



National Pediatric EMS Activities

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Acknowledgements & Disclaimer



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2018 Joint Policy Statement

EMSC | IIC

Emergency Medical Services
for Children

Innovation &
Improvement Center

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children



**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediatric Readiness in the Emergency Department

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Joseph L. Wright, MD, MPH, FAAP,^{k,l} AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric
Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric
Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Committee



2020 Joint Policy Statement

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Released in
January 2020

Pediatric Readiness in Emergency Medical Services Systems

Brian Moore, MD, FAAP;^a Manish I. Shah, MD, MS, FAAP;^b Sylvia Owusu-Ansah, MD, MPH, FAAP;^c Toni Gross, MD, MPH, FAAP;^d Kathleen Brown, MD, FAAP;^{e,f} Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS;^g Katherine Remick, MD, FACEP, FAAP, FAEMS;^{h,j} Kathleen Adalgais, MD, MPH, FAAP;^k John Lyng, MD, FAEMS, FACEP, NRP;^l Lara Rappaport, MD, MPH, FAAP;^m Sally Snow, RN, BSN, CPEN, FAEN;ⁿ Cynthia Wright-Johnson, MSN, RNC;^o Julie C. Leonard, MD, MPH, FAAP;^p and the AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE AND SECTION ON EMERGENCY MEDICINE EMS SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS EMERGENCY MEDICAL SERVICES COMMITTEE, EMERGENCY NURSES ASSOCIATION PEDIATRIC COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES PHYSICIANS STANDARDS AND CLINICAL PRACTICE COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMERGENCY PEDIATRIC CARE COMMITTEE

National Quality Improvement Collaboratives



Accelerating improvements in quality of care and outcomes for children who are in need of emergency care.

Telehealth Collaborative: January-June 2021

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Emergency Medical Services for Children | Innovation & Improvement Center

Developing Telehealth Programs to Improve Emergency Care Access for Children with Behavioral Health Emergencies and CYSHCN During Public Health Crises

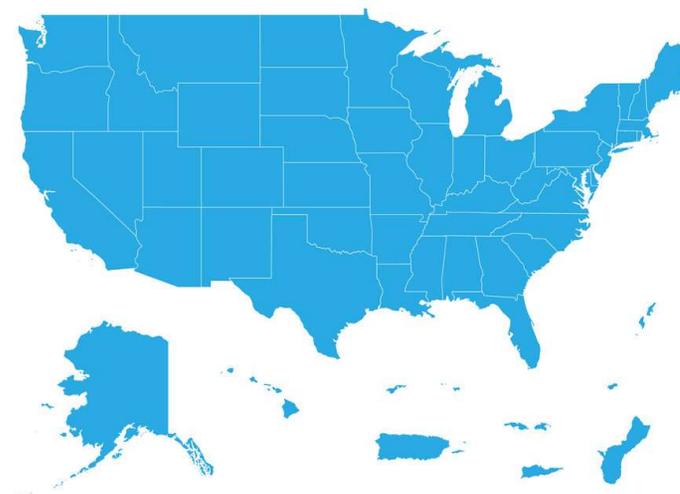


CYSHCN

Behavioral Health

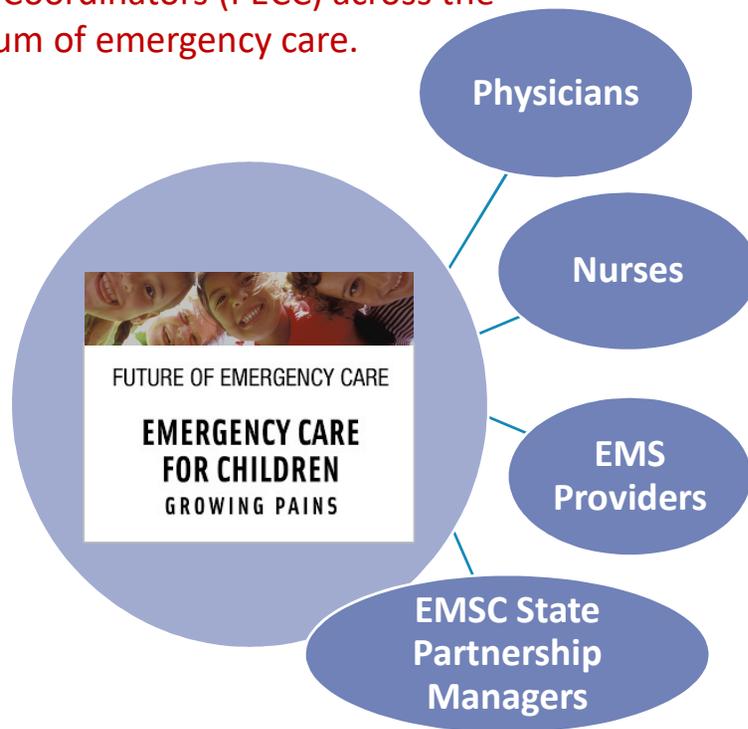
Public Health Crises

- *SMART Aim: By June 30th, 2021, 100% of participating states and territories will increase by 25% the number of pediatric healthcare providers who are ready and able to provide emergency telehealth services for the target population(s).*



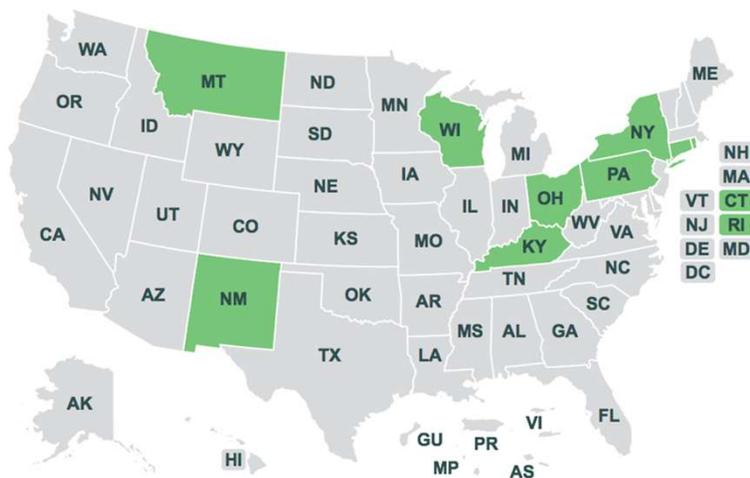
PECC Workforce Development Collaborative: June 2021-June 2022

Increase the number and effectiveness of Pediatric Emergency Care Coordinators (PECC) across the continuum of emergency care.

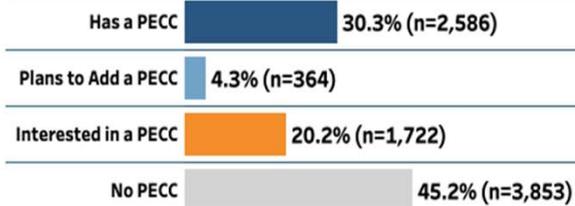


- *SMART Aim: By June 30th, 2022, ensure that at least 1,000 prehospital and hospital Pediatric Emergency Care Coordinators (PECCs) develop and implement systems-based strategies for improving pediatric emergency care.*
- **Activities include:**
 - *Developing communication strategies for hospital and ED leadership*
 - *Creating pediatric-specific policies and protocols*
 - *Establishing pediatric competency initiatives*
 - *Ensuring processes to maintain pediatric equipment and supplies*
 - *Implementing system-level quality improvement interventions*

Communities of Practice (CoP)

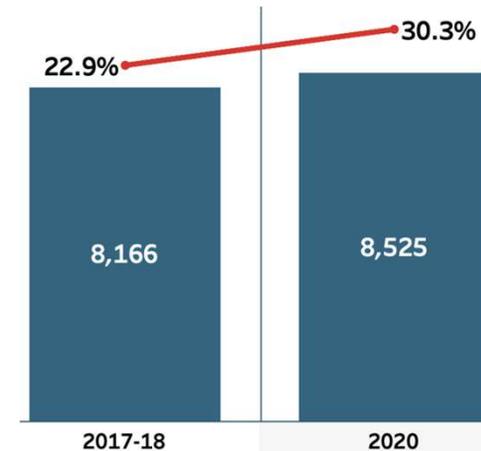


Pediatric Emergency Care Coordinator:



PEDIATRIC EMERGENCY CARE COORDINATOR

- State Partnership program managers continue to make progress in recruiting EMS agency PECCs



- Quarterly PECC CoP webinars allow for sharing of best practices, experiences, stories, tools, and challenges

- Next webinar: February 16, 2021

Interested in joining?
PECCCoP@emscimprovement.center

EMSC Performance Measures



Submission of NEMESIS-compliant data



Percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care



Percent of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment

National Prehospital Pediatric Readiness Project



Annual 911 Pediatric Call Volume

NONE: No pediatric calls in the last year	2.8% n=236
LOW: 12 or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	40.8% n=3,478
MEDIUM: Between 13-100 pediatric calls in the last year (1-8 pediatric calls per month)	37.2% n=3,169
MEDIUM-HIGH: Between 101-600 pediatric calls in the last year (8-50 pediatric calls per month)	14.9% n=1,267
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	4.0% n=337
No Response	0.4% n=38

EMSC PERFORMANCE MEASURES
RECENT JOINT POLICY STATEMENT
PECC'S IN EMS AGENCIES

Prehospital Pediatric Readiness Steering Committee



Prehospital Pediatric Readiness Steering Committee



MEMBERS AND STAKEHOLDERS

Subject Matter Experts

including authors of the Joint Policy Statement

EMSC Stakeholders

Federal Partners

ASPR ECCO, HRSA EMSC, IHS, NHTSA OEMS

Multiple National Professional Organizations

AAP, ACEP, ACS-COT, ENA, IAEMSC, IAFC, IAFF, NAEMSE, NASEMSO, NAEMSP, NAEMT, NEMSMA, NREMT, NVFC



National Prehospital Pediatric Readiness Timeline

