



COMMUNICATION &
COLLABORATION ACROSS SYSTEMS OF CARE

Focus Area #6

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PURPOSE STATEMENT

Effectively advocate for pediatric readiness and the value of a PECC across the organization and collaborate with external entities to promote pediatric readiness efforts in all aspects of the emergency care system.

BACKGROUND

Communication and collaboration across systems of care is arguably the most essential pediatric readiness area of focus. Being able to effectively communicate the reasoning behind—and potential value of—a proposed change will make the crucial difference in whether a pediatric readiness effort is successful. In fact, the Institute of Medicine specifically called out communication among one of its top ten rules for delivering safe, effective care: “Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care”¹. A focus on communication and collaboration is also included in the “Pediatric Readiness in Emergency Medical Services Systems” and “Pediatric Readiness in Emergency Departments” policy statements, which recommend that all EMS systems and EDs have a method to collaborate, to ensure pediatric readiness across the care continuum.”² With a comprehensive communication strategy, the PECC can have a major role in communicating how small infrastructure changes across the healthcare continuum can greatly influence the daily preparedness of our systems for all children.

The scope of this focus area is somewhat large. However, the intention is not for you to become immediately proficient in every aspect of communication and collaboration across systems of care. Instead, the change strategies outlined below are intended to aid with the progression from creating awareness and engagement within your agency or ED to establishing external partnership with others in your region. In this focus area guide, we present strategies to help you begin having conversations around pediatric readiness within your EMS agency, ED, or hospital. With this strong foundation of pediatric readiness awareness and engagement, you can advocate for prioritization of pediatric readiness to organizational leadership, whose support is crucial to driving forth any effort for pediatric readiness. With support to implement the project, a communication strategy to keep both staff and leadership informed of your progress is an essential—and often overlooked—step. This strategy entails developing a regular, proactive, and bi-directional process to communicate both wins (no matter how small they might seem) and obstacles.

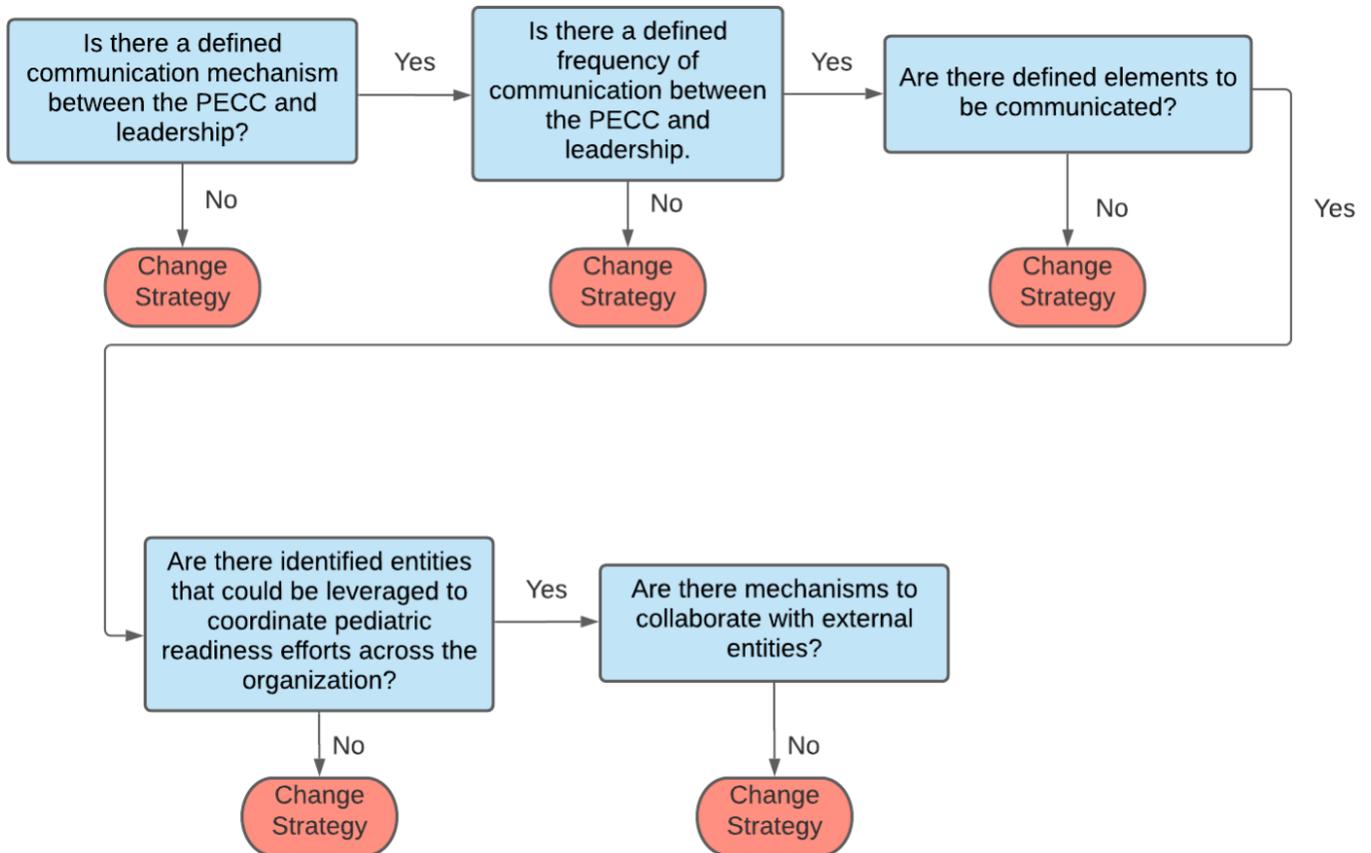
Finally, building partnerships with external entities—while this may seem intimidating at first—will help accelerate your progress. In many ways, this is the intent of this collaborative, there are many other partners within your region that are likely facing similar challenges under a similar regulatory atmosphere with whom you can partner to collectively achieve success.

¹ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: The National Academies Press; 2001.

² Moore B, Shah MI, Owusu-Ansah S, et al. Pediatric Readiness in Emergency Medical Services Systems. *Pediatrics. Ann Emerg Med.* 2020;75(1):e1-e6.

FLOW DIAGRAM

This flow diagram is designed to help you 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.





Focus Area 6: Communication & Collaboration Across Systems of Care

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 focus area, capture best practices shared during learning sessions, and help strategize on how you might improve in this area. Please remember that you have an individual link to each of these forms. Please email Meredith Rodriguez at collaboratives@emscimprovement.center for assistance.

1) Is there a defined communication mechanism between the PECC and leadership?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Elements/Considerations	Best/Suggested Practices	Possible Change Strategies	
<i>What does this mechanism look like?</i> <i>How is communication of needs and issues addressed?</i> <i>How is the communication loop closed?</i>	<i>What types of systems have others developed to incorporate new/improved tools?</i>	<i>What could be done to improve here?</i>	
2) Is there a defined frequency of communication between the PECC and Leadership.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Elements/Considerations	Best/Suggested Practices	Possible Change Strategies	
<i>Is this often enough to clearly and effectively communicate?</i> <i>Is there clarity across all levels of the organization?</i>	<i>How do PECCs around the country keep their leadership engaged in their activities?</i>	<i>What could be done to improve here?</i>	

3) Are there defined elements to be communicated?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Elements/Considerations	Best/Suggested Practices	Possible Change Strategies	
<i>What are these elements?</i> <i>Do these elements fully encompass what needs to be communicated?</i>	<i>What strategies do PECCs from across the country employ to keep their leadership and others aware and engaged with their activities?</i>	<i>What could be done to improve here?</i>	
4) Are there identified entities that could be leveraged to coordinate pediatric readiness efforts across the organization?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Elements/Considerations	Best/Suggested Practices	Possible Change Strategies	
<i>What are the current organizational safety/quality priorities?</i> <i>Could pediatric elements be easily incorporated into this?</i>	<i>How are PECCs integrating pediatric readiness efforts in their organization?</i>	<i>What could be done to improve here?</i>	
5) Are there mechanisms to collaborate with external entities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Elements/Considerations	Best/Suggested Practices	Possible Change Strategies	
<i>Who else is working on pediatric readiness efforts within your region?</i> <i>Is there a robust relationship with the children's hospital within your region or network?</i>	<i>What are groups doing around the country that you think could work well for your agency or ED/hospital?</i>	<i>What could be done to improve here?</i>	

6) What are your organization's strengths as it relates to this focus area?

What could be shared with others to help them achieve success?

What could be leveraged to drive further improvement?

7) 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?

8) Is there a specific change strategy that you would like to implement at your organization?

Where would you start?

What is the best first step you would take?

KEY DRIVERS & CHANGE STRATEGIES

1. AWARENESS & ENGAGEMENT

Crosscutting Change Strategies

- 1.1. Map out a process to follow-up with staff on difficult pediatric cases, level of comfort with preparedness, and self-perceived knowledge gaps.
- 1.2. Establish—or increase engagement with—a pediatric committee within your organization or system.
- 1.3. Review ED pediatric readiness score, or EMS Agency Checklist, with staff as an introduction to identify priority areas for improvement.
- 1.4. Join your local EMS/ED committee that focuses on pediatric readiness and, specifically, any committee that focuses on communication/collaboration across EMS systems.
 - If these systems are not in place, meet with local trauma or neonatal services that should already have an established relationship with EMS systems. Ask to join as a liaison.
- 1.5. Meet with leadership to discuss the national recommendations for the presence of a PECC and how this role directly impacts pediatric readiness scores.
 - Cite the [ED](#) or [EMS](#) Pediatric Readiness policy statement(s)[1-3].
 - Note articles that identify the higher rates of mortality in hospitals with a lower readiness score.[4-8]
 - Note the impacts a PECC can have with working with EMS systems and improving hospital-EMS relationships.[9-11]
- 1.6. Ask to be a part of standing meetings to report out on pediatric educational initiatives.

EMSC State Partnership Programs

- 1.7. Invite ED & EMS agency directors to collaborate on pediatric improvements.
- 1.8. Create a space for current (and interested) PECCs to share challenges and resources. Use the forum as a place to understand the needs of both hospital- and prehospital-based PECCs. Help find resources as able.

2. COMMUNICATE THE VALUE OF PEDIATRIC READINESS

Crosscutting Change Strategies

- 2.1. Employ storytelling to communicate the importance of pediatric readiness.
- 2.2. Encourage the agency, ED, or hospital to seek out where medically fragile children are in the community and form relationships with these families.[12]
- 2.3. Explain to local administration how supporting a PECC position can make your organization stand apart from others (marketing, PR, advertising with hospital systems on collaboration opportunities).
- 2.4. Meet with or survey your colleagues to gather informal and formal feedback on difficult pediatric cases they may have had in their careers. Specifically ask staff about:
 - Equipment and their comfort with using pediatric equipment.
 - Stress or confusion on pediatric best practices.
 - Feedback (or lack of) on pediatric cases after transport or transfer to a tertiary center.

- 2.5. Ask your director(s) what quality metrics they are already looking at (easy to tack on pediatrics for things like transfer rates, patient satisfaction score, etc.). Can you align with any goals around patient safety?
- 2.6. If possible, get statistics on what percentage of your total visits are pediatrics.
- 2.7. Reach out to local children's hospital NICU and trauma services to see if they can offer free/low cost education to your organization.
- 2.8. Ensure there is a voice for the needs of children across all councils and committees.

Hospital-based Providers

- 2.9. Use case studies to present the value of a PECC in the hospital setting and specifically tie this to literature that shows that:
 - Presence of a PECC improves readiness scores.
 - Hospitals with the lowest readiness scores have a higher rate of pediatric mortality - this may have the greatest impact on administrators or CNO level; speak to quality and risk (costs of litigation).
 - Improving readiness allows staff to "do their job".
- 2.10. Contact directors of service lines, looking for feedback on cases. Other service lines to consider include pharmacy, pulmonary/respiratory therapy, orthopedics, neurology, or neurosurgery.

3. REGULAR REPORTING PROCESS

Crosscutting Change Strategies

- 3.1. Use existing reporting methods to find out the following information:
 - What percentage of all calls are for pediatrics?
 - What are the predominant chief complaints for all kids?
 - What is the final disposition of the kids you see: sent home, admitted, or transferred?
 - What percentage of kids are transported to a community hospital or children's hospital?
- 3.2. Survey staff on an "interesting pediatric run/case of the month." Use this real-life case as a teaching moment/education session. Education can be clinical or operational (especially equipment or training).
- 3.3. Develop a pediatric dashboard for education and statistics in your department; consider placing near the breakroom, main ED area/bay, bathroom).
- 3.4. Ask your medical director if you could spend 5 minutes at each monthly meeting reviewing a "pediatric best practice standard" -- if you have established a relationship with outside hospitals, let them fill in this content. If not, use evidence-based pathways from local children's hospitals to fill in this content. If not, use popular EM blogs that highlight pediatric best practices.
- 3.5. Create a process to review all (or a percentage of) pediatric contacts.

Prehospital Practitioners

- 3.6. Find out to which hospitals the majority of pediatric patients are transported and develop a process to receive feedback on runs.
- 3.7. If you have established a connection with referral centers, ask for the following:

- Summary of all cases transported by your agency.
- Summary with chief complaint, final diagnosis, and disposition (admit, operating room, 2nd transfer, etc.).

Hospital-based Providers

- 3.8. *Ensure* pediatric data is reported out to CNO/CMO level.
- 3.9. Become involved with the quality program within your hospital. Work with them to integrate pediatrics into current quality initiatives.

4. COORDINATION & COLLABORATION

Crosscutting Change Strategies

- 4.1. Engage with your organization's quality or medical advisory committee to determine how to best integrate pediatric readiness efforts.
- 4.2. Seek permission from your leadership to perform a readiness assessment of your system.
- 4.3. Consider connecting to the marketing department from your organization or, more importantly, local children's hospitals as a way to ask for more pediatric education (many children's hospitals see outreach education as a form of marketing).
- 4.4. Invite outside children's hospitals to speak at any educational forum for your EMS agency or ED.
 - Trauma coordinators have a required job description for outreach – contact your local pediatric trauma facility to connect with their trauma coordinator.
- 4.5. Reach out to local hospitals (the ones you transport most kids to) to see how you can work together to improve readiness.
- 4.6. Reach out to local referral centers (such as children's hospitals or pediatric trauma centers) to discuss opportunities for staff to receive free pediatric education as an introduction to pediatric improvement opportunities.
- 4.7. Engage with your state/territory EMSC State Partnership program, pediatric medical recognition program, local chapters of professional organizations (e.g., American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons, Emergency Nurses' Association), regional hospital preparedness program (HPP) coordinator, local healthcare coalitions.

Prehospital Practitioners

- 4.8. Form alliances with other agencies in the region to include air medical services to pool training, resources.

Hospital-based Providers

- 4.9. Discuss the position of pediatric director or outreach director (if at a children's hospital) - this title can and should include:
 - Connecting with partnering referral hospitals (follow up of cases).
 - Bringing pediatric simulation to regional hospitals.
 - Ensuring pediatric readiness scores remain high.

- Sharing best practices based on local pediatric resources.

RESOURCES

TOOLS

- [National Pediatric Readiness Project Toolkit](#)
- [National Prehospital Pediatric Readiness Project Toolkit](#)
- [Handoffs: Transitions of Care for Children in the Emergency Department \(AAP\)](#)
- [Handoffs: A High-Risk Area for Patient Safety](#)
- [SBAR Tool \(Situation-Background-Assessment-Recommendation\)](#)
- [Pediatric Medical Recognition Community of Practice](#)
- [Prehospital Pediatric Recognition Programs](#)

TEMPLATES

- [Sample Elevator Pitch](#) for Pediatric Readiness

ARTICLES

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