and contact information of authorizing signatory at your site.
 - Note: *Process for routing the POA will vary by each organization/site and could take one month or longer to complete. It is advised that organizations route the POA for signature as soon as possible.*
- Upload Signed POA**
 - Once your POA has been signed by the authorized signatory at your site, upload the completed document into the participant management system (PMS).
 - Note: *It will be helpful to obtain a survey link and return code during the registration process to easily return to the PMS and upload the signed POA.*

Next Steps

Once the Participant Organization Agreement (POA) is fully executed, a copy will be emailed to the organization's point of contact. All registered users will receive an email invite from Clario tap.support@bioclinica.com with secure NPRQI login credentials.

To prevent this email from being blocked by your organization's firewall, let your IT department know to "whitelist" the Clario email address.

User Access Levels

Organizations/Sites/EDs (includes QI Collaboratives)

The person completing registration will assign user access levels for your organization/site. Each organization is required to have at least one team member assigned to the User Access Level 3.

Level 1 Access	Level 2 Access	Level 3 Access
<p>Privileges</p> <ul style="list-style-type: none"> • Enter/Edit Data • Dashboard Access to View Site Performance • Ability to View National (Aggregate) Performance <p>Restrictions</p> <ul style="list-style-type: none"> • Will need a Level 2 or 3 User to submit data on their behalf <p>Role Example</p> <ul style="list-style-type: none"> • Research Assistant 	<p>Privileges</p> <ul style="list-style-type: none"> • Enter/Edit Data • Submit/Cancel Data • Review/Approve Data • Dashboard Access to View Site Performance • Ability to View National (Aggregate) Performance <p>Role Examples</p> <ul style="list-style-type: none"> • Research Assistant, ED Nurse, ED Director/Manager, QI/Safety Specialist 	<p>Privileges – Most Comprehensive Access</p> <ul style="list-style-type: none"> • Enter/Edit Data • Submit/Cancel Data • Review/Approve Data • Request Edits to Data Set • Dashboard Access to View Site Performance • Ability to View National (Aggregate) Performance <p>Role Examples</p> <ul style="list-style-type: none"> • Site Administrator, ED Director/Manager, Pediatric Emergency Care Coordinator, Chief Nursing Officer

Titles and user level access shown above are examples to assist organizations in determining user access roles. Each site should use their own discretion when assigning user access levels.

Hospital Networks and Systems

Hospital networks/systems may wish to have access to NPRQI data for sites within their network. In order to have access to data all hospital networks must: 1) complete NPRQI registration, 2) have permission from sites in the network to view data, and 3) have a POA on file.

EMSC State Partnership Managers

EMSC State Partnership Managers may wish to access their state’s NPRQI data. In order to have access to state level data State Partnership Managers must: 1) complete NPRQI registration and 2) have a POA on file. More information about how EMSC State Partnership Managers can support your site is [here](#).

Network User Access	EMSC State Manager Access
<p>Privileges</p> <ul style="list-style-type: none"> • Enter/Edit Data • Submit/Cancel/Approve Data • Download Data • Dashboard Access to View Site(s) Performance within Network • Ability to View National (Aggregate) Performance <p>Restrictions</p> <ul style="list-style-type: none"> • Hospital/ED must approve to share data with network /system 	<p>Privileges</p> <ul style="list-style-type: none"> • Dashboard Access to View Site(s) Performance within state • Ability to View National (Aggregate) Performance <p>Restrictions</p> <ul style="list-style-type: none"> • No patient level data

NPRQI Key Stakeholders at Your Organization

Stakeholders Within Organizations/Sites/EDs

The achievements of an organization are the results of the combined effort of every individual. It will take the commitment of a pediatric champion, organization/ED leadership, and the entire 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 site a single individual may serve in more than one role.

Site Administrator (required for registration)

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 (POA), registering authorized users, and completing all registration/enrollment steps. The site administrator may vary from each organization. Typically, this will be a nurse leader who will maintain administrative oversight of the organization's project activities (including user access levels), have a direct line of communication to organization leadership regarding progress and performance, and knowledge of steps to establish a participant organization agreement (POA). Typically the Site Administrator will be a *User Access Level 3 or Network User*.

Pediatric Champion/PECC (required for registration)

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 the Site Administrator. The PECC is typically a *User Access Level 3*.

Organization/Hospital Executive or Administrator (required for registration)

Critical to the success of any improvement is leadership support and awareness. An organization 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 registration)

For each organization wanting to participate in NPRQI, a Participant Organization Agreement (POA) must be signed by an authorized official. The POA outlines the purpose, benefits, security, and oversight that will be provided to all participating organizations/hospitals/EDs.

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 staff in: quality improvement, patient safety, nurse educators (ED and/or hospital) risk management, data support and/or EMR specialists, or Joint Practice Team. Anyone involved in data entry or that would review your organization's performance should be listed as a NPRQI user and assigned an appropriate access level upon registration. The improvement team will likely 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. Each EMSC State Partnership Manager may register for NPRQI to view their state's aggregate NPRQI data.

Contact information for EMSC State Partnership Managers can be found [here](#). Once on this website, scroll down to bottom of the United States map. Select the following options:

- Under Type drop down menu -> select State Partnership
- Under Grant Status -> select Current
- Select Export Results to Excel (see contacts tab of the document).

NPRQI Data Platform

Accessing the Data Platform

Organizations will enter patient encounters in the NPRQI Data Platform. Prior to accessing the platform, organizations must be registered to participate in NPRQI and have a Participant Organization Agreement (POA) signed and executed by The University of Texas (UT).

How to Access

- Receive Secure Login Credentials**
 - Registered users will receive an email invite from Clario (tap.support@bioclinica.com).
 - To prevent this email from being blocked by your organization's firewall, let your IT department know to "whitelist" the Clario email address.
 - *Note: After initial login, user passwords will expire every 90-days and users will need to reset their password.*
- Login to NPRQI Data Platform**
 - Login into the data platform using secure login credentials
- Complete Required Trainings**
 - Patient Safety Training video (~13 minutes)
 - NPRQI Data Entry Platform Technical Training video (~20 minutes)

Data Entry

Prior to Entering Data

Review

- NPRQI Intervention Bundle Guides**
 - Select area(s) of focus (e.g., assessment, head trauma, respiratory complaints etc.)
- Review Data Collection Reference Guide**
 - This document includes all the data needed from a patient's chart. It provides definitions and guidance on how to enter the information and where it might be located in a chart. Organizations that prefer to collect data before entering it into the platform can print the [Data Entry Record Form](#).

Charts Selection

- Identify Charts**
 - NPRQI recommends collecting charts from the following sources:
 - Query your site's electronic medical health record (EMR) searching by age, complaint, or date of visit

- Review your site’s ED log book
- Request your site’s IT department provide a selection of charts
- See the [Data Entry User Guide](#) for information on various types of sampling methods.

Assign Subject IDs

Determine Subject IDs

- Organizations do not want to use the actual patient record ID for data entry. Instead, sites will assign Subject IDs for each chart that is entered into the data platform. The format for Subject IDs is: your first initial, your last initial, + 4 digits. Example: LH0001, LH0002, etc.

Track Subject IDs

Maintain a Subject ID Log

- Establish a cross-walk (internal log) of Subject IDs and client record numbers used for NPRQI data entry. See the [Data Entry User Guide](#) for a sample tracking log.

Begin Entering Data

How to Begin

Data Entry User Guide

- See the [Data Entry User Guide](#) for a step by step process for entering data into the platform.

NPRQI Dashboard

Accessing the Dashboard

How to Access

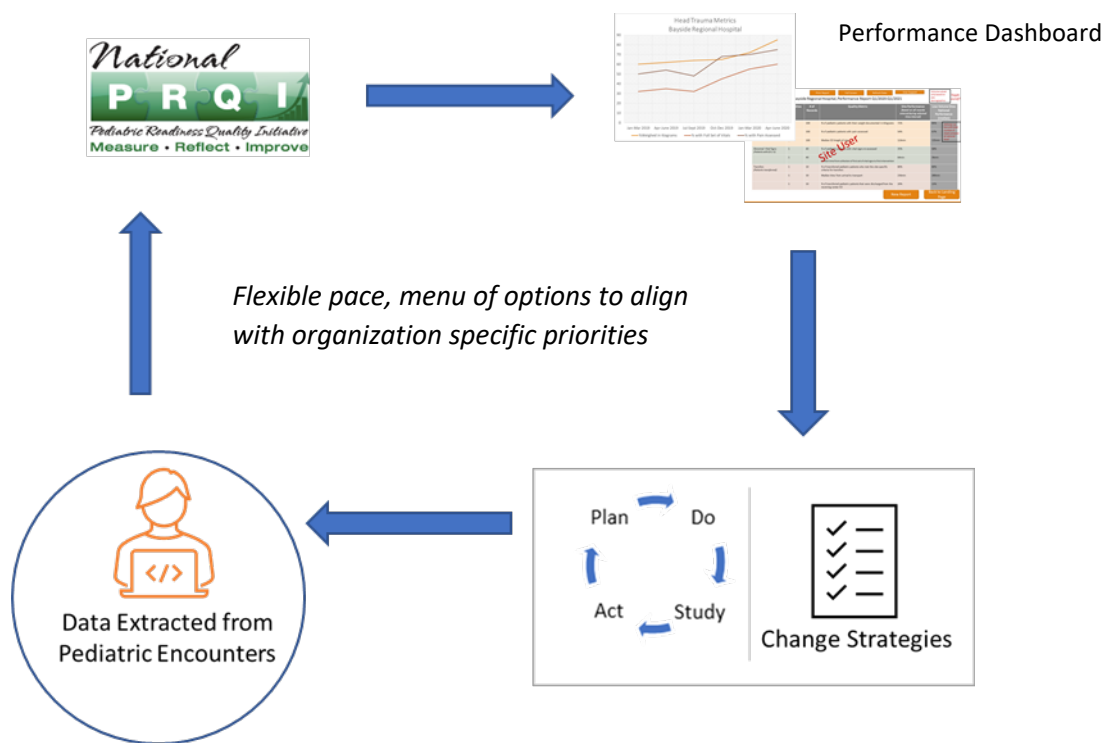
Receive Secure Login Credentials

- Registered users will receive an email invite from Clario (tap.support@bioclinica.com).
- To prevent this email from being blocked by your organization’s firewall, let your IT department know to “whitelist” the Clario email address.
- *Note: After initial login, user passwords will expire every 90-days and users will need to reset their password.*

Login to NPRQI Dashboard

- Login into the data platform using secure login credentials
- Organization will need to enter a minimum of 30 patient charts before any meaningful data can be viewed.
- See the Dashboard User Guide (coming soon) for a step by step process of viewing your site’s data.








NPRQI Data Workflow



Participant Resources

Commonly Used Resources

Periodically, organizations/sites may require technical assistance using the NPRQI data platform. Below are the most common technical assistance resources:

	<p>Login credentials Use forgot password link to reset: Forgot NPRQI password</p>
	<p>Help accessing the NPRQI Data Platform Questions about login credentials or accessing the data platform tap.support@clario.com</p>
	<p>Help navigating the NPRQI Data Platform Use the Live Chat Feature</p>
	<p>Data Collection Reference Guide Data needed from a chart – from definitions to where to find it in the chart</p>
	<p>Data Entry Record Form Data variables of the NPRQI Data Platform</p>
	<p>FAQs are here</p>
	<p>Visit the NPRQI website for more details about the project.</p>

About NPRQI

Overview

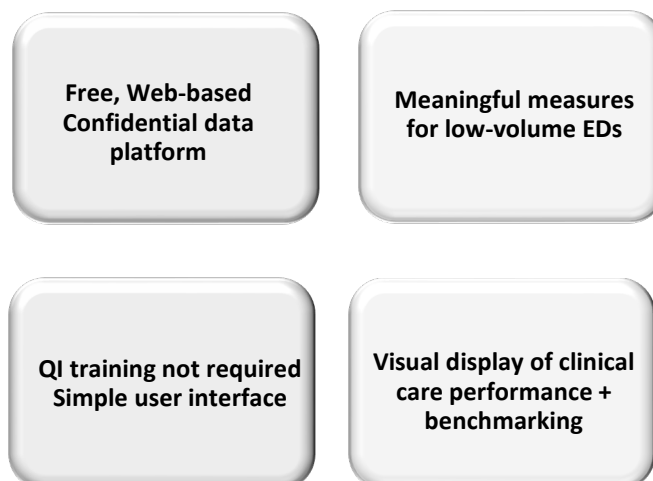
The goal of the [National Pediatric Readiness Quality Initiative](#) (NPRQI) is to ensure children have access to high quality emergency care regardless of geographic location by providing all emergency departments (EDs) with a national platform to measure, reflect, and improve pediatric emergency care delivery. The NPRQI is one of many activities that falls under the umbrella of the National Pediatric Readiness Project (NPRP). NPRQI will strive to support organizations/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 data visualization assessment (national dashboard) of pediatric emergency care delivery across the U.S.;
- Drive improvements in 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

Benefits of NPRQI Data Platform



Patient Safety Organization

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

Key Concepts

Patient Safety Quality Improvement Act (PSQIA)

The 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 Patient Safety Work Product

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.

NPRQI National Partners

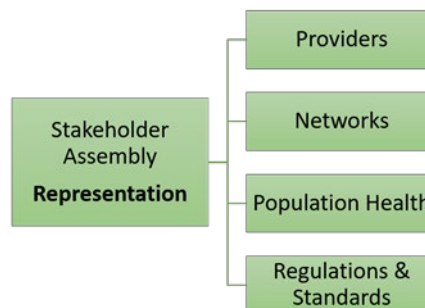
Principal Collaborators

Quality Improvement Advisory Board (QIAAB + 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 – 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.

NPRQI Quality Clinical Measures and Importance Statements

Quality Measures

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 participating hospital/ED/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	Decrease 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 <i>For patients requiring >2 doses of benzodiazepine</i>	Ensuring patients with prolonged seizures receive the appropriate medication
% of pediatric patients who underwent the following diagnostic assessments: <i>blood glucose, blood work, urinalysis, lumbar puncture, and head CT</i>	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 <i>- Median CT radiation dose of pediatric patients</i>	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

Contact Us

Questions About NPRQI

Interested in learning more about how NPRQI can help your ED measure pediatric emergency care, identify and reflect on disparities across pediatric patient populations, and track pediatric emergency care delivery over time?

Contact Us:

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

Appendix

Quick Reference: Control + click on hyperlinks below to see resources.

[Data Entry User Guide](#)

[FAQs](#)

[NPRQI Infographic](#)

[Participant Organization Agreement \(POA\)](#)