Learning Session
3-December 2019

Hosts:

Kate Remick, MD
Diana Fendya, MSN (R), RN
Meredith Rodriguez, PhD
Krystle Bartley, MA

ACKNOWLEDGEMENTS

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ACKNOWLEDGEMENTS

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.5 contact hours.

LEARNING SESSION DISCLOSURES

Note Faculty/Speakers and Planners for this learning session:

Kate Remick, MD

Diana Fendya, MSN (R), RN

Meredith Rodriguez, PhD

Krystle Bartley, MA

have no conflicts of interest. Additionally, no commercial support has been received for this activity.

Should participants detect any bias in this presentation please note such on the evaluation or reach out to Diana Fendya, nurse planner for continuing education.

TO OBTAIN NURSING CEs

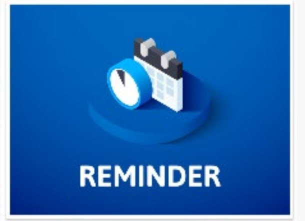
- Sign into the webinar: name, email address and name of your facility.
- At the completion of the presentation a link will be provided which will take you to a short evaluation form which you will need to complete.
- The evaluation must be completed within 2 weeks:
  https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8
- Within 48 hours of receiving your evaluation, your certificate will be sent to you electronically.

AGENDA

3-December 2019 LEARNING SESSION

Team Presentations– 80”
Oregon Pediatric Readiness Program
Pediatric Peaches
Pediatric Pit Crew
Remoc’s Minions
WranglER for Kids
MOKAN Rocks

Aggregate Performance – 5”
PRQC Admin Team



Housekeeping – 5”
Meredith Rodriguez

December 3, 2019

Team Update

Oregon Pediatric Readiness Program

WHO ARE WE?

2 Training Sites and EMSC

- OHSU Doernbecher Children's Hospital
- Randall Children's Hospital
- Oregon Emergency Medical Services for Children Program

9 Affiliate Sites

- Adventist Health Portland
- Blue Mountain Hospital District
- CHI Mercy Health – Mercy Medical
- Kaiser Sunnyside Medical Center
- Legacy Silverton Medical Center
- PeaceHealth Peace Harbor Medical Center
- PeaceHealth Southwest Medical Center
- Sky Lakes Medical Center
- Tuality Healthcare

WHO'S DOING WHAT

Site	Bundle
Adventist Health Portland	Abnormal Vitals
Blue Mountain Hospital District	Abnormal Vitals, Weight in Kilograms
CHI Mercy Health - Mercy Medical	Abnormal Vitals, Weight in Kilograms, Interfacility Transfers
Kaiser Sunnyside Medical Center	Abnormal Vitals, Weight in Kilograms
Legacy Silverton Medical Center	Abnormal Vitals
PeaceHealth Peace Harbor Medical Center	Abnormal Vitals
PeaceHealth Southwest Medical Center	Abnormal Vitals
Sky Lakes Medical Center	Interfacility Transfers
Tuality Healthcare	Abnormal Vitals

WHERE WE'RE AT

- **Baseline data not yet entered**
  - Sky Lakes Medical Center
- **Baseline data completed**
  - Adventist Health Portland
  - CHI Mercy Health - Mercy Medical
  - Legacy Silverton Medical Center
  - Tuality Healthcare
  - PeaceHealth Peace Harbor
- **First intervention initiated or completed**
  - PeaceHealth Southwest Medical Center
  - Blue Mountain Hospital Medical Center
- **Second intervention initiated or completed**
  - Kaiser Sunnyside Medical Center

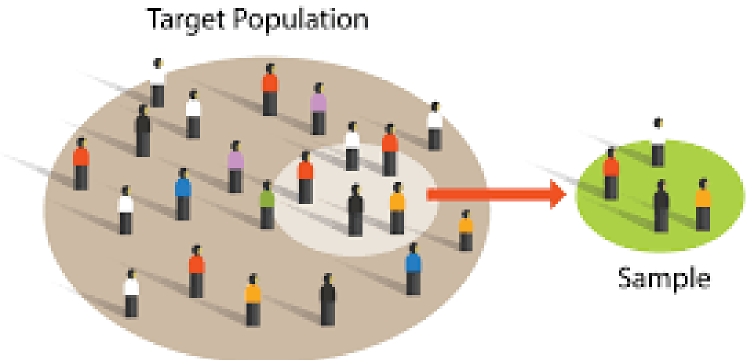
PROCESS APPROACHES

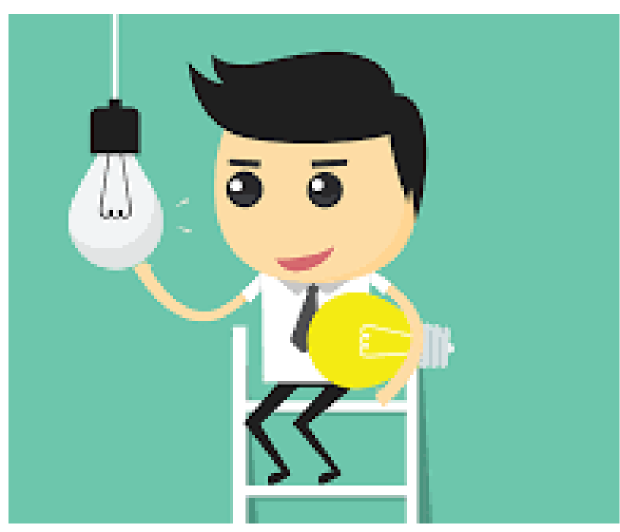
Sampling strategy:

- Adventist: All visits Jan 2018-Dec 2018. Then random number generator!
- PeaceHealth Southwest: Pulled all pediatric patients for several months, then a randomization app to get 30 charts.
- Kaiser Sunnyside: Monthly report of all peds patients, then randomization of a sample. ***Vital signs report for each patient!***

Time per chart:

- Adventist: Data entry in a few sessions, ~10 minutes per chart.
- PeaceHealth Southwest: Marathon sessions (between other work).
- Kaiser Sunnyside: 1-2 sessions per month/cycle.





PROCESS APPROACHES

Baseline data takeaways:

Adventist – No specific existing pediatric policies, so not sure what to expect. Possibly deficits in pain, BP, and full sets of vitals?

Kaiser Sunnyside – Surprising number of medication errors flagged in older kids

Change Strategies:

PeaceHealth SW – Reviewing existing policies at skills day. Project spurred formation of a Peds Improvement Group

Kaiser Sunnyside – Regional Pediatric Critical Response Council, sharing baseline data, individual performance data

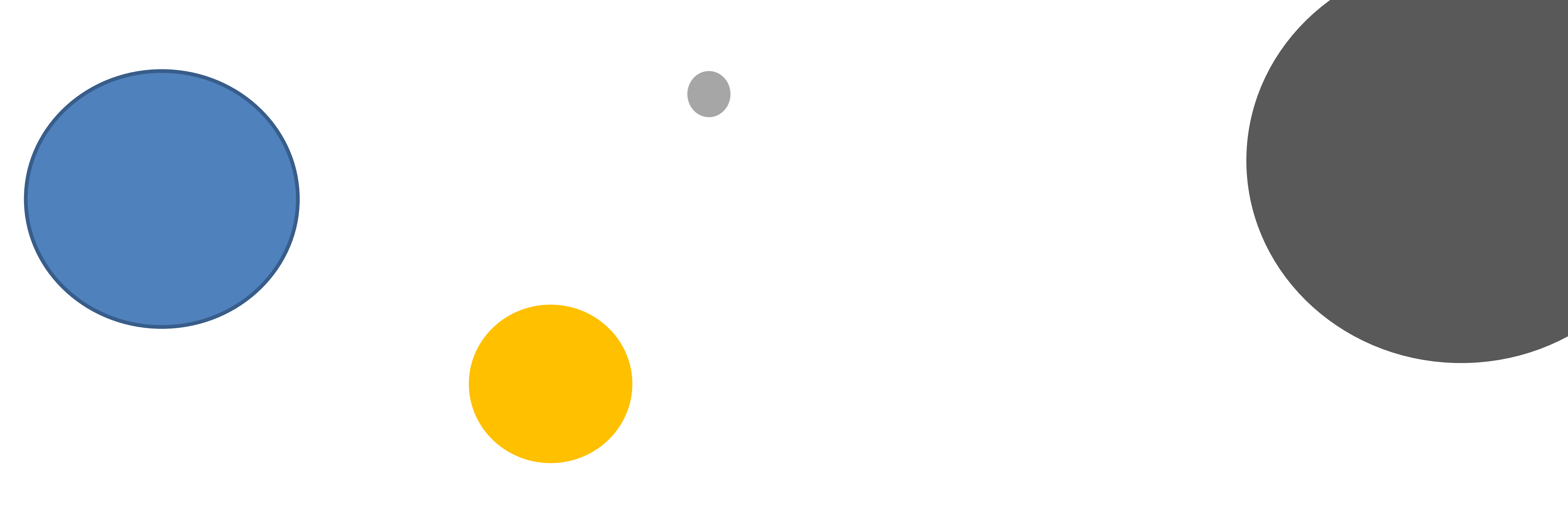
WHAT'S BEEN GOOD, WHAT'S BEEN HARD

What's worked well

- Teams and Delegation (KS, PHS)

Challenges

- Team turnover (AH)
- Absence of policies
- Knowing existing policies



Disaster Preparedness

Georgia Peaches

WellStar Health System

December 2019

Disaster Drill

- We held our Mass Causality Incident at Kennestone Hospital July 2019
- We had over 20% of our population of the drill pediatric patients
- Patients all had different levels of injuries (red, yellow and green triage)
- Drill lasted for approximately 2 hours

Barriers

- Reunification with parents
- Designated area for children
- Triage area was not pediatric specific
- Difficult to keep track of patients once they were discharged

Next Steps

- Develop reunification plan
- Tracking method for all pediatric patients
- Child life to help develop go bags for children

Questions??

Pediatric Pit Crew

(Indiana Readiness Team)

2019 Update

Kellie Pearson, RRT NPS

PRQC trainer

Pediatric Pit Crew Team

- Members include:
  - Trainers: Kellie Pearson, Erin Montgomery
  - EMSC State Manager: Margo Knefelkamp
  - EMSC State Director: Dr. Elizabeth Weinstein
  - Training Team Organization: Riley Hospital for Children

Pediatric Pit Crew Affiliates

Hospital Name	Type	Peds Champion	# of ED peds patients	# of beds	Bundle Selected
Union Hospital	General	Sonya Sampson	10K	6	VS
	l				
Witham Hospital	General	Amy Bereman & Heather Roby	4K	0	VS

Pediatric Pit Crew Affiliates

Hospital Name	Site Type – Training/Affiliate	Entered Baseline Data	Education Rollout
Union Hospital	Affiliate	X	X
Witham Hospital	Affiliate	X	X

Abnormal VS education

- Abnormal VS policy
- Powerpoint education with all staff
- VS charts for all age groups that are hung on all monitors and computers in the ED
- Badge buddies
- Abnormal VS flagged in charting system

Pediatric Pit Crew Team Goals

- Specific team PRQC goals
- By December 2019, >90% of all children will obtain a full set of vital signs and a physician will be notified on those with abnormal vital signs
- Clinicians in ED feel more comfortable identifying and caring for a “sick kid”

Barriers and Strategies

- Inability to pay staff for time
- Staff not given time for project
- Change in pediatric champions and ED management
- Schedule conflicts with PRQC learning sessions

THANK YOU!

TEAM 11 – REMOC'S MINIONS (ILLINOIS)

Dec Learning Session – Slide Deck

Team Composite

- EMSC Manager: Evelyn Lyons
- 5 affiliate sites + 1 training hospital

Hospital	Leads
Advocate Good Shepherd Hospital	Amy Crane
Memorial Hospital Belleville	Vivian Garner
Mount Sinai Hospital	Laura Prestidge and Laura Seitz-Marzano
OSF St. Elizabeth Medical Center	Melissa Burke and Amanda Los
St. Joseph Hospital, Elgin	Baochau Doan
Comer Children's Hospital (Training and Participating site)	Patrick Dolan and Diana Yan (Trainers); Katie Valentino (Participant)

Data Entry – Abnormal Vitals Bundle

- Specific goal: Recognizing abnormal vitals and improving care in our pediatric patients.
- As of Nov 12, 2019:
  - *Baseline*
    - Advocate Good Shepherd
    - OSF St. Elizabeth Medical Center
    - Comer Children's Hosptial
  - *Cycle 1*
    - OSF St. Elizabeth Medical Center (13 charts entered)

Advocate Good Shepherd – Amy Crane

- Work completed prior to the initiation of this project
  - *Change in culture*
  - *Strategies the nurse can utilize to aid in getting accurate vital signs*
- First PDSA/intervention strategy
  - *What are the normal ranges for vital signs?*
    - Badge Buddies
    - Electronic Medical Record
  - *The vital signs are abnormal now what?*
    - Case Studies

Advocate Good Shepherd – Challenges and Successes

Challenges	Successes
• Culture • Nursing has become task oriented • Staff Turnover	• Supportive nursing and physician leadership • Engaged Staff Members • Badge Buddies • Case Studies • 1:1 Conversations • Pediatric Sepsis/Gabby's Law

Advocate Good Shepherd – Words of Wisdom

Be Patient

Yet Persistent

OSF St. Elizabeth – Melissa Burke

Global Aim Statement:

By December, 2019 there will be an increase in obtaining and documenting appropriate vital signs, recognition of abnormal vital signs, and appropriate notification as noted by the Pediatric Triage Policy on all pediatric patients at Saint Elizabeth Medical Center.

Specific Aim Statements:

By September 19th 2018 the Pediatric Triage policy will be approved by ED services and will go active as policy.

By November 1st 2018, 80% of the Emergency Department RN staff will be educated regarding the requirements of the pediatric triage policy.

By December 1st 2019, 100% of pediatric patients will receive a full set of vital signs by the RN as outlined in the Pediatric Triage Policy.

By December 1st 2019, there will be a 40% increase in the notification of the physician and/or charge nurse within 3 minutes when vital signs or PEWS score warrant it.

OSF St. Elizabeth - Progress

- Dec 2018: Pediatric Triage Policy was approved by the Medical Executive Team
- Nov/Dec 2018: Education was implemented about policy and abnormal vital sign recognition
- Spring 2019: SEMC Quality team built audit to extract appropriate data for the collaborative
- Summer 2019: Started collecting and entering data for baseline data
- Fall 2019: Data Captured for all PDSA Cycles- Baseline and portion PDSA cycle 1 entered into database. Working on finishing cycle 1 and moving on to 2 & 3!

Pediatric Triage

DEFINITIONS:

Pediatric Patient is defined as all patients aged 17 years and younger

Examples of persons with weakened immune systems include those with AIDS; cancer and transplant patients who are taking certain immunosuppressive drugs; and those with inherited diseases that affect the immune system (e.g., congenital agammaglobulinemia, congenital IgA deficiency). (CDC, 2018)

PURPOSE:

To outline the standard of practice of pediatric triage, recognition of abnormal vital signs in the pediatric population and process of reporting so that the pediatric patient can receive appropriate high quality care.

OSF St. Elizabeth - Data

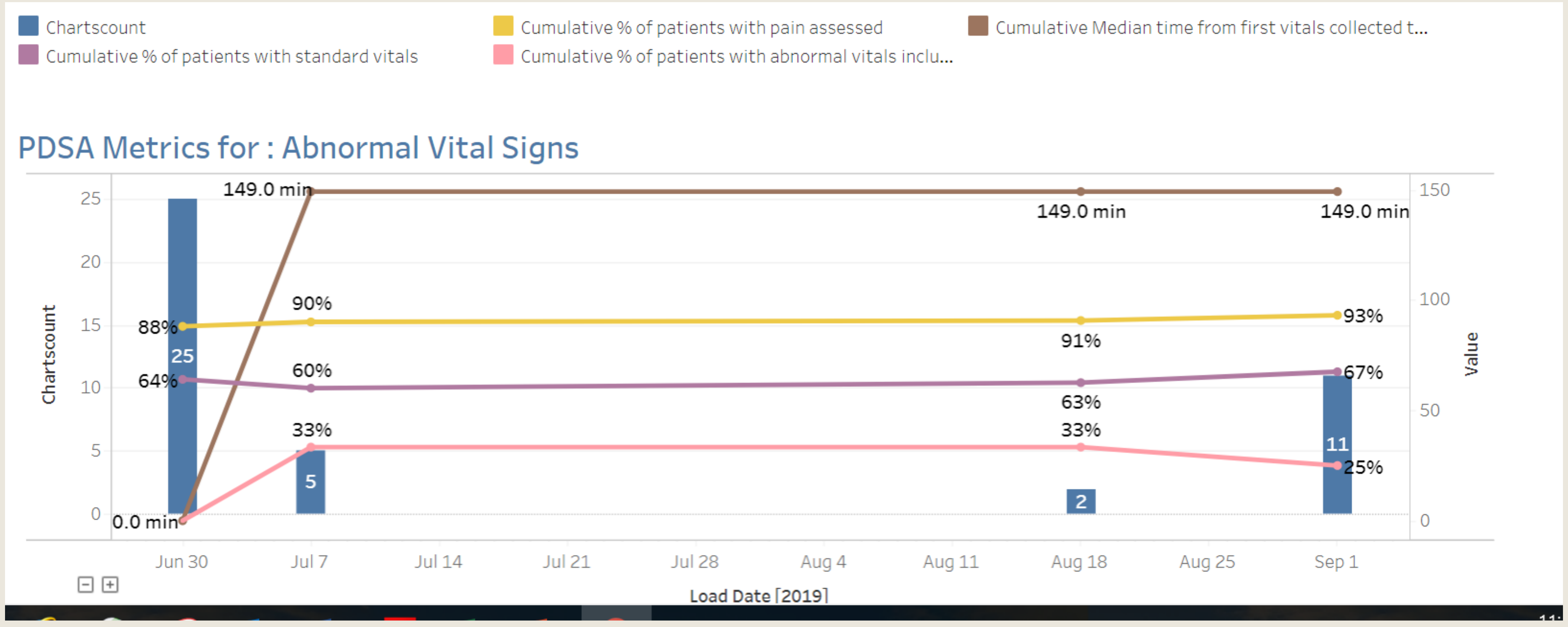
<u>Pre-implementation:</u>

- September 2018: 70% compliant (n:180/254)

<u>Post-implementation</u>:

- October 2019: 92% compliant (n:199/217)
- November 2019: 92% compliant (n:78/85)

Data from Dashboard:



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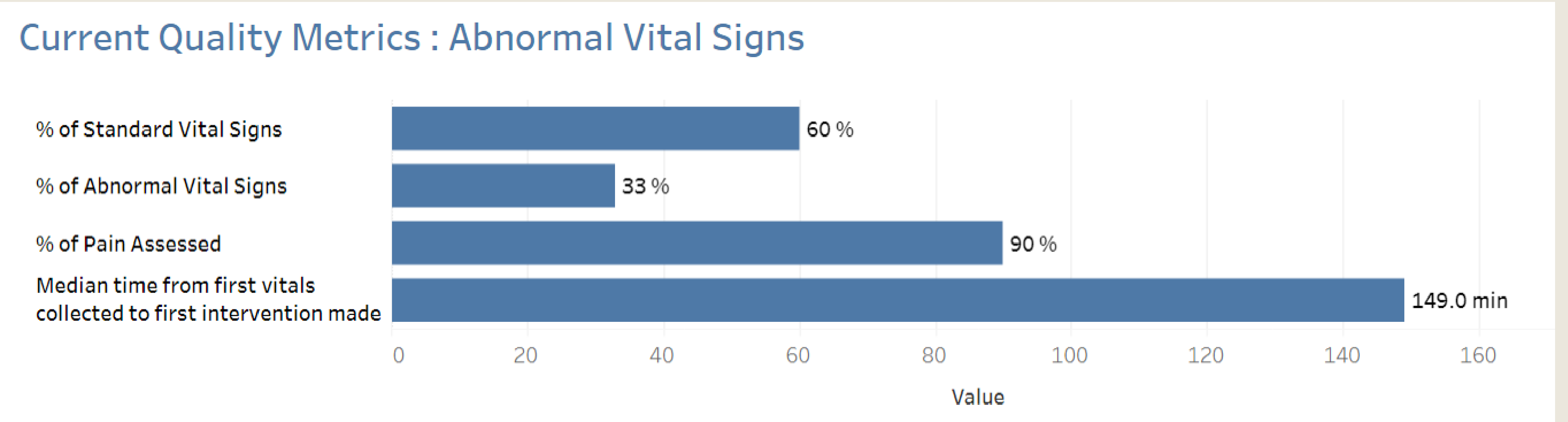


Saint Elizabeth Medical Center - Overall Process/Outcome Measures Information

Interfacility Transfer
Weight in Kilograms

Intervention Bundle	Total # of Sites Participating	Current Cycle (My Site / Median All Sites)	Total # of Charts Entered (My Site/Median all Sites)	Measure Name	Measure Value (My Site/Median All Sites)
Abnormal Vital Signs	57	1/0	43/30	PM1 - % of Patients with standard vitals	67% / 61%
				PM2 - % of Patients with abnormal vitals included in notification process	25% / 33%
				PM3 - % of Patients with pain assessed	93% / 87%
				PM4 - Median time from recognition of abnormal vital signs/pain to first intervention	149.0 min / 34.8 min

MOKAN ROCKS

(Missouri/Kansas Readiness On Call for KidS)

Olivia Kaullen, MHA, RRT, RRT-NPS, CPHQ
PRQC facilitator

The MOKAN ROCKS Team

- Members include:
  - Sherry McCool, MHA, RRT-NPS, CMTE, Director of Transport
  - Olivia Kaullen, RRT-NPS, Transport Quality Improvement Coordinator
  - Dehlia Arnold, MPA, NREMT, Assistant Director- Transfer Center
  - Heather Scruton, MBA, MSN, RNC-OB, C-EFM Assistant Director-EMS Relations
  - Tracy Cleary, Paramedic, EMSC Program Coordinator
    - Facilitate relationships
    - Provide education
    - Encourage participation
- Children's Mercy Hospital in Kansas City, MO

MOKAN ROCKS and Affiliates

- MOKAN ROCKS – our team
  - 10 Affiliates
    - McPherson: Joni Pruitt, ER Manager
    - Norton: Julia Thompson, RN, Level IV Trauma Coordinator
    - Atchison: Amy Folsom, RN, ER Coordinator
    - Hays: Cammie Townley, TPM
    - Ransom Memorial: Sara Cross MD, ER Medical Director
    - Russell Regional Hospital: In transition
    - Shawnee Mission: Camela Noonan-Green, Director of Emergency Services
    - Smith County: Laura Kingsbury, RN, ER Supervisor
    - Trego: Katie Crossland, Director of Nursing
    - Via Christi-Pittsburg: Jessica Cobb, ED Nurse Manager

Affiliate Characteristics

- Characteristics of affiliates –
  - Mostly rural facilities
  - CAH
  - # pediatric patients seen:
    - Most see less than 5 a day (<1800/year) and 6-13/day (1800-4999/year)
  - Average PR score: about 60
  - Common gaps in PR:
    - Very spread out other than only one team prepared for disaster. They will complete the “Vitals” bundle
  - Intervention bundle selections being considered or decided upon
    - One team will work on Disaster, no interfacility transports

Strategies for Developing Quality Improvement Teams -

- Team meetings with affiliates every third Tuesday of the month.
- Processes to engage team members/specific strategies used by Champions to engage hospital participation and building their teams.
  - Monthly meetings
  - Recap and reminder emails
  - Open communication
- Have your teams begun developing internal teams to work on intervention bundles chosen?
  - Yes; working on placing in the redcap surveys

Strategies Accelerating Forward Movement

- Challenges have included:
  - Distance
  - Communication via webcam

Pearls of Wisdom or Best Practices

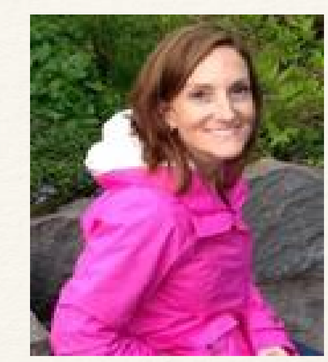
- Communication, communication, communication!

Disaster Preparedness

Tammie Williams, RN
Cammie Townley, RN

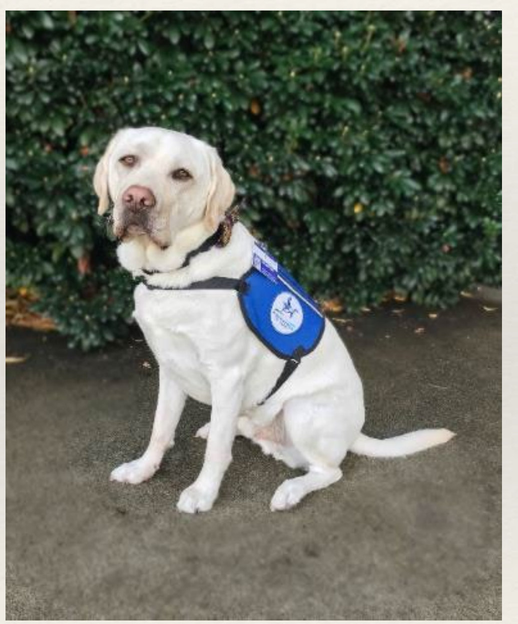
HaysMed Disaster Preparedness

- Attended Pediatric Disaster class in Dodge City
  - Need a Reunification area away from the ED
- Implemented a mock drill with pediatric patients
  - Found to need pediatric appropriate supply cart
  - Who will staff the “Black Zone” if pediatrics are involved
- Found inconsistencies with VS
  - Auditing pediatric VS
  - Pediatric simulation



Angela Graves
Speaker

WranglER 4 Kids



Wrangler

WranglER 4 Kids

Our Members:

- Dr. Alejandro Kitzis, Physician, Providence St Vincent Children's ED (Training Site)
- Angela Graves, ED Regional Manager, Professional Practice & Development/System/Quality
- Rachel Ford, Program Coordinator, Emergency Medical Services for Children

Team Organization:

- 9 Emergency Departments within the Providence Organization
- All based in Oregon (Portland, Newberg, Seaside, Milwaukie, Medford, Willamette Falls, and Hood River)
- Continued oversight from EMSC Program Coordinator. She also works as our Liaison with Team 14 and generally keeps us on the right track.

WranglER 4 Kids

Challenges

Multiple Leadership Changes

New DES Log-Ins

Meeting with each new Champion to get them caught up

WranglER 4 Kids

Gains

Providence Willamette Falls has added Weight in Kgs to their yearly hospital quality plan.

I have met with all of our new champions and they all have Log-ins now.

4/8 of our Departments have moved on to Bundle #2.

WranglER 4 Kids

Tips for success

- Meet regularly
- Help the Champions break things down in to small, actionable items to prevent them from feeling overwhelmed.
- Gain support from the Managers.

AGGREGATE PERFORMANCE

Data deep dives are coming in 2020

Over 5,500 charts entered

Process and Outcome Measures

Team Name
All

SiteAcronym
All

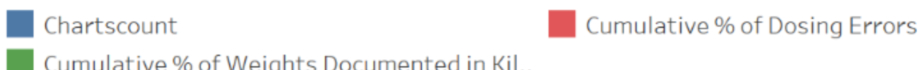
Intervention Bundle
All

Overall Process/Outcome Measures Information

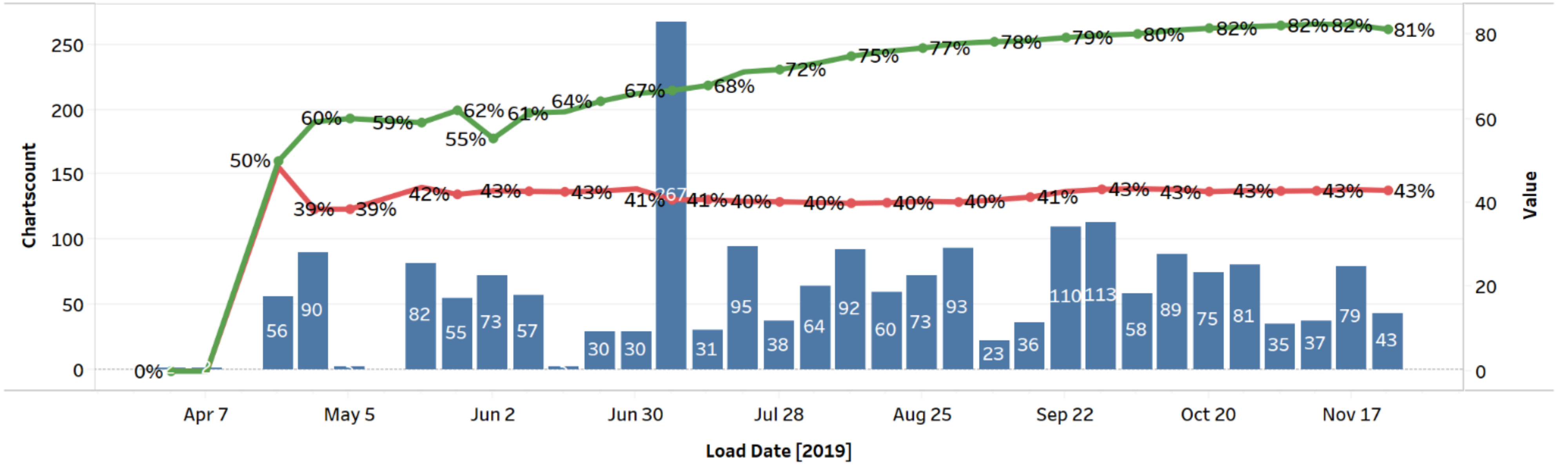
Intervention Bundle	Sum of Sites Participating	Max Current Cycle	Total # of Charts Entered	Measure Name	Average Measure Value
Weight in Kilograms	40	7	2,075	OM1 - % of Dosing Errors	43%
				PM1 - % with Weights Documented in Kilos Only	83%
Abnormal Vital Signs	59	7	3,312	PM1 - % of Patients with standard vitals	60%
				PM2 - % of Patients with abnormal vitals included in notification process	45%
				PM3 - % of Patients with pain assessed	76%
				PM4 - Median time from recognition of abnormal vital signs/pain to first intervention	33.0 min
Interfacility Transfer	11	1	268	PM1 - Median time from arrival to transport	235.5 min
				OM1 - % of Transferred patients who were discharged from ED at receiving center	0%
				PM2 - % of Transfers met minimum criteria	84%
				PM3 - % of Families that received transfer packet	0%

PDSA Metrics for All in All

Team Name
All
Site Acronym
All
Intervention Bundle
Weight in Kilograms

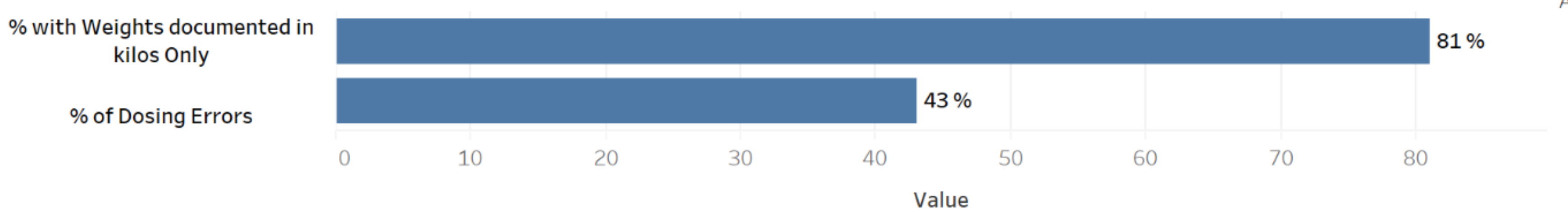


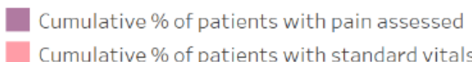
PDSA Metrics for : Weight in Kilograms



Current Quality Metrics : Weight in Kilograms

Cycle Counter
All





PDSA Metrics for All in All

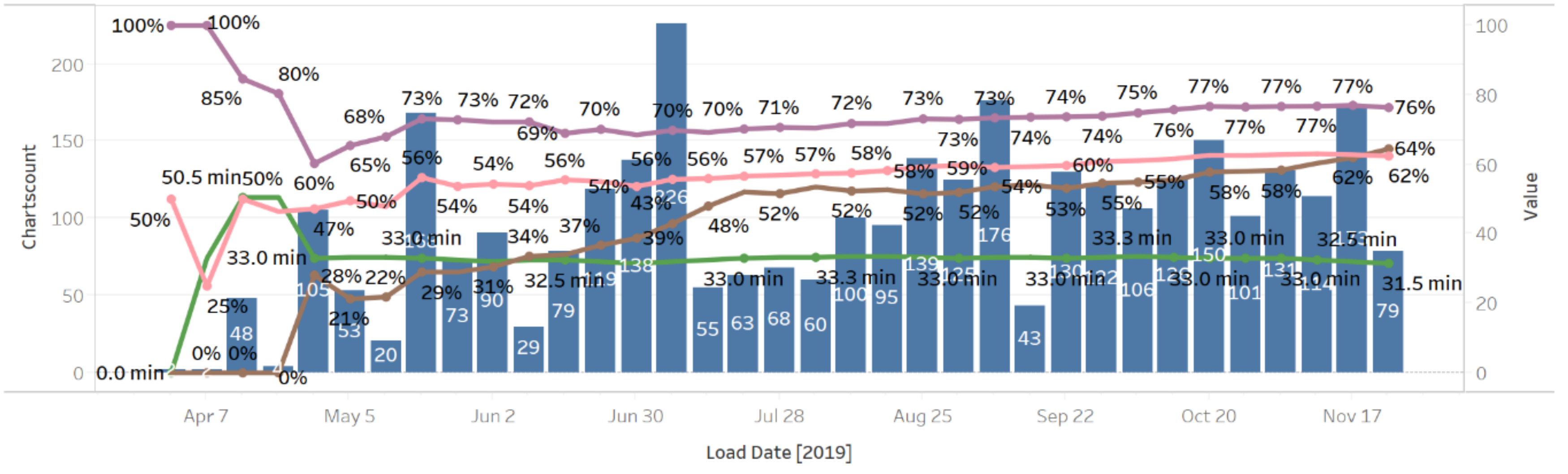
Team Name
All

Site Acronym
All

Intervention Bundle
Abnormal Vital Signs

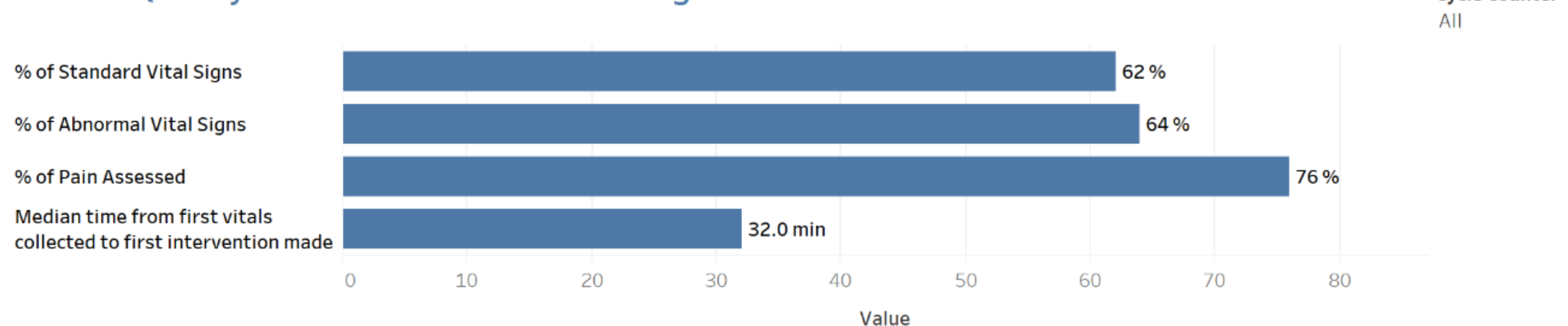
- Cumulative % of patients with pain assessed
- Cumulative % of patients with standard vitals
- Cumulative % of patients with abnormal vitals includ..
- Chartscount
- Cumulative Median time from first vitals collected to ..

PDSA Metrics for : Abnormal Vital Signs



Current Quality Metrics : Abnormal Vital Signs

Cycle Counter
All

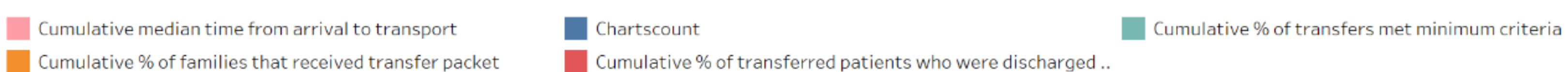


PDSA Metrics for All in All

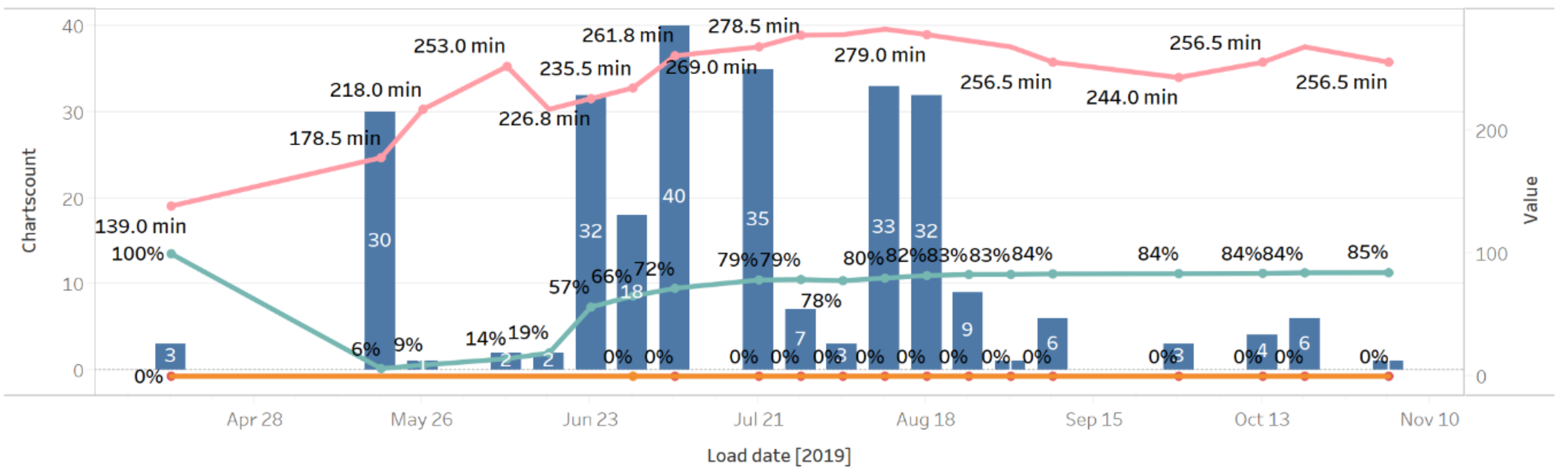
Team Name
All

Site Acronym
All

Intervention Bundle
Interfacility Transfer

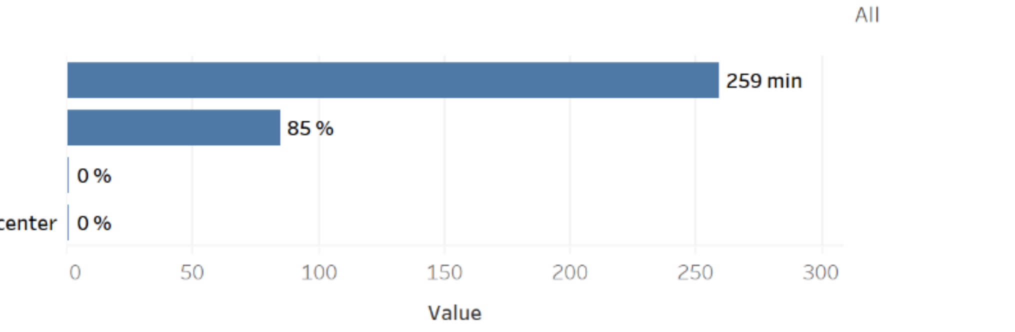


PDSA Metrics for : Interfacility Transfer



Current Quality Metrics : Interfacility Transfer

Cycle Counter
All



Structural and Process Measures

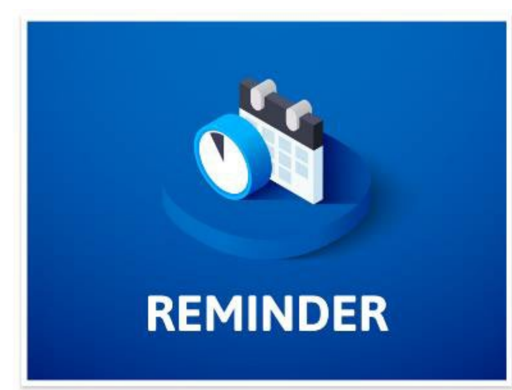
Team Name
All

SiteAcronym
All

Drill Domain
All

Overall Structural & Process Measures Information

Drill Domain	Sum of Sites Participating	Total # of Records Entered	Measure Name	Measure Value (My Site/Median All Sites)
Pediatric Disaster Coordination	5	0	SM1 - A disaster plan that includes pediatric-specific needs	2.0
			SM2 - A disaster plan that outlines the number of pediatric patients that must be involved in a disaster drill	0.0
			SM3 - Hospital disaster committee with pediatric representation	5.0
Domain 2 - Coalition Building (Internal)	3	9	PM1 - % of internal departments that are mobilized during a disaster drill	
Domain 2 - Coalition Building (Regional)	1	1	PM2 - Median time to recruitment of internal departments during a disaster drill	
			PM3 - % of external entities involved in a disaster drill	
			SM1 - Emergency department participation in a regional disaster coalition	
			SM2 - A catalog of entities that participate in a regional disaster coalition1	
Domain 3 - Pediatric Surge Capacity (External)	2	2	SM1 - Determination of external pediatric surge capacity for region	
Domain 3 - Pediatric Surge Capacity (Internal)	1	1	PM1 - Median time to determination of emergency department surge capacity services	
			PM2 - Median time to determination of surgical services surge capacity	
			PM3 - Median time to determination of inpatient services surge capacity	
Domain 4 - Essential Pediatric Resources	1	1	PM1 - Median time to determination of essential pediatric equipment and supplies	



HOUSEKEEPING

AVS Policies

Is anyone willing to share their hospital's AVS policy, procedure or guideline?

AGE	SYSTOLIC BP	DIASTOLIC BP	HR	RR	TEMP
Neonate (0-28d)	> 105 / < 60	> 60 / < 30	> 200 / < 80	> 65 / < 20	> 100.4 F / < 97.6 F
Infant (1-12 mos) *Change to 29d-12 mos or 365 days*	> 125 / < 70	> 80 / < 35	> 200 / < 80	> 65 / < 20	>100.4 F / < 97 F
Toddler (1-3 yrs) *Change to >1 yr, i.e., 366 days - 3 yrs*	> 125 / < 70 + (age in yrs x 2)	> 75 / < 20	> 180 / < 65	> 55 / < 16	>101 F
Preschool (3-5 yrs) *Change to >3 yrs, i.e., 3yrs+1d - 5 yrs*	> 125 / < 70 + (age in yrs x 2)	> 75 / < 25	> 160 / < 50	> 45 / < 16	>101 F
School age (6-12 yrs)	> 140 / < 70 + (age in yrs x 2)	> 90 / < 40	> 150 / < 50	> 40 / < 12	> 101 F
Adolescent (13+ yrs) *Change to 13-17 yrs*	> 155 / < 90	> 90 / < 45	> 140 / < 50	> 40 / < 8	>101 F

Housekeeping

- November newsletter: share with your ED and hospital leadership
- Final Site Visits:
  - Complete Peds Ready Assessment once again
  - Sustainability planning
  - Celebrate successes
- MOC extended until the end of April
- CE credit available for nurses
  - (you must submit your feedback within 2 weeks of the session to get credit)

2020 Learning Sessions

- January 28, 2019
  - Brief team updates from ALL teams
  - Deep dive into the data
- March 3, 2019
  - Brief team updates from ALL teams
  - Sustainability planning
- April 7, 2019 & April 28, 2019
  - Final presentations
  - Invite hospital leadership!

Key Information

CNE Link: https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8

Google: EMSC PRQC (Password also)

Email: qeca@texaschildrens.org | dcc_prqcsupport@hsc.utah.edu