


KPECC 2020

Program Update

# KYEMSC Required Disclosures

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# Different (inter-connected) Programs





Building the  
foundation

**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



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# Pediatric Readiness in the Emergency Department

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# Pediatric Readiness in the Emergency Department

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# Pediatric Readiness in the Emergency Department – Key Findings

- National data reveal that states that have a recognition and/or verification system have readiness scores that are an average of 10 pts. Higher than those states that do not.
- Hospitals that have been recognized scored, on average, 22 pts. higher than those that had not been recognized as pediatric ready by their states.
- Facilities in states with recognition program had improved timeliness of the management of pain for fractures and decreased exposure to radiation use.
- Teams of health care providers who practiced in EDs with higher peds ready scores performed better in a standardized simulation of the care of children with sepsis.
- A statewide program in Arizona to improve pediatric readiness of EDs had been associated with a decreased pediatric mortality rate after participation in a verification process based on compliance with published guidelines. Led to higher reimbursement rates.

# Pediatric Readiness in the Emergency Department –

- PECC roles more clearly defined
- Recommendations for pediatric competency and professional performance evaluations
- Pediatric emergency care metrics have been identified and should be strongly considered for inclusion in the overall QI plan.
- Evidence-based clinical pathways, order sets, or decision support should be available to providers in real time.



# Pediatric Readiness in the Emergency Department -

**TABLE 1** Sample Performance Measures for Pediatric Emergency Care

Measures	Description
System based	
Patient triage	Measurement of wt in kilograms for pediatric patients; method to identify age-based abnormal pediatric vital signs
Infrastructure and personnel	Presence of all recommended pediatric equipment in the ED; presence of physician and nurse coordinators for pediatric emergency care
Patient-centered care	Patient and/or caregiver understanding of discharge instructions
ED flow	Door-to-provider time; total length of stay
Pain management	Pain assessment and reassessment for children with acute fractures
Quality and safety	Number of return visits within 48 h resulting in hospitalization; medication error rates
Disease specific	
Trauma	Use of head computed tomography in children with minor head trauma; protocol for suspected child maltreatment
Respiratory diseases	Administration of systemic steroids for pediatric asthma exacerbations; use of an evidence-based guideline to manage bronchiolitis
Infectious diseases	Use of antibiotics in children with suspected viral illness

Based on the work of Alessandrini E, Varadarajan K, Alpern ER, et al. Emergency department quality: an analysis of existing pediatric measures. *Acad Emerg Med.* 2011;18(5):519–526.



Identify the  
missing  
pieces





*Pediatric Readiness Project*  
Ensuring Emergency Care for All Children

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# Improve Your ED's Readiness to Care for Children\*

## Equipment, Supplies, and Medications

Stock ED with appropriate-sized, easily accessible pediatric supplies and equipment for pediatric patients from newborn to adult ranges:

- Organize items logically
- Use a color-coded, weight-based, storage system
- Keep a fully stocked pediatric resuscitation cart readily accessible at all times



## Competency in Pediatric Care

Ensure members of the healthcare team have the skills and knowledge to treat children of all ages and developmental stages:

- Periodically evaluate pediatric-specific competencies, including triage, medication administration, procedures, disaster preparedness, and handoff communication
- Use observation, written tests, and/or chart reviews
- Pediatric board certification and pediatric emergency nursing certification is strongly encouraged.



## Quality and Performance Improvement (QI/PI)

Implement a QI/PI plan that includes monitoring of outcomes-based pediatric-specific indicators.

- Integrate multidisciplinary QI/PI activities with:
  - prehospital agencies
  - inpatient pediatrics
  - trauma/injury prevention programs
  - pediatric critical care
- Use the Plan, Do, Study, Act method:
  - systematically review, identify, and mitigate variances in pediatric emergency care



## Administration and Coordination for Care of Children

Identify Pediatric Emergency Care Coordinators (PECCs) to coordinate delivery and evaluation of pediatric care in the ED: An emergency physician and emergency nurse with demonstrated clinical competence and expertise in pediatric emergency care



## Support Services for the ED

Ancillary services should have skills, equipment, and capability to provide care to pediatric patients:

- Radiology departments
  - develop protocols based on age and size of patients to reduce radiation exposure
- Clinical laboratories
  - facilitate testing for all ages of patients
  - ensure availability of microtechnology for small and limited samples
  - have transfer protocols for pediatric patients who exceed laboratory capabilities



## Policies, Procedures and Protocols

Develop and implement age-specific policies, procedures, and protocols that also address children with special health care needs through:

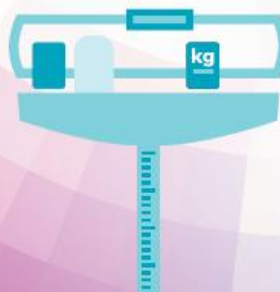
- Local collaboration with regional pediatric centers
- Use of standard, evidence-based guidelines found on the EMSC Innovation and Improvement Center website: <https://emscimprovement.center/>



## Pediatric Patient and Medication Safety

Establish a culture of safety and educate staff in pediatric-specific safety considerations:

- weigh all patients in kilograms, ideally with scales locked in kilograms
- take full set of vital signs
- use weight-based dosing
- provide for cultural sensitivity, interpreter services, and family-centered care
- implement patient identification policies
- monitor/evaluate patient safety events



Educate staff on policies and monitor compliance.

\* Based on the 2018 AAP/ACEP/ENA Joint Policy Statement, "Pediatric Readiness in the Emergency Department"

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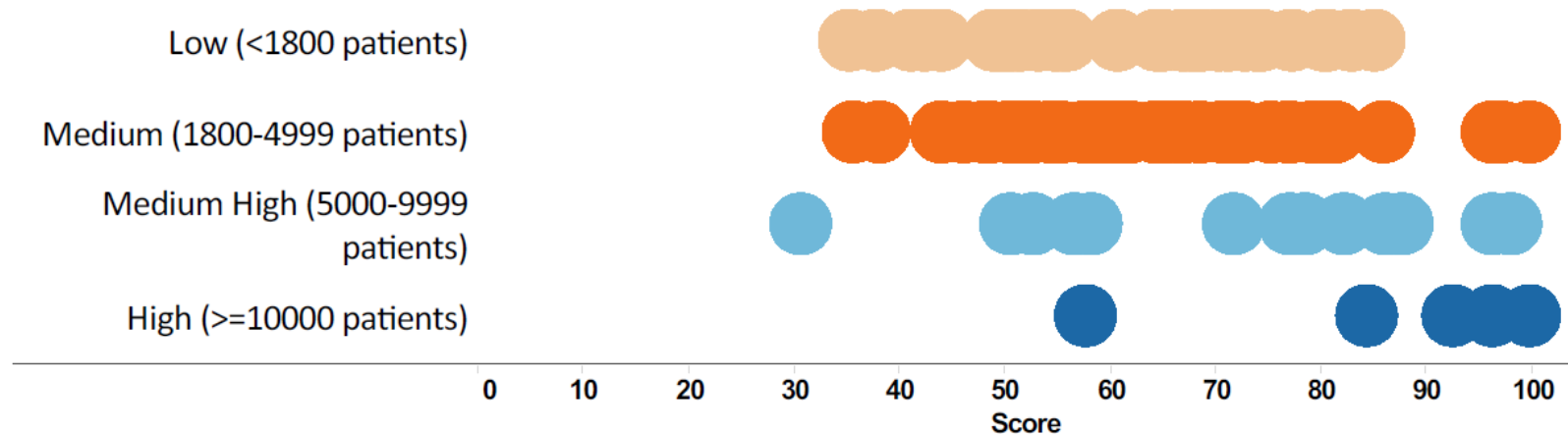


## Scoring Based on the JPS: Pediatric Readiness in the ED

- Items are weighted
- Total of 100 points
- Not all items are scored
- Adjusted for updated guidelines
- Previous survey (descending order by point value)
  - PEC Coordinators
  - Competencies and Quality Improvement
  - Weigh in KGS
  - Policies
  - Equipment

# KY and the 2013 NPRP

## DISTRIBUTION OF STATE SCORES FOR EACH VOLUME TYPE:



Kentucky's Response Rate 98.1%  
(103 out of 105 hospitals)

Kentucky's avg. score 66

National avg. score 69

## BREAKDOWN OF STATE SCORES FOR EACH VOLUME TYPE:

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	34	61.6	64.9	35	85
Medium (1800-4999 patients)	50	65.5	63.3	36	100
Medium High (5000-9999 patients)	13	71.5	77.3	31	98
High (>=10000 patients)	6	87.4	92.7	58	100
<b>Grand Total</b>	<b>103</b>	<b>66.2</b>	<b>65.6</b>	<b>31</b>	<b>100</b>





June 1 – Sept 1  
2020

**It's time to do it again!**

# IS YOUR EMERGENCY DEPARTMENT PEDSREADY?



Children and their families rely on the nearest ED to be ready to provide outstanding care. Yet, every day, acutely ill and injured children are treated in EDs with varying levels of readiness to manage their immediate healthcare needs. **START NOW** to be PedsReady before taking the assessment starting June 2020.

**Visit [PedsReady.org](https://www.pedsready.org)**





In 2013-14, PedsReady data was collected from more than 80% of national Emergency Departments – over 4,000 EDs. This data has been instrumental helping to understand the state of emergency care of children, the available resources to emergency departments, and has led to multiple research projects.

Next year, we will again be asking you to participate in this crucial initiative, and it is important that this information reaches the appropriate staff at your facility. It might be helpful to save [pedsready@hsc.utah.edu](mailto:pedsready@hsc.utah.edu) in your email contacts and “like” the PedsReady Facebook page at <https://www.facebook.com/PedsReady/> to stay updated on the assessment’s latest news.

Please let me know if you need to update or correct contact information for your ED Nursing Director/Manager and your Pediatric Emergency Care Coordinators. You can send an email or use this link: <http://tiny.cc/KYEMSC-EDINFO>

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TO:

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You can help now by doing the following:



Bookmark the [PedsReady.org](https://PedsReady.org) website



Download the 2018 guidelines: <https://tinyurl.com/PedsReady>



Like & share the PedsReady Facebook page: [@PedsReady](https://www.facebook.com/PedsReady)

Supported by:





Make  
Improvements  
in Pediatric  
Readiness

**THE KENTUCKY  
PEDIATRIC  
EMERGENCY  
CARE COALITION**

**Become a Recognized  
Pediatric Ready Emergency Department**

# The KY Pediatric Emergency Care Coalition

## KPECC Steering Committee

- KYEMSC
- KY ACEP
- KY AAP
- KY ENA
- KyHA
- KY TAC
- Pediatric Subject Matter Experts

## KPECC Membership

- A work in progress
- Open to all hospitals and partner organizations
- Interested in improving emergency care for children



## THE KENTUCKY PEDIATRIC EMERGENCY CARE COALITION

**Note:** *The Pediatric Emergency Care Recognition Program does not reflect a hospital's trauma capabilities. Trauma designation is a separate stand-alone program.*

### **Criteria for Voluntary Pediatric Ready Emergency Department Recognition**

**Definition:** **Pediatric patients** – All children age 17 years and younger.

**Definition:** A recognized hospital's Emergency Department shall be capable of identifying pediatric patients who are critically ill or injured, stabilizing pediatric patients (including the management of airway, breathing and circulation), and providing appropriate transfer to a definitive care facility.

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

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# Updating Criteria

# Duplicating Effort

- Added workload
- Repetition - only identified one significant difference
- Potential for error or confusion
- One standard as a common goal
- Will still have the ability to modify criteria



THE KENTUCKY  
PEDIATRIC  
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## Pediatric Readiness in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2018 joint policy statement “Pediatric Readiness in the Emergency Department,” which can be found online at: <https://pediatrics.aappublications.org/content/pediatrics/142/5/e20182459.full.pdf>. Use this tool to check if your hospital emergency department (ED) has the most critical components listed in this joint policy statement.

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

- Physician Coordinator for Pediatric Emergency Care (PECC)\*
  - Board certified/eligible in EM or PEM (preferred but not required for resource limited hospitals)

### ED Policies, Procedures, and Protocols

Policies, procedures, and protocols for the emergency care of children. *(These policies may be integrated into overall ED policies as long as pediatric-specific issues are addressed)*

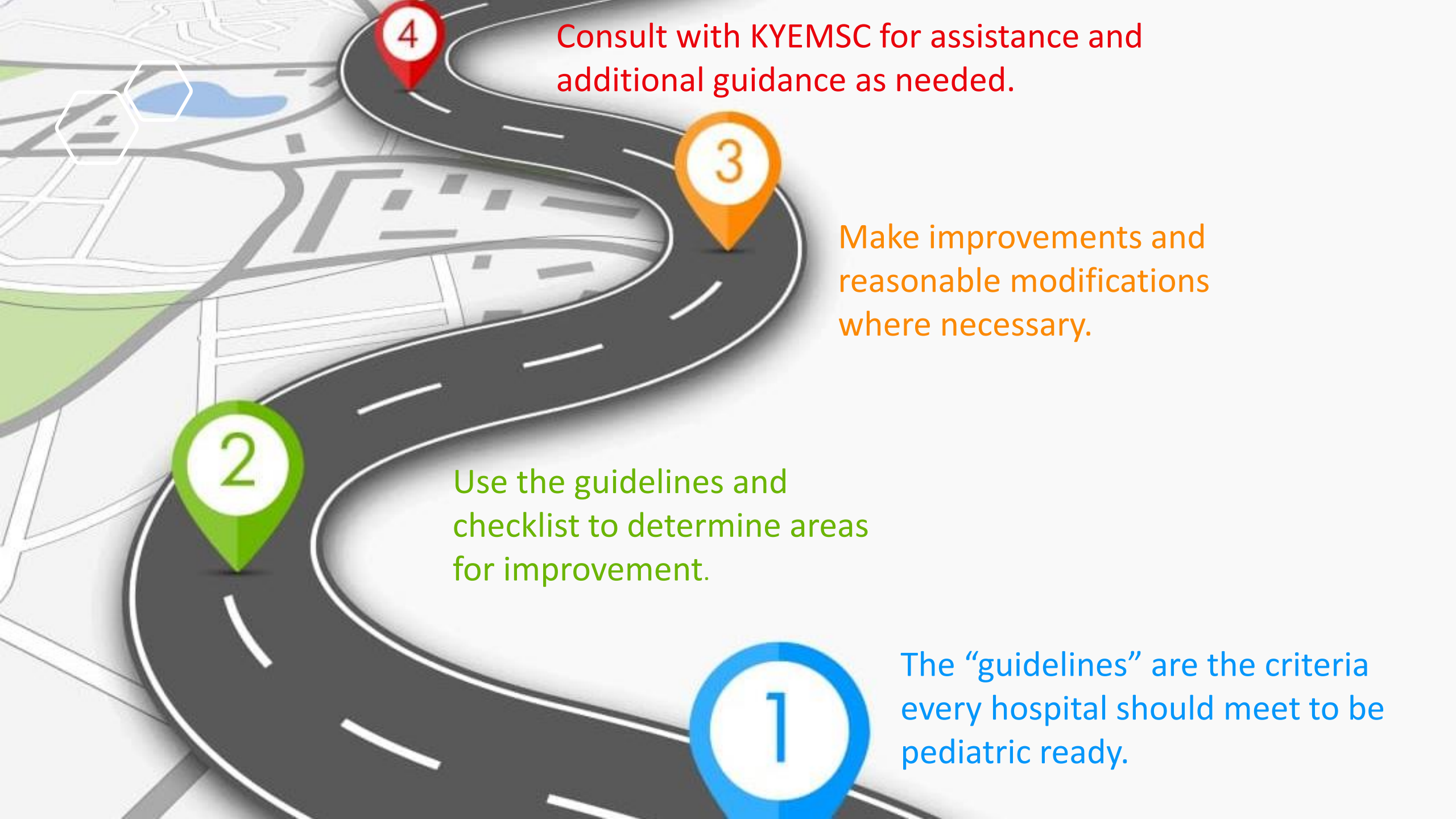
## Pediatric Readiness in the ED Checklist

- CPEN/CEN (*preferred*)
- Other credentials (e.g. CPN, CCRN)

- Consent, including when consent is not immediately available
- Social and behavioral health issues
- Physical or chemical restraint of patients

\*An Advanced Practice Provider may serve in either of these





4

Consult with KYEMSC for assistance and additional guidance as needed.

3

Make improvements and reasonable modifications where necessary.

2

Use the guidelines and checklist to determine areas for improvement.

1

The “guidelines” are the criteria every hospital should meet to be pediatric ready.

# Modifications

- Facilities with significant barriers in identifying a Physician Pediatric Emergency Care Coordinator, will still be considered for recognition.
- Explanation for modifications
  - Example: a rarely used medication not kept in the ED but available 24/7 from pharmacy with designated personnel or process to gain access in a timely manner
  - Ongoing evaluation of application and PRQ for needed changes
  - May attach an addendum or written explanation



# KYEMSC/KPECC

## Pediatric Emergency Care Recognition Program

### Documents

- PEC Recognition Program Overview
- 2018 JPS Pediatric Readiness in the ED
- Supplemental Data – Equipment List
- Pediatric Readiness in the ED Checklist
- KY Peds Ready Site Visit Purpose and Agenda
- Application PEC Recognition Program
- Pre-Review Questionnaire (PRQ)

<https://kbems.kctcs.edu/emsc/kpecc/index.aspx>



2018 Recognized  
Pediatric Ready Emergency  
Departments

- Norton Children's Hospital
- UK Healthcare Kentucky Children's Hospital, The Makenna David Pediatric Emergency Department
- St. Claire Healthcare



# 2019 Recognized Pediatric Ready Emergency Departments







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