National
PRQI
Pediatric Readiness Quality Initiative
Measure · Reflect · Improve

ANNUAL REPORT
2024

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Dear Interested Readers,

On behalf of my team at the National Pediatric Readiness Quality Initiative (NPRQI), I am pleased to share highlights of the past five years of work and dedication by many healthcare professionals across the U.S. who are committed to improve pediatric patient outcomes in emergency departments (EDs).

Results from the National Pediatric Readiness Project Assessment demonstrate that participation in quality improvement (QI) is associated with high levels of pediatric readiness and, subsequently, more lives saved. **Yet, fewer than 50% of EDs track pediatric emergency care metrics**.

I am proud of how NPRQI is providing a mechanism for ED-based teams to monitor pediatric emergency care delivery in order to drive improvements based on national standards.

NPRQI is the first-of-its-kind, web-based platform that supports all EDs to achieve high pediatric readiness through a self-paced, user-friendly QI data interface. NPRQI empowers EDs to transform patient-level clinical data into nationally vetted, clinically meaningful performance measures for common pediatric illnesses and injuries (28 measures, 7 focus areas).

In its first year of data collection, over 117 diverse EDs across 26 states enrolled in NPRQI, collectively serving a population of over 700,000 pediatric encounters per year. Near real-time performance dashboards are provided to individual EDs, healthcare networks, and states, allowing for varied engagement approaches. The ability to benchmark and stratify data based on site and patient characteristics offers opportunities to address disparities in care and identify opportunities to align with evidence-based practices.

Join the movement!

Best,

Kate

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  Society; Jane and Terry Semel Institute for
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** Rural Representation
***Behavioral Health Representation

NPRQI TEAM & ADVISORS

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US Acute Care Solutions
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NPRQI FRAMEWORK: Core Tenet 1 - Measure

In the U.S., children represent approximately 27% (35 million) of all ED visits. The majority of U.S. pediatric emergency care is sought in diverse, low-volume ED settings with variable capacity and capabilities and where the majority of patients are adults. Only 50% of EDs have a pediatric quality improvement plan. Of those, 60% use quality metrics to evaluate pediatric emergency care delivery.

To develop the 28 measures that capture five common clinical presentations and two cross-cutting processes of care, NPRQI researchers conducted a five-phase modified Delphi process from November 2019 through January 2021. The data was reviewed by a consensus panel of 41 members who were either identified by their respective national professional society as a content expert or were selected based on the following criteria: expertise in pediatric emergency care applied research, emergency medical services for children, QI, data registries, specific areas of clinical practice, healthcare system networks, regulatory agencies, and federal partners.

The NPRQI measures provide a foundation for any ED to measure adoption of evidence-based guidelines for pediatric care using a patient-centered, provider-driven approach to QI. Unlike many quality measures that rely on administrative data or a diagnosis-based retrospective review, the NPRQI measures were designed for any ED to assess performance and improve delivery of care to the undifferentiated pediatric patient.

SNAPSHOT

27%
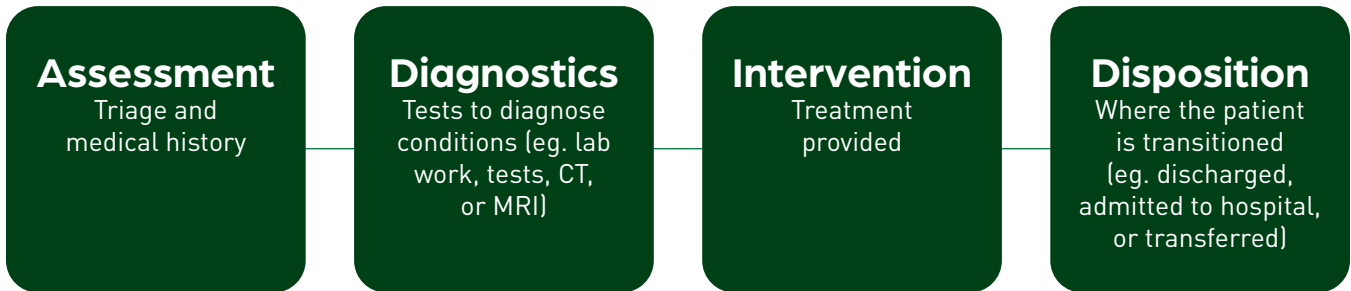of all ED visits in the U.S. are children (35 million)

80%+
of children are seen in non-pediatric EDs

Remick, K. E., Bartley, K. A., Gonzales, L., MacRae, K. S., & Edgerton, E. A. (2022). Consensus-driven model to establish paediatric emergency care measures for low-volume emergency departments. *BMJ Open Quality*, 11(3), e001803-. https://doi.org/10.1136/bmjoq-2021-001803
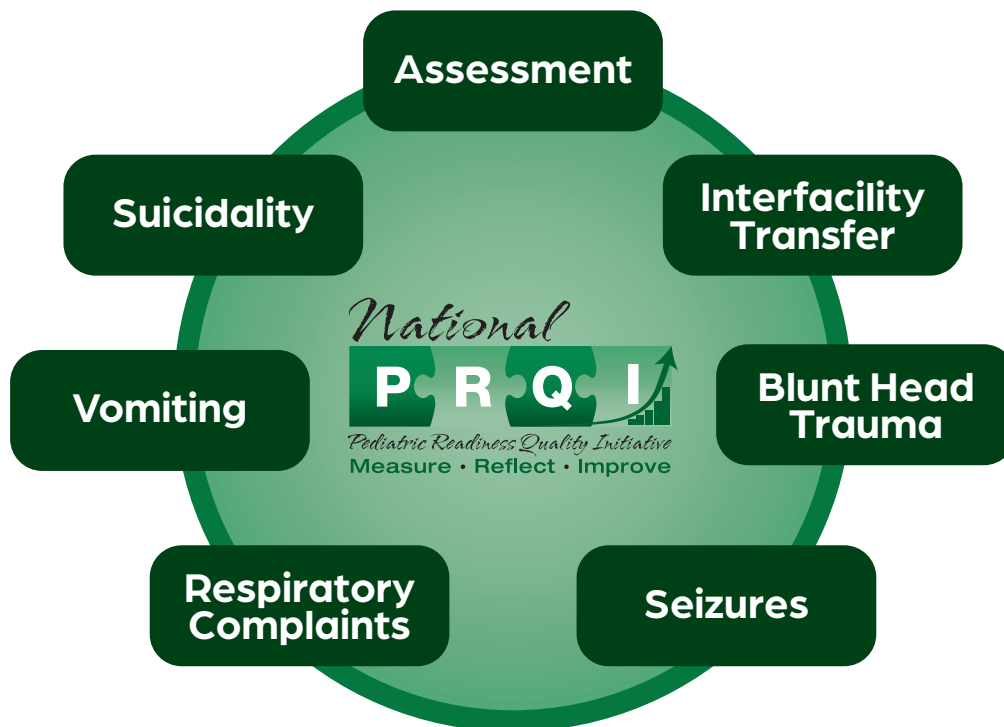
NPRQI FRAMEWORK: Four Phases of Care

NPRQI's data dashboard looks at the patient experience holistically to examine the system of care as it currently exists.

| **Assessment** Triage and medical history | **Diagnostics** Tests to diagnose conditions (eg. lab work, tests, CT, or MRI) | **Intervention** Treatment provided | **Disposition** Where the patient is transitioned (eg. discharged, admitted to hospital, or transferred) |

NPRQI FRAMEWORK: Seven Clinical Conditions

NPRQI focuses on quality indicators for common clinical conditions encountered at virtually every ED in the U.S.: the management of closed head injury in children, bronchiolitis management, pain management, suicidality, and pediatric patient safety considerations.
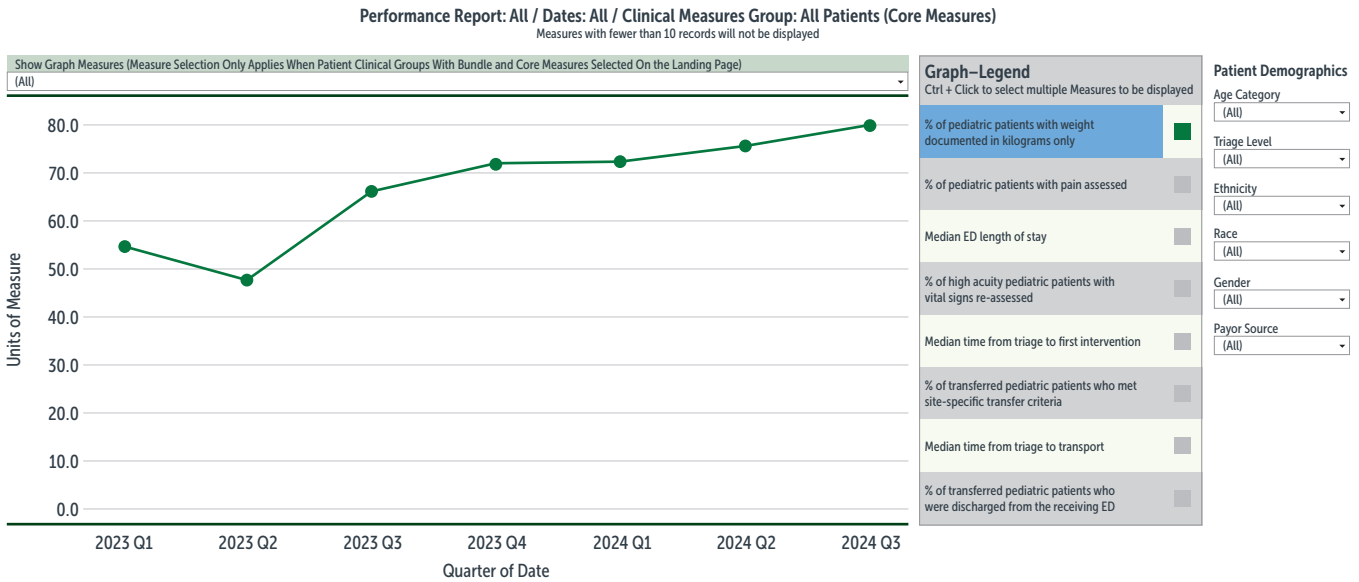
Assessment

Suicidality

Interfacility Transfer

Vomiting

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Blunt Head Trauma

Respiratory Complaints

Seizures

NPRQI FRAMEWORK: NPRQI Quality Measures

AREA OF FOCUS	MEASURE DESCRIPTION
Recogition of a sick or injured child	• % of pediatric patients with a weight documented in kilograms only • % of pediatric patients with pain assessed • % of high acuity pediatric patients with vital signs re-assessed • ED length of stay (ED arrival to discharge) • Median time from triage to first intervention (e.g., oxygen, medication)
Timely and effective transfer	• % of transferred pediatric patients who met the site-specific criteria for transfers • % of transferred pediatric patients that were discharged from the receiving center within 24 hours of arrival • Median time from ED arrival to transport
Evidence-based care for blunt head trauma	• % of pediatric patients with a full set of vital signs obtained • % of pediatric patients with a Glasgow Coma Scale reassessment • % of pediatric patients with a head CT that met one or more of the PECARN criteria • % of pediatric patients that received hypotonic saline
Evidence-based care for seizures	• % of pediatric patients who had a mental status reassessment • % of high acuity seizure patients who received at least one non-benzodiazepine anti-epileptic medication • % of pediatric patients who underwent head CT • % of pediatric patients who underwent laboratory evaluation
Evidence-based care for respiratory complaints	• % of pediatric patients with asthma or croup that received a steroid • % of pediatric patients >2 yrs. old with a diagnosis of asthma that received a beta agonist • % of pediatric patients that received an antibiotic • % of pediatric patients that underwent a chest X-ray • Median time to steroids in patients diagnosed with asthma or croup • Median time to beta agonist administration in patients >2 yrs. with a diagnosis of asthma
Evidence-based care for vomiting	• % of pediatric patients who received an anti-emetic • % of patients who received oral rehydration • Median time from ED triage to first anti-emetic
Evidence-based care for suicidality	• % of adolescent patients who had a structured suicide screen • % of patients with a positive suicide screen who had a structured suicide assessment • % of patients with a positive suicide screen who had a consultation with a licensed mental health professional • % of discharged patients with a positive suicide screen that received a discharge safety plan

Remick, K. E., Bartley, K. A., Gonzales, L., MacRae, K. S., & Edgerton, E. A. (2022). Consensus-driven model to establish paediatric emergency care measures for low-volume emergency departments. *BMJ Open Quality*, 11(3), e001803-. https://doi.org/10.1136/bmjoq-2021-001803

NPRQI FRAMEWORK: Core Tenet 2 - Reflect

The goal of NPRQI is to empower all emergency departments to use continuous quality improvement to enhance pediatric readiness. The NPRQI graphical view allows users to track their performance on metrics over time to understand if their interventions are associated with performance improvement. Data entered is reflected on the dashboard within 24 hours of entry, which empowers sites to take action in near real-time.

Performance Report: All / Dates: All / Clinical Measures Group: All Patients (Core Measures)
Measures with fewer than 10 records will not be displayed

Show Graph Measures (Measure Selection Only Applies When Patient Clinical Groups With Bundle and Core Measures Selected On the Landing Page)
(All)

Graph–Legend
Ctrl + Click to select multiple Measures to be displayed

- % of pediatric patients with weight documented in kilograms only
- % of pediatric patients with pain assessed
- Median ED length of stay
- % of high acuity pediatric patients with vital signs re-assessed
- Median time from triage to first intervention
- % of transferred pediatric patients who met site-specific transfer criteria
- Median time from triage to transport
- % of transferred pediatric patients who were discharged from the receiving ED

Patient Demographics

Age Category
(All)

Triage Level
(All)

Ethnicity
(All)

Race
(All)

Gender
(All)

Payor Source
(All)

- NPRQI dashboards transform visit-level-level raw data into performance metrics.
- Users can benchmark their site's performance against all NPRQI sites as well as sites with similar pediatric volume.
- EDs can use benchmarking to identify areas of focus for QI initiatives.

Performance Report from 2023 Q1 to 2024 Q1 | Clinical Measures Group: All Patients (Core Measures)
Measures with fewer than 10 records will not be displayed
* Cohort performance represents the average of site performances for sites within the same patient volume category (displayed with a minimum of 5 sites)
** National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

BUNDLE	# OF RECORDS	QUALITY MEASURE	YOUR PERFORMANCE	NATIONAL PERFORMANCE	COHORT PERFORMANCE
ASSESSMENT	280	% of pediatric patients with weight documented in kilograms only	95.0%	60.7%	43.5%
		% of pediatric patients with pain assessed	71.8%	78.5%	83.6%
	277	Median ED length of stay	93.0 minutes	187.7 minutes	116.1 minutes
ABNORMAL VITAL SIGNS	92	% of high acuity pediatric patients with vital signs re-assessed	88.0%	82.1%	79.6%
	60	Median time from triage to first intervention	43.0 minutes	60.9 minutes	49.6 minutes
TRANSFER OF PATIENTS	5	% of transferred pediatric patients who met site-specific transfer criteria	—	99.7%	—
		Median time from triage to transport	—	460.1 minutes	—
	0	% of transferred pediatric patients who were discharged from the receiving ED	—	—	—

Patient Demographics

Age Category
(All)

Triage Level
(All)

Ethnicity
(All)

Race
(All)

Gender
(All)

Payor Source
(All)

Geography: **All** | Patient Volume: **All** | ED Configuration: General ED: **All** | Specialty Center Status: **All** | Age Category: **All** | Triage Level: **All** | Ethnicity: **All** | Race: **All** | Gender: **All** | Payor Source: **All**
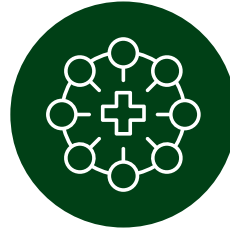
NPRQI FRAMEWORK: Core Tenet 2 - Reflect

NPRQI is available for use by:

EDs and Hospitals

Heathcare Networks

Trauma Service Areas

State/National Aggregate

# NPRQI FRAMEWORK: Confidentiality and Security

The NPRQI data portal and data visualization dashboards are secure and confidential.
- All users receive secure login credentials.
- EDs have unrestricted access to their own raw data.
- Individual sites can provide permission for hospital networks or healthcare systems to view their performance data.
- EMSC State Partnership Managers can view aggregate performance data for their state.

Dashboard security requires each ED enter a minimum of 10 records before data will be displayed for any performance measure. Networks and states must have a minimum of 5 EDs entering data and each ED entering a minimum of 10 records each before performance data will be displayed.

NPRQI FRAMEWORK: Core Tenet 3 - Improve
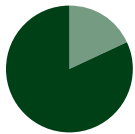## National Performance for NPRQI Core Measures
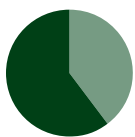
 62% Pediatric patients with weight measured in kilograms only
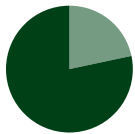
 78% Pediatric patients with pain assessed

 82% High acuity pediatric patients with vital signs reassessed

 58 Median time to first intervention for high acuity pediatric patients (in minutes)

Average of site performances of all participating EDs between January 1, 2023 - June 30, 2024.

GROWING PEDIATRIC READINESS: Recruitment

NPRQI uses a multi-pronged approach to recruit and engage emergency departments. These efforts span national, state, and regional led initiatives.

National initiatives include the work of the Pediatric Readiness Quality Improvement Collaborative. EMSC State Partnership Managers have fostered recruitment efforts on a state and territory level—while Trauma Service Areas across Texas, California, and Michigan pursue pediatric-specific improvement efforts underway on a regional basis.

To sustain engagement, emergency departments across these entities are strongly supported by invested stakeholders and the executive team through office hours.

Map values:
- Oregon: 2
- California: 36
- Nevada: 1
- Colorado: 5
- Arizona: 1
- Iowa: 1
- Nebraska: 5
- Missouri: 3
- Texas: 18
- Wisconsin: 3
- Michigan: 3
- Illinois: 3
- Indiana: 4
- Kentucky: 11
- Louisiana: 1
- New York: 2
- Pennsylvania: 3
- New Hampshire: 3
- Massachusetts: 3
- Connecticut: 1
- New Jersey: 1
- Maryland: 1
- Virginia: 2
- North Carolina: 1
- South Carolina: 1
- Florida: 3
- DC - 1

Hawaii - 1
US Virgin Islands - 1

10,000+ ED VISITS
entered into the NPRQI data platform.

123 Emergency Departments Participating Nationally

44 Are Rural or Remote Sites (36% of the total)

84 Sites are Trauma Centers or Have Stroke or STEMI/ACS Designation

15 Sites are Critical Access or Rural Emergency Hospitals

66 Sites see fewer than 5,000 pediatric patients per year

GROWING PEDIATRIC READINESS: Patient Demographics

PATIENT CHARACTERISTICS	TOTAL N=10,039	
AGE	**N**	**%**
0-1 year	1384	13.8%
1-2 years	1130	11.3%
2-6 years	2321	23.1%
6-12 years	2561	25.5%
> 12 years	2643	26.3%
GENDER	**N**	**%**
Male	4669	46.5%
Female	5332	53.1%
Nonbinary	38	0.4%
PAYOR	**N**	**%**
Public Insurance	5710	56.9%
Private Insurance	3244	32.3%
Self Pay/Uninsured	442	4.4%
Other/Missing	643	6.4%

Chief Complaint

- 70% Medical
- 24% Injury
- 6% Behavioral Health
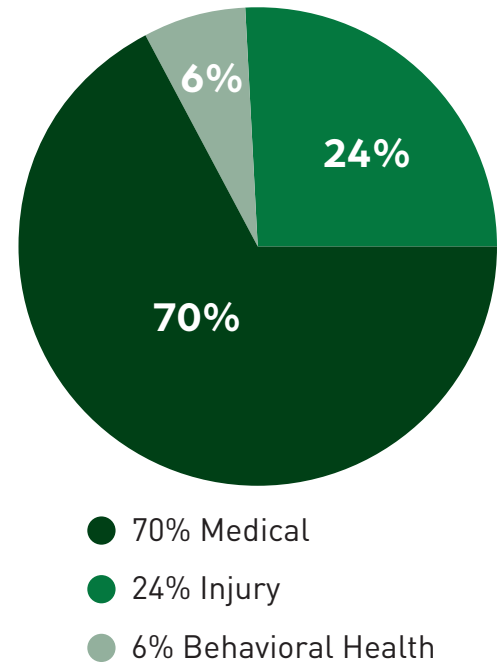
Disposition

76% Discharged Home

12% Admitted

12% Transferred

ESI Triage Level

Level	Percentage
1	1.5%
2	16.5%
3	42.2%
4	31.3%
5	2.9%
ESI not used	5.6%
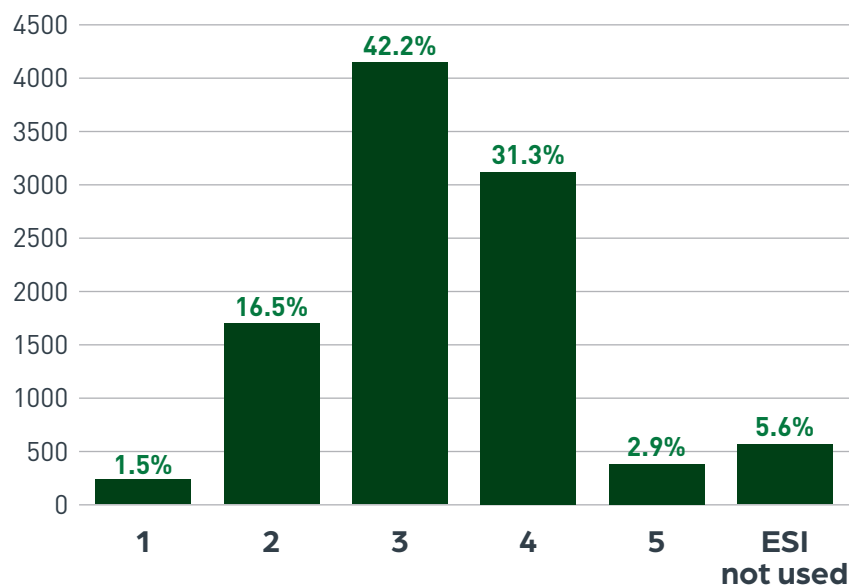
Patient demographics are derived from all data entered into NPRQI between January 1, 2023, and June 30, 2024

GROWING PEDIATRIC READINESS: Pioneer Sites

MAXCEY SMITH, BSN, RN, CPHQ, Director of Quality

Maxcey is the Director of Quality at Nemaha County Hospital. She also serves as president of the Nebraska Association for Healthcare Quality and Safety.

"My CEO heard about NPRQI and asked me to lead the effort. Now, he and my COO have asked me to pull reports to prepare for our hospital Board of Directors. I am excited to talk about NPRQI and educate everyone about this resource and its availability locally and statewide."

PARTICIPATING SITES

Arizona
• Summit Healthcare Regional Medical Center

California
• Adventist Health—Glendale
• Adventist Health—White Memorial
• Antelope Valley Medical Center
• Cedars Sinai Medical Center
• Centinela Hospital Medical Center
• Children's Hospital Los Angeles
• Dignity Health—Glendale Memorial Hospital and Health Center
• Dignity Health Northridge Hospital Medical Center
• Dignity Health St. Mary Medical Center
• Dignity Health—California Hospital Medical Center
• Emanate Health Queen of the Valley Hospital
• Encino Hospital Medical Center
• Henry Mayo Newhall Memorial Hospital
• Huntington Hospital
• La Palma Intercommunity Hospital
• Los Angeles County Harbor UCLA Medical Center
• Los Angeles General Medical Center
• Los Robles Hospital and Medical Center
• MemorialCare Long Beach Medical Center
• Methodist Hospital of Southern California
• Olive View—UCLA Medical Center
• Orange County Global Medical Center
• PIH Health Hospital—Downey
• PIH Health Hospital—Whittier
• Pomona Valley Hospital Medical Center
• Providence Holy Cross Medical Center
• Providence Little Company of Mary Medical Center—San Pedro
• Providence Little Company of Mary Medical Center Torrance
• Providence Saint Joseph Medical Center
• Ronald Regan UCLA Medical Center
• Saint Francis Medical Center
• Sherman Oaks Community Hospital
• Torrance Memorial Medical Center
• Valley Presbyterian Hospital
• Verdugo Hills Hospital
• West Hills Hospital and Medical Center

Colorado
• Delta County Memorial Hospital
• Denver Health Medical Center
• Grand River Hospital District
• Gunnison Valley Health
• Valley View Hospital

Connecticut
• Lawrence and Memorial Hospital
• St. Vincent's Hospital
• The Hospital of Central Connecticut— New Britain General

District of Columbia (DC)
• Children's National Hospital

Florida
• Adventhealth Daytona Beach
• Golisano Children's Hospital of Southwest Florida
• Tampa General Hospital

Georgia
• Grady Memorial Hospital

Hawaii
• Queen's Medical Center

Illinois
• Advocate Good Shepherd Hospital*
• OSF Saint Elizabeth Medical Center
• Vista Medical Center—East

Indiana
• Deaconess Gateway Hospital
• Deaconess Midtown Hospital
• Good Samaritan Hospital
• Memorial Hospital South Bend

Kentucky
• Baptist Health Hardin*
• Bluegrass Community Hospital
• CHI Saint Joseph London
• Clark Regional Medical Center
• Crittenden County Hospital
• Deaconess Union County Hospital
• Ephraim McDowell Regional Medical Center*
• Georgetown Community Hospital
• Lake Cumberland Regional Hospital
• McDowell ARH Hospital*
• Owensboro Health Regional Hospital*

PARTICIPATING SITES (continued)

Louisiana
- North Oaks Medical Center

Maryland
- UMMS Baltimore Washington Medical Center

Massachusetts
- Baystate Wing Hospital

Michigan
- Covenant Hospital
- McKenzie Health System*
- Scheurer Hospital

Missouri
- Lake Regional Health System
- SSM Health, St. Joseph Hospital—Lake St. Louis
- University of Missouri Hospitals and Clinics

Nebraska
- CHI Health Creighton Medical Center Bergan Mercy
- CHI Health Creighton Medical Center University Campus
- CHI Health St. Francis
- Nemaha County Hospital*
- Saunders Medical Center*

New Hampshire
- Concord Hospital
- Elliot Hospital
- Littleton Regional Hospital

New Jersey
- Morristown Medical Center

New York
- Jacobi Medical Center
- Lincoln Medical and Mental Health Center

North Carolina
- Catawba Valley Medical Center
- Duke University Hospital

Oregon
- Asante Rogue Regional Medical Center*
- Kaiser Permanente Westside Medical Center

Pennsylvania
- Bryn Mawr Hospital
- Chester County Hospital
- Saint Vincent Hospital

South Carolina
- Grand Strand Regional Medical Center

South Dakota
- Eureka Community Health Services

Texas
- Baylor All Saints Medical Center at Fort Worth
- Baylor Scott and White Medical Center College Station
- Christus Children's
- Christus Mother Frances Hospital Jacksonville*
- Christus Mother Frances Hospital Tyler
- Christus Mother Frances Hospital Winnsboro
- Coryell Memorial Hospital
- Cuero Regional Hospital
- El Paso Children's Hospital
- Graham Hospital District*
- HCA Houston Healthcare Mainland
- Lavaca Medical Center
- Lillian M. Hudspeth Memorial Hospital
- Medical Center Health System
- Methodist Southlake Hospital
- Permian Regional Medical Center
- Texas Health Hospital Mansfield
- University Medical Center of El Paso

US Virgin Islands
- Gov. Juan F. Luis Hospital and Medical Center

Utah
- Central Valley Medical Center

West Virginia
- CAMC General Hospital

Wisconsin
- Aurora Lakeland Medical Center
- Aurora Sheboygan Memorial Medical Center
- Crossing Rivers Health*

Wyoming
- South Lincoln County Medical Center

*Indicates a NPRQI Pioneer

ACKNOWLEDGMENTS

NPRQI wishes to express sincere gratitude to the "NPRQI Pioneers," denoted with an asterisk (*), for their time and dedication toward a multi-phase field-testing process. These early adopter sites were eager to embrace pediatric readiness initiatives and forge paths in quality improvement efforts. These sites volunteered numerous hours to test the platform and provided valuable feedback used to inform improvements to the data portal.

National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Grow Your Pediatric Readiness with NPRQI

Register Online

Submit Agreement

Secure Login

Enter Data

Scan Here to Start