

## Frequently Asked Questions by Pediatric CQI Liaisons

### Pediatric CQI Liaison Role

#### 1. WHERE IS THE MANDATE FOR THE PEDIATRIC CQI LIAISON ROLE?

- The role of the Pediatric CQI Liaison is outlined in the **Facility Recognition Rules & Regulations**, which are located in the Illinois Administrative Code, Illinois Register, Illinois Department of Public Health Emergency Medical Services and Highway Safety, Section 515.4000 and 515.4010.
- There are a number of resources available in this document that can assist you in understanding the responsibilities associated with this role.

#### 2. WHERE CAN I FIND RESOURCES FOR THE ROLE?

- The [EMSC Web site \(www.luhs.org/emsc\)](http://www.luhs.org/emsc) has a [Quality Improvement \(www.luhs.org/depts/emsc/quality.htm\)](http://www.luhs.org/depts/emsc/quality.htm) link where you can find a number of great resources. Specifically, there is a link to the [CQI Manual \(www.luhs.org/depts/emsc/Manuals.htm\)](http://www.luhs.org/depts/emsc/Manuals.htm). The CQI manual offers practical information and resources for the Pediatric CQI Liaison including: the role and responsibilities of a CQI Liaison, sample monitor templates and rapid cycle quality improvement techniques. The EMSC staff will update this manual when necessary and alert the liaisons to any changes.
- EMSC staff are available by phone or email to assist you. Check the [EMSC Web site](http://www.luhs.org/emsc) for the most up-to-date contact information at [www.luhs.org/emsc/team.htm](http://www.luhs.org/emsc/team.htm).
- Contact the chairperson for your EMS region. The EMS regions are defined geographic areas in Illinois. Go to the [EMSC Web site](http://www.luhs.org/emsc) and click on **Quality Improvement** and then click on **Regional Activities** to view the regional map of Illinois. From that page, you will see a link to the **Regional Chairperson Contact Information** to obtain contact information for your specific region.

#### 3. WHAT ARE ALL OF THESE INITIALS?

There are a number of terms that you will begin to encounter in this role. Listed below are just a few of the acronyms that you will become familiar with:

- CQI – Continuous Quality Improvement
- EMS – Emergency Medical Services
- EMSC – Emergency Medical Services for Children
- EDAP – Emergency Department Approved for Pediatrics
- HRSA - Health Resources and Services Administration
- IDPH – Illinois Department of Public Health
- NEDARC – National EMSC Data Analysis Resource Center
- NRC – National Resource Center
- PCCC – Pediatric Critical Care Center
- PDCA – Plan, Do, Check, Act
- PDSA – Plan, Do, Study, Act
- PI- Performance Improvement
- QA – Quality Assurance
- RCQI – Rapid Cycle Quality Improvement

- SEDP –Standby Emergency Department for Pediatrics
- TQM – Total Quality Management

**4. WHAT AM I SUPPOSED TO DO IN THE PEDIATRIC CQI LIAISON ROLE?**

- Refer to **Section 3** in the [CQI Manual \(www.luhs.org/depts/emsc/Manuals.htm\)](http://www.luhs.org/depts/emsc/Manuals.htm) available on the [EMSC Web site](#). A brief overview and a detailed description of the role and responsibilities are available in this section of the manual.
- Clarification with the ED Medical Director and the ED Nurse Manager is essential in order to clearly delineate existing overlap of responsibilities and establish responsibility and authority. The Pediatric CQI liaison (in conjunction with ED leadership) has the following responsibilities:
  - Ensure that Pediatric emergency medical care is included in the Emergency Department quality improvement program and reported to the hospital QI committee.
    - The Pediatric CQI Liaison must be part of the multidisciplinary ED quality improvement process and have the opportunity to actively participate (or a system shall be demonstrated in which the liaison provides input and obtains feedback from the ED and Hospital QI Committees);
    - Identify and coordinate reviews of pre-hospital provider transported pediatric cases, working collaboratively with the Hospital EMS Coordinator through identification of indicators, planning, active CQI reviews, communication of data/reports, and evaluation of interventions;
    - Offer suggestions for pre-hospital pediatric monitors;
    - Assist with data collection;
    - Collaborate with intervention, education, process improvement;
    - Assist with evaluation, offer feedback;
    - Provide information to the Hospital EMS Coordinator re: on going pediatric ED monitors and implications for pre-hospital care;
    - Provide feedback to the regional EMS Advisory Board as requested;
    - Provide CQI information to the Illinois Department of Public Health upon request.
  - Establish/facilitate/coordinate/participate in multidisciplinary CQI activities to ensure that clinical indicators and/or outcomes for care have been identified.
    - Indicators should address children from birth up to and including 15 years of age;
    - Pediatric ED clinical indicators are reviewed or a summary of such review provided to intradepartmental or interdepartmental CQI committees. Documentation of review is recorded in meeting minutes;
    - CQI monitors are in place that address pediatric care in the ED;
    - Clinical indicators shall consist of, but not be limited to:
      - All pediatric Emergency Department deaths
      - All pediatric Emergency Department resuscitations
      - All pediatric Interfacility transfers
    - Adoption of regional EMSC CQI monitors are encouraged
      - Participation in regional EMSC CQI activities supports benchmarking by allowing comparisons between an individual hospital and other hospitals within the region. Timely submission of individual facility CQI data is essential for accurate, meaningful regional reports.

- Pediatric ED CQI monitor activities are outlined in meeting minutes of the multidisciplinary CQI committee.
- Attend Regional EMSC CQI Committee meetings (minimally meet on a quarterly basis)
  - Participate in planning, implementing, analyzing, and evaluating pediatric ED and pre-hospital monitors at the regional level
  - Provide written or verbal hospital CQI summary reports as requested
- Work in conjunction with the ED Nurse Manager and ED Medical Director to ensure compliance with and documentation of the required pediatric continuing education of all emergency department staff.

**5. WHAT IS THIS REGIONAL EMSC CQI COMMITTEE MEETING THAT I AM SUPPOSED TO ATTEND QUARTERLY?**

- These meetings are attended by all Pediatric CQI Liaisons from recognized hospitals (PCCCs, EDAPs, and SEDPs). Non-recognized hospitals are encouraged to attend and participate in the regional CQI activities also. The meetings are held quarterly. Each region has a chairperson who coordinates the meetings and sends out meeting reminder notices. Be sure to update your contact information with the regional Chairperson and the EMSC office if your contact information changes or if you will be leaving your role and a new liaison is being assigned.
- At the meetings, activities related to your regional CQI monitor and data collection are reviewed with interpretation/discussion of the results obtained for the previous quarter. Interventions are based upon your findings. Graphs and reports are distributed that you may find suitable for use at your hospital to illustrate the pediatric CQI activities and outcomes to staff and administration. The committee may also be involved in other activities such as injury prevention, education, literature searches, sharing of guidelines, interesting case presentations, updates of legislation, and much more. The meetings bring together the CQI Liaisons from within your region. It is a great opportunity to ask questions of others and network.

**CQI Specific Questions**

**6. WHAT IS THE CQI “PROCESS” THAT I HEAR ABOUT?**

- The CQI process is defined very simply by a quote from Dr. W. Edward Deming in which he describes the concept as “Quality is a never-ending cycle of continuous improvement”.
- Quality Improvement outcomes relate to improved performance and monitoring activities over time. The process is systems-oriented and multi-disciplinary.
- The PDSA Cycle is used to guide the process and is an ongoing process:
  - Plan – Do – Study – Act – Plan – Do – Study – Act...
  - **Plan:** What is the objective of this monitor? Who, What, When, Where, Why. What do you predict will happen? What additional information do you need?
  - **Do:** Was the data collected as planned? Were there any glitches? What did you observe that was not part of the plan?
  - **Study:** What does your data mean? Does it answer your question? How did or didn't the results agree with your predictions? What have you learned from this – good or bad?

- Act: Determine what to do now based on your findings. Revise the monitor/indicator? Change or implement new guidelines, procedures, education? What will help with the implementation? What will be a barrier to implementation?
- And begin at *Plan* all over again...
- The Rapid Cycle Improvement Model is used as an example in your *EMSC [COI Manual](#), Section 7.*

## 7. WHAT IS A MONITOR – WHAT IS AN INDICATOR?

- A monitor is an aspect of care. Examples include, but are not limited to: pain management, seizure management, administration of antipyretics, spinal immobilization of the pediatric patient, and pediatric asthma assessment. In general, a monitor is an aspect of care, an agreed upon common interest to those in the EMS Region. The monitor will generate questions to be answered, for example: a) are children with pain being given analgesics in a specified time interval? or b) are children who have been medicated for pain being reassessed using an objective scale?
- The questions generated are the indicators. These questions (indicators) are specific and often need to be revised/re-defined after the first or second pilot data collection activity. The questions should be able to be answered in the data you collect. For example, if the indicator (question) asks, “Did the child receive medication within 30 minutes of assessment?” the answer options would be either YES or NO. This is usually in the form of a check box on the data collection tool. Data collection tools are developed to make it simple to perform chart reviews and collect the data. If you encounter questions or difficulty using a tool, you need to identify these issues at your regional committee. More than likely others have had the same experiences and the tool may need to be revised or the indicators defined more clearly.
- Refer to the [COI Manual](#) **Section 5** for examples of monitors, indicators, and data collection tools.

## 8. HOW CAN I COLLECT DATA AND SHARE INFORMATION AND STILL MAINTAIN CONFIDENTIALITY?

Refer to the *Confidentiality Guidelines* in **Section 3** of your [COI Manual](#).

### Implications for Hospital-Based Pediatric CQI Liaison Activities

- CQI activities are considered healthcare operations, as we strive to identify opportunities to improve the delivery of emergency health care to children in Illinois.
- Through CQI activities we Plan, Do, Study, and Act upon areas specific to pediatric emergency care.
- These activities involve direct observations of patient care and review of patient medical records to collect data.
- Access only information that is necessary when collecting data.
- Store any paper that contains PHI in a confidential place; i.e. logs with patient identifiers, medical records.
- Log off or lock your workstation after electronically collecting, collating, or manipulating data containing patient identifiers.
- When finished with medical record review, place them in a secure location until they can be returned to the medical records department.
- Use your designated hospital code when transmitting data electronically, by fax, or through the mail to EMSC for analysis and reporting. Do not indicate hospital or patient identification on materials sent to EMSC.

- Place a disclaimer on all materials related to CQI activities, i.e. the phrase “*Confidential - For Quality Improvement Use Only*” or a similar statement should be placed on all data collection tools and reports.

#### Implications for Regional CQI Committees

- CQI activities are considered healthcare operations, as we strive to identify opportunities to improve the delivery of emergency health care to children in Illinois.
- Through CQI activities we Plan, Do, Study, and Act upon areas specific to pediatric emergency care.
- Observations and data collection reports are brought to regional committees for discussion and review. The discussions may result in the identification of a specific child due to unique circumstances of a particular case. In small communities, it is even more likely that identification of a particular patient could be made, for example: a two year old who was badly burned on Christmas Eve and subsequently flown to a Burn Center.
- It is imperative that discussions remain confidential. Written recordings of the cases discussed should not be identifiable to any particular patient and audio taping of committee meetings should be turned off when case presentations are presented and discussed.
- Share only the minimum information necessary for adequate discussion when appropriate.
- Place a disclaimer on all materials related to CQI activities, i.e. the phrase “*Confidential. For Quality Improvement Use Only*” or a similar statement should be placed on all data collection tools, reports, or discussion summaries.

### **Facility Recognition**

#### **9. HOW DOES EMSC FIT INTO IDPH?**

- EMSC is a statewide program within the Division of EMS & Highway Safety, Illinois Department of Public Health.
- The EMSC program is based at Loyola University Medical Center and receives federal grant funding through the Maternal & Child Health Bureau.

#### **10. HOW MANY LEVELS COMPRISE THE FACILITY RECOGNITION PROCESS?**

Facility recognition has three tiers:

1. Pediatric Critical Care Center (PCCC)
2. Emergency Department Approved for Pediatrics (EDAP)
3. Standby Emergency Department for Pediatrics (SEDP)

#### **11. SINCE THE FACILITY RECOGNITION PROCESS IS FORMALLY PART OF THE EMS RULES & REGULATIONS, WILL ALL HOSPITALS BE REQUIRED TO PARTICIPATE IN FACILITY RECOGNITION?**

As of 2005, through a HRSA deliverable, IDPH requires all Illinois hospitals designated as *Resource Hospitals* to participate in pediatric facility recognition by receiving EDAP or SEDP status. For non-Resource hospitals, pediatric facility recognition continues to be voluntary. However, *all* hospitals are encouraged however to participate. Technical assistance for hospitals interested in pursuing pediatric facility recognition can be obtained through the EMSC office (708-327-EMSC).

**12. I HEARD THAT OUR HOSPITAL WILL NEED TO RENEW OUR PCCC, EDAP OR SEDP STATUS.**

**WHAT DOES THAT MEAN?**

Since IDPH has recognized your hospital as a PCCC, EDAP or SEDP, it is their responsibility to assure that there is ongoing compliance with the facility recognition requirements. Every three years, hospitals will be notified of the need to submit documentation verifying that they are maintaining compliance with the facility recognition requirements. At that time, a renewal application packet will be sent to your hospital administrator.

**13. WHAT WILL WE NEED TO DO TO RENEW OUR PCCC, EDAP OR SEDP STATUS?**

As hospitals are notified that they need to reapply for renewal of their status, they will need to submit documentation assuring compliance with the PCCC, EDAP or SEDP criteria. Hospitals will need to submit an application packet that includes any updates to their original PCCC/EDAP/SEDP plan (i.e., submit any updated policies/protocols related to the facility recognition requirements; submit updated lists of physician, nursing, mid-level providers and their compliance with the credentialing/continuing education requirements).

In addition, you will need to submit documentation that addresses any new criteria that has been added since the time that your hospital underwent the original recognition process. A site survey of your facility will then be scheduled. A major focus of the renewal process will be directed at pediatric quality improvement activities, including:

1. Evidence of pediatric focused emergency department quality improvement
  - Documentation of your pediatric ED monitors, minimally addressing pediatric transfers, resuscitations/codes and deaths. Other focused monitors addressing pediatric issues are encouraged;
  - Meeting minutes from your multidisciplinary ED CQI process identifying review of pediatric quality improvement monitors, incorporation of the loop closure process and target timeframes for closure of issues.
2. Evidence of participation in regional pediatric quality improvement
  - Meeting minutes from your regional CQI committee meetings reflecting attendance and participation by your emergency department CQI Liaison;
  - Regional CQI committee meeting minutes identifying the regional quality improvement monitor (s) under review and incorporating the loop closure process. The minutes should also reflect that committee work is being reported up to the regional EMS Advisory Board;
  - Documentation of regional monitor reports/findings that identifies your individual facility data.