NPRQI Frequently Asked Questions (FAQs)

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About Us

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

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

2. **Why was NPRQI created?**

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

3. **What is quality care?**

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

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

   No, NPRQI is not a research platform. NPRQI is a quality improvement platform 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?**

    The Health Resources and Services Administration (HRSA) funds NPRQI as part of a Targeted Issues Grant. NPRQI will be integrated into EMSC Innovation and Improvement Center investments.

Participating Organizations

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

    *Any acute care hospital with an emergency department open 24/7 or
    free standing emergency department 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 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 area(s) of focus and pace (i.e., number of charts entered, 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. **If my participant organization agreement (POA) is still being signed by my organization can I still get access to the data portal?**

    The POA must be completed and signed by your organization, uploaded into the NPRQI registration portal, then signed and executed by University of Texas before sites can get access to the data portal.

9. **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 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 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.

10. **Why is a Business Associate Agreement (BAA) not needed?**

    Data is being transmitted through the Patient Safety and Quality Improvement Act (PSQIA), not Health Insurance Portability and Accountability Act (HIPAA).

11. **At our hospital/ED, we have to submit an internal "data classification form". There is a question whether there is a Master Services Agreement, or a Business Associate Agreement. Under which title might the POA fall?**

    The POA is technically a Master Services Agreement (MSA) in that it outlines the relationships of the parties and their obligations to each other. Since participation in the program is not an ongoing series of transactions (the usual setting for an MSA), it is technically just "an agreement."

12. **Who will be signing the document from the hospital/ED side and the NPRQI side?**

    The authorized signatory at the hospital will vary by organization. This may be the Chief Nursing Officer (CNO), Director of Nursing, Director of Quality Improvement, the Chief Executive Officer (CEO) or Chief Financial Officer (CFO). On the NPRQI side, the University of Texas, Office of Sponsored Projects, will sign and execute the contract.

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

    The POA grants access to users at the designated entity. If the larger hospital network signs a POA, then they can designate users only for the network. Individual sites will also need to register and establish a POA in order to have site-specific users identified.

14. **Can my hospital network or system view my site's data?**

    Hospital networks or systems will only have access to sites within their network or system if:

    - *The participating site gives their hospital network or system approval to access their performance dashboard; and*
    - *The hospital network or system is also registered with NPRQI and has an executed POA.*

Cost and Benefits

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

    NPRQI is 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 approximately 2 hours of initial onboarding and learning to navigate the data platform. Data entry is self-paced and organizations can decide when and how often to submit data.

    Once onboarding is complete, organizations that continue to meet requirements defined in the participant organization agreement 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 ED or hospital.

    Additionally, future coordinated Quality Collaboratives will use the NPRQI platform to measure their quality improvement efforts. These collaboratives may focus on specific clinical areas relevant to your organization. For more information on QI Collaboratives click here.

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*

- *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. Users can filter aggregate data by patient demographic variables (e.g. race, gender, payor source) 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) and aggregated prior to displaying on the performance dashboard. Only specific patient variables relevant to quality measures calculations will be entered. See overview of [focus areas and measures](#).

3. **Where can I view the fields that need to be entered manually? This will help our organization figure out what resources are needed to participate.**
   Participating sites can view all the data elements collected on the Data Entry Record Form located [here](#). Once sites are familiar with the platform, the average time is approximately 10 minutes per each record entry.

4. **What is the age range of patients we are looking for?**
   NPRQI recommends that EDs include all pediatric patients as defined by their facility.

5. **Do organizations only submit data relevant to the work they are interested in? In other words, if the interest is in suicide, is the organization also required to submit data around pain control, etc.?**
   Each site will decide which patient population to enter based on their clinical areas of focus (assessment, suicide, seizures, head injury, respiratory complaints, or vomiting). There are common variables that are answered about every encounter but provide a wide baseline of performance.

6. **How is the data entered by my 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 data platform. Clario, who is providing the platform, meets all industry standards for data security nationally and internationally. The data entered does not include any protected health information (PHI) except date and time of arrival to the ED.

7. **What happens to the patient data once a hospital/ED leaves the project and how long is the data stored?**
   Please see Section VIII of the POA relating to term, termination, and disposition of the data set.

8. **Will the NPRQI data platform interface with my organization's EMR?**
   The NPRQI platform is a standalone data base and does not interact with an organization's EMR.

9. **I'm the regional pediatrics director for our health system. Do we include one hospital/ED or the entire system data? Who uploads the data? Would I have to do it through IT or will I need to do it manually?**

    Each ED can enter their own data or a hospital network can enter data on behalf of each ED within the network. However, each site within the network reporting data would need to be registered separately. Each site determines who will enter the data. The data is entered manually but is very streamlined. If your ED is part of a hospital network and it is easier for one person to enter data for the entire network that individual can be listed as a user for each ED.

10. **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).

11. **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 ED or hospital will acknowledge that they are entering into an agreement with CPS to provide PSO services in the context of the project. Participant staff or users should adhere to internal processes regarding confidentiality and HIPAA compliance. Prior to participating in data entry, users will be required to watch a short video 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.

8. **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.

9. **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.

10. Who is the appropriate person to sign the POA?

The authorized signatory for the POA will vary by organization. For hospitals, EDs and Networks it may be can be the Chief Nursing Officer, Director of Nursing, Director of Quality Improvement, the Chief Executive Officer(CEO) or the Chief Financial Officer (CFO). For EMSC State Partnership Managers, it may be the State Partnership Manager, or another position (CEO, CFO, etc.) that resides within the organization that houses the EMSC State Partnership Program.

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

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

12. 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.*

13. 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*

14. **Will my organization's performance be shared with other participating organizations?**
    No. All data and performance reports are confidential. Only authorized users will have secure access to an organization's performance reports. Only aggregate data will be shared for the purposes of benchmarking.
    Authorized individuals within an enrolled hospital network may see site specific performance on a real-time reporting dashboard only if granted approval by the individual site. Performance on key quality measures may be viewed in either tabular or graph format. Users will have the option to filter across patient demographic categories to assess for variability in care. Benchmarking performance with similar sites is also available.

15. **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.

Registration and Onboarding

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

Steps for Joining NPRQI	
1	Register for NPRQI at *https://redcap.link/NPRQIRegistration*
2	Tell Us About Your Hospital or ED Complete Demographic Survey
3	Identify Users for NPRQI Platform
4	Submit Participant Organization Agreement (POA) Hospital Administrator will attest to hospital's/ED's involvement in NPRQI

5	Receive login credentials and view Informative Videos on Patient Privacy & Data Entry
6	Unlock your hospital's/ED's potential in understanding how it provides pediatric emergency care

2. **What is the timeline for entering 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.

3. **What are next steps once my site is enrolled?**
   - *Convene a local team/champions;*
   - *Identify clinical areas of focus (assessment, suicidality, seizures, head trauma, respiratory, vomiting);*
   - *Obtain secure login credentials*
   - *Develop Subject IDs for your patient records (see Data Entry User Guide)*
   - *Enter patient data*
   - *Measure performance;*
   - *Reflect on opportunities for improvement and sustainability;*
   - *Identify and implement a new care strategy (e.g., education, policy/protocol);*
   - *Re-assess performance*

4. **If I have questions about my organization's registration status or user access levels, who do I contact?**
   Questions about registration, user level access, and the participant organization agreement can be emailed to NPRQI@austin.utexas.edu

Quality Improvement and Quality Measures

1. **How do I know the measures 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 measures 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 measures designed and developed?**
   The NPRQI measures 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 measures were established after a three-step modified Delphi process in which proposed, evidence-based measures were

evaluated based on feasibility, scientific acceptability, importance, and usability (National Quality Forum criteria).

3. **Is there an expected threshold performance for each measure?**
   Organizations will gauge their success based on improvement over their own baseline. Organizations may also choose to compare their performance against other participating hospitals/EDs with similar patient volume.