National PRQI

Pediatric Readiness Quality Initiative

Measure • Reflect • Improve

ANNUAL REPORT

2025

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Dear NPRQI Community,

On behalf of my team at the National Pediatric Readiness Quality Initiative (NPRQI), I am pleased to share highlights from another year of collaboration among healthcare professionals across the United States who are committed to improving outcomes for children seeking care in emergency departments (EDs).

Findings from the National Pediatric Readiness Project (NPRP) Assessment continue to demonstrate that EDs engaged in quality improvement (QI) activities achieve higher levels of Pediatric Readiness and improved outcomes for children. Yet fewer than half of EDs currently track pediatric emergency care metrics, highlighting the ongoing need for accessible tools that support measurement and improvement.

NPRQI was created to address this gap. As the first web-based platform dedicated to measuring and improving pediatric emergency care quality, NPRQI enables ED teams to transform patient-level clinical data into nationally vetted performance measures for common pediatric illnesses and injuries across seven key focus areas. Through a self-paced, user-friendly interface and near real-time dashboards, participating sites can monitor performance, benchmark against peers, and identify opportunities to align care with evidence-based practices.

As we look ahead to 2026, NPRQI is entering an exciting new phase with the launch of our upgraded platform designed to streamline data submission, expand analytics, and provide more intuitive tools to support ED-based quality improvement.

The progress reflected in this report is made possible by the dedication of clinicians, quality leaders, and partners across the country who believe every child deserves high-quality emergency care—no matter where they are treated.

Join the movement!

Best,

Kate
Katherine Remick, MD, FAAP, FACEP, FAEMS
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Center for Patient Safety

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** Rural Representation
***Behavioral Health Representation

NPRQI TEAM & ADVISORS

STAKEHOLDER ASSEMBLY: Organizations Represented

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NATIONAL PARTNERS

Toyota Way Forward Fund
Support from the Toyota Way Forward Fund helps expand the reach and impact of t advance the NPRQI, enabling participating emergency departments to turn Pediatric Readiness data into meaningful improvement efforts. This partnership supports the tools, resources, and quality improvement strategies that help drive better outcomes for children.

Clario
NPRQI gratefully acknowledges Clario for its partnership in providing the secure technology platform that supported the initiative's early data collection and QI efforts. Their expertise helped establish a trusted infrastructure that enabled participating EDs to transform Pediatric Readiness data into meaningful improvements for children.

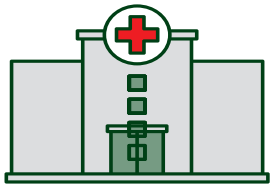
NPRQI FRAMEWORK: Core Tenet 1 – Measure

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, NPRP and 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 NPRP clinical quality 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 diagnosisbased retrospective review, the NPRP clinical quality 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)

85%+

of children are seen in non-pediatric EDs

Remick, K.E., Bartley, K.A., Gonzales, L., MacRae, K.S., and Edgerton, E.A. (2022). Consensus-driven model to establish pediatric emergency care measures for low-volume emegernсy departments. BMJ Open Quality, 11(3), e001803-, http://dol.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

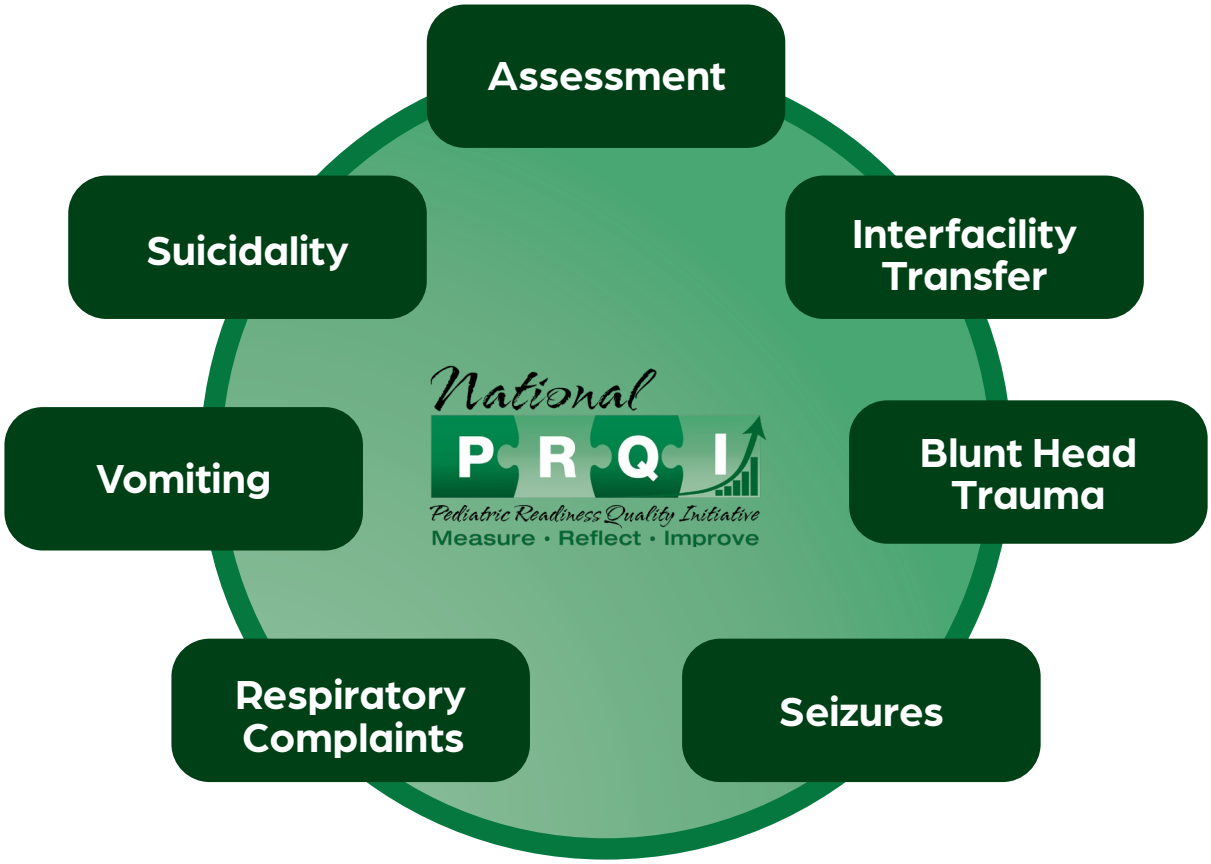
Diagnostics
Tests to diagnose conditions (e.g. lab work, tests, CT, or MRI)

Intervention
Treatment provided

Disposition
Where the patient is transitioned (e.g. discharged, admitted to hospital, or transferred)

NPRQI FRAMEWORK: Seven Clinical Conditions

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



NPRQI FRAMEWORK: Process Flow

NPRQI supports a continuous, data-driven cycle of improvement helping EDs move from measurement to meaningful change in pediatric care delivery. Through a structured yet flexible approach, teams can engage in quality improvement regardless of size, setting, or prior experience.

This cycle comes to life through three connected steps:

Measure

Participating EDs enroll in a secure platform and select from up to 28 nationally vetted pediatric quality measures aligned to common clinical conditions and processes of care. Teams enter de-identified patient data through a simple, accessible interface—making participation feasible across diverse care settings.

Reflect

Interactive dashboards transform data into actionable insights. ED teams can track performance over time, identify trends, and benchmark against similar sites while maintaining confidentiality. These insights support informed conversations with clinical teams and leadership to build alignment and prioritize improvement efforts.

Improve

Using these insights, teams implement targeted, evidence-based changes and monitor their impact in near real time. NPRQI supports sustained progress by helping EDs build and strengthen pediatric quality improvement plans, supported by tools, resources, and a national learning network.

NPRQI FRAMEWORK: NPRP Clinical Quality Measures

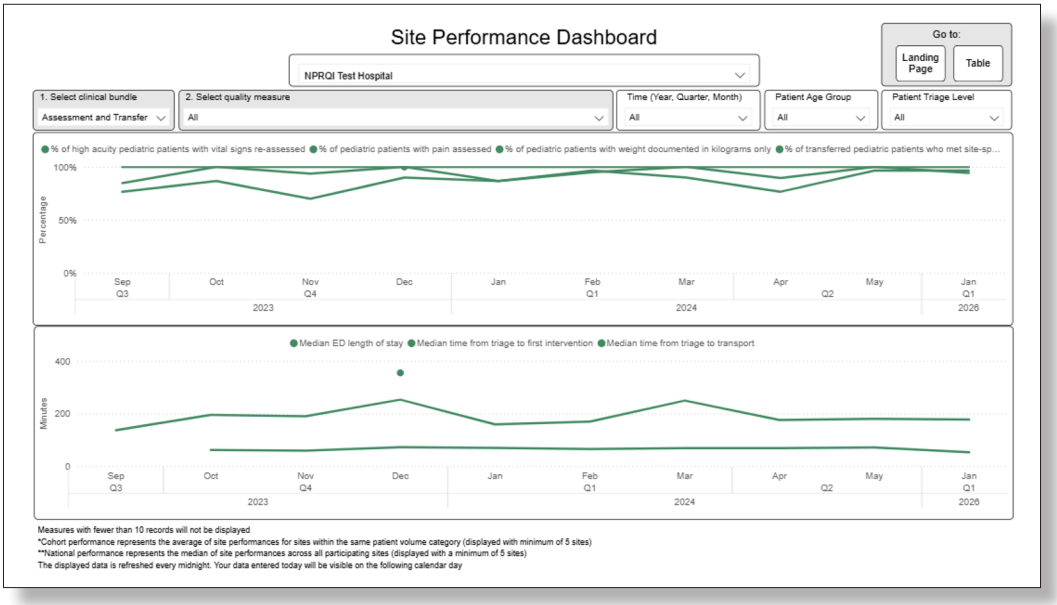
CLINICAL AREA OF FOCUS	PHASE OF CARE	DIRECTIONALITY	MEASURE DESCRIPTION
Patient Assessment and Reassessment	Assessment	Increase	Percentage of pediatric patients with weight documented in kilograms only
		Increase	Percentage of pediatric patients with pain assessed
		Increase	Percentage of pediatric patients with vital signs reassessed
	Intervention	Decrease	Median time from collection of first set of vital signs to first intervention (e.g., oxygen, medication)
	Disposition	Decrease	ED length of stay (ED arrival to discharge)
Interfacility Transfer	Disposition	Increase	Percentage of transferred pediatric patients who met the site-specific criteria for transfers
		Decrease	Time from arrival to transport.
		Decrease	Percentage of transferred pediatric patients that were discharged from the receiving center within <24 hours of arrival.
Blunt Head Trauma	Assessment	Increase	Percentage of pediatric patients with a full set of vital signs obtained
		Increase	Percentage of pediatric patients with a Glasgow Coma Scale reassessment
	Diagnostics	Increase	Percentage of pediatric patients with a head CT that met evidence-based criteria
	Intervention	Decrease	Percentage of pediatric patients who received inappropriate hypotonic fluids
Seizures	Assessment	Increase	Percentage of pediatric patients with a neurologic reassessment
	Intervention	Increase	Percentage of pediatric patients who received at least one additional class of antiepileptics (for patients requiring >2 doses of benzodiazepines)
	Diagnostics	Decrease	a.) Percentage of pediatric patients who underwent invasive diagnostic assessments: blood glucose, blood work, lumbar puncture b.) Percentage of pediatric patients who underwent head CT
Respiratory	Intervention	Increase	Percentage of pediatric patients with asthma or croup that received a steroid
		Decrease	Median time to steroids in patients diagnosed with asthma or croup (ED arrival to steroid administration)
		Increase	Percentage of pediatric patients >2 years with a diagnosis of asthma that received a beta agonist
		Decrease	Median time to beta agonist administration in patients >2 with a diagnosis of asthma (ED arrival to beta agonist administration)
		Decrease	Percentage of pediatric patients who received an antibiotic
	Diagnostics	Decrease	Percentage of pediatric patients who underwent unnecessary chest radiography
Vomiting and Dehydration	Intervention	Increase	Percentage of pediatric patients who receive an antiemetic
		Decrease	Time to first antiemetic (ED arrival to emetic administration)
		Increase	Percentage of pediatric patients who received oral rehydration
Mental Health	Assessment	Increase	Percentage of pediatric patients who had a structured suicide screen
		Increase	Percentage of pediatric patients with a positive suicide screen who had a structured suicide assessment
	Intervention	Increase	Percentage of pediatric patients with a positive suicide screen who had a consultation with a licensed mental health professional
		Increase	Percentage of pediatric patients with a positive suicide screen who received a discharge safety plan

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

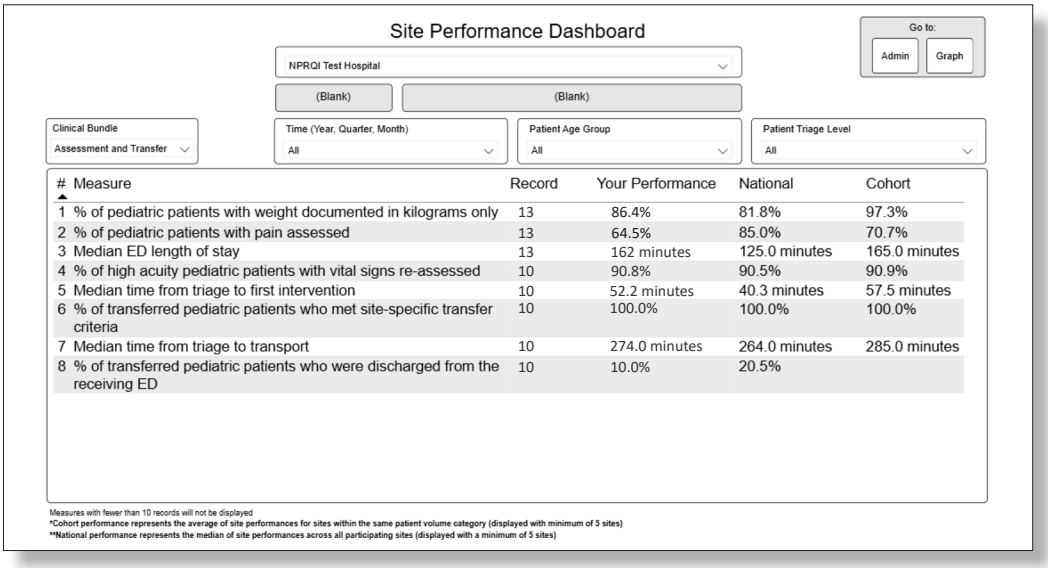
NPRQI FRAMEWORK: Core Tenet 2 - Reflect

The goal of NPRQI is to empower all EDs to use continuous QI to strengthen Pediatric Readiness. The NPRQI dashboard allows users to track their performance on key metrics over time and assess whether interventions are leading to improvement. Data entered into the system is reflected on the dashboard within 24 hours, enabling sites to monitor progress and take action in near real time.

The design and functionality of the NPRQI dashboard and performance benchmarking framework were recently highlighted in *NEJM Catalyst* as a model for enabling emergency departments to transform pediatric clinical data into actionable quality improvement insights.[1]



- 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.



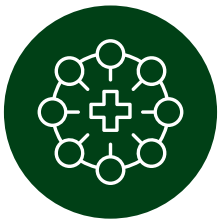
[1] Desai S, Edgerton EA, Jensen AR, Remick K. The National Pediatric Readiness Quality Initiative: Empowering Emergency Departments to Improve Pediatric Care. NEJM Catalyst Innovations in Care Delivery. 2026;7(7). doi:10.1056/CAT.25.0185.

NPRQI FRAMEWORK: Core Tenet 2 – Reflect

NPRQI is available for use by:

EDs and Hospitals

Healthcare Networks



Trauma Service Areas

State/National Aggregate

NPRQI FRAMEWORK: Confidentiality and Security

The NPRQI data portal and performance dashboards are secure and designed to protect the confidentiality of participating EDs.

- Secure Access: All users receive secure login credentials.
- Site-Level Access: EDs have unrestricted access to their own raw data. Dashboards are available after a minimum of ten records have been entered for any performance measure.
- Hospital Network/Health System Access: EDs can grant their hospital network/health system access to performance data. Network dashboards are available once two participating hospitals have each entered at least ten records. This data helps Hospital Networks/Health Systems engage leadership in QI efforts.
- Regional/Trauma Service Area Access: Regional and Trauma Service leaders can view aggregate regional data once five participating EDs meet the reporting threshold.
- State-Level Access: EMSC State Partnership Managers can view aggregate state data once five participating EDs meet the reporting threshold.

NPRQI FRAMEWORK: Core Tenet 3 - Improve

National Performance for Selected NPRQI Measures

Average of site performances of all participating EDs between 2023 - December 31, 2025.

88% Pediatric patients with pain assessed

74% Adolescents who were assessed with a suicide screening tool

68% Pediatric patients with a head CT that met one or more PECARN criteria

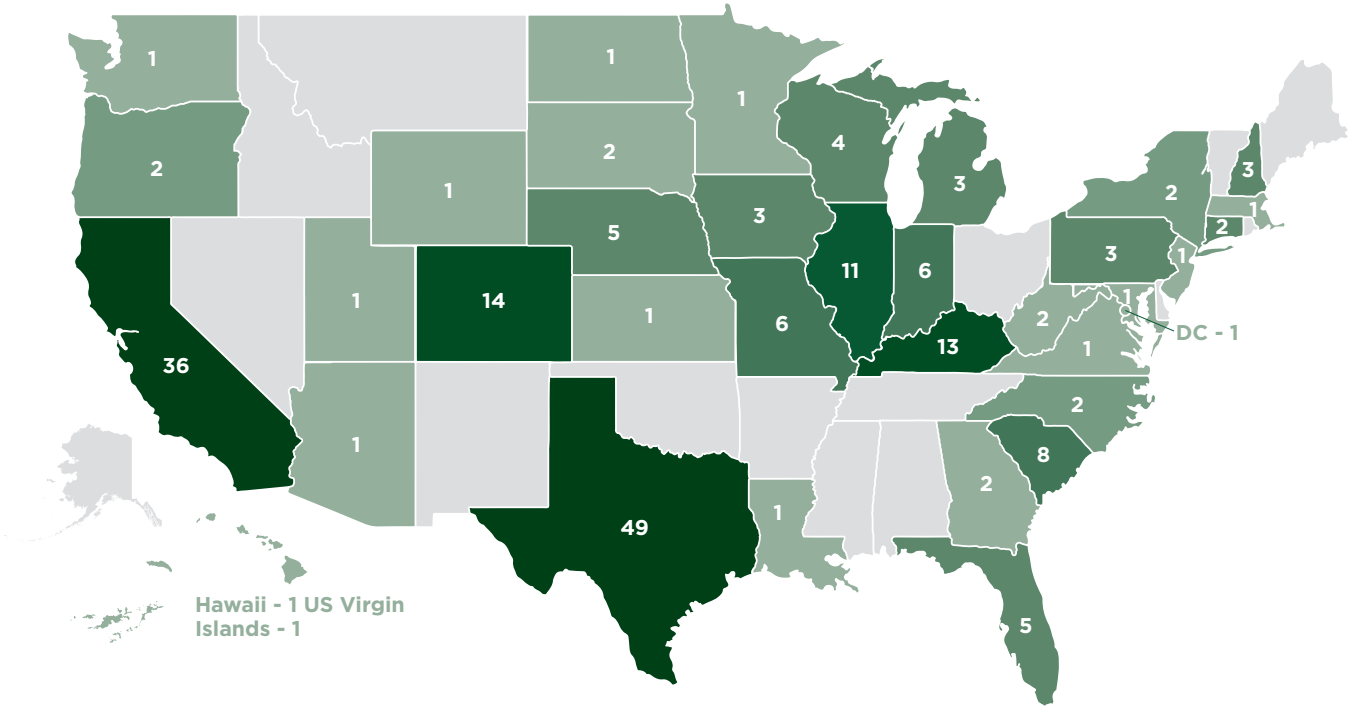
16% Pediatric patients with head trauma who had a GCS re-assessment

GROWING PEDIATRIC READINESS: Recruitment

NPRQI uses a multi-pronged approach to recruit and engage all EDs through national, state, and regional initiatives.

National efforts include the work of the Pediatric Readiness Quality Improvement Collaborative (PRQC), while EMSC State Partnership Managers support recruitment and engagement at the state and territory level. Additional regional initiatives further encourage pediatric-focused quality improvement among participating EDs.

To sustain engagement, participating EDs are supported by invested stakeholders and the NPRQI executive team through regular office hours and ongoing technical assistance.



33,536
ED visits entered into the NPRQI data platform

197
EDs Participating in NPRQI Nationally

84
Rural or Remote sites (42.6% of the total)

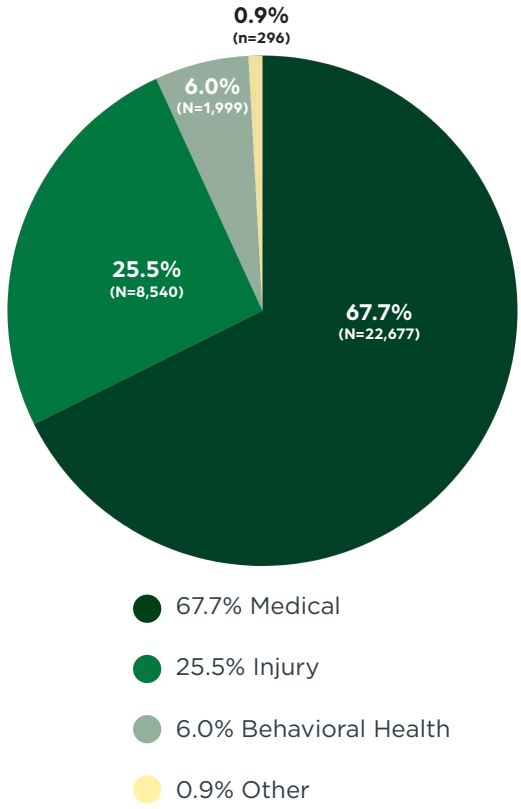
114
Sites that see < 5,000 children

Data derived from participating EDs between 2023 - December 31, 2025.

GROWING PEDIATRIC READINESS: Patient Demographics

Patient Characteristics	Total N = 33,536	
AGE	N	%
0-1 year	4245	12.7%
1-2 years	3568	10.6%
2-6 years	7743	23.1%
6-12 years	8326	24.8%
>12 years	9630	28.7%
GENDER	N	%
Male	17858	31.4%
Female	19717	58.8%
Unknown	3286	9.8%
PAYOR	N	%
Medicaid	18373	54.8%
Medicare	484	1.4%
Private Insurance	10602	31.6%
Self Pay	1573	4.7%
Uninsured	440	1.3%
Other/Missing	2040	6.1%

Chief Complaint



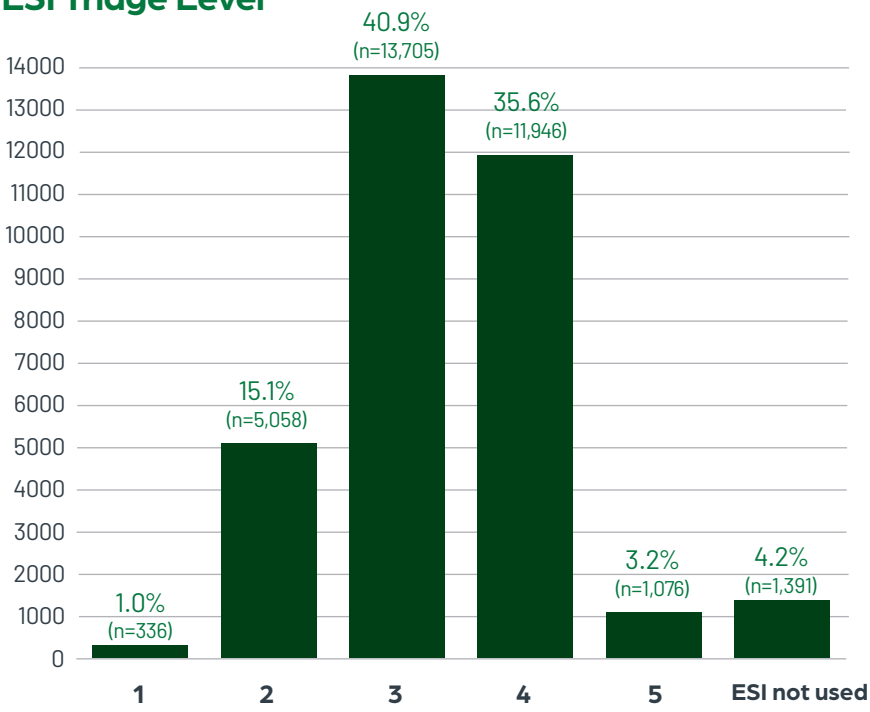
Disposition

78.4%
(n=26,274)
Discharged Home

7.6%
(n=2,548)
Admitted

12.2%
(n=4,076)
Transferred

ESI Triage Level



Patient demographics are derived from all data entered into NPRQI between 2023 and December 31, 2025

GROWING PEDIATRIC READINESS: Pediatric Readiness Quality Collaborative

EDs across the country vary widely in how prepared they are to care for children. Research shows that higher Pediatric Readiness is associated with significantly better outcomes, highlighting the importance of integrating pediatric-focused QI into emergency care.

The Pediatric Readiness Quality Collaborative (PRQC), launched in 2018, helped ED teams strengthen Pediatric Readiness through structured QI efforts. The 2023 cohort ran from June 2023 through December 2024 and brought together more than 350 ED professionals representing 200 EDs across 41 states and territories.

Among participants were 141 Pediatric Emergency Care Coordinators (PECCs) serving as pediatric champions within their departments. Teams worked to develop a QI plan and implement at least one process change in one of four key pediatric clinical focus areas aligned with NPRQI QI measures.

PRQC SPOTLIGHT: South Lincoln County Medical Center

For many EDs, particularly small or rural hospitals with limited staff and resources, improving Pediatric Readiness can feel like a significant challenge. The Collaborative provides teams with practical tools, benchmarking data through NPRQI, and a supportive community working toward the same goal: improving care for children.

For participants like those at South Lincoln County Medical Center, the collaborative has provided both motivation and validation for their efforts.

"Even though we're a small hospital, the challenges we face are the same as larger centers. The collaborative makes us feel less alone, and benchmarking helps us justify training to leadership. It's been a motivating and valuable experience for our staff."

– Andrew Applebee, RN

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+
- Harbor UCLA Medical Center+
- Henry Mayo Newhall Memorial Hospital+
- Huntington Hospital+
- La Palma Intercommunity Hospital+
- Los Angeles General Medical Center+
- Los Robles Hospital and Medical Center+
- MemorialCare Long Beach Medical Center+
- 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+
- Santa Barbara Cottage Hospital
- Sherman Oaks Community Hospital+
- Torrance Memorial Medical Center+
- UCLA West Valley Medical Center+
- USC Arcadia Hospital+
- USC Verdugo Hills Hospital+
- Valley Presbyterian Hospital+

Colorado
- AdventHealth Avista Hospital
- AdventHealth Castle Rock Hospital
- Delta County Memorial Hospital
- Denver Health Medical Center+
- Grand River Hospital District+
- Gunnison Valley Health
- Intermountain Health Lutheran Hospital
- Middle Park Medical Center—Granby
- Middle Park Medical Center—Kremmling
- Powers Medical Center
- St Elizabeth Hospital
- St Francis Hospital
- St Thomas More Hospital
- Valley View Hospital

Connecticut
- St. Vincent's Hospital+
- The Hospital of Central Connecticut New Britain General+

District of Columbia (DC)
- Children's National Hospital+

Florida
- AdventHealth Daytona Beach+
- Lee Memorial Hospital+
- Memorial Pembroke 24/7 Emergency Care Center
- Naples Community Hospital
- Tampa General Hospital (MUMA Children's Hospital)+

Georgia
- Grady Memorial Hospital+
- South Georgia Medical Center Main

Hawaii
- Queen's Medical Center+

Illinois
- Advocate Children's Hospital—Oak Lawn
- Advocate Good Shepherd Hospital*
- Blessing Hospital
- Carle BroMenn Regional Medical Center
- Carle Health Pekin Hospital^
- Carle Health Proctor Hospital^
- Herrin Hospital
- Jersey Community Hospital
- OSF Saint Elizabeth Medical Center+
- Vista Medical Center—East+

PARTICIPATING SITES (continued)

Indiana
- Deaconess Gateway Hospital
- Deaconess Gibson General Hospital
- Deaconess Midtown Hospital
- Franciscan Health Michigan City
- Good Samaritan Hospital[+]
- Memorial Hospital South Bend[+]

Iowa
- MercyOne North Iowa Medical Center
- MercyOne Siouxland Medical Center
- St. Anthony's Regional Hospital

Kansas
- Phillips County Health Systems

Kentucky
- Baptist Health Hardin[*+^]
- Baptist Health La Grange
- 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[*+^]
- Rockcastle Hospital and Respiratory Care Center

Louisiana
- North Oaks Medical Center[+]

Maryland
- UMMS Baltimore Washington Medical Center[+]

Massachusetts
- Baystate Wing Hospital[+]

Michigan
- Covenant Hospital[+]
- McKenzie Health System[*^]
- Scheurer Hospital[+]

Minnesota
- Glacial Ridge Health System

Missouri
- Lake Regional Health System[+]
- Mosaic Life Care at St. Joseph
- SSM Health, Cardinal Glennon Children's Hospital[+]
- SSM Health, St. Joseph Hospital—Lake St. Louis[+]
- Texas County Memorial Hospital
- 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[+]

North Dakota
- CHI Lisbon Health

Oregon
- Asante Rogue Regional Medical Center[*+]
- Kaiser Permanente Westside Medical Center[+]

Pennsylvania
- AHN St. Vincent Hospital[+^]
- Bryn Mawr Hospital[+]
- Chester County Hospital[+]

PARTICIPATING SITES (continued)

South Carolina

- Bon Secours St. Francis Hospital
- Grand Strand Regional Medical Center+
- Moncks Corner Free Standing ED
- MUSC Health Florence Medical Center
- Roper Berkeley
- Roper Hospital
- Roper Mt. Pleasant
- Roper Northwoods

South Dakota

- Eureka Community Health Services+
- Sanford University of South Dakota Medical Center+

Texas

- AdventHealth Rollins Brook
- Ascension Seton Edgar B Davis
- Baylor Scott and White All Saints Medical Center—Fort Worth+
- Baylor Scott and White Medical Center— College Station
- Baylor Scott and White Medical Center— Marble Falls
- Big Bend Regional Medical Center
- Christus Children's Hospital+
- Christus Mother Frances Hospital—Jacksonville*
- Christus Mother Frances Hospital—Tyler+
- Christus Mother Frances Hospital—Winnsboro
- Cochran Memorial Hospital
- Coryell Memorial Hospital^
- Covenant Children's Hospital
- Cuero Regional Hospital^
- Detar Hospital Navarro
- Detar Hospital North
- El Paso Children's Hospital+
- Golden Plains Community Hospital^
- Graham Regional Medical Center*
- HCA Houston Healthcare Mainland+
- Hill Regional Hopsital
- Houston Methodist West Hospital
- Lamb Healthcare Center+
- Lavaca Medical Center
- Liberty—Dayton Regional Medical Center
- Lillian M. Hudspeth Memorial Hospital^
- Medical Center Health System
- Medical City ER Saginaw+

Texas (continued)

- Memorial Hermann Katy Hospital
- Memorial Hospital Seminole
- Methodist Richardson Medical Center
- Methodist Southlake Hospital
- Palo Pinto General Hospital
- Pampa Regional Medical Center
- Permian Regional Medical Center+
- Reagan Hospital District
- Schleicher County Medical Center
- St Joseph Health—Burleson Hospital
- St Joseph Health—College Station Hospital
- St Joseph Health—Grimes Hospital
- St Joseph Health—Madison Hospital
- St Joseph Health Regional Hopsital—Bryan, TX
- Stephens Memorial Hospital
- Texas Health Hospital Mansfield+
- Titus Regional Medical Center+
- University Medical Center
- University Medical Center of El Paso+
- Ward Memorial Hospital^
- Winkler County Memorial Hospital+^

US Virgin Islands

- Gov. Juan F. Luis Hospital and Medical Center+

Utah

- Central Valley Medical Center+

Virginia

- Ballad Health Smyth County Community Hospital

Washington

- Overlake Hospital Medical Cetner

West Virginia

- CAMC General Hospital+

Wisconsin

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

Wyoming

- South Lincoln County Medical Center+^

*Indicates a NPRQI Pioneer
+Indicates a PRQC Participant
^ Indicates a NPRQI Beta Testers

LOOKING AHEAD TO 2026: NPRQI's Upgraded Data Platform

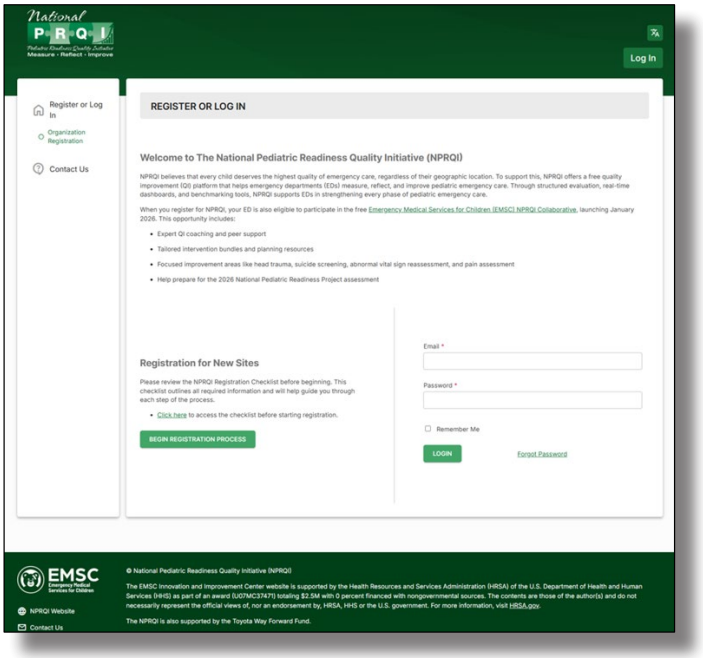
In 2025, NPRQI reached a major milestone with the design and development of its upgraded data platform, built to support EDs in advancing Pediatric Readiness through QI.

Hosted in-house at Dell Medical School at The University of Texas at Austin, the upgraded platform reflects more than two years of feedback from participating EDs. It was designed to provide a faster, more intuitive experience that aligns with how clinical teams collect data, track performance, and act on QI insights. This work was made possible through the expertise and dedication of the IT Platform Development and Operations Team at Dell Medical School at The University of Texas at Austin,I, whose efforts were instrumental in bringing the upgraded platform to life.

Throughout 2025, the NPRQI team worked closely with beta-testing sites, whose input helped refine the platform's features and ensure it meets real-world needs of ED teams. Their feedback was critical in creating a system that supports seamless data entry, efficient performance tracking, and actionable QI.

What's New in the Upgraded Platform

- Streamlined access: A single system for registration, data entry, and dashboards
- QI tracker and additional supplemental measures
- Simplified data entry to reduce administrative burden
- Near real-time dashboards that allow teams to track performance and measure the impact of interventions immediately



Official Platform Launch January 2026

After a successful year of development and testing, the upgraded NPRQI platform has launched nationwide in January 2026, equipping emergency departments with a more intuitive, efficient system to track performance, implement quality improvement strategies, and strengthen Pediatric Readiness.

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NPRQI is also supported by Toyota Way Forward Fund.

The NPRQI is housed at the Dell Medical School at The University of Texas at Austin. The University of Texas IRB has reviewed this initiative in full and determined the project to be exempt from human subject research.

ACKNOWLEDGMENTS

NPRQI wishes to express sincere gratitude to the "NPRQI Pioneers," denoted with an asterisk (*), for their leadership and dedication during the development and launch of the original NPRQI platform. We also extend our appreciation to the beta testers who provided valuable feedback on the upgraded platform, helping ensure it meets the evolving needs of participating EDs. Their collective contributions have helped shape NPRQI into a stronger, more effective tool for advancing Pediatric Readiness and QI.

HOW TO JOIN NPRQI: Four Easy Steps

Enrolling in NPRQI provides your team with powerful tools, expert guidance, and access to a national network focused on improving pediatric care standards. The enrollment process is efficient, requiring only 2 to 4 hours of hands-on time, with the overall process taking 4 to 6 weeks (including reviews and approvals). Each stage is simple and backed by our support team. Just follow these four easy steps:

Register Online

Complete the POA

Secure Access

Enter Data

REGISTER TODAY: Scan Here to Start

National PRQI

Pediatric Readiness Quality Initiative

Measure • Reflect • Improve

Revised 6/26/2026