# Communication & Collaboration Across Systems of Care

*Focus Area #6*
*February 3, 2022*

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Emergency Medical Services for Children Innovation and Improvement Center

PECC Workforce PWDC Development Collaborative

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## Acknowledgement & Disclaimer

The Emergency Medical Services for Children Innovation and Improvement Center is supported by the Health Resources and Services Administrations (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling $3,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

A recording of this session will be posted to the EIIC website: https://emscimprovement.center/collaboratives/pwdc/sessions

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## Disclosure to Learners

Pediatric Emergency Care Coordinator
Workforce Development Collaborative (PWDC)
Learning Sessions

Criteria for successful completion in order to receive contact hours:

1. Credit awarded commensurate with participation
2. Completion and submission of evaluation

The planners and presenters of this course have no conflicts of interest to disclose.

The nursing continuing professional development activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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## Agenda

- Collaborative Overview
- Demonstrating Value & Elevator Pitch
- Key Stakeholders
- Take Advantage of Opportunities
- Housekeeping & Reminders
  - Session Evaluation
  - Credit
- Breakout Sessions
  - Track-Specific Guest Speakers
  - Group Discussion

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## We want to hear your thoughts

When you see this icon,
place your thoughts, ideas or experiences in the chat box

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## Reflections on the process of becoming a PECC

**Rosemary Thuss, MA, BScN, RN**
Manager of Emergency Management
London Health Sciences Centre
Ontario, Canada

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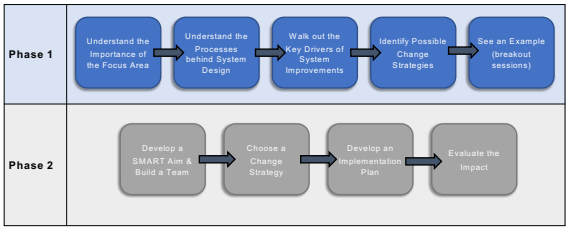
## PWDC: A Quality Improvement Collaborative

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## Phase 2: QI Projects

- March 17 – June 30
- Design and implement a QI project
- Choose from four topic areas:
  - The PECC role
  - Equipment, Supplies, & Medications
  - Care Team Competencies
  - Policies & Procedures
- Clinical ladder project / 25 MOC Part 4 points
- Participation survey will be sent on January 21

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## Today's Focus

1. Illustrate the **importance of communication and collaboration** to promote and sustain pediatric readiness
2. Appreciate the **relationship** between local and regional efforts
3. Learn how to **grow your influence** through development of an elevator pitch

http://www.cliparts.uggest.com/

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# Purpose Statement

Communications & Collaborations

*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.*

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## Speakers

**Rachael Alter, BA, EMT**
Co-Lead: Prehospital Pediatric Readiness Project
Co-Lead: EIIC State Partnership & Prehospital Domains
Program Manager: National Association of State EMS Officials

**Kate Remick, MD**
Co-Director, Emergency Medical Services for Children Innovation and Improvement Center
Associate Chair, Quality, Innovation, and Outreach
Associate Professor, Dell Medical School, University of Texas at Austin
Medical Director, San Marcos/Hays County EMS System

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# Demonstrating Value

In Your Role as a PECC

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## The Price is Right

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## Proving Your Value as a PECC

$$\text{Value} = ? \frac{\text{Quality}}{\text{Cost}}$$

**Domains of Quality**

- Safe
- Effective
- Efficient
- Timely
- Equitable
- Patient Centered

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## Proving Your Value as a PECC

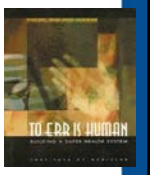
$$\text{Value} = \frac{\text{quality}}{\text{cost}}$$

| Quality Domain | Value |
|---|---|
| **Safe** → | Decreased complications |

Multiple factors associated with increased risk for medical error

Unique pediatric characteristics
*Anatomic; Developmental; Med Dosing*

Known gaps in day-to-day readiness

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## Proving Your Value as a PECC

$$\text{Value} = \frac{\text{quality}}{\text{cost}}$$

| Quality Domain | Value |
|---|---|
| **Effective** → | Decreased deaths, improved outcomes |

**Variability in care across EMS agencies and EDs**

- Variable adoption of evidence-based guidelines
- Trauma management, pain assessment, seizures, respiratory distress, cardiac arrest

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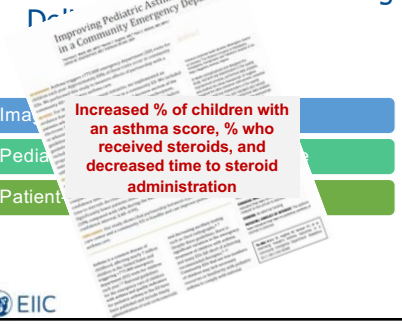
## Variability in Pediatric Emergency Care




**Increased % of children with an asthma score, % who received steroids, and decreased time to steroid administration**

Auerbach et al. JAMA Pediatr. 2016
Knapp et al. Pediatrics 2013
Li et al. Ped Emerg Care. 2017
Michelson et al. Pediatrics. 2018
Niles et al. Pediatrics. 2017

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## Proving Your Value as a PECC

$$\text{Value} = \frac{\text{quality}}{\text{cost}}$$

| Quality Domains | Value |
|---|---|
| **Efficient** → | Increased productivity = $$$ |
| **Timely** → | Minimize patient stress and poor outcomes |

Right care, → Right place, → Right time

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## Access to High Pediatric-Readiness Emergency Care

J Pediatr. 2018 March; 194: 225–232.e1. doi:10.1016/j.jpeds.2017.10.074.

**Access to High Pediatric-Readiness Emergency Care in the United States**

Kristin N. Ray, MD, MS[1], Lenora M. Olson, PhD, MA[2], Elizabeth A. Edgerton, MD, MPH[3], Michael Ely, MHRM[2], Marianne Gausche-Hill, MD[4], Patricia Schmuhl, BA[2], David J. Wallace, MD, MPH[1,5], and Jeremy M. Kahn, MD, MS[1,7]

55% of children are <30 min to ED with PedsReady score >94 (90th percentile)

94% of children can travel to any ED <30 min

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## Access to High-Quality Pediatric Trauma Care

<60% of children with 30 miles of PTC

45% of injured children treated at non-trauma centers

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## Access to Timely Pediatric Emergency Care

"Pediatric readiness is associated with a 4-fold decrease in mortality for critically ill children.

Only half of children in the US have immediate access to pediatric ready emergency departments.

In my role as a PECC, I am improving our pediatric readiness to ensure we are ready to meet the needs of these children in our community with the goal of preventing unnecessary deaths."

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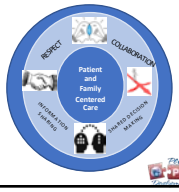
## Proving Your Value as a PECC

$$\text{Value} = \frac{\text{quality}}{\text{cost}}$$

| Quality Domains | | Value |
|---|---|---|
| **Equitable** | → | Reliable |
| **Patient-Centered** | → | Improved reputation |

- Building trust with the community
- Understand family expectations
- Speak with the family voice

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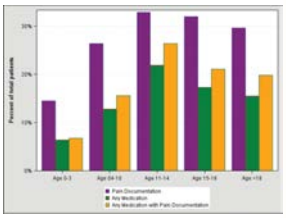
## Prehospital Pain Management: Disparity by Age and Race

Among 276,925 patients transported with a primary impression of a fracture, burn, and/or penetrating injury, 29.5% included documentation of "pain" as a symptom

Hewes HA, Dai M, Mann NC, Baca T, and Tailac P (2018)



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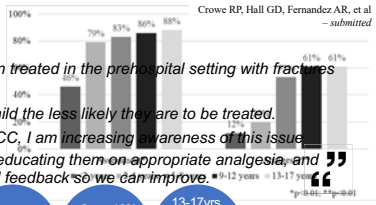
## Safety and Disparities in Prehospital Analgesia for Children with Long Bone Fractures

Crowe RP, Hall GD, Fernandez AR, et al – *submitted*




*"Only half of children treated in the prehospital setting with fractures receive analgesia.*

*The younger the child the less likely they are to be treated.*

*In my role as a PECC, I am increasing awareness of this issue among our crews, educating them on appropriate analgesia, and providing individual feedback so we can improve."*

- 1,476 children, mean age 13yrs
- 56% treated
- <2yrs, 46% assessed, 12% treated
- 13-17yrs, 88% assessed, 61% treated

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## Proving Your Value as a PECC

$$\text{Value} = \frac{\text{quality}}{\text{cost}}$$

| Domains of Quality | Value |
|---|---|
| Safe | Decreased complications |
| Effective | Decreased deaths, improved outcomes |
| Efficient | Increased productivity = $$$ |
| Timely | Minimize patient stress and poor outcomes |
| Equitable | Reliable |
| Patient-Centered | Improved reputation |

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## Becoming a Changemaker

**Dedicated** to the cause
*Recognize gaps in pediatric emergency care*
*Passion for improvement*

**Involved** in the work
*Listener, observer*
*Driver of change*

**Connected** to others across the organization
Understand how your work fits across the organization
The organization recognizes your value

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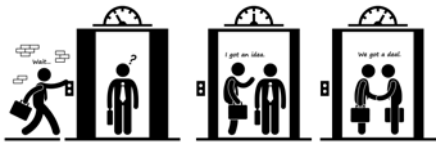
## What is an Elevator Pitch?

An elevator pitch is a brief, persuasive speech that you use to spark interest in a project.




https://www.saxonsit.com.au/blog/business/perfecting-elevator-pitch-small-business/

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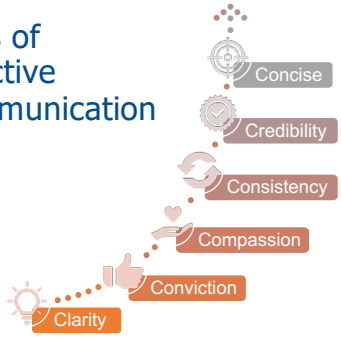
## 6 C's of Effective Communication

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"If we have data, let's look at data.
If all we have are opinions, let's go with mine."
— **Jim Barksdale, Netscape**

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## Support Your Message

Use:

- figures
- examples/analogies
- data (historical data okay, too)
- evidence
- powerful anecdotes (sentinel events)

Start with a rhetorical question

Paint the picture with your words

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## Developing a 2 Minute Elevator Pitch

1. **Grab their interest**
   - Know your audience (put them first)
   - Highlight the problem
2. **Personalize it**
   - What are their priorities?
   - Translate to their world
3. **Describe the solution**
   - Connect with their interest

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## Example Elevator Pitch

1. Did you know that respiratory failure is the leading cause of death in children?
2. In our review, we found that over 50% of our pediatric patients presenting with asthma have prolonged (>4hrs) stays in our ED with an average 2-hour delay between triage and initial intervention.
3. We will develop standing orders that allow nurses to administer treatments immediately after triage. This has the potential to decrease the length of stay of our pediatric asthma patients by 2 hours and increase overall patient satisfaction.

Grab their interest → Personalize the problem → Describe the solution

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## Example Elevator Pitch

1. Did you know that over the last 6 months we received nearly a dozen complaints from families of children with asthma – citing treatment delays, long ED stays, and inattentive staff.
2. I recently surveyed our providers and found that only 2% of our paramedics performed bag mask ventilation on a child in the last two years. Failure to perform BVM quickly and correctly carries a high risk of death and poor outcomes.
3. This past month, we launched a competency program to ensure all our paramedics have a quarterly opportunity to practice and master this skill in order to decrease pediatric deaths and complications.

Grab their interest → Personalize the problem → Describe the solution

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## Tell Us More

Who has created an elevator pitch for a previous project (or this one)?

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## Key Stakeholders

*Who can impact our desired outcome or aim?*

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## Who are the Key Stakeholders? Mapping a Stakeholder Grid

| | |
|---|---|
| KEEP SATISFIED | MANAGE CLOSELY |
| MONITOR | KEEP INFORMED |

AUTHORITY

INTEREST

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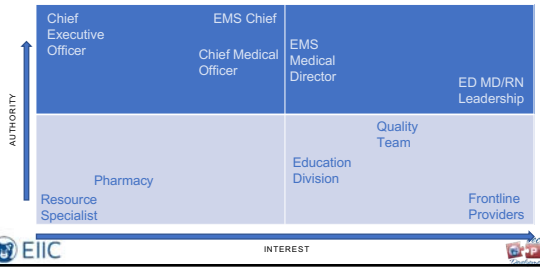
## Building a Communication Workstream: Who are the Key Internal Stakeholders?

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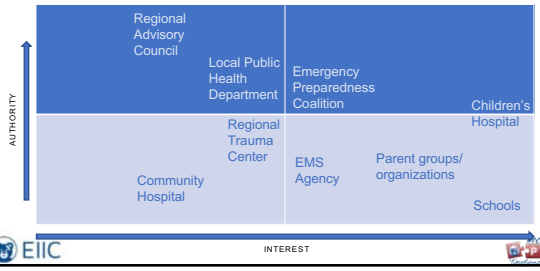
## Building a Communication Workstream: Who are the External Key Stakeholders?

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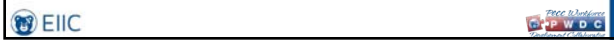
## Taking Advantage of Opportunities

Meetings, Conferences, Public Partners, Sentinel Events







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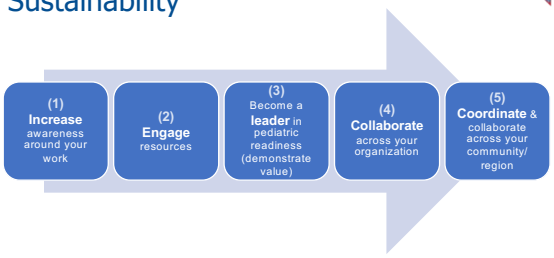
## Steps towards PECC Role Sustainability

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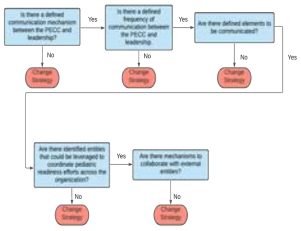
## Process Flow Map & Environmental Scan



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## Key points, resources, and helpful reference documents

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## Remember why we are here

**70%**
of EDs ***see fewer than 15 children*** a day

**84%**
of EMS agencies ***see fewer than 8 pediatric patients*** a month

Increased pediatric readiness scores…

…are associated with decreased mortality

***A 4-fold decrease!***

**<10%**
of EMS calls are for pediatric patients

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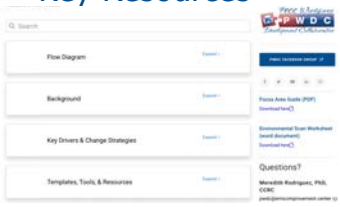
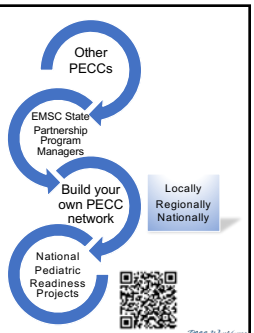
## Key Resources

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## Key Takeaways

- Your value is dependent upon impact on quality and cost
- Identify key stakeholders
- Understand steps toward collaboration (power in numbers)
- Know your resources

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*"The purpose of an elevator pitch is to describe a situation or solution so compelling that the person you're with wants to hear more even after the elevator ride is over."*
*– Seth Godin*

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## Questions

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## Housekeeping Items

Continuing Education Credit
- CAPCE will be awarded after Session 7: Mar 3, 2022
- CNE awarded on rolling basis.
- MOC Part 4: Must complete Phase 2 -June 30, 2022.

Upcoming Dates
- Feb. 17 – Coaching Session (optional)
- Feb. 20 – Phase 2 registration deadline
- Mar. 3 – Quality Improvement (end of Phase 1)
- Mar. 17 – Phase 2 Kickoff

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| Breakout Sessions | | |
|---|---|---|
| 2:00pm<br>3:00pm<br>ET | **1 - Prehospital Practitioners**<br>Daniel R. Gerard, MS, RN, NRP<br>President-Elect IAEMSC<br>EMS Coordinator<br>Alameda Fire Department (Alameda, CA)<br><br>https://delfmed-utexas.zoom.us/j/79907521124<br>Meeting ID: 799 075 2124 | **Moderator(s):**<br>Louis Gonzales, LP, MPH, CPHQ, CPPS<br>Meredith Rodriguez, PhD, CCRC |
| | **2 - Nurses & Other Healthcare Providers**<br>Dina Dornack MSN, RN<br>Sr. Quality Improvement RN<br>Quality, Safety and Clinical Integration<br>UH Rainbow Babies & Children's Hospital (Cleveland, OH)<br><br>Michelle Moegling, BSN, RN, CPN<br>Coordinator, Rainbow Community Pediatric Emergency Services<br>UH Rainbow Babies & Children's Hospital<br>(Cleveland, OH)<br><br>https://delfmed-utexas.zoom.us/j/2202555306<br>Meeting ID: 220 255 5306 | **Moderator(s)**<br>Lisa Gray, MHA, BSN, RN, CPN, TCRN<br>Michelle Moegling, BSN, RN, CPN<br>Rosemary Thuss, MA, RN |
| | **3 - Physicians & Advanced Practice Providers**<br>Sujit Iyer, MD<br>Pediatric Emergency Medicine<br>UT Dell Medical School (Austin, TX)<br><br>https://delfmed-utexas.zoom.us/j/83180367837?pwd=TE1kSFhnb2NMb0hQQXJaZ2gzRTJqQT09<br>Meeting ID: 833 803 6783 | **Moderator(s)**<br>Kate Remick, MD<br>Sujit Iyer, MD<br>Jason Crellin, MD |
| | **4 - State/Territory EMSC Programs**<br>Margo Knefelkamp, MBA<br>Program Manager<br>Indiana EMS for Children (Indianapolis, IN)<br><br>https://delfmed-utexas.zoom.us/j/4997818994<br>Meeting ID: 499 781 8994 | **Moderator(s)**<br>Rachael Alter, BS, QAS<br><br>Topic: Integration of PECCs into state statutes |

**Zoom Links**

- Chat Box
- Calendar Invite
- Hyperlinked on the agenda
- Website

*Please give us a minute to start each session*

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