

## NPRQI FRAMEWORK: NPRQI Quality Measures

AREA OF FOCUS	MEASURE DESCRIPTION
Recognition of a sick or injured child	<ul style="list-style-type: none"> <li>• % of pediatric patients with a weight documented in kilograms only</li> <li>• % of pediatric patients with pain assessed</li> <li>• % of high acuity pediatric patients with vital signs re-assessed</li> <li>• ED length of stay (ED arrival to discharge)</li> <li>• Median time from triage to first intervention (e.g., oxygen, medication)</li> </ul>
Timely and effective transfer	<ul style="list-style-type: none"> <li>• % of transferred pediatric patients who met the site-specific criteria for transfers</li> <li>• % of transferred pediatric patients that were discharged from the receiving center within 24 hours of arrival</li> <li>• Median time from ED arrival to transport</li> </ul>
Evidence-based care for blunt head trauma	<ul style="list-style-type: none"> <li>• % of pediatric patients with a full set of vital signs obtained</li> <li>• % of pediatric patients with a Glasgow Coma Scale reassessment</li> <li>• % of pediatric patients with a head CT that met one or more of the PECARN criteria</li> <li>• % of pediatric patients that received hypotonic saline</li> </ul>
Evidence-based care for seizures	<ul style="list-style-type: none"> <li>• % of pediatric patients who had a mental status reassessment</li> <li>• % of high acuity seizure patients who received at least one non-benzodiazepine anti-epileptic medication</li> <li>• % of pediatric patients who underwent head CT</li> <li>• % of pediatric patients who underwent laboratory evaluation</li> </ul>
Evidence-based care for respiratory complaints	<ul style="list-style-type: none"> <li>• % of pediatric patients with asthma or croup that received a steroid</li> <li>• % of pediatric patients &gt;2 yrs. old with a diagnosis of asthma that received a beta agonist</li> <li>• % of pediatric patients that received an antibiotic</li> <li>• % of pediatric patients that underwent a chest X-ray</li> <li>• Median time to steroids in patients diagnosed with asthma or croup</li> <li>• Median time to beta agonist administration in patients &gt;2 yrs. with a diagnosis of asthma</li> </ul>
Evidence-based care for vomiting	<ul style="list-style-type: none"> <li>• % of pediatric patients who received an anti-emetic</li> <li>• % of patients who received oral rehydration</li> <li>• Median time from ED triage to first anti-emetic</li> </ul>
Evidence-based care for suicidality	<ul style="list-style-type: none"> <li>• % of adolescent patients who had a structured suicide screen</li> <li>• % of patients with a positive suicide screen who had a structured suicide assessment</li> <li>• % of patients with a positive suicide screen who had a consultation with a licensed mental health professional</li> <li>• % of discharged patients with a positive suicide screen that received a discharge safety plan</li> </ul>

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/bmjopen-2021-001803>