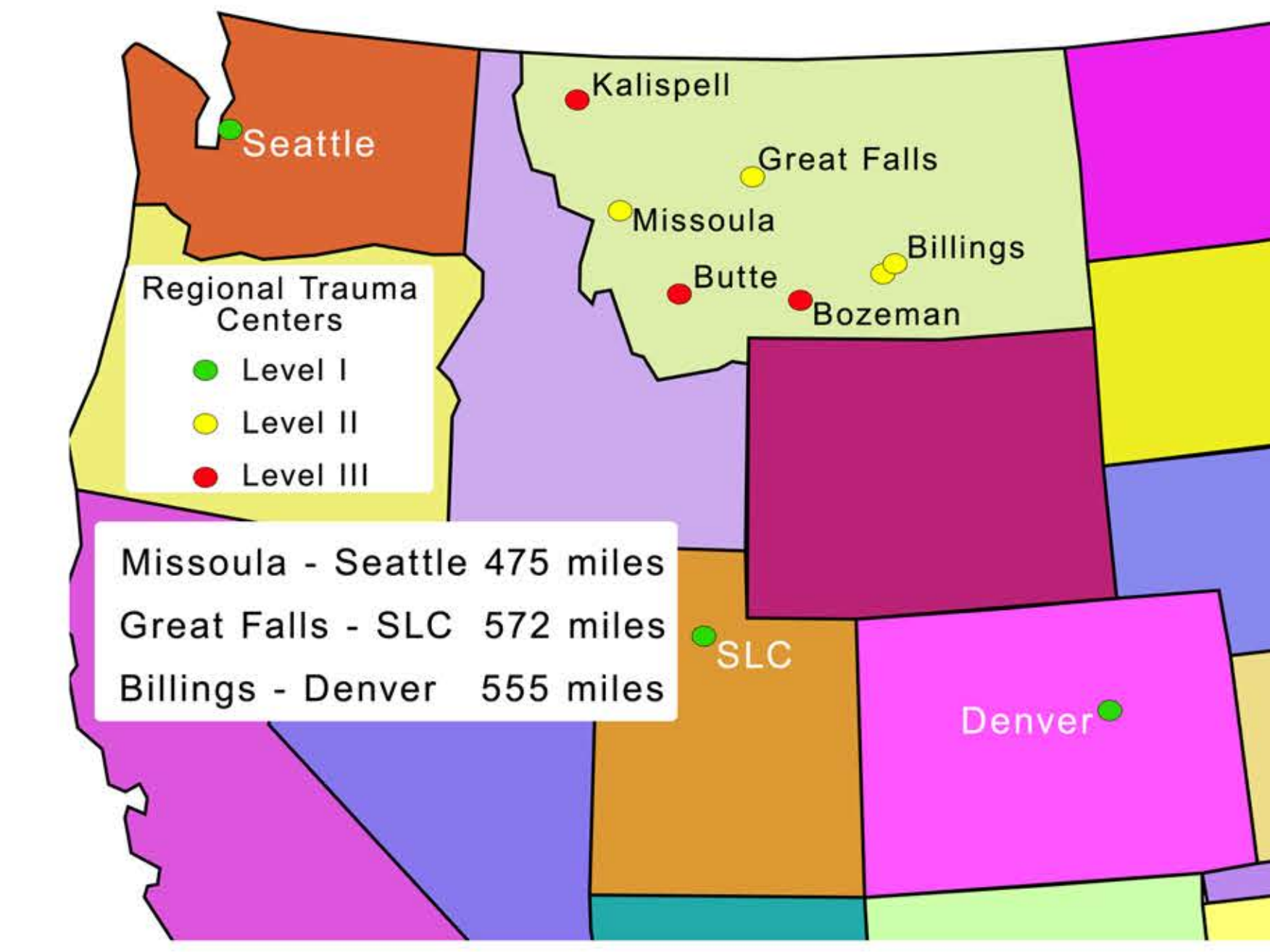
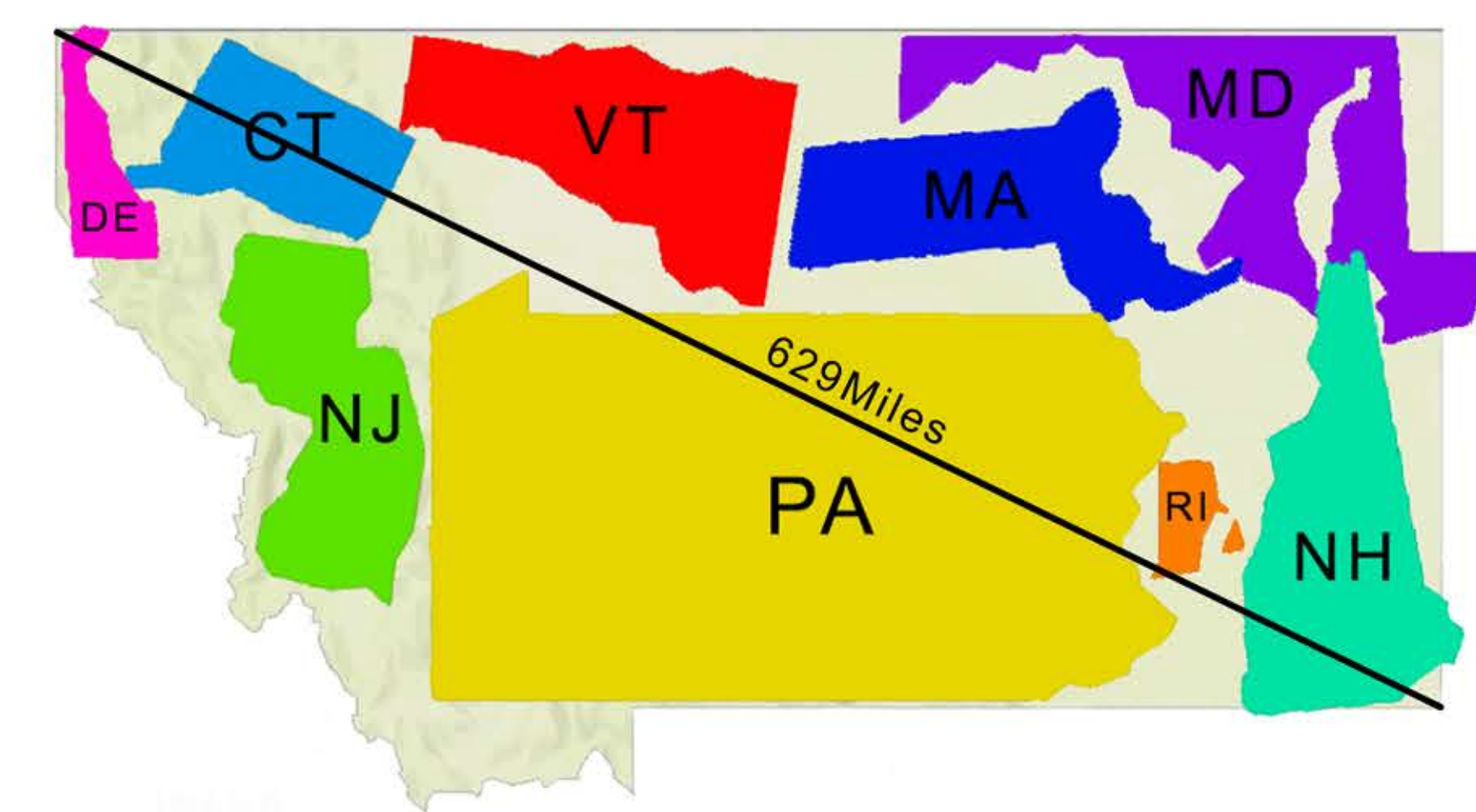
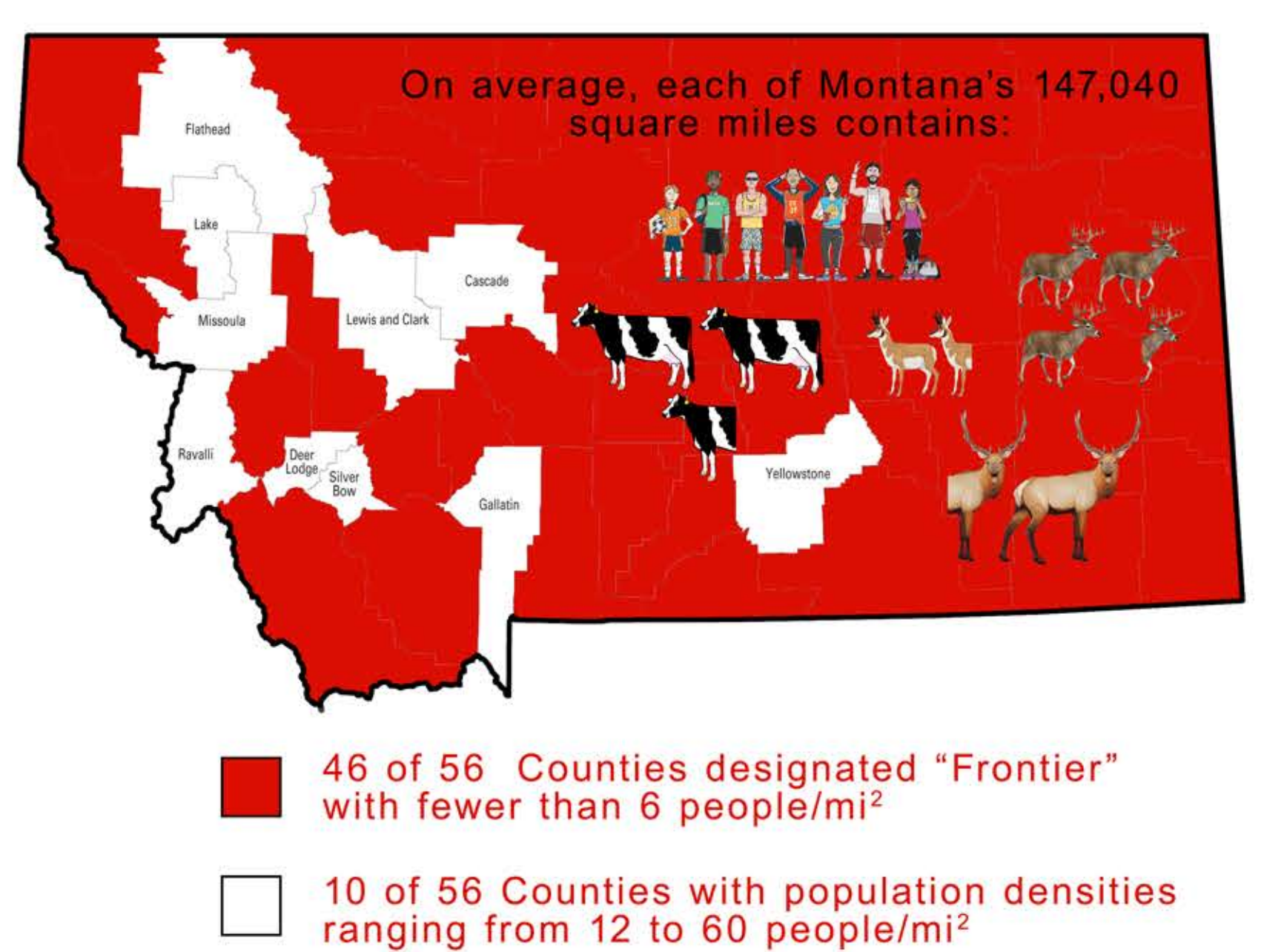


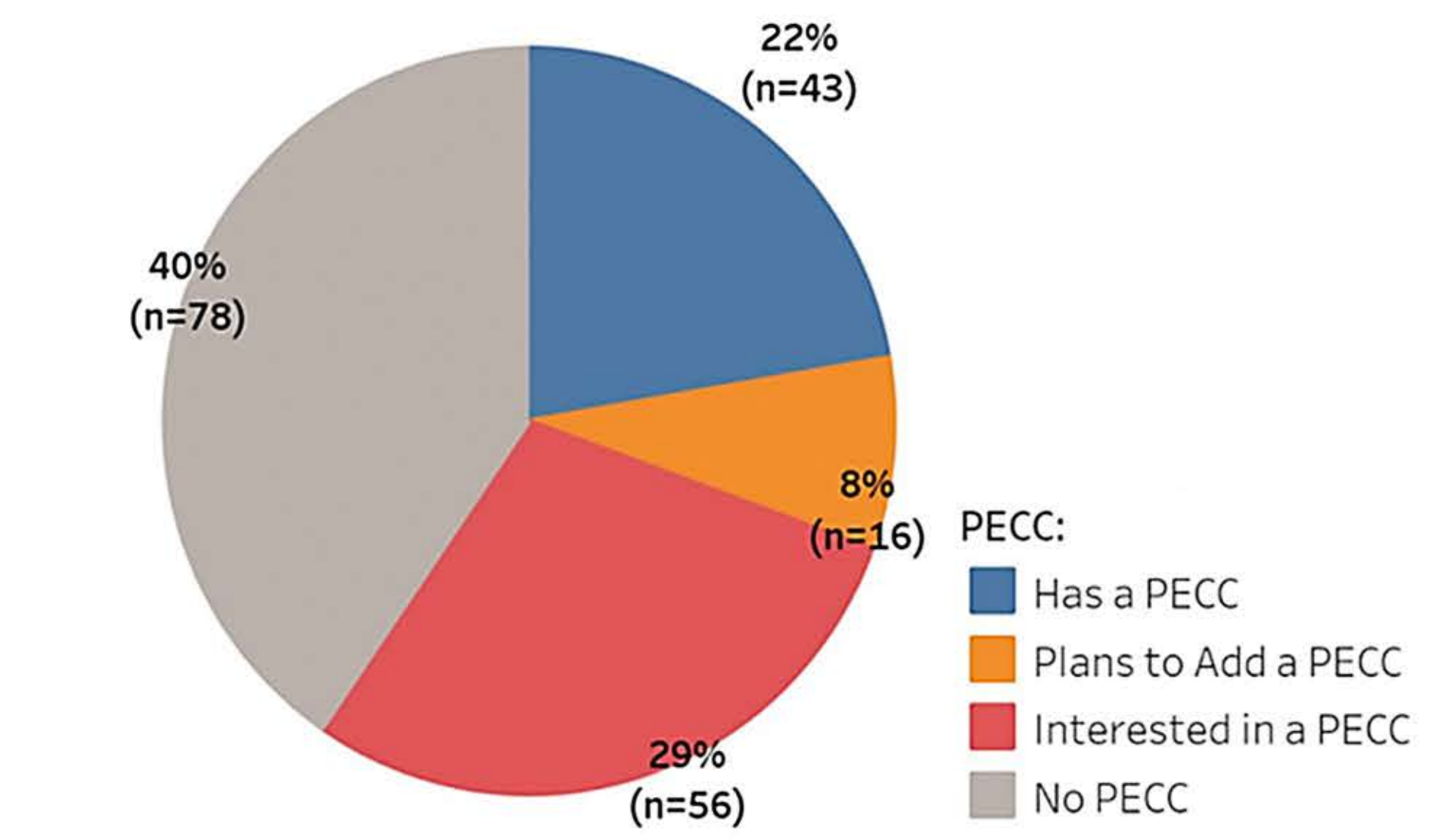
Background



- Children deserve an Emergency Medical Services (EMS) System that can deliver the right care at the right time no matter where they live, play, or travel.
- Montana is a huge state with limited resources for pediatric patients and significant distances to the highest level centers.
- Research has shown that when Emergency Departments have a PECC, children receive care that is more in line with the latest guidelines and we expect that similar benefits will come from placing PECC's in EMS agencies.

PECCLC Grant & Project Goals

- In late September 2018, Montana was chosen as one of nine states to participate in the PECC Learning Collaborative (PECCLC) Demonstration Project Funding Opportunity.
- The project was intended to demonstrate effective, replicable strategies to increase the number of local emergency medical services (EMS) agencies with a PECC.
- Data from a 2017 National EMSC Data Analysis Resource Center (NEDARC) survey showed that of 193 EMS

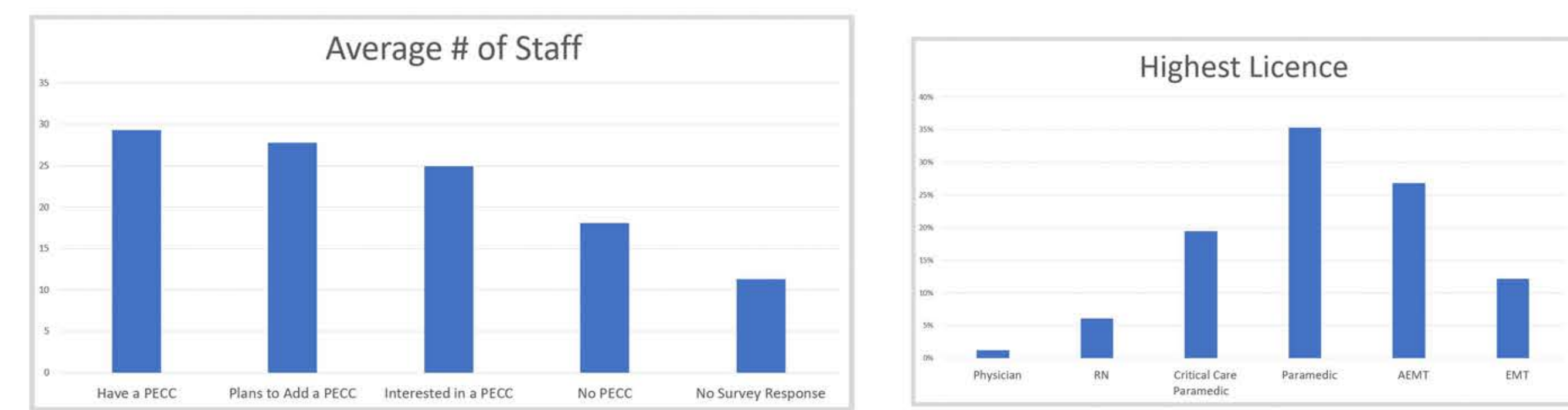


- Montana's very aggressive goal was to end the six-month project with 116 or 60% of those agencies designating a PECC.
- Along the way, we hoped to learn about the process and develop best practices to share with other states.

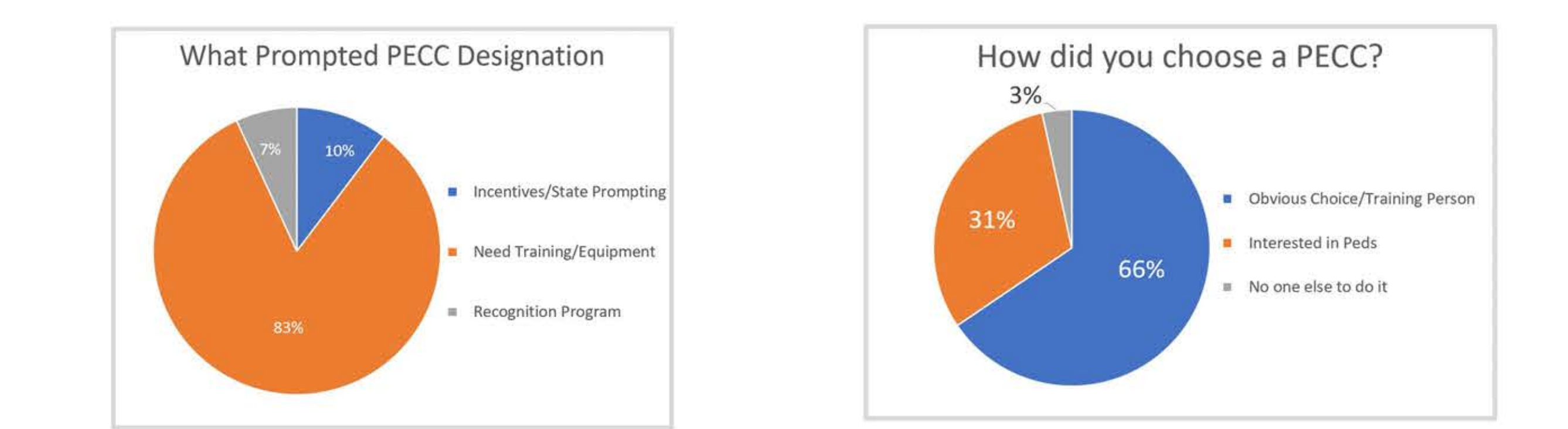
Methods

- EMS agencies were divided into four groups based on the 2017 NEDARC survey: Have a PECC, Have Plans to add a PECC/Are interested in a PECC, Don't have a PECC, Didn't answer the survey.
- Two surveys were developed to gather information from participating agencies. One survey queried agencies that have a PECC and the other queried agencies that did not have a PECC.
- The project team attempted to contact all 193 agencies via a mix of multiple emails and phone calls as well as face-to-face encounters at trainings, conferences, site visits and local and state meetings.
- Those agencies who identified a PECC and submitted answers to a survey were officially recognized as having designated a PECC. Each of these agencies was provided a collection of pediatric-specific equipment and supplies as an incentive for their participation.
- PECC's who attended one of three regional PECC Conferences were given a pediatric CPR manikin with built-in compression feedback as a further incentive to participate in the program.

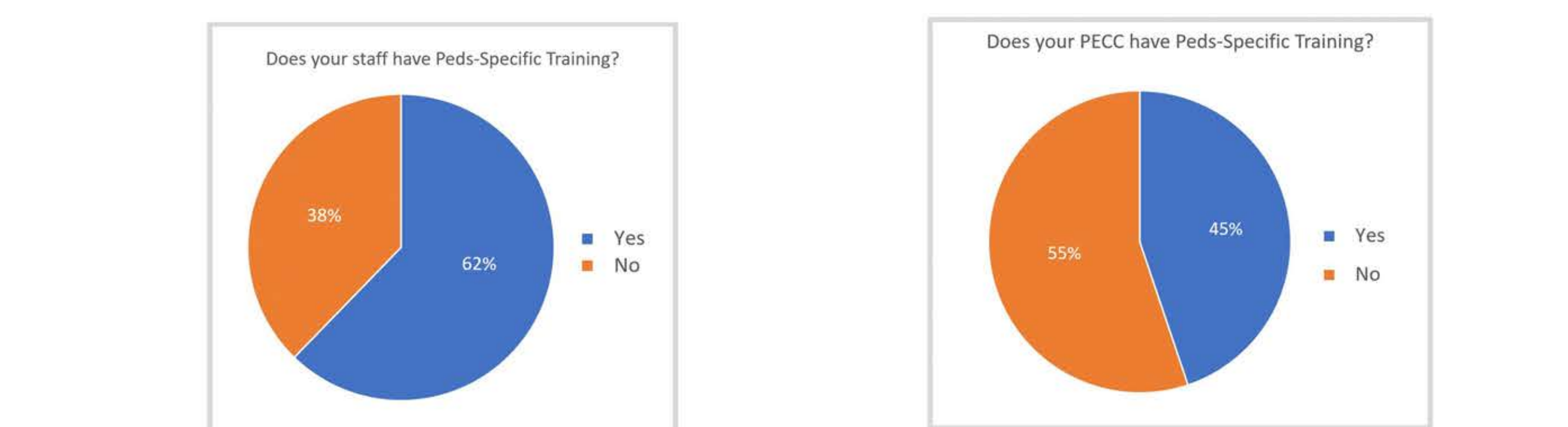
Survey Results



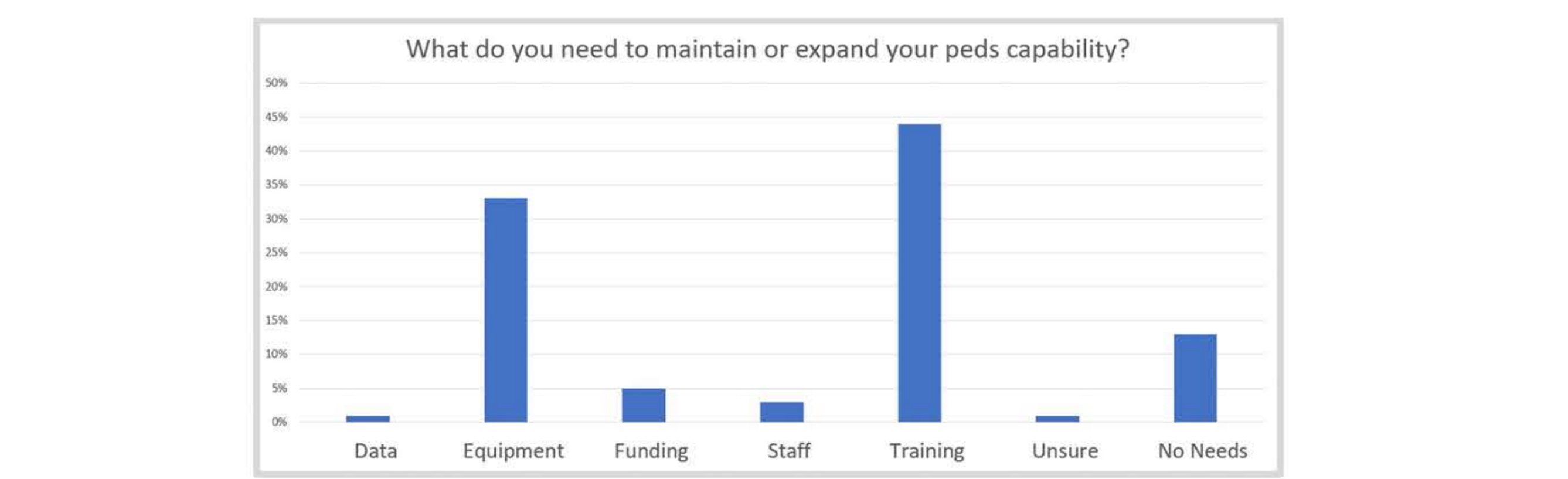
- There was a direct correlation between the size of an organization and their success at designating a PECC. The larger the agency, the more likely they were to have a PECC or to be moving in that direction.
- Similarly, agencies functioning at the ALS level were more likely to have a PECC with Paramedic level services being the most common.



- The need for pediatric-specific training and equipment - the two stated objectives of the Montana PECC program - was the most common impetus for PECC designation.
- Most agencies reported that the person filling the PECC role was an obvious choice, and most of the time it was the staff member who already handled training for the organization.



- While 62% of organizations reported having pediatric-specific training, only 45% of PECC's claimed to have training specific to pediatrics.



- Unsurprisingly, the biggest needs when looking to maintain or expand pediatric capability were pediatric-specific training and equipment.

Lessons Learned

- Begin with a multi-disciplinary team with varying backgrounds and from all geographic regions of the project area.
- Before any recruiting efforts begin, ensure that a clear definition of a PECC is developed and is consistently shared throughout the project.
- Ensure the project is clearly introduced and that agencies are familiar with key team members.
 - Be careful of the email addresses and possibly even the phone numbers being used by project members to prevent suspicions that attempts at contact are scams or sales calls.
- Utilize all available means of communication in order to reach as many key players as possible.
 - Volunteer agencies generally do not have personnel answering phones or emails on a regular basis, and their offices are not normally staffed. Be patient in making contact with volunteers and consider conferences, trainings, etc. as important ways to get in touch with them.
- Develop something that makes the PECC designation official.
 - Montana's approach was to recognize an agency PECC only after they participated in the PECC survey. This process ensured that the team had a good conversation with each organization in order to fully explain the program, answer questions and educate on available resources.
- Don't underestimate the power of incentives and understand how they can tie into goals of the program (like offering pediatric equipment/supplies and pediatric training equipment as incentives).
- Use similar initiatives to support and promote each other.
 - Montana's EMS Pediatric Recognition program requires recognized agencies to have a PECC which helped motivate agencies to designate one.
- PECC's will be hungry for training on their new responsibilities - so be ready to help provide it!

Conclusions

By the end of a very short six-month grant period, Montana had designated a total of 82 PECC's. Only 29 of the original 43 agencies claiming to have a PECC confirmed that status, but 53 other agencies that had not previously filled that role designated PECC's.

While the process of recruiting PECC's in the prehospital setting can be challenging, it is not impossible, and the expected benefits make the work worthwhile. By building a multidisciplinary team, communicating effectively, offering incentives and providing training, a strong PECC program can be initiated – even in a short period of time when necessary!



Scan this QR Code for more information and related resources from the project.