**Performance Measurement Plan and Findings – Part One**

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| ⌧**OR Region Name: *Actual Weights in Kilograms during Pediatric ED Visits* (Regional Data Combined)** | **Other Department/s or Teams Involved:** Regional Children’s Services Operations Council |
| **Year:** 2021 **Submitted by: Lynne A. Frost, DNP, APRN, CPNP** | **Date Initiated**: January 2021 **Date Discontinued:** |

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| ***MEASUREMENT PLAN****:* | **Submit to CSOC**: ⌧Yes  No |

\**Note: Complete one form for each performance measure.*

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| **Type of Measurement**: xProcess Measure  Outcome Measure |
| **Dimension of Performance:**  Efficacy Appropriateness Availability xTimeliness Effectiveness  Continuity  xSafety Efficiency Respect and Caring |
| **Method of Data Collection:** RetrospectivexConcurrent |
| **Age Specific:** xYes No |
| **Frequency of Assessment of Data:** x Monthly Quarterly Every Other Quarter Other: |
| **Rationale for Choice of Performance Measure:** Pediatric medication doses (and fluid management) are standardly calculated in mg/kg measurements. Obtaining a current accurate weight in kilograms and then entered in the EHR are vital steps to advance the health and safety of our pediatric patients, particularly while in the ED setting where critical emergency medications may be administered. |
| **Goal or Anticipated Outcome:** We will obtain actual weights in kilograms for ≥95% of patients under the age of 18 seen in our ED by the close of 2021. |

***DATA AGGREGATION FINDINGS***

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| **Performance Measure:** | **Q4 2020** | | | **Q1 2021** | | | **Q2 2021** | | | **Q3 2021** | | | **Q4 2021** | | |
| **Performance Measure Source:**  . | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **Numerator:** Total number of patients under the age of 18 seen in the ED with an actual weight in kilograms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Denominator:** Total number of patients under the age of 18 seen in the ED |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Threshold:** Goal of ≥95% by the close of 2021    **Rate:** | XX% | XX% |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part Two - Performance Measurement Plan and Findings**

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| **Date** | **Summary of Problem/s Identified or Opportunity**  **for Improvement** | **Plan of Action**  (**Plan** - *Determine What Needs To Be Done, And Create A Plan For Achieving That Goal*.)  (**Act -** *Modify Or Revise The Plan To Improve Performance)* | **Individual**  **Responsible**  **for Action/s** | **Date and Description of**  **Implementation of Plan**  (**Do** - *Put The Plan Into Action*) | **Evaluation of**  **Implemented Plan**  (**Check** - *Evaluate/Re-Evaluate*  *The Effectiveness Of The Plan*) |
| Dec 2020 | Although 2 years participation in PRQC included emphasis on obtaining weights in kilograms for pediatric patients presenting in the ED, our combined Oregon average of obtaining this measurement continues to remain in the mid XX%. As medication and fluid management is calculated in mg/kg or ml/kg, risk for calculation errors for nearly XX% of patients seen in our EDs remains. | Identify project champions from all 8 EDs to participate in CQI to advance efforts in their ministry.  Ensure access to data for each ministry.  Develop structure for project | Lynne Frost (Regional)  Lynne Frost  Lynne Frost | 12/11/20 Request access to data report for following project champions:  XX (PNMC)  XX (PMH)  XX (PSVMC)  XX (PPMC)  XX (PHRMH)  XX (PWFMC)  XX (PMMC)  XX (PSH)  12/14/20 Prepare 2021 workgroup and reporting schedules at CSOC.  12/14/20 Develop initial reporting templates for regional and individual ministries to report out at CSOC, prior to first workgroup meeting. | 12/11/20 Verification received – all have access to their data  12/14/20 Emailed project champions providing brief overview of work, reporting templates, and reporting and workgroup schedules, and link to data report. |
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**Part Three - Quality Improvement Activity** (Separate from measure above)

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| **Date** | **Quality Improvement Activities** (list all Quality Improvement activities that occurred in the Department/Area during this reporting period) |
| November - December 2020 | - Launch Pediatric Rapid Response Pilot at PSVMC (Gain access to report; Present to IPPED/PICU Charge RNs; Define minimal charting criteria; Present at CSOC)  - Pilot HRPP Application and Summary forms; Present findings at CSOC  - Provide platform for CQI Pearl CQI updates for PMH, PSH. PSVMC IPPED, and Peds RDs at CSOC  - Monthly Inpatient *Clinical Practice Updates* published – includes educational links, policy updates, Epic updates etc.  - Continue to refine updates for regional Broselow Cart and Manual revision – to be implemented in 2021  - Prepare educational resources for regional Broselow tape training  - Refine *Regional COVID-19 Children’s Chronic Management Plan* in response to modifications to PSVMC IPPED/PICU |
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