

Prehospital Pediatric Readiness

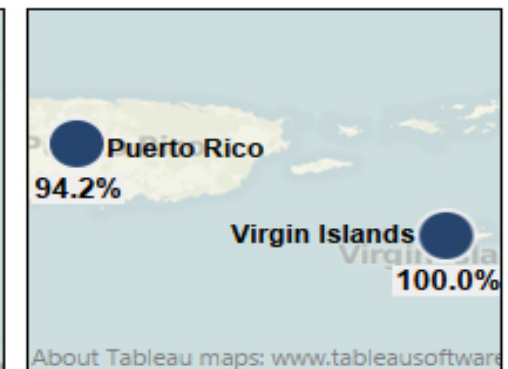
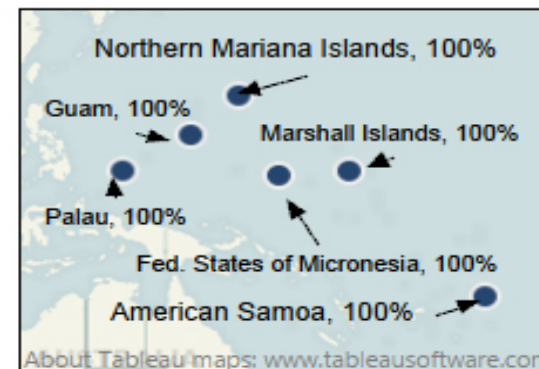
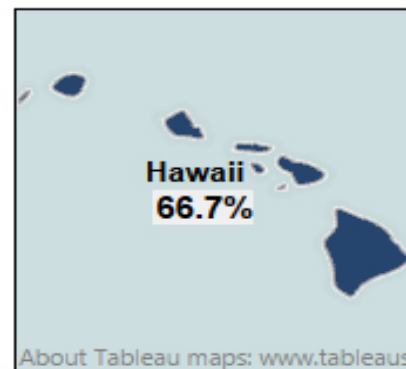
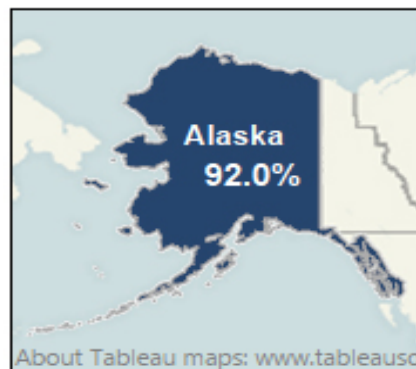
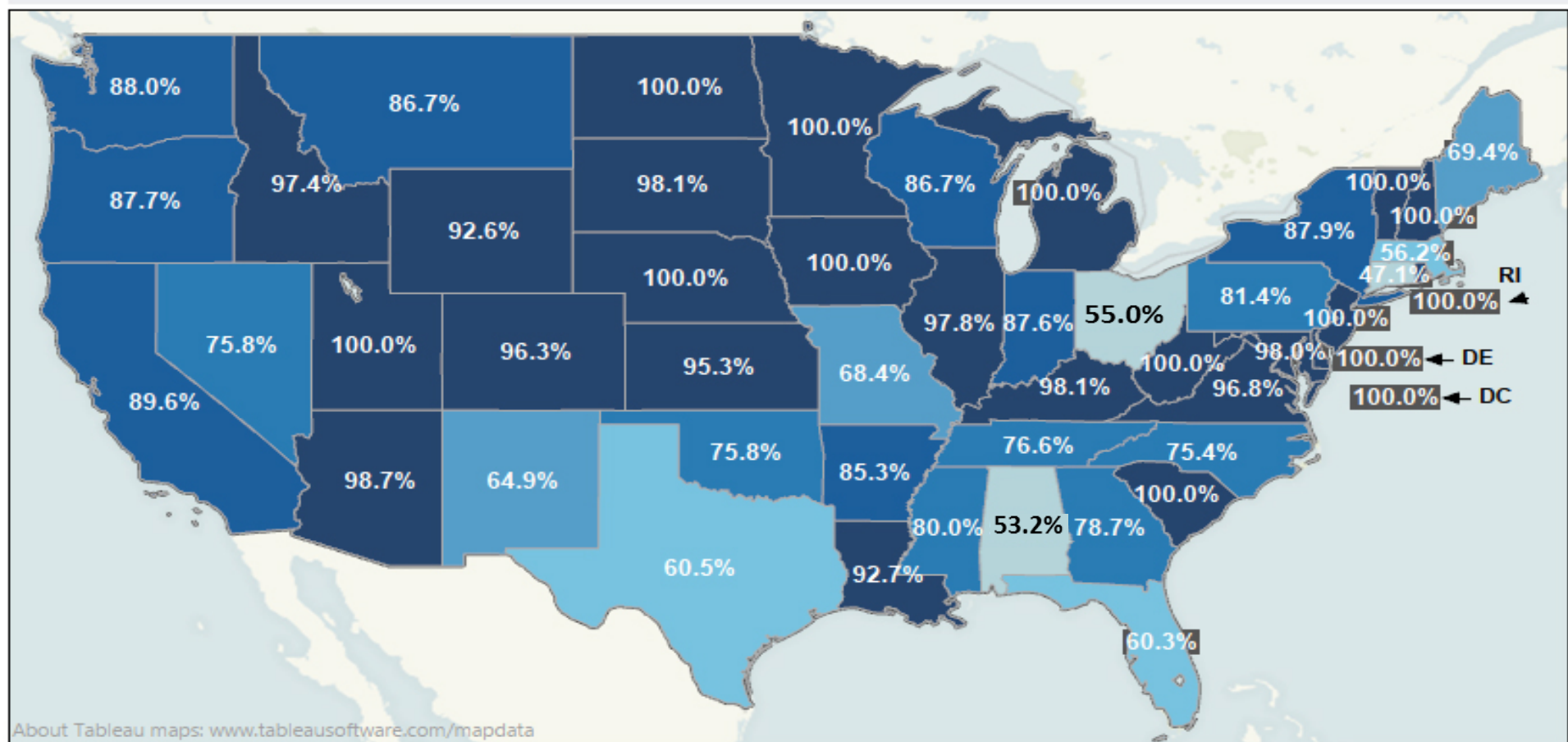
Kathleen Brown MD

For the Prehospital Pediatric Readiness Steering Committee

The National Pediatric Readiness Project (NPRP)

- National Quality Improvement Partnership:
 - American Academy of Pediatrics (AAP)
 - American College of Emergency Physicians (ACEP)
 - Emergency Nurses Association (ENA)
 - National EMS for Children Program (EMSC)
- Goal: ***Ensure high quality emergency care for all children***
- Phase 1: 2013 National Self-Assessment (www.pedsready.org)
- Phase 2: Various QI efforts, Resource Development (P-D-S-A)
- Phase 3: 2020 National Reassessment (*in development*)





Of the 5,017 assessments sent - 4,149 (**82.7%**) ED Managers responded

Hospital Name: [REDACTED]

Hospital Volume: Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)

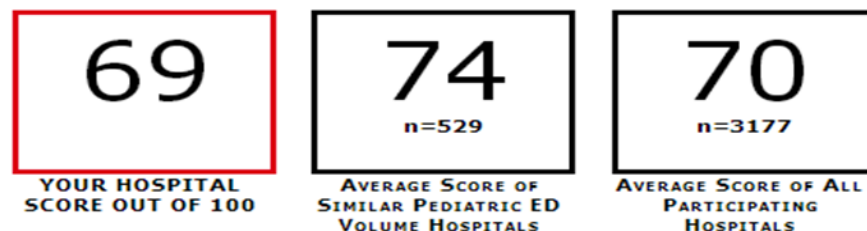
Report Date: 5/29/2013 2:40:18 PM



We encourage you to **print** or **export this report to pdf** as you will not have access to the report after exiting this screen (see the buttons above).

This score represents the essential components needed to establish a foundation for pediatric readiness. Not all of the questions on the assessment are scored. The score is in no way inclusive of all the components recommended for pediatric readiness; it represents a suggested starting point for hospitals. We encourage you to carefully review the [Guidelines for Care of Children in the Emergency Department](#) to develop a comprehensive pediatric readiness program for your hospital. The scoring criteria was developed by a group of clinical experts through a modified-delphi process.

YOUR SCORE AND COMPARATIVE SCORES:



ANALYSIS OF YOUR SCORE:

Below are your scores* for each section of the assessment. The scores are based on the weighted assessment items for each section and are displayed on the right-hand side. The weighted assessment items that you indicated were missing from your ED are listed beneath the section header with an explanation as to why the items are important, as well as links to additional resources for improvement.

* The sum of the sectional scores below may vary slightly from your actual overall readiness score above due to rounding.

Guidelines for Administration and Coordination of the ED for the Care of Children

YOUR SCORE:
19.0 out of 19

You have all the scored elements in this section. For additional improvement ideas see below.

RESOURCES FOR IMPROVEMENT: For additional resources regarding the guidelines for administration and coordination of the ED refer to the [Guidelines for Care of Children in the Emergency Department](#) or visit the resources available about this section found at www.pediatricreadiness.org under *Readiness Toolkit > Administration and Coordination*.

Physicians, Nurses, and Other Health Care Providers Who Staff the ED

YOUR SCORE:
5.0 out of 10

- You indicated that specific pediatric competency evaluations ARE NOT required of physicians staffing the ED.

Pediatric Readiness Toolkit

- Online/Open access
- Resources developed in 2012-2014
- Directed at providers who participated in NPRP assessment (gap analysis)
- Revision process started 2019



*National
Pediatric Readiness Project*
Ensuring Emergency Care for All Children

Pediatric Readiness Resource Development Working Group

Isabel Barata, MD, FACP, FACEP, FAAP
ACEP Representative
Director of Pediatric Emergency Medicine
Northshore University Hospital

Deena Brecher, MSN, RN
Clinical Nurse Specialist
Nemours/Alfred I. duPont Hospital
Emergency Nurses Association

Stephanie Bryn, MPH
Injury Prevention Program Lead
EMSC National Resource Center

Sue Cadwell, RN, MSN
Director, ED Initiative
Healthcare Corporation of America

Roshni Devchand, MPH, CHES
Program Coordinator
EMSC National Resource Center

Elizabeth Edgerton, MD, MPH
Branch Chief, Injury Prevention
Maternal Child Health Bureau/HRSA

Diana Fendya, MSN(R), RN
Trauma/Acute Care Specialist,
Targeted Issues Outreach Coordinator
EMSC National Resource Center

Marianne Gausche-Hill, MD
Professor of Clinical Medicine,
Director of EMS and EMS Fellowship,
Director of PEM Fellowship
Harbor-UCLA Medical Center

Diane Hartford, MS
NEDARC Communication Specialist
University of Utah/NEDARC

Jaclynn Haymon MPA, RN
Director
EMSC National Resource Center

Jocelyn Hulbert
EMSC Project Officer
Maternal Child Health Bureau/HRSA

Ramon Johnson, MD, FACEP
EMS and PEM Committees
ACEP Representative
Mission Hospital

Steven Krug, MD
Head, Division of Emergency Medicine
Lurie Children's Hospital of Chicago

Charles Macias, MD, MPH
Associate Professor, Chief of Academic Programs,
Pediatric Emergency Medicine
Director, Evidence Based Outcomes Center
Baylor College of Medicine

Mark Pelletier, RN, MSN
Executive Director
The Joint Commission

Katherine Remick, MD
Clinical Instructor in Medicine
Harbor-UCLA Medical Center

Alfred Sacchetti, MD, FACEP
Chairman, Emergency Medicine
Our Lady of Lourdes Medical Center
Assistant Clinical Professor, Section of Emergency Medicine
Thomas Jefferson University

Suzanne Sellman, MA
Sr. Communications Specialist
EMSC National Resource Center

Kathy Shaw, MD, MSCE
Chief, Division of Emergency Medicine,
Professor of Pediatrics
The Children's Hospital of Philadelphia

Sally Snow, BSN, RN, FAEN
Trauma Program Director
Cook Children's Medical Center
Emergency Nurses Association

Sue Tellez
Manager, Division of Hospital & Surgical Services
American Academy of Pediatrics

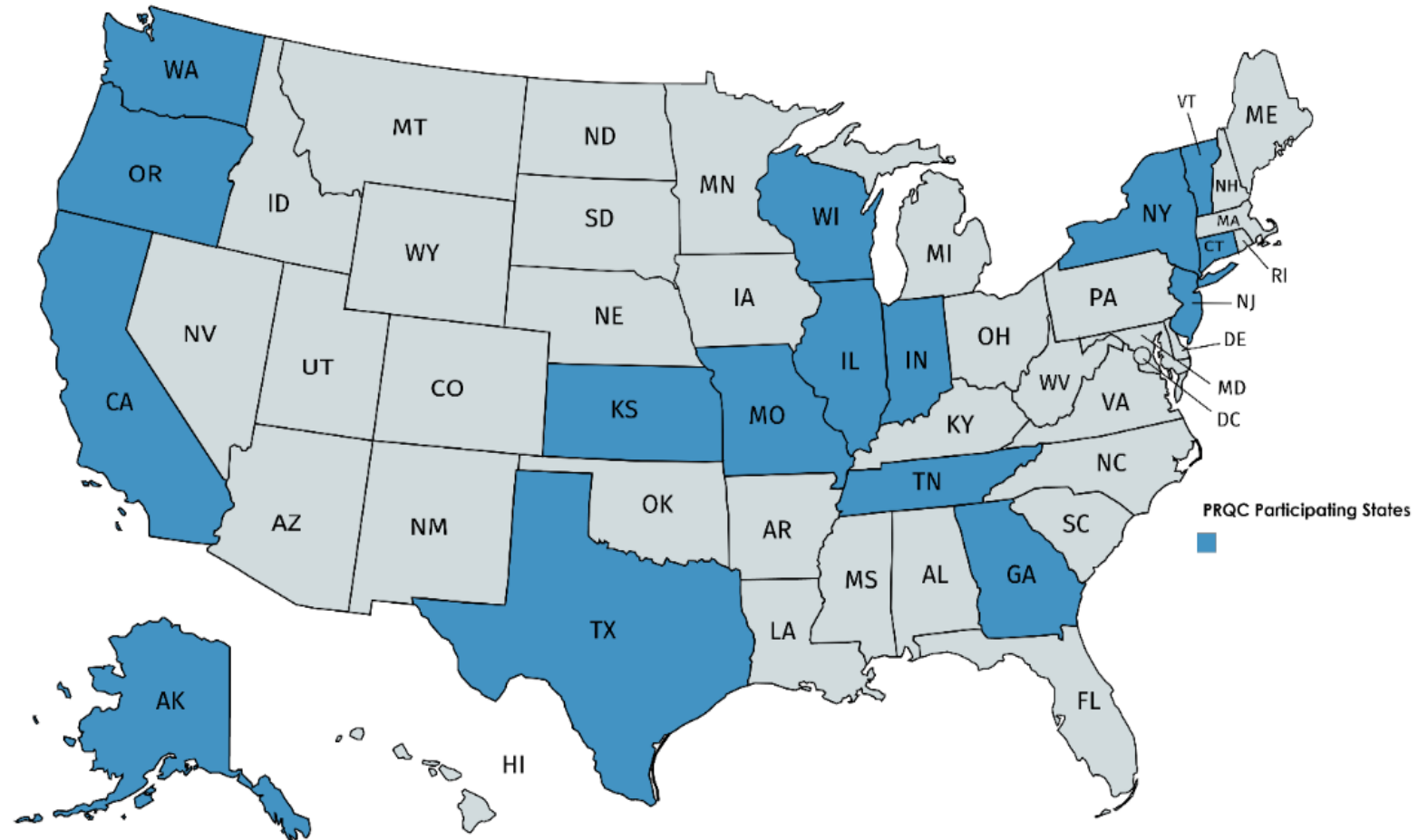
Ensuring Emergency Care for All Children

Website: <http://www.PediatricReadiness.org> • Email: pedsready@childrensnational.org

Project support provided by the EMS for Children Program;
the American Academy of Pediatrics; the American College of Emergency Physicians; and the Emergency Nurses Association.

The Pediatric Readiness Quality Collaborative

- 16 teams across 17 states: Alaska; California; Connecticut; Georgia; Illinois; Indiana; Kansas; Missouri; New Jersey; New York; Oregon; Tennessee; Texas; Vermont; Washington; Wisconsin



Impact on outcomes



- **Emergency Department Pediatric Readiness and Mortality in Critically Ill Children**
 - Stefanie G. Ames, MD, MS,^a Billie S. Davis, PhD,^e Jennifer R. Marin, MD, MSc,^{c,d} Ericka L. Fink, MD, MS,^{c,e} Lenora M. Olson, PhD, MA,^g Marianne Gausche-Hill, MD,^{e,h,i} Jeremy M. Kahn, MD, MSe,^f

Next National Re-Assessment... Coming in 2020



www.pedsready.org

Coming Soon...

Pediatric Readiness in Emergency Medical Services Systems

AMERICAN ACADEMY OF PEDIATRICS

Committee on Pediatric Emergency Medicine

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

TITLE: PEDIATRIC READINESS IN EMERGENCY MEDICAL SERVICES SYSTEMS

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children.

Prehospital Pediatric Readiness Steering Committee

- Charter: Purpose
 -**improvement of pediatric emergency care outcomes and patient safety within the prehospital environment** (local, regional and state levels).

Membership

- American Academy of Pediatrics (AAP)
- American Ambulance Association (AAA) –
- American College of Emergency Physicians (ACEP) – Emergency Medical Services Section
- ACEP – Pediatric Emergency Medicine Section
- American College of Surgeons (ACS) – Committee on Trauma (COT)
- Assistant Secretary for Preparedness and Response (ASPR) – Emergency Care Coordination Center (ECCC)
- EMS for Children (EMSC) Innovation & Improvement Center (EIIC)
- EMSC Family Advisory Network (FAN)
- EMSC State Partnership (SP) Grantees
- Emergency Nurses Association (ENA)
- International Association of EMS Chiefs (IAEMSC)
- International Association of Fire Chiefs (IAFC)

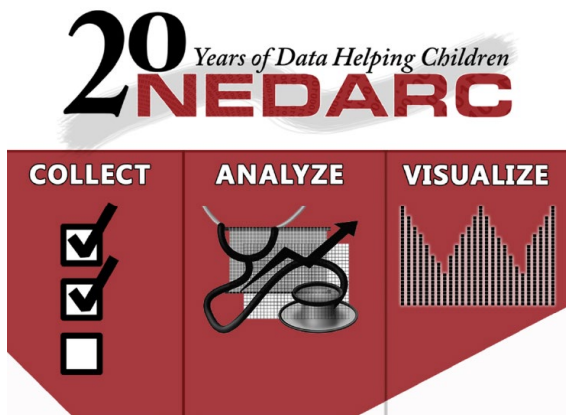
- International Association of Fire Fighters (IAFF)
- Health Resources & Services Administration (HRSA)
- National Association of EMS Educators (NAEMSE)
- National Association of State EMS Officials (NASEMSO)
- National Association of EMS Physicians (NAEMSP)
- National Association of Emergency Medical Technicians (NAEMT)
- National EMSC Data Analysis Resource Center (NEDARC)
- National EMS Management Association (NEMSMA)
- National Highway Traffic Safety Administration (NHTSA) – Office of EMS (OEMS)
- National Pediatric Readiness Steering Committee
- National Pediatric Readiness Toolkit Steering Committee
- National Registry of Emergency Medical Technicians (NREMT)
- National Volunteer Fire Council (NVFC)
- Pediatric Emergency Care Research Network (PECARN)

Goals and Objectives

- **ASSESS:** Using a nationwide assessment, evaluate pediatric readiness within EMS systems.
- **IMPROVE:** Using the EMS Joint Policy statement and the EMS nationwide assessment, define and implement no fewer than two specific pediatric readiness improvements.
- **MEASURE:** Within EMS systems, assess the impact of pediatric readiness following pediatric readiness improvement implementation.
- **SUSTAIN:** Continue to develop improvement efforts for prehospital pediatric emergency care.

EMS for Children Data Collection 2017-2018

- 11,027 EMS agencies contacted
- 8,730 EMS agencies responded (79.2%)
- 80% of EMS agencies see fewer than 8 pediatric patients per month



Annual 911 Pediatric Call Volume*

None - Zero pediatric calls in the last year	2.8% n=226 agencies
Low - Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	39.4% n=3,219 agencies
Medium - Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)	39.0% n=3,186 agencies
Medium High - Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)	13.9% n=1,138 agencies
High - More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	4.4% n=357 agencies
Pediatric Call Volume Not Reported	0.5% n=40 agencies

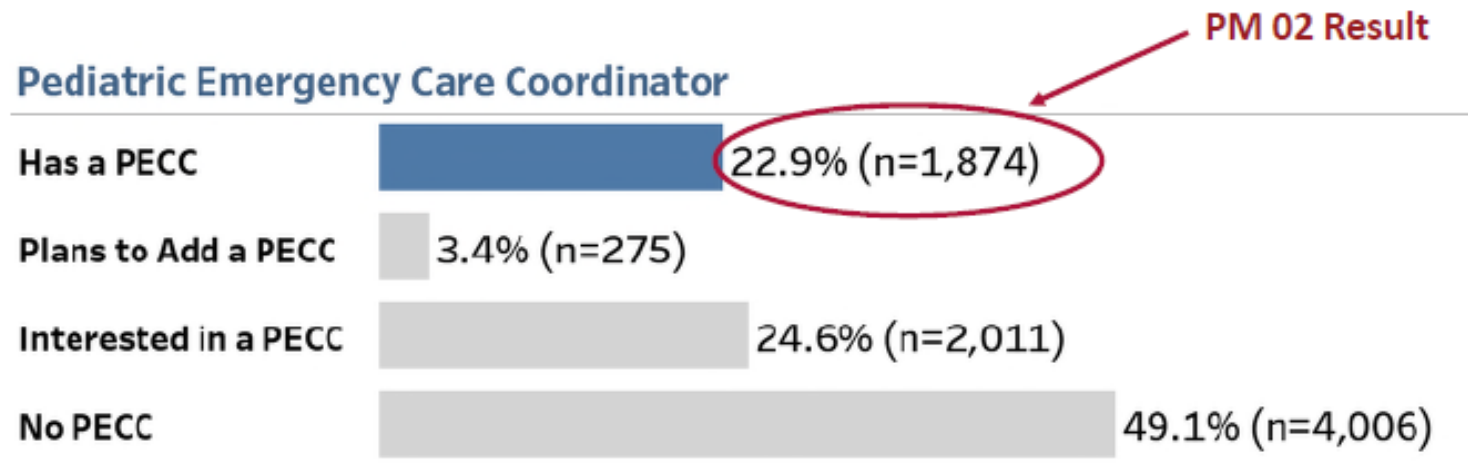
EMS for Children Performance Measures

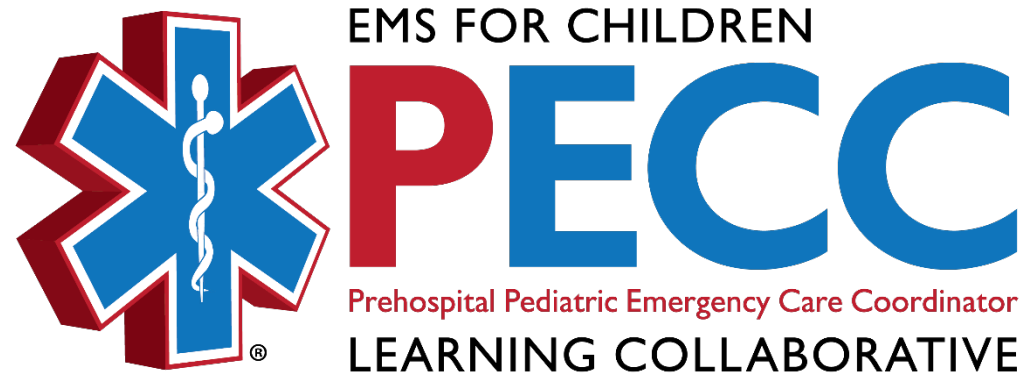
- EMSC 02: Percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care
- EMSC 03: Percent of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment

Goal: 90% by 2026

EMS for Children Performance Measure 02

- The percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care*





Objective

To form a cohort of EMSC State Partnership Grant recipients to participate in a learning collaborative that will demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC.

Focused Aim

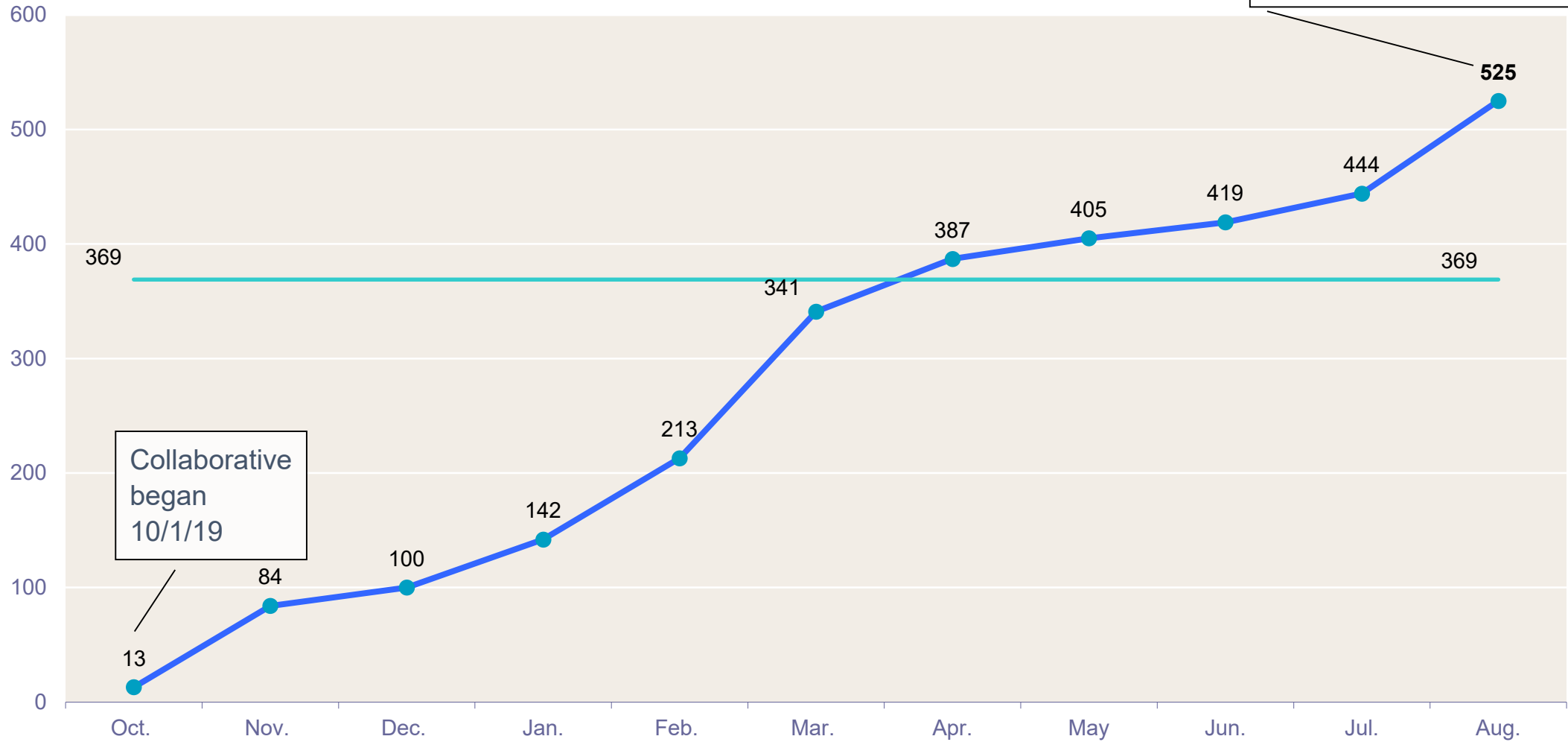
By March 31, 2019, 9 participating states will have established a PECC in > 50% of local EMS agencies that indicated an interest in adding this role on the 2017 – 2018 National EMSC Survey.

New PECCs Established

Growing the workforce for prehospital pediatric readiness

Beginning of PECC
Community of Practice
8/23/19

Number of PECCs in States



● Values — Goal

Date

Next Steps

- Publication of the policy and technical report January 2020
- Finalize checklist February 2020
- Disseminate Checklist 2020
- Develop toolkit 2020-2022
- Develop survey 2020-2022
- Administer survey 2023
- Improvement collaboratives 2024
- Sustain and improve toolkit and survey