



EIIC

Emergency Medical Services for Children Innovation and Improvement Center

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Acknowledgements and Disclaimers



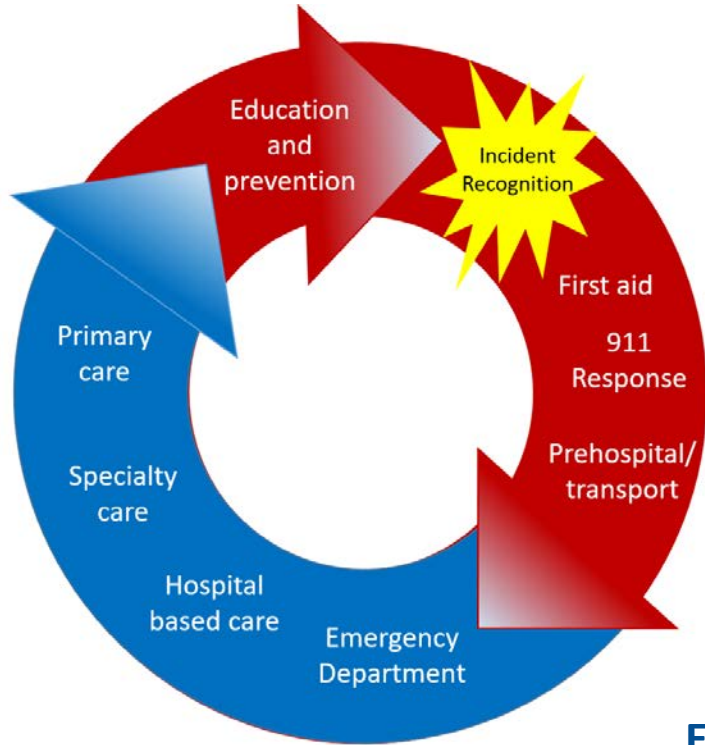
Funding Sources

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- The National Pediatric Readiness Quality Initiative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.2M with 0% financed with non-governmental sources.

Disclaimer

- The content presented here and throughout this webinar and the collaborative is that of the authors and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

EMSC is “ensuring healthcare is pediatric ready”



EMSC grantees

EMSC Innovation and Improvement Center	State Partnership	EMSC Data Center	Regionalization of Care	Targeted Issues	PECARN Network
<i>Quality improvement</i>	<i>Infrastructure</i>	<i>Accountability</i>	<i>Systems integration</i>	<i>Innovation</i>	<i>Evidence generation</i>



EMS for Children Innovation and Improvement Center Purpose



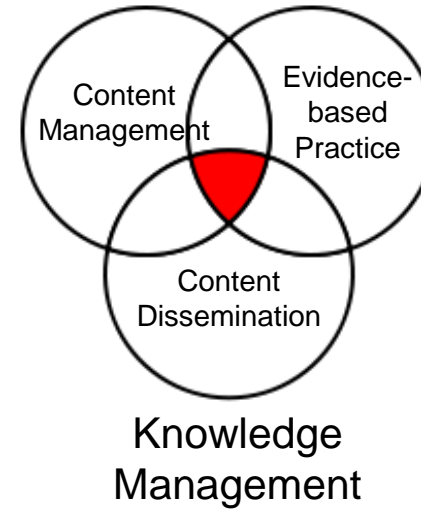
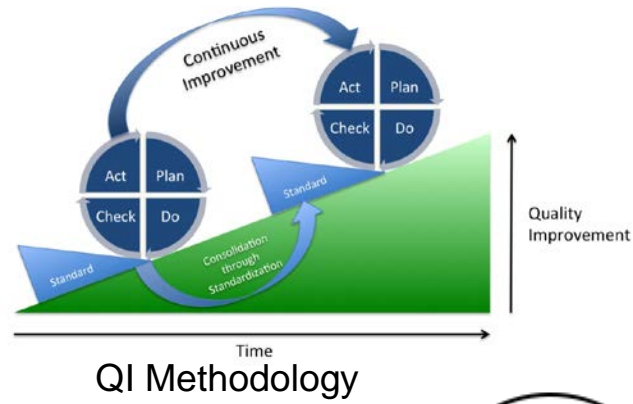
- Accelerating improvements in quality of care and outcomes for children who are in need of emergency care.
- Using an improvement science-based integration model, the EICC was designed to link tools, efforts, and entities to effectively decrease child and youth mortality and morbidity sustained as a result of illness or injury.



EIIC Efforts to Improve Pediatric Emergency Care



Increase Access to High Quality Health Services



Partnerships



Analytics



What is the National Pediatric Readiness Project?

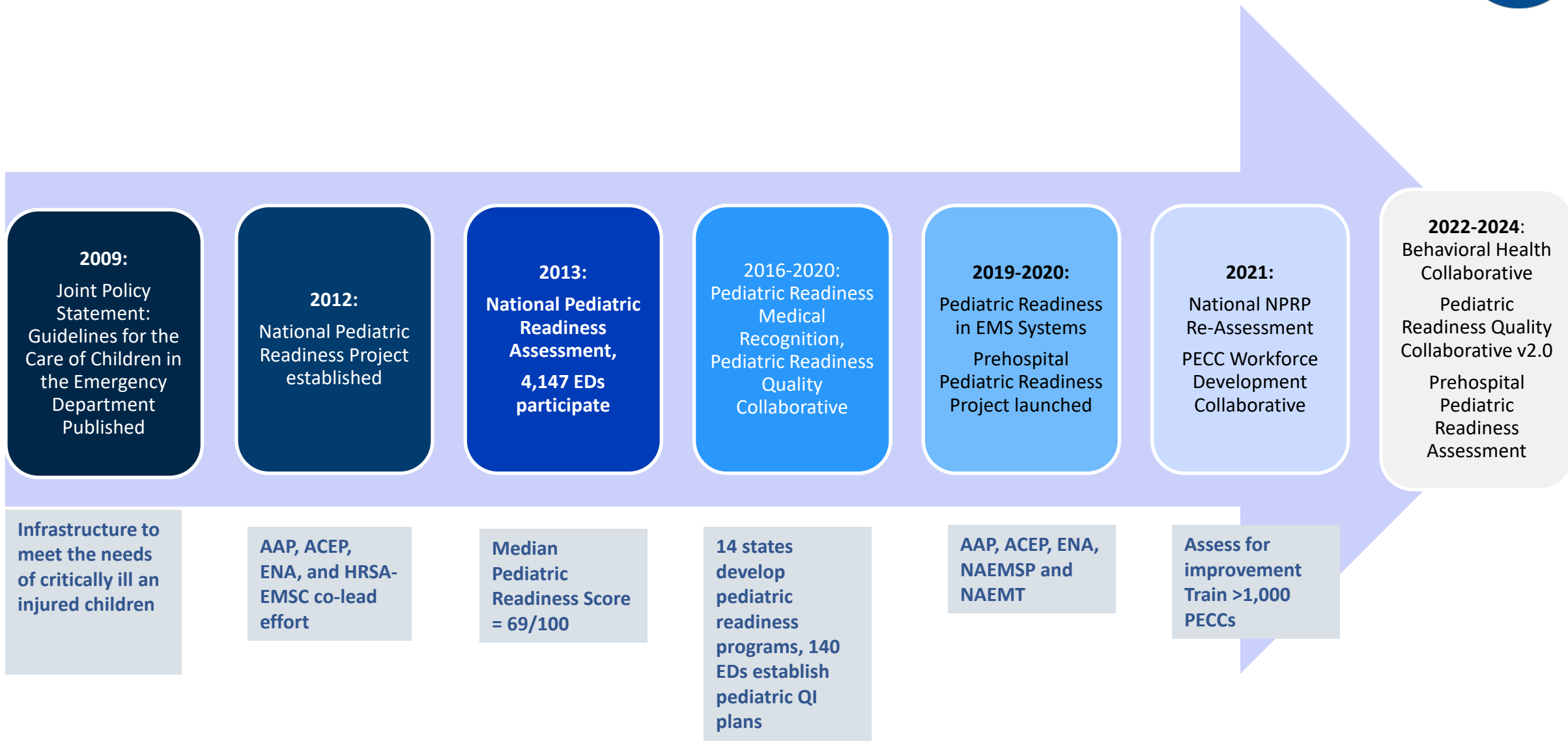


- The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children.





Pediatric Readiness Activities Timeline

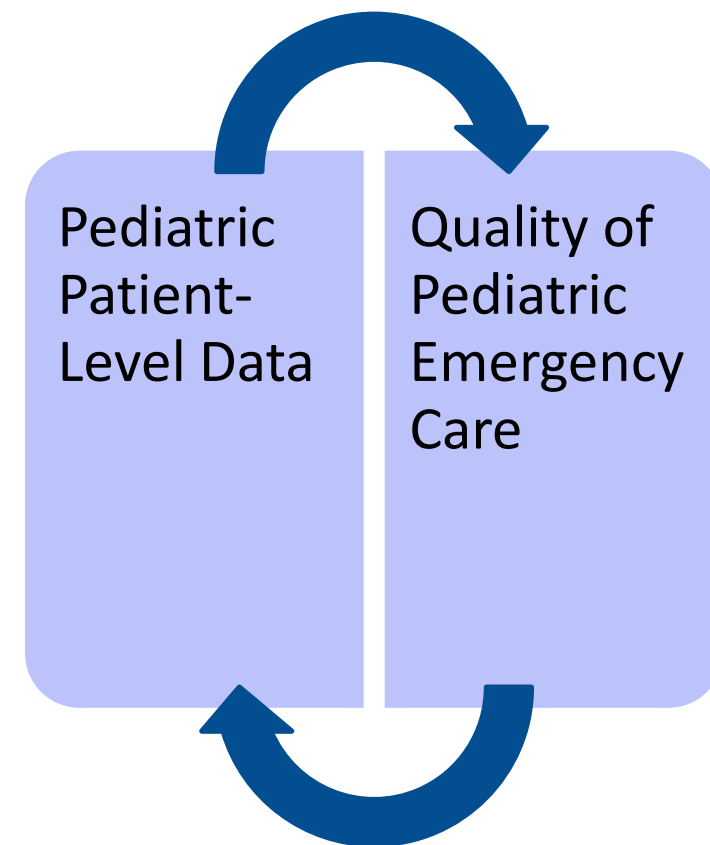




Challenges in Achieving High Quality Pediatric Emergency Care



- >80% of children seen in general EDs
- ~70% of EDs see less than 15 pediatric patients a day
- Low volumes = difficult to establish pediatric quality metrics/performance standards at an individual site



Top Barriers to Pediatric Readiness



- Cost of training personnel
- Lack of educational resources
- Lack of a QI plan for children





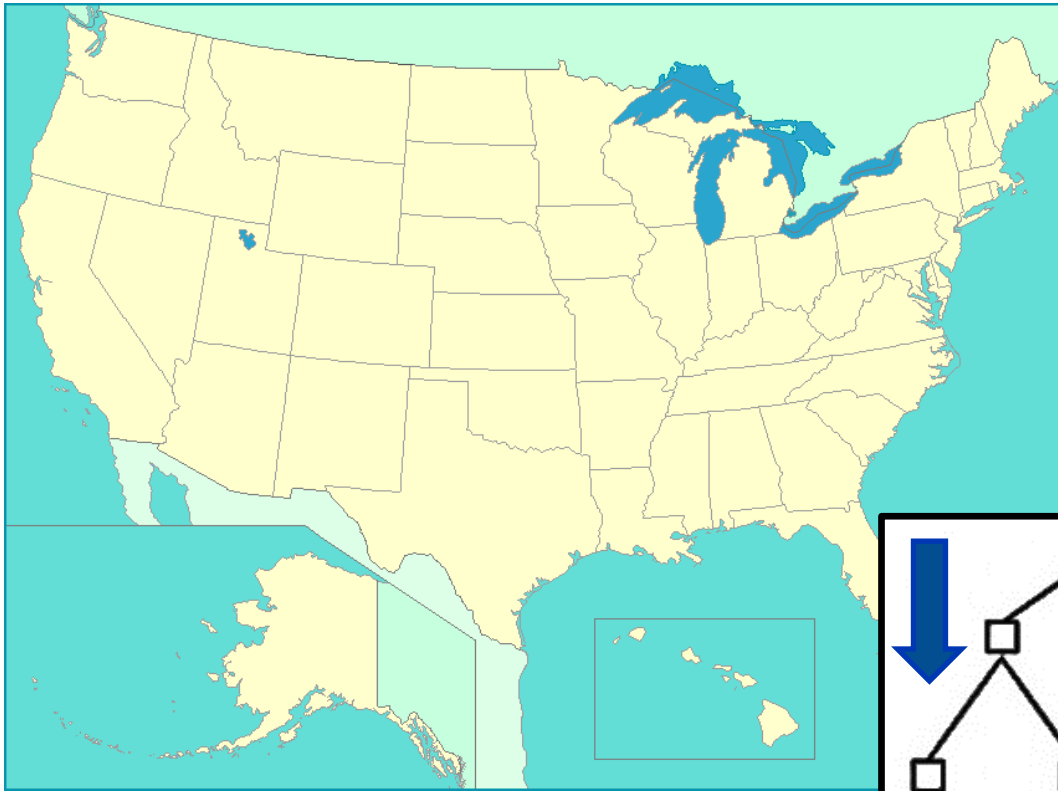
Common Critical Gaps in Pediatric Readiness



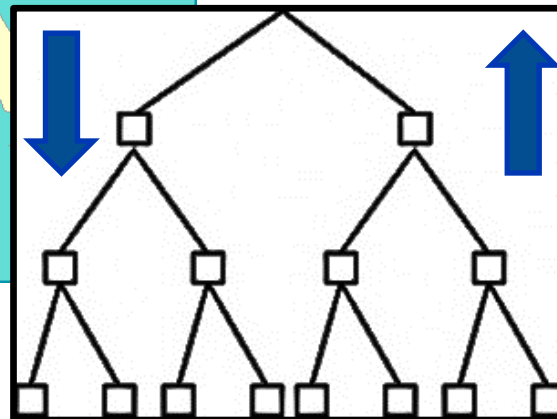
- Pediatric emergency care coordinator(s)
 - Physician
 - Nurse
- QI process with pediatric-specific indicators
- Pediatric Patient Safety Processes
 - Weighing children in kilograms
 - Pediatric patient assessment and triage
 - Inter-facility transfer guidelines
- Disaster plan that includes children



Two Approaches to ENSURING Pediatric Readiness

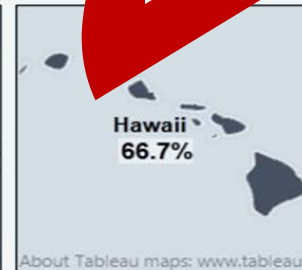


Top Down



Bottom Up

NPRP Re-Assessment: May-July 2021

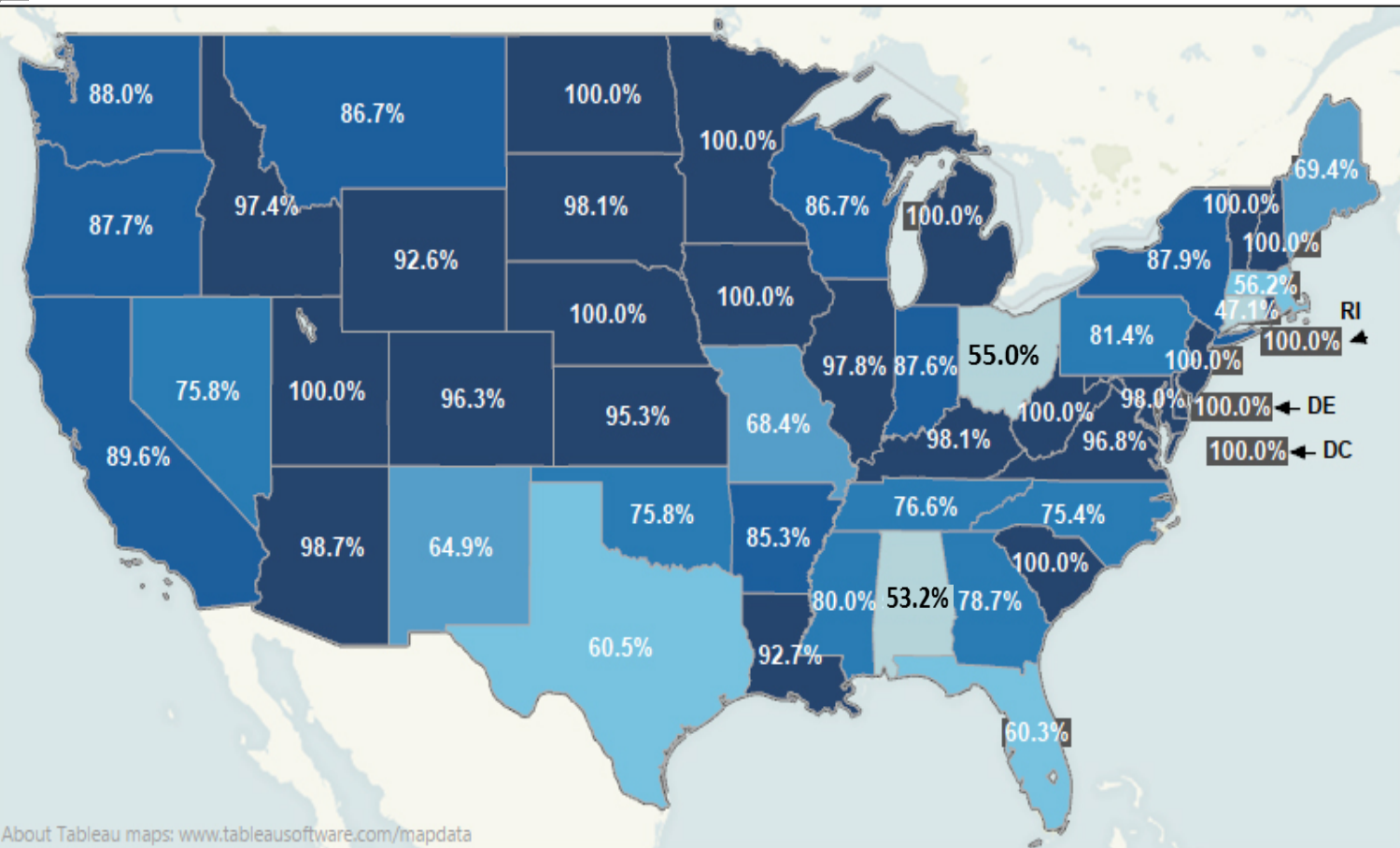


What is the 2021 NPRRP Assessment?

A National Assessment of Emergency Departments (ED)s to:

- Determine progress in pediatric readiness
- Identify existing gaps
- Promote quality improvement (QI) efforts in EDs across the country
- Develop national collaboratives to address common and critical gaps
- Identify best practices



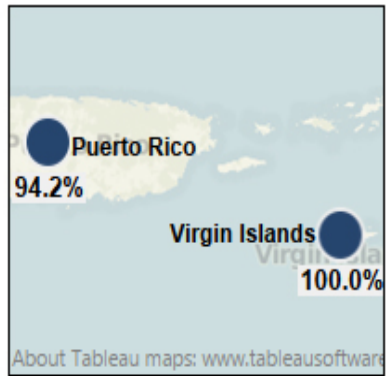
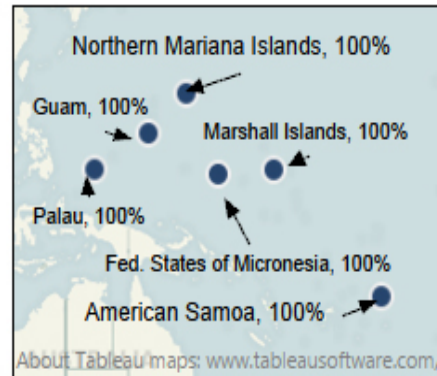
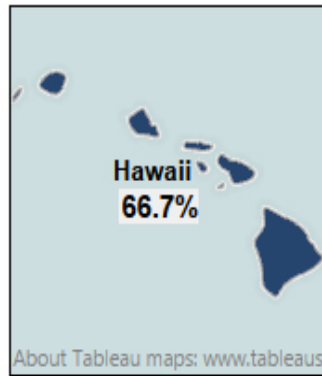


A National Assessment of Pediatric Readiness of Emergency Departments

Marianne Gausche-Hill, MD; Michael Ely, MHRM; Patricia Schmuhl, BA; Russell Telford, MA; Katherine E. Remick, MD; Elizabeth A. Edgerton, MD, MPH; Lenora M. Olson, PhD, MA

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

Average score = 69 out of 100





How does my ED participate?

Participating in the 2021 NPRP assessment is EASY!

ED Nurse Managers will receive several postal and email notifications with a link to the web-based assessment.

Since only one NPRP assessment per ED can be completed, we encourage you to collaborate with your ED leadership to participate in the NPRP assessment.



Why is participation important?



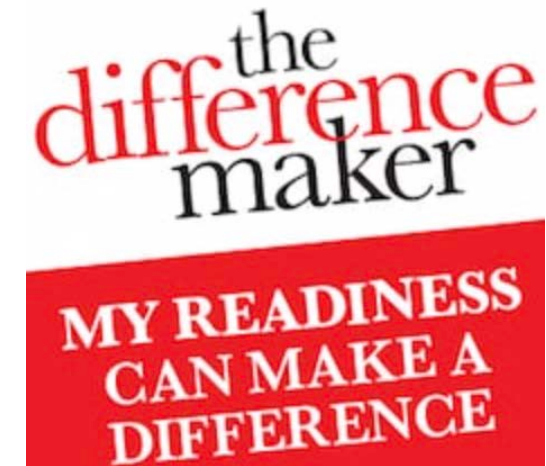
- The NPRP assessment helps ED personnel to be better prepared to provide quality care for all patients of all ages by evaluating the QI process of EDs over time.
- Hospitals with high ED readiness scores demonstrate a 4-fold lower rate of mortality for children with critical illness than those with lower readiness scores; thus, improving pediatric readiness improves outcomes for children and their families.

Emergency Department Pediatric Readiness and Mortality in Critically Ill Children

Stefanie G. Ames, MD, MS,^a Billie S. Davis, PhD,^a Jennifer R. Marin, MD, MSc,^{c,d} Ericka L. Fink, MD, MS,^{e,e} Lenora M. Olson, PhD, MA,^g Marianne Gausche-Hill, MD,^{e,hj} Jeremy M. Kahn, MD, MS^{e,f}

- Study of 20,483 critically ill children presenting to 426 hospitals
- Unadjusted mortality decreased by increased readiness score [11%-5.4%-4.9%-3.4%] $P < .001$
- Hospital in highest pediatric readiness quartile vs lowest had improved chance of survival OR 0.25 [0.18-0.37; $P < .001$]

Highest readiness
4 X
lower mortality



National Pediatric Readiness Project Toolkit



About the Readiness Toolkit



Download the Latest
Guidelines!

POLICY STATEMENT

Pediatric Readiness in the Emergency Department

Katherine Remick, MD, FAAP, FACEP, FAEMS; Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS;
Madeline M. Joseph, MD, FAAP, FACEP; Kathleen Brown, MD, FAAP, FACEP; Sally K. Snow, BSN, RN, CPEN;
Joseph L. Wright, MD, MPH, FAAP

AMERICAN ACADEMY OF PEDIATRICS
Committee on Pediatric Emergency Medicine, Section on Surgery

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
Pediatric Emergency Medicine Committee

EMERGENCY NURSES ASSOCIATION
Pediatric Committee

Pediatric Readiness in the Emergency Department


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

National Pediatric Readiness Project: Checklist and Toolkit

- Updated checklist based on 2018 guidelines, revised in 2020



<https://emscimprovement.center>

 Pediatric Readiness in the Emergency Department	
<p>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.</p>	
Administration and Coordination of the ED for the Care of Children	ED Policies, Procedures, and Protocols
<ul style="list-style-type: none"> <input type="checkbox"/> Physician Coordinator for Pediatric Emergency Care (PECC)* <ul style="list-style-type: none"> Board certified/eligible in EM or PEM (preferred but not required for resource limited hospitals) The Physician PECC is not board certified in EM or PEM but meets the qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill child. <input type="checkbox"/> Nurse Coordinator for Pediatric Emergency Care (PECC)* <ul style="list-style-type: none"> CPEN/CEN (preferred) Other credentials (e.g. CPN, CCRN) <p><i>*An Advanced Practice Provider may serve in either of these roles. Please see the guidelines/ toolkit for further definition of the role(s).</i></p>	<p>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)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Illness and injury triage <input type="checkbox"/> Pediatric patient assessment and reassessment <input type="checkbox"/> Identification and notification of the responsible provider of abnormal pediatric vital signs <input type="checkbox"/> Immunization assessment and management of the under-immunized patient <input type="checkbox"/> Sedation and analgesia, for procedures including medical imaging <input type="checkbox"/> Consent, including when parent or legal guardian is not immediately available <input type="checkbox"/> Social and behavioral health issues <input type="checkbox"/> Physical or chemical restraint of patients <input type="checkbox"/> Child maltreatment reporting and assessment <input type="checkbox"/> Death of the child in the ED <input type="checkbox"/> Do not resuscitate (DNR) orders <input type="checkbox"/> Children with special health care needs <input type="checkbox"/> Family and guardian presence during all aspects of emergency care, including resuscitation <input type="checkbox"/> Patient, family, guardian and caregiver education <input type="checkbox"/> Discharge planning and instruction <input type="checkbox"/> Bereavement counseling <input type="checkbox"/> Communication with the patient's medical home or primary care provider as needed. <input type="checkbox"/> Telehealth and telecommunications
Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers	All-Hazard Disaster Preparedness
<ul style="list-style-type: none"> <input type="checkbox"/> Healthcare providers who staff the ED have periodic pediatric-specific competency evaluations for children of all ages. Areas of pediatric competencies include any/all of the following: <ul style="list-style-type: none"> Assessment and treatment (e.g. triage) Medication administration Device/equipment safety Critical procedures Resuscitation Trauma resuscitation and stabilization Disaster drills that include children Patient and family-centered care Team training and effective communication 	<p>The written all-hazard disaster-preparedness plan addresses pediatric-specific needs within the core domains including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications, vaccines, equipment, supplies and trained providers for children in disasters <input type="checkbox"/> Pediatric surge capacity for injured and non-injured children <input type="checkbox"/> Decontamination, isolation, and quarantine of families and children of all ages <input type="checkbox"/> Minimization of parent-child separation <input type="checkbox"/> Tracking and reunification for children and families <input type="checkbox"/> Access to specific behavioral health therapies, and social services for children <input type="checkbox"/> Disaster drills include a pediatric mass casualty incident at least every two years <input type="checkbox"/> Care of children with special health care needs
Guidelines for QI/PI in the ED	
<ul style="list-style-type: none"> <input type="checkbox"/> The QI/PI plan includes pediatric-specific indicators <ul style="list-style-type: none"> Data are collected and analyzed System changes are implemented based on performance System performance is monitored over time <p><i>Please see the guidelines / toolkit for additional details</i></p>	



Administration and Coordination of the ED for the Care of Children

This section contains resources regarding the qualifications and responsibilities for the physician and nursing Pediatric emergency care coordinator (PECC) staffing your emergency department (ED).

Close ▾

- [Importance of the Pediatric Care Coordinator](#)
- [Role Responsibilities of a MD ED Coordinator](#)
- [Role Responsibilities of a Nursing ED Coordinator](#)
- [Is Your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness!](#) This webinar shares data supporting the need for pediatric emergency care coordinators (PECC), as well as strategies employed to identify and assure availability of PECCs in the EDs of a large hospital system.



Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers

This section contains resources regarding the necessary skills, knowledge, and training in emergency evaluation and treatment of children of all ages among staff in your emergency department (ED).

Expand ▾



When you complete the NPRP assessment will immediately receive:



- An ED pediatric readiness score from 0 – 100
- The average pediatric readiness score of EDs of similar pediatric volume
- The average pediatric readiness score of all participating EDs to use as a benchmark
- An ED Gap Report to target efforts for improvement in pediatric readiness

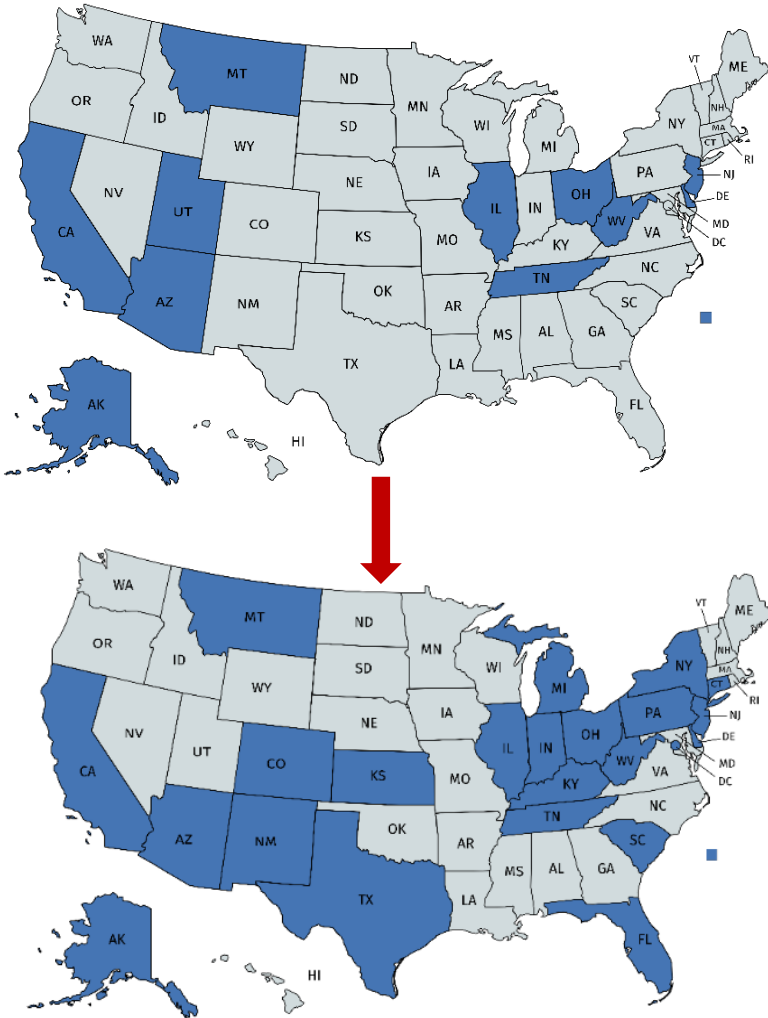
Statewide Pediatric Facility Recognition Programs and Their Association with Pediatric Readiness in Emergency Departments in the United States

Travis M. Whitfill, MPH¹, Katherine E. Remick, MD^{2,3,4,5}, Lenora M. Olson, PhD, MA⁶, Rachel Richards, MStat⁶, Kathleen M. Brown, MD^{7,8}, Marc A. Auerbach, MD, MSci¹, and Marianne Gausche-Hill, MD^{9,10,11}



EDs recognized in states with pediatric recognition programs had a 22-point higher pediatric readiness scores

Pediatric Medical Recognition Program Community of Practice



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Pediatric Medical Recognition Community of Practice (PMRP CoP) / Facility Recognition Collaborative (FRC)

FRC Transitions to the "Pediatric Medical Recognition Program Community of Practice"

In recognition that many states continue to strive to establish a pediatric medical recognition program, HRSA and the EIIIC are launching the Pediatric Medical Recognition Program Community of Practice (PMRP CoP). This dedicated effort is meant to support each of our State Partnership (SP) EMSC grantees in achieving [EMSC Performance Measure 04](#); *the percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.*

The Program's goal for this performance measure is that *by 2022, twenty-five percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.* More details about the performance measure may be found in the [EMSC Performance Measure Implementation Manual](#).

Similar to a *collaborative*, the goal of a *community of practice* is to sustain and build upon the foundation, resources and best practices developed during the collaborative. HRSA EMSC and the EIIIC staff will continue this PMRP CoP to provide education, expertise and experience in an open forum for EMSC grantees and their local stakeholders. This forum will provide grantees an opportunity to share best practices, learn from each other, and receive guidance and assistance from EIIIC and SP experts.

Pediatric Medical Recognition Community of Practice (PMRP CoP) / Facility Recognition Collaborative (FRC)

The Collaborative Charter: Increasing Pediatric Medical Recognition

Design of the Collaborative

Best Practices, Publications & Resources



Pediatric Readiness and Specialty Center Verification

Pediatric Verified EDs (n=51)	Non-Verified EDs (n=218)
89.6 [IQR 84.1, 94.1]	65.5 [IQR 55.5, 76.3]
p<0.0001	

Trauma Hospital Type					
	Children (N = 49)	EDAP (N = 110)	Trauma (N = 1088)	Overall (N = 1247)	P-value
Score					<.001 ¹
Median (Q1, Q3)	98.6 (95.1, 100.0)	90.7 (82.7, 95.8)	68.4 (56.6, 81.9)	71.7 (58.1, 87.0)	

¹ Kruskal-Wallis test.

Prehospital Pediatric Readiness Project



2020: Pediatric Readiness in EMS Systems



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

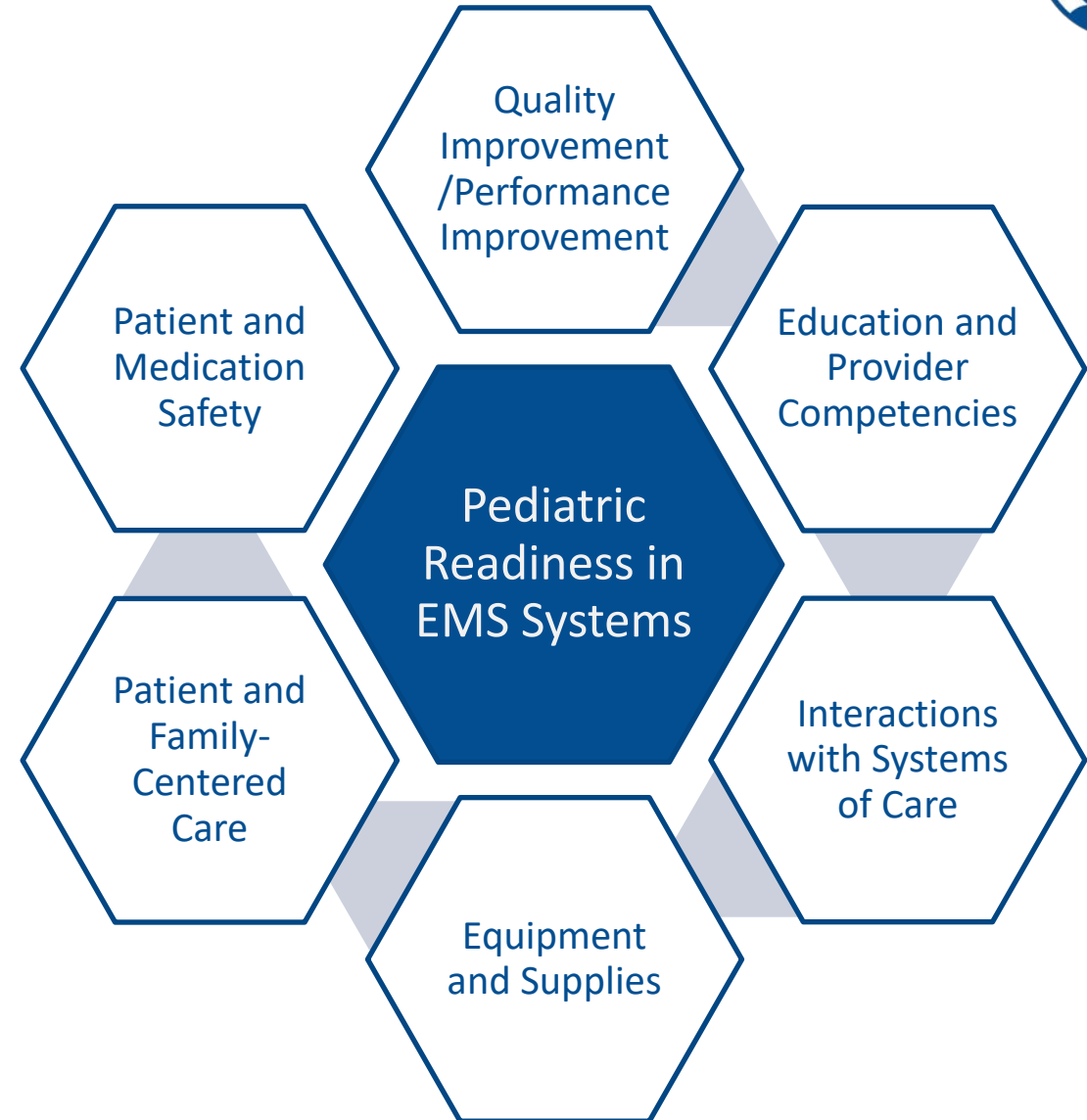
American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediatric Readiness in Emergency Medical Services Systems

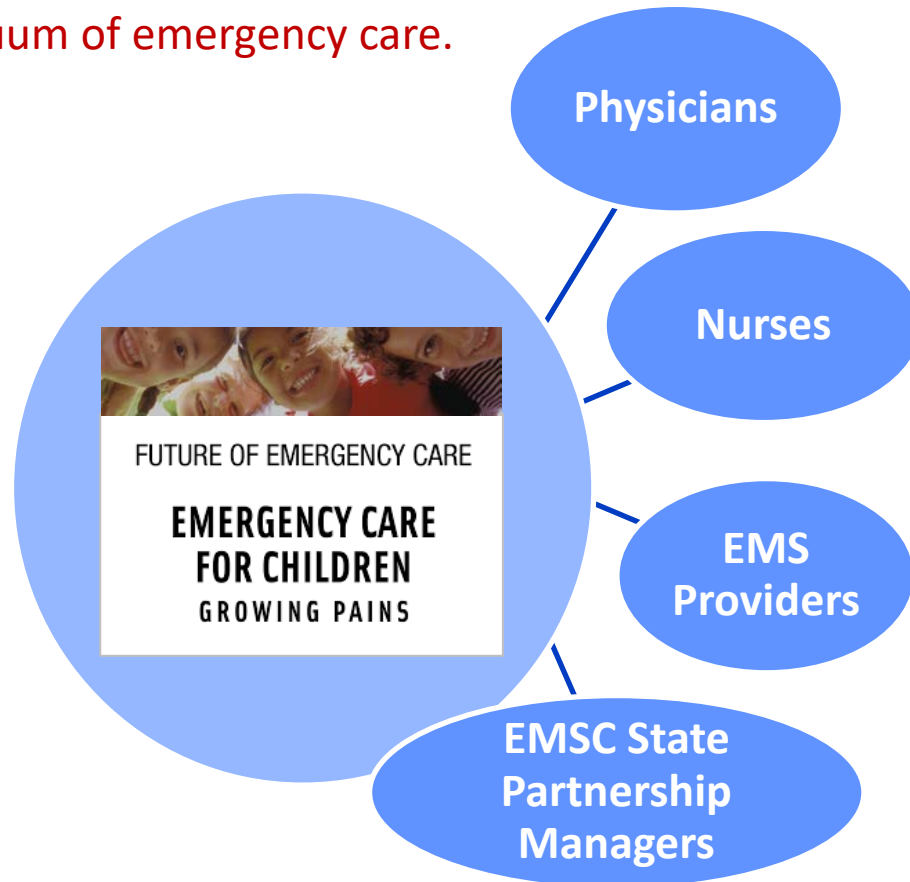
Brian Moore, MD, FAAP,^a Manish I. Shah, MD, MS, FAAP,^b Sylvia Owusu-Ansah, MD, MPH, FAAP,^c Toni Gross, MD, MPH, FAAP,^d Kathleen Brown, MD, FAAP,^{e,f} Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,^g Katherine Remick, MD, FACEP, FAAP, FAEMS,^{h,i,j} Kathleen Adelgais, MD, MPH, FAAP,^k John Lyng, 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



PECC Workforce Development Collaborative: September 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*



Review the 2018 joint policy statement: <https://tinyurl.com/PedsReady>



Explore the new NPRP toolkit & checklist: <https://tinyurl.com/NPRP-Toolkit-QI>



Download and print the assessment: www.pedsready.org



Follow the Peds Ready Facebook page: @PedsReady

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DEDICATED TO THE HEALTH OF ALL CHILDREN®

A close-up photograph of a person's hands holding a white sign against a bright blue sky with light clouds. The sign has the text 'We need YOU!' written in a dark blue, rounded, sans-serif font. The word 'YOU!' is significantly larger and bolder than 'We need'.

We need
YOU!



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Services for Children
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Questions?

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