



THE PEDIATRIC EMERGENCY
CARE COORDINATOR

Focus Area #1

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PURPOSE STATEMENT

Explore the roles, responsibilities, and skill set of an effective PECC and identify strategies to strengthen the role within your EMS agency, emergency department, or hospital.

BACKGROUND

The concept of a Pediatric Emergency Care Coordinator (PECC)—also referred to as a Pediatric Champion—has been around for some time. Since 1983, Los Angeles’ Emergency Departments Approved for Pediatrics (EDAP) program has required that these emergency departments (EDs) have a pediatric liaison nurse (PdLN) on staff.¹ However, increased focus on the importance of the role is commonly attributed to the 2006 Institute of Medicine’s (IOM, now the National Academy of Medicine) report: *Emergency Care for Children: Growing Pains*.² Noting significant inadequacies in the nation’s emergency care system’s capacity to manage ill or injured children, this report called for both hospitals and EMS systems to identify qualified coordinators of pediatric emergency care. In line with the Growing Pains report, the Health Resources and Services Administration (HRSA) Emergency Medical Services for Children (EMSC) Program has established a Performance Measure that by 2026, 90% of all EMS agencies will have a PECC.³

It is increasingly being demonstrated that the presence of a PECC within an EMS agency, ED, or hospital is one of—if not *the*—strongest driver of improved quality of emergency care for children. The results of both the 2003 and 2013 National Pediatric Readiness Assessments indicate that the presence of a PECC is strongly correlated with enhanced pediatric readiness, independent of other factors.⁴ Correspondingly, a higher level of [pediatric readiness](#) in EDs has been shown to be associated with decreased morbidity and mortality in critically ill and injured children, regardless of trauma designation.^{5,6} It is expected that EMS agencies who have a PECC would show similar improvements.

The purpose of a PECC is to ensure that children receive the same quality of emergency care as their adult counterparts. While EMS, ED, or hospital leadership’s commitment to the appointment of one dedicated individual to this role is likely to have a greater, long-standing impact, the PECC role need not be filled as a full-time position by one

¹ Pediatric Liaison Nurses. (2021, June 4). *Pediatric Liaison Nurse*. Retrieved from <https://pdln.net/>

² Committee on the Future of Emergency Care in the United States Health System. (2007). *Emergency Care for Children: Growing Pains*. Washington, DC: The National Academies Press.

³ Health Resources and Services Administration (HRSA). (2017, March 1). *EMS for Children Performance Measures. Implementation Manual for State Partnership Grantees*. Retrieved from the National EMSC Data Analysis and Resource Center https://www.nedarc.org/performanceMeasures/documents/EMS%20Perf%20Measures%20Manual%20Web_0217.pdf

⁴ Gausche-Hill, M. E. (2015). A National Assessment of Pediatric Readiness of Emergency Departments. *JAMA Pediatrics*, 527-534.

⁵ Ames, S. G.-H. (2019). Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. *Pediatrics*, e20190568.

⁶ Remick, K. G. (2019). Pediatric emergency department readiness among US trauma hospitals. *The Journal of Trauma and Acute Care Surgery*, 803-809.

individual. The simple acknowledgment that the position holds value and identifying one or multiple people to act as a pediatric champion within the EMS agency, ED or hospital is a powerful initial step.

The role can be within a single EMS agency, ED or hospital or a single individual may be shared across multiple agencies, a hospital network, or region. Depending on the pediatric volume of the EMS agency, ED, or hospital, this person may take on the PECC duties in addition to other responsibilities (e.g., educator, trauma coordinator, etc.). Similarly, more than one individual may work collaboratively to ensure pediatric needs are well integrated into the system of care. Individuals interested in serving as a PECC within an EMS agency, ED or hospital may have relatively little guidance on the roles, responsibilities, and skill set to be effective. The aim of this module is to describe the roles, responsibilities, and skill set of an effective PECC with the goal of strengthening the impact of those serving in this role both now and in the future.

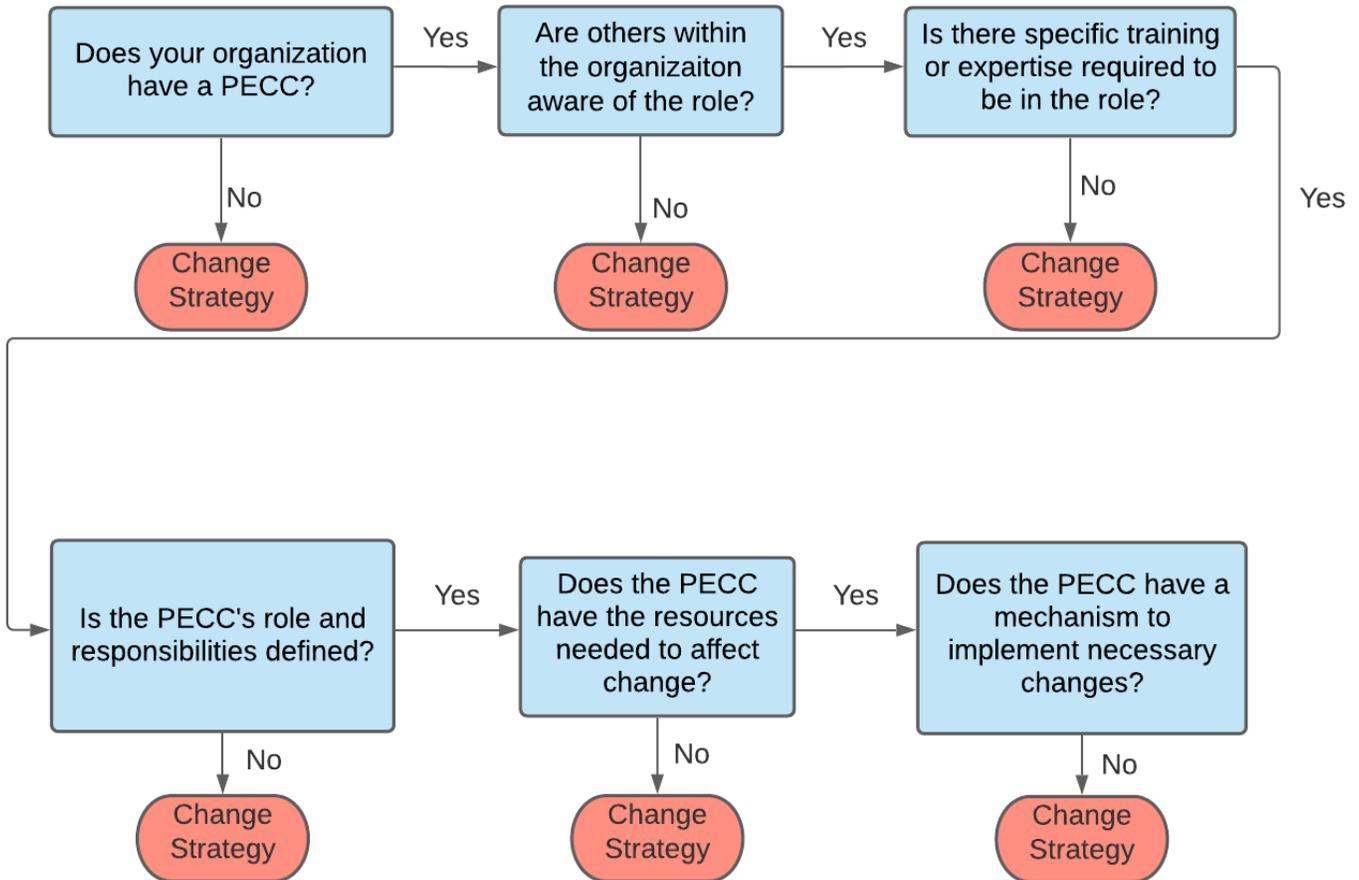
TESTIMONIALS

“The benefit {of having a PECC} is enhanced understanding. That sounds like such a small phrase but it's overwhelming. I mean, it's in n dimensions. It's not just one or two dimensions, it's n-dimensional in your understanding of everything. The child, the family, the community, etc. I mean, it's huge, absolutely huge for me personally to help everybody else, who's the learner, so it's tremendous.” (EMS Agency PECC)

“Two primary advantages {to having a PECC}: The first one is just awareness of the resources out there for pediatric training. Before being notified of this program, we were on our own to do our own pediatric training and it's always challenging to get everybody motivated to do individual {pediatric} training because we see so few true pediatric emergencies. The second resource that has been useful are these trainings that {the EMSC Program Manager} has offered to us to get the guys through and I know there's more in the works. Specifically, that takes it off me, all I have to do is get our crews scheduled to line up to the webinar and then I don't have to put together curriculum, things like that.” (EMS Agency PECC)

FLOW DIAGRAM

This flow diagram is designed to help one think about how to break down this focus area into small steps. The questions in this flow diagram align with the environmental scan worksheet in the next section.



ENVIRONMENTAL SCAN WORKSHEET



Focus Area 1: The Pediatric Emergency Care Coordinator

Environmental Scan Worksheet

Instructions

The purpose of these questions is to help you explore the current state of the focus area at your EMS agency, ED, or hospital and identify areas for improvement. To be eligible for CE credit, you must answer the Yes/No and strengths/barriers questions in REDCap. The “Key Considerations / Considerations”, “Best / Suggested Practices” and “Possible Change Strategies” sections are not required but are designed to help you delve deeper into the question, capture best practices shared during learning sessions, and help strategize on how to improve in this area. Please remember that there is an individual link to each of these forms. Please email Meredith Rodriguez at collaboratives@emscimprovement.center for assistance.

<p>1) Is there a PECC, pediatric champion, or an individual(s) in a similar position that is assigned responsibilities for coordinating pediatric care?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Key Elements / Considerations</p> <p><i>How was the role assigned?</i></p> <p><i>How long has the PECC been in the role?</i></p> <p><i>Is there a process for turnover?</i></p> <p><i>If no, why isn't there a PECC within your organization?</i></p> <p><i>Has there been efforts to establish a PECC before? Why or why not?</i></p>	<p>Best / Suggested Practices</p> <p><i>What are groups doing around the country that would work well for your agency or ED/hospital?</i></p> <p><i>How do others select PECCs and address turnover?</i></p>	<p>Possible Change Strategies</p> <p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 1-Advocacy & Communication</p>	
<p>2) Does the PECC carry a formal title related to coordination of pediatric emergency care?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Key Elements / Considerations</p>	<p>Best / Suggested Practices</p>	<p>Possible Change Strategies</p>	

<p><i>What is the title?</i></p> <p><i>How is it integrated into the agency or organizational structure?</i></p> <p><i>Does it carry any weight or decision-making authority?</i></p> <p><i>If no, why doesn't this person have a title? How are their efforts recognized?</i></p>	<p><i>What are PECCs titles around the country?</i></p> <p><i>Does that title give additional authority or resources?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 1-Advocacy & Communication</p>
<p>3) Are individuals within the organization aware that there is (or should be) a person responsible for the coordination of pediatric emergency care?</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
<p><i>Who is aware of the role?</i></p> <p><i>How are others kept informed about the activities of the PECC?</i></p> <p><i>Do these individuals assist with implementation and/or support of the role?</i></p> <p><i>If no, what is the reason for this lack of support or unawareness?</i></p>	<p><i>What strategies do PECCs around the country employ to promote the importance of the role?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 1-Advocacy & Communication</p>
<p>4) Does the PECC have or receive any specific training (including orientation to the role)?</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
<p><i>What experience/training does the PECC have?</i></p> <p><i>What qualifies this person to be the PECC?</i></p> <p><i>Is this required to be in the role?</i></p> <p><i>Is there an orientation to the role?</i></p>	<p><i>What experience, education, or training do similar PECCs around the country have?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 2-Education</p>
<p>5) Are the PECC's role and responsibilities clearly outlined (e.g., in a job description)?</p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
<p><i>What are those responsibilities?</i></p> <p><i>How are the responsibilities determined?</i></p> <p><i>How is the PECC held accountable for responsibilities?</i></p>	<p><i>What responsibilities do similar PECCs from around the country have?</i></p> <p><i>How are PECCs responsibilities determined at other agencies/EDs/hospitals?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 3-Processes & Policies</p>
<p>6) Does the PECC have the resources needed to effect change? (e.g., dedicated time, funding, connections with regional pediatric centers, or other PECCs within the region).</p>		
		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
<p><i>Are the resources relatively consistent/reliable?</i></p> <p><i>What resources does the role need most to be effective?</i></p>	<p><i>What resources are available to PECCs around the country?</i></p> <p><i>How did they advocate for or obtain those resources?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 4-Resources</p>
<p>7) Does the PECC have a mechanism to implement necessary changes? (e.g., communication channels, authority, leadership support, etc.)</p>		
		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
<p><i>What does that mechanism look like?</i></p> <p><i>How is change advocated for?</i></p> <p><i>What would help with implementing change?</i></p>	<p><i>What mechanisms do PECCs around the country employ to implement change?</i></p>	<p><i>What could be done to improve here?</i></p> <p>Relevant Key Driver(s): 4-Resources</p>
<p>8) What are your organization’s strengths as it relates to this focus area?</p>		

What could be shared with others to help promote success? What could be leveraged to drive further improvement?

9) List the potential barriers to optimizing the PECC role at your organization.

How might these barriers be overcome? What support or resources are needed to overcome them?

10) Is there a specific change strategy that could be implemented at your organization?

Where would you start? What is the best first step to take to strengthen the role of the PECC?

KEY DRIVERS & CHANGE STRATEGIES

1. ADVOCACY & COMMUNICATION

Note: Focus Area 6 will specifically focus on communication and collaboration across systems of care. This driver and set of change strategies is specifically focused on advocating for the establishment or formalization of the PECC role.

Crosscutting Change Strategies

- 1.1. Identify an individual with expertise and/or interest in pediatrics to serve as the PECC.
- 1.2. Perform a stakeholder analysis of your EMS agency, ED, or hospital. Who are the relevant people that you will need support from and keep informed for the PECC to work effectively?
- 1.3. Survey staff (formally or informally) on their level of comfort in caring for pediatric patients of various triage levels. This can be done with a specific emphasis on certain skills (e.g., intubation) or through discussing recent experiences. Communicate findings back to staff and to relevant stakeholders to make the case for enhanced focus on pediatric skills training.
- 1.4. Raise awareness of the importance of high-quality pediatric emergency care using data.
 - Estimate your annual pediatric volume. What percentage of total runs/visits does this account for? How does this compare to the number of children in your catchment area?
 - How many pediatric cases result in a safety issue or near miss (more on this in Focus Area #2).
 - Obtain your organization's score on the 2021 National EMSC Survey (prehospital) or the 2021 National Pediatric Readiness Assessment (hospital) to determine how your agency/hospital compares to national and local averages.

2. EDUCATION

Crosscutting Change Strategies

- 2.1. Pursue additional education in pediatric emergency care. (*Note: Focus Area #5 is entirely devoted to pediatric competency training and testing*).
 - Prehospital: Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), NAEMT-Emergency Pediatric Care (EPC), AAP-Pediatric Education for Prehospital Providers (PEPP), AHA-Pediatric Emergency Assessment, Recognition and Stabilization (PEARS®), Neonatal Resuscitation Program (NRP).
 - Hospital: Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), Emergency Nurse Pediatric Course (ENPC), Emergency Nurse certification (CPEN, CEN), Trauma Nursing Core Course (TNCC), other nurse certification (CCRN, CPN).
- 2.2. Develop a system to ensure the PECC can adequately fulfill duties/expectations and identify challenges that may hinder successfully achieving duties.

EMSC State Partnership Programs

- 2.3. Regularly communicate pediatric training opportunities to both prehospital- and hospital-based PECCs in your state/territory.

- 2.4. Provide resources that will support the varied roles of the job.
- 2.5. Work with the EMSC Advisory Committee to create a generic job description for EMS agency and hospital PECCs.

3. PROCESSES & POLICIES

Crosscutting Change Strategies

- 3.1. Create a job description based on the key responsibilities of the PECC detailed in [“Pediatric Readiness in Emergency Medical Services Systems”](#), [“Pediatric Readiness in the Emergency Department”](#), as well as the [EMS for Children Performance Measures Implementation Manual for State Partnership Grantees](#) (PM02).

Children’s Hospitals

- 3.2. Develop a roles and responsibilities list for a children’s hospital PECC; consider including:
 - Create a system to communicate and develop an educational forum with community hospitals.
 - Work with local education experts on how to translate content to community settings.
 - Education toolbox that can be vetted at the children’s hospital and then disseminated to the community.

4. RESOURCES

Crosscutting Change Strategies

- 4.1. Identify dedicated hours per week needed for the PECC to work effectively (average or approximate).
- 4.2. Develop a budget justification to advocate for funding to be spent on materials that support the PECC role (e.g., training materials, equipment, supplies, medications, software, etc.).
- 4.3. Identify agency or institutional stakeholders that will support the work of the PECC in working within the region.
- 4.4. Champion outreach activities, such as leveraging current departments/systems, to “sponsor” a PECC as a champion or liaison within the region.

EMSC State Partnership Programs

- 4.5. Create onboarding materials to support new PECCs.
- 4.6. Compile and provide resources that will support the varied roles of the job.

RESOURCES

TOOLS

1. [Example Elevator Pitch](#)
2. PEM Playbook Podcast, “Zen and the Art of Pediatric Readiness.” <https://pemplaybook.libsyn.com/zen-and-the-art-of-pediatric-readiness>
3. Resources for Agency PECCs. <https://emscimprovement.center/collaboratives/pecclc/resources/agency-peccs/>
4. PECC Community of Practice website (Program Managers). <https://emscimprovement.center/collaboratives/pecclc/resources/program-managers/>
5. NASEMSO EMS Education Toolkit for Pediatrics. <https://nasemso.org/councils/pediatric-emergency-care/ems-education-toolkit-for-pediatrics/>
6. NASEMSO Support for Pediatric Emergency Care Coordinators in Emergency Medical Services Agencies. <https://nasemso.org/wp-content/uploads/2019-01-Resolution-PECC.pdf>
7. [Is Your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness!](#)
8. [Prehospital PECC Resource Binder](#) (Rhode Island EMSC)
9. [Prehospital Pediatric Readiness Project Toolkit](#)
10. [National Pediatric Readiness Project Toolkit](#)

TEMPLATES

1. [PECC Role Description Guide \(Louisiana EMSC\)](#)
2. [Sample PECC Job Description \(Maine EMSC\)](#)
3. [What is a PECC? \(Pennsylvania EMSC\)](#)
4. [Sample PECC Activities \(Ohio EMSC\)](#)
5. [Role Responsibilities: Physician Coordinator for Pediatric Emergency Care](#)
6. [Role Responsibilities: Nursing Coordinator for Pediatric Emergency Care](#)

FURTHER READING

1. Ames, S.G., et al., *Emergency Department Pediatric Readiness and Mortality in Critically Ill Children*. Pediatrics, 2019. **144**(3): p. e20190568 <https://www.ncbi.nlm.nih.gov/pubmed/31444254>
2. Institute of Medicine, C.o.t.F.o.E.C.i.t.U.S.H.S., *Emergency Care for Children: Growing Pains*. 2007, Washington, DC: The National Academies Press. 360 <https://www.nap.edu/catalog/11655/emergency-care-for-children-growing-pains>
3. Moore, B., et al., *Pediatric Readiness in Emergency Medical services systems*. Annals of Emergency Medicine, 2020. **75**(1): p. e1-e6 <https://doi.org/10.1016/j.annemergmed.2019.09.012>

4. NAEMSP, *Physician Oversight of Pediatric Care in Emergency Medical Services*. Prehosp Emerg Care, 2017. **21**(1): p. 88 <https://www.tandfonline.com/doi/abs/10.1080/10903127.2016.1229826?journalCode=ipec20>
5. Owusu-Ansah, S., et al., *Pediatric Readiness in Emergency Medical Services Systems*. Pediatrics, 2020. **145**(1)
6. Remick, K., et al., *Pediatric Readiness in the Emergency Department*. Annals of emergency medicine, 2018. **72**(6): p. e123-e136 <https://www.ncbi.nlm.nih.gov/pubmed/30392738>
7. Remick, K., et al., *Resource Document: Coordination of Pediatric Emergency Care in Ems Systems*. Prehospital Emergency Care, 2017. **21**(3): p. 399-407 <https://doi.org/10.1080/10903127.2016.1258097>
8. Shah, M.N., et al., *The Epidemiology of Emergency Medical Services Use by Children: An Analysis of the National Hospital Ambulatory Medical Care Survey*. Prehospital Emergency Care, 2008. **12**(3): p. 269-276 <https://dx.doi.org/10.1080/10903120802100167>