

Pediatric Readiness Recognition Programs Collaborative

Session 1
October 19, 2023



EMSC
Quality Improvement
Collaboratives



Funding Acknowledgement

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Thank you for
joining!



Session is
being recorded



Utilize the Q&A
feature to ask
questions



Today's session
is interactive

Session Objectives

- Review Pediatric Readiness in the news
- Explore how pediatric readiness recognition programs can be used to establish meaningful criteria for pediatric readiness
- Discuss next steps

The PRRPC Team



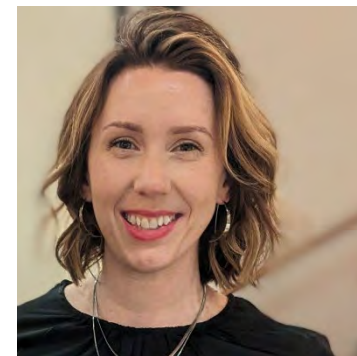
Julie Shelton



Kasey Petika



Kate Remick



Angie Poorman



Michelle Moegling



Lisa Gray

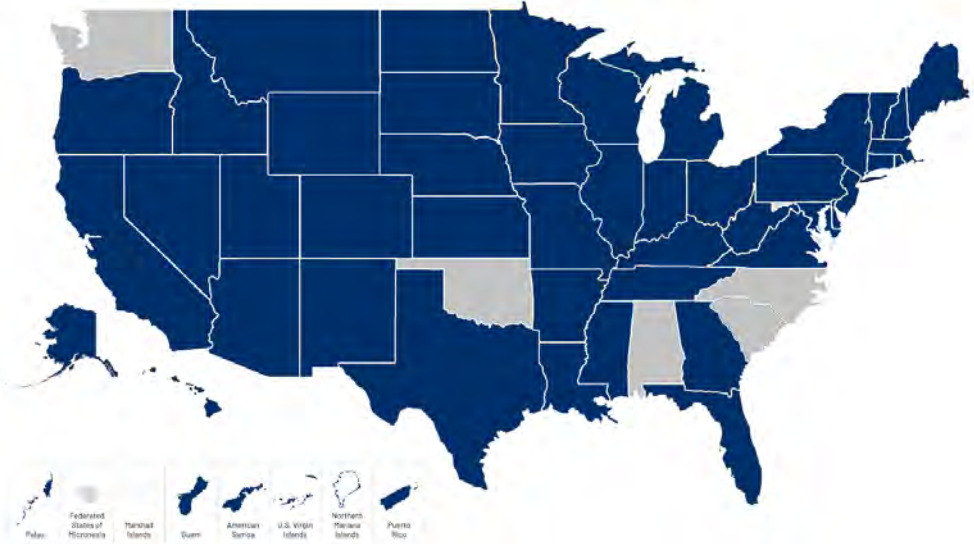


Kathleen Adelgais



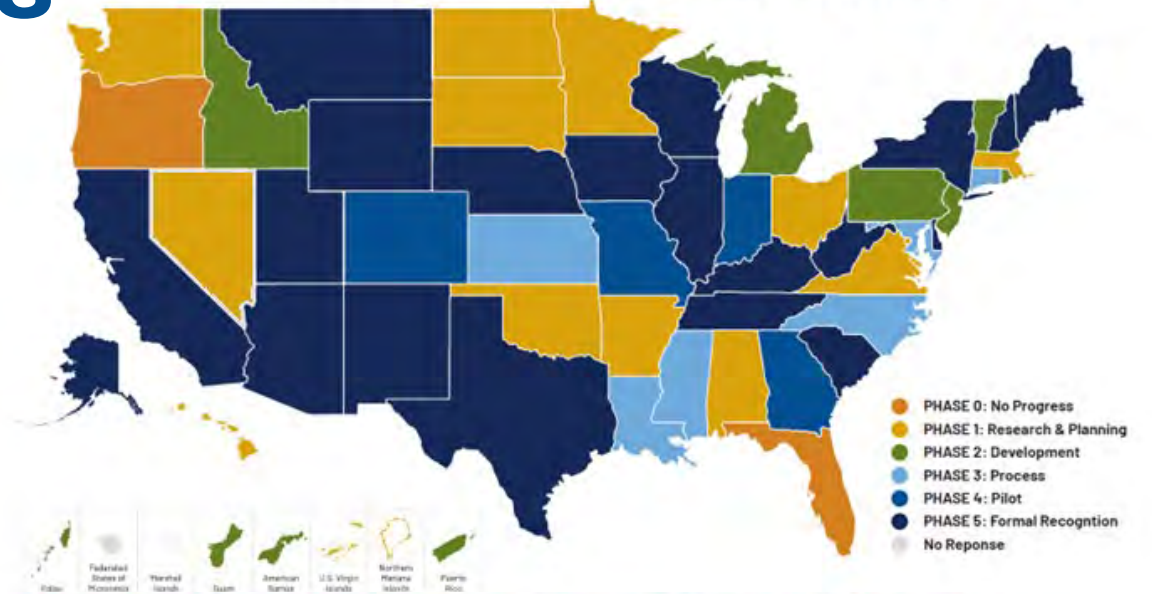
Rachael Alter

The PRRPC Participants

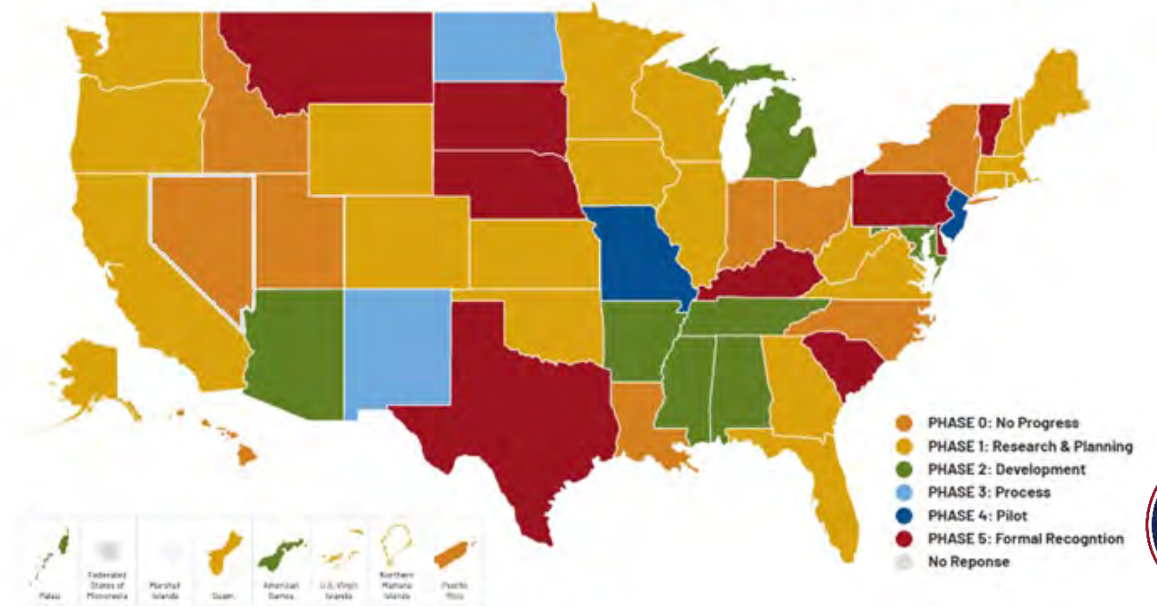


- 51 Participating States and Territories

ED RECOGNITION PROGRAMS DEVELOPMENT PHASE



PREHOSPITAL RECOGNITION PROGRAMS DEVELOPMENT PHASE



The Goal of the PRRPC

- Engage 17 states in developing new ED recognition programs
- Engage 8 states in developing new EMS recognition programs
- Work with all participating states/territories to incorporate key recognition criteria to align with performance measures and support the expansion of recognition programs



Addressing Pediatric Readiness in the News





◆ WSJ NEWS EXCLUSIVE

Children Are Dying in Ill-Prepared Emergency Rooms Across America

Hospitals and regulators have done little to ensure E.R.s are ready to treat children in emergencies, while researchers prove taking basic steps can save lives

HEALTH | HEALTHCARE

Find Hospitals Deemed Ready to Treat Children in Your Area

Only 14% of U.S. emergency departments are certified as pediatric ready or specialize in kids, though standards vary widely—and many parents don't know where they are

By [Melanie Evans](#) Follow, [Kara Dapena](#) Follow, [Liz Essley Whyte](#) Follow, and [Dov Friedman](#) Follow

Oct. 1, 2023 5:30 am ET

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Additional Media Coverage

BECKER'S CLINICAL LEADERSHIP

Hospitals defend pediatric care after WSJ report

Mariah Taylor (Email) - Tuesday, October 3rd, 2023

BECKER'S HOSPITAL REVIEW

Best, worst states for ED pediatric preparedness

Mariah Taylor (Email) - Monday, October 2nd, 2023



Kids Deserve our Best: What the WSJ Got Wrong about Pediatric Readiness

COMMENTARY

In Response to The Wall Street Journal: We Can Improve Pediatric Emergency Care

Commentary addresses emergency department readiness.

By Amy Wimpey Knight, Torey Mack, M.D. | Published Oct. 10, 2023



- <https://www.newser.com/story/340853/only-14-of-us-ers-are-prepared-to-treat-kids.html>
- <https://vigourtimes.com/unveiling-the-untold-truth-why-many-hospital-ers-struggle-to-provide-optimal-care-for-children/>
- <https://www.webcenterfairbanks.com/2023/10/14/what-makes-pediatric-ready-emergency-room/>
- <https://youtu.be/dWcejOzuUgs?si=qd3FRE2BszlpJeS>
- <https://www.aha.org/news/blog/2023-10-02-kids-deserve-our-best-what-wsj-got-wrong-about-pediatric-readiness>
- <https://www.beckershospitalreview.com/rankings-and-ratings/best-worst-states-for-ed-pediatric-preparedness.html>
- <https://thejewishvoice.com/2023/10/the-pediatric-emergency-care-crisis-young-patients-dying/>
- <https://www.childrenshospitals.org/news/childrens-hospitals-today/2023/10/in-response-to-the-wall-street-journal-we-can-improve-pediatric-emergency-care>
- <https://healthexec.com/topics/patient-care/care-delivery/how-poised-your-state-handle-disaster-mass-pediatric-casualties-cites-the-article>
- <https://www.beckershospitalreview.com/patient-safety-outcomes/only-14-of-hospitals-are-prepared-to-treat-children-7-notes.html>
- <https://english.almayadeen.net/news/health/children-are-dying-in-us-hospitals-plagued-with-ill-prepared>
- <https://www.beckershospitalreview.com/patient-safety-outcomes/hospitals-defend-pediatric-care-after-wsj-report.html>



Overview of the WSJ Article

- Highlighted deficiencies >>> progress
- 14% of EDs “ready” to treat children:
 - Their definition: children’s hospitals, pediatric trauma centers, and pediatric-recognized EDs
- Lack of readiness = lives lost
- Median score = 69.5, 88+ = well-prepared
- Neither improvements made nor efforts implemented were recognized

Overview of the WSJ Article

- Truths uncovered
 - Many EDs lack pediatric-specific protocols
 - Many EDs lack a pediatric crash cart or have immediate access to critical equipment
 - Many parents are unable to make informed decisions
 - Requirements to be designated “pediatric ready” vary
 - Some only require that they take the assessment and create a plan
 - All EDs can be ready
 - Assign PECCs, stock equipment, ensure staff competencies
 - Child emergency care is under-funded; under-incentivized (reimbursement)
 - CMMS and Joint Commission lack pediatric-specific standards

Inaccuracies

- “Pediatric ready” sites are missing or inaccurate
- 25 states don’t check pediatric preparedness
- Recognition is based on wPRS score alone
- AHA “it is unreasonable to expect every ED to have the pediatric expertise of a state-of-the-art children’s hospital”
- EDs aren’t ready b/c government agencies and professional societies haven’t required action

Inaccuracies

- EMSC programs use funding for 1-2 staff and training only
- Pediatric trauma centers are intentionally limited in number to ensure staff at PTCs see a large enough volume of patients
- Only TN, IL, and NJ require all hospitals to be pediatric ready
- 22 states have recognition programs



Open Discussion

- Additional inaccuracies that you have identified?
- Any benefits from the article's publication?



Key Takeaways



Why Pediatric Readiness Recognition Programs Matter

[Analysis of 2021 pediatric readiness national assessment results](#) shows that EDs that participate in recognition programs had a **24-point higher** median score, on average, than EDs that did not.



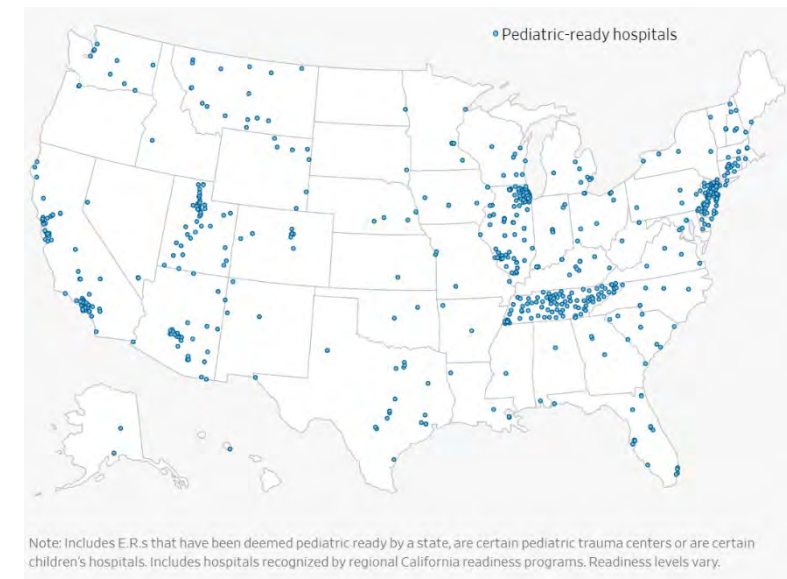
Key Takeaways

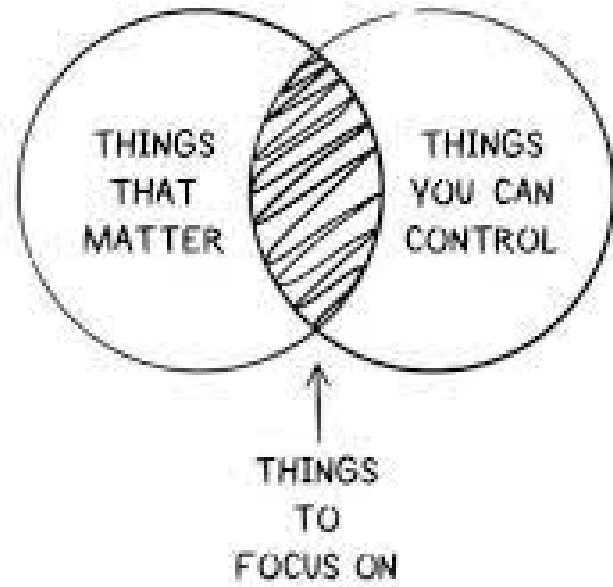
- Pediatric-recognition is important
 - To families, policy makers, and healthcare leaders
- Impact on the PRRP Collaborative
 - Need to align our efforts, leverage increased attention
- Lack of transparency regarding pediatric ready EDs/scores
 - Eventually, we need to highlight EDs who are recognized and stand behind our criteria

THE WALL STREET JOURNAL.

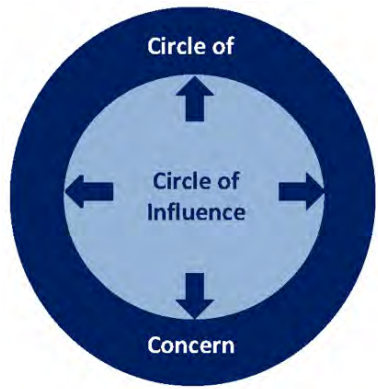
HEALTH | HEALTHCARE

Find Hospitals Deemed Ready to Treat Children in Your Area



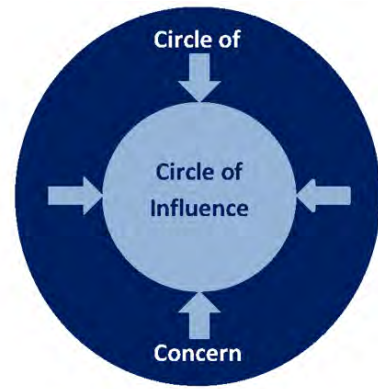


Addressing the WSJ Findings



Proactive Focus

Positive energy enlarges Circle of Influence



Reactive Focus

Negative energy reduces Circle of Influence

Proactive people focus their efforts in the Circle of Influence. They work on the things they can do something about...Reactive people, on the other hand, focus their efforts in the Circle of Concern. They focus on the weakness of other people, the problems in the environment, and circumstances over which they have no control.

– Stephen Covey

Addressing the WSJ Findings

Today's Focus

- ED Recognition Program Criteria
 - Need to establish meaningful criteria
 - Collectively need to standardize criteria
 - Set a minimum acceptable standard for pediatric recognition

Future Focus

- EMS Recognition Program Criteria
- Recognition/Data Transparency
- Pros and Cons of Tiered Recognition
- Verification process
- Applications for recognition

Today's Process

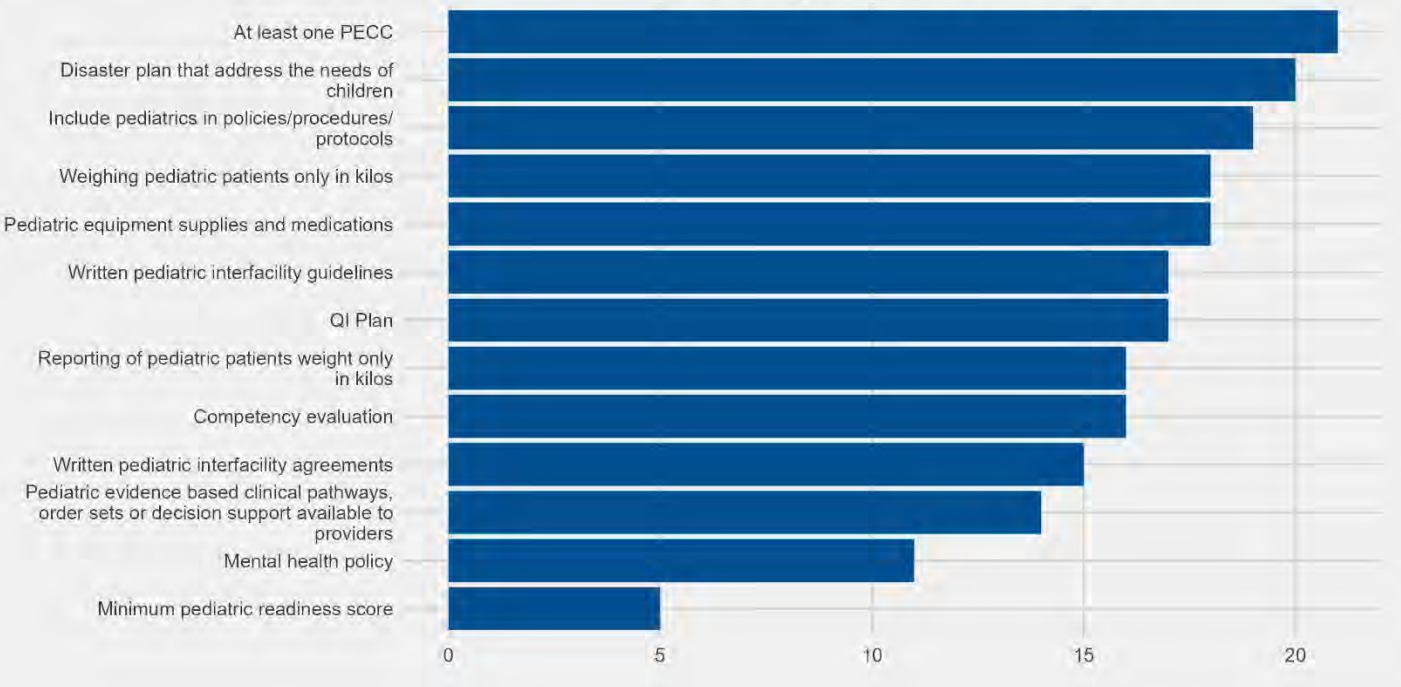
- Goal: Establish minimum ED criteria for recognition
- Highlight core criteria for consideration in lowest/single tier program
 - Discuss pros and cons (briefly)
 - Vote on inclusion in next round
 - If >50% agree, then will move to Round 2
- We will aim for 3 rounds of voting/scoring before we achieve consensus on minimum ED criteria.
 - Rounds 2 and 3 will occur at a later time

ED Criteria Discussion



ED Recognition Programs

Criteria Included for ED Recognition Across all Surveyed States/Territories



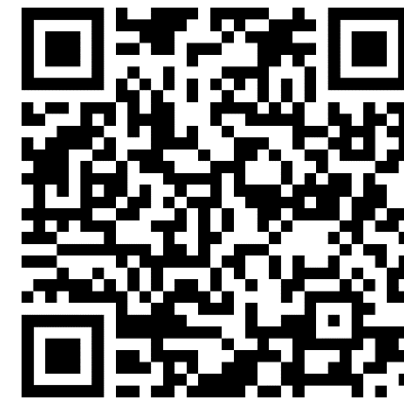
At least one PECC	95%	Reporting of pediatric patients weight only in kilos	73%
Disaster plan that address the needs of children	91%	Competency evaluation	73%
Include pediatrics in policies/procedures/protocols	86%	Pediatric evidence based clinical pathways, order sets or decision support available to providers	64%
Weighing pediatric patients only in kilos	82%	Written pediatric interfacility agreements	68%
Pediatric equipment supplies and medications	82%	Mental health policy	50%
Written pediatric interfacility guidelines	77%	Minimum pediatric readiness score	23%
QI Plan	77%		

Minimum Criteria set by 2023 EMSC Performance Measures

- Include, at a minimum, the following elements **in the highest tier:**
Effective performance period beginning April 1, 2024
 - PECCs
 - A nurse and a physician designated as PECCs
 - Disaster Plan
 - Presence of a disaster plan that addresses the needs of children
 - Weighing and Recording Pediatric Patients
 - Weighing and recording pediatric patients in kilograms only

Pediatric Emergency Care Coordinators

- PECC is one of the strongest drivers of improved pediatric readiness
- The presence of a nurse-physician PECC dyad = average **16 pt increase** in adjusted wPRS Score
- PECC improve all domains of readiness but most associated with QI
- 28.5% of EDs have both a physician and nurse PECC



Criteria #1: PECCs

1. At least 1 PECC (95%): Y/N
2. Both nurse and physician PECC: Y/N

Disaster Plans that include Pediatric

- Loss of pediatric units => increased reliance on general EDs
- Children disproportionately impacted by disasters
- Climate change and human-caused events
- 47.5% of EDs report a disaster plan that includes children
- An EMSC performance measure

Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies (Pilot)

This draft document is being pilot-tested to identify clarifications or additions. Questions and feedback are appreciated; please email disaster@emscimprovement.center. The final checklist is anticipated for release in winter 2022.

11 Domains

FOUNDATION

Facilities with no dedicated pediatric inpatient services.

INTERMEDIATE

Facilities with some inpatient pediatric services.

ADVANCED

Quaternary-care or specialty pediatric hospitals.

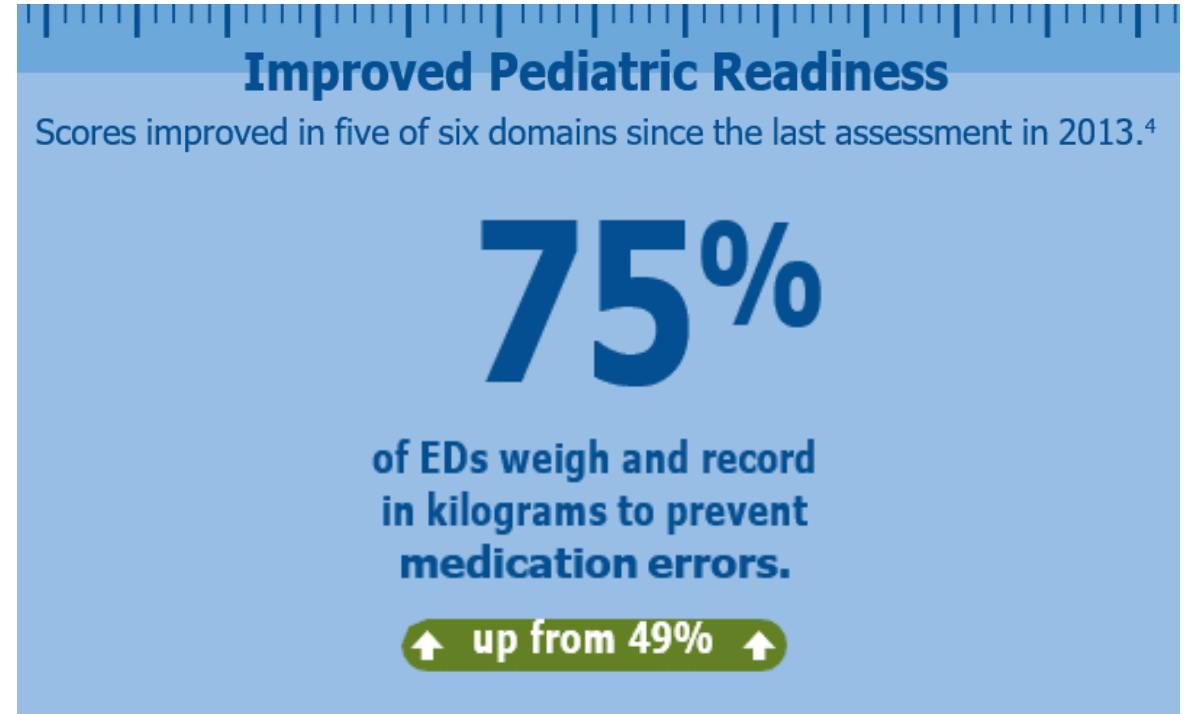


Criteria #2: Disaster plan that includes children

1. Disaster plan must call out pediatric considerations (91%):
Y/N
2. Disaster plan must include pediatric considerations and highlight critical domains from the checklist: Y/N

Weighing and Recording Pediatric Patients' Weight in Kilograms

- Children 3 times as likely to have medication errors in the ED
- Weigh and record in kg is national patient safety standard
- An EMSC performance measure
- Not all EMRs are setup to restrict to kg

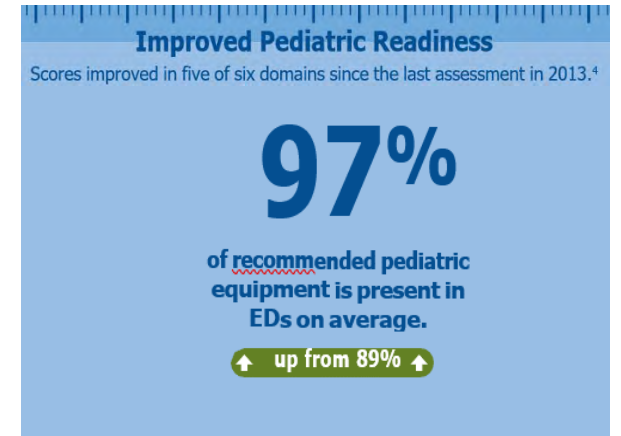


Criteria #3: Weighing and Recording Children in kg only

1. Weighing children in kg only (82%): Y/N
2. Weighing and recording children in kg only: Y/N

Pediatric Equipment and Supplies

- Must have equipment immediately available to intervene
- Many EDs lack pediatric crash carts
- 59% of EDs carry 100% of equipment, 92% carry at least 90% of equipment
- Cost associated with certain items
- Commonly missing equipment: pediatric Magill forceps (11.5%), infant-sized non-rebreather masks (11.5%), pediatric difficult airway kit (7.8%)

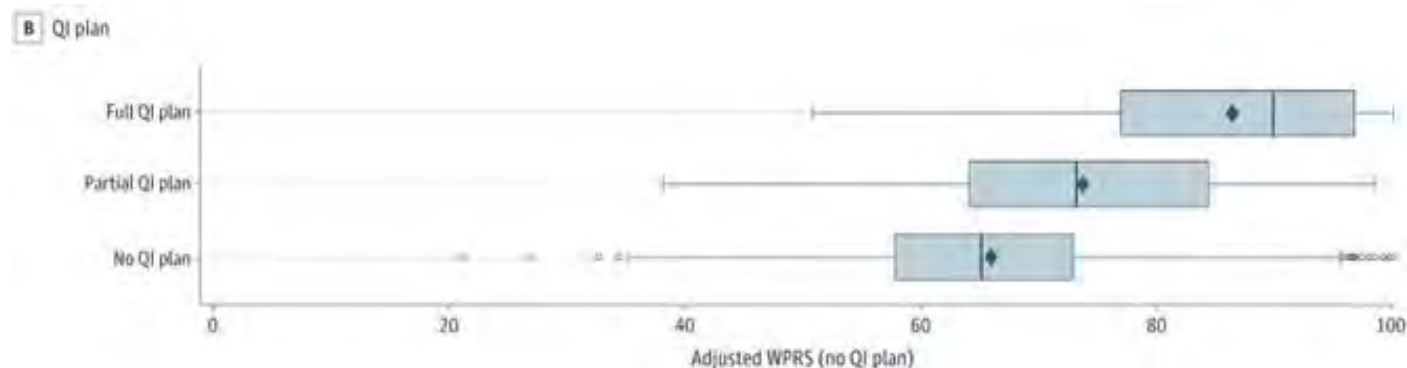
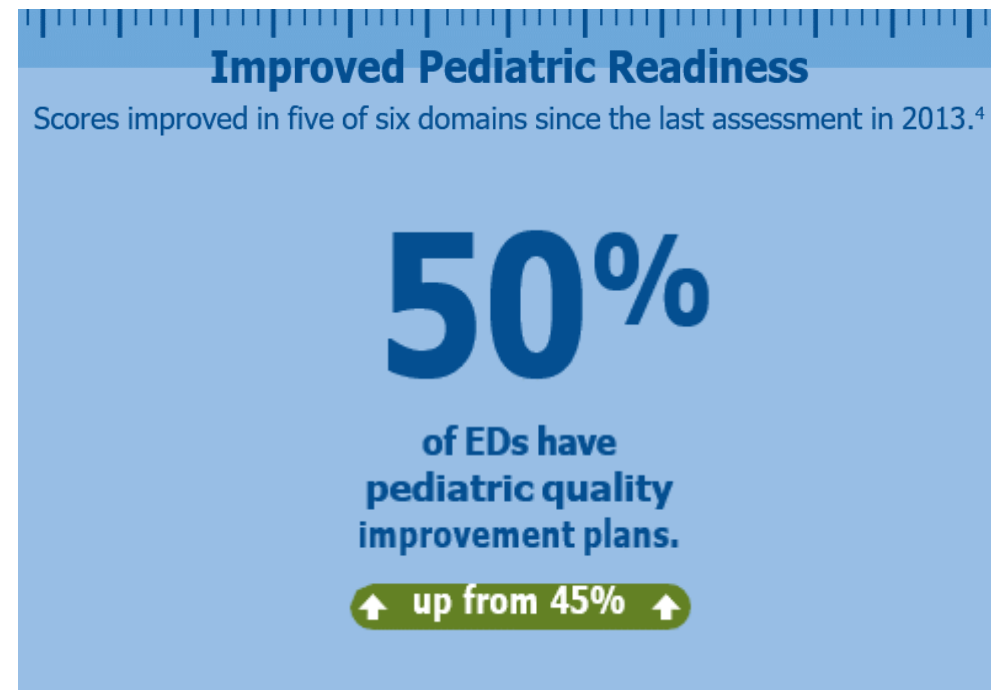


Criteria #4: Pediatric Equipment and Supplies

1. Access to pediatric crash cart in ED: Y/N
2. Daily method to verify the proper location of pediatric equipment and supplies: Y/N
3. All recommended equipment and supplies immediately available (82%): Y/N
4. Require critical/commonly missing pediatric equipment items: Y/N

Pediatric Quality Improvement Plan

- The presence of a full QI plan = average **26pt increase** in adjusted wPRS compared to no QI plan
- One of the top barriers to pediatric readiness
- NPRQI now provides suggested measures and technology to support effort
- Intimately tied to PECC role



Criteria # 5: Pediatric QI Plan



1. Pediatric QI Plan (77%): Y/N
2. Pediatric QI Plan that includes pediatric specific indicators and tracking performance: Y/N

Written Pediatric Interfacility Agreements

- ~1000 hospitals have closed their pediatric inpatient units in the last decade
- ~300,000 children transferred every year
- Reduce delays, identify the most appropriate facilities
- Potential for integration in QI plan
- 62.5% of EDs have interfacility transfer guidelines



AHA report: Rural hospital closures threaten patient access to care

© Sep 08, 2022 - 04:19 PM



Criteria # 6: Interfacility Transfer Guidelines and Agreements



1. Interfacility transfer guidelines (77%): Y/N
2. Interfacility transfer agreements (68%): Y/N



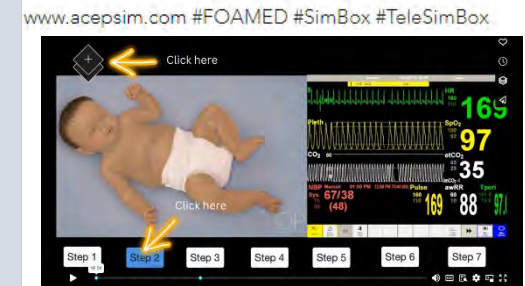
Competency Evaluation

- ED staff at low volume EDs see critically ill or injured children infrequently (most general EM docs report <1 pediatric intubation per year)
- 54% of general EM physicians perform 0 critical pediatric procedures per year, only 1% perform 2 or more procedures per year
- Maintenance of certification is focused on knowledge, not skills



Pediatric-specific competencies:

Physicians – 67% of EDs
Nurses – 89% of EDs
APP – 68% of EDs that have APPs



Criteria # 7: Pediatric Competency Evaluations



1. Pediatric Competency evaluations for all staff (73%): Y/N
2. Pediatric Competency evaluations for nurses: Y/N
3. Pediatric Competency evaluations require pediatric skills practice: Y/N

Pediatric Policies and Procedures

- A validated pediatric triage tool associated with increased survival and ENA-endorsed (62.4%)
- Mental health is one of the most common reasons for transfers; boarding issues (73.1%)
- Importance of family-centered care in decreasing stress, reducing errors (62.5%)
- Radiation exposure associated with increased cancer risk (75.9%)

Characteristic	EDs, No. (%)				
	Pediatric patient volume category ^a				
	Low (n = 1793)	Medium (n = 1102)	Medium high (n = 376)	High (n = 286)	Overall (n = 3557)
WPRS, median (IQR) ^b	64.0 (55.6-76.0)	71.4 (61.0-85.4)	77.5 (66.1-91.0)	94.4 (83.3-97.5)	69.5 (59.0- 84.0)
Pediatric-specific policies or procedures					
QI process	738 (41.2)	564 (51.2)	222 (59.0)	253 (88.5)	1777 (50.0)
Weight in kilograms	1177 (65.6)	873 (79.2)	333 (88.6)	268 (93.7)	2651 (74.5)
Triage	934 (52.1)	731 (66.3)	290 (77.1)	263 (92.0)	2218 (62.4)
Patient assessment and reassessment	1303 (72.7)	905 (82.1)	321 (85.4)	271 (94.8)	2800 (78.7)
Immunization assessment and management	702 (39.2)	532 (48.3)	188 (50.0)	204 (71.3)	1626 (45.7)
Child maltreatment	1573 (87.7)	1021 (92.6)	359 (95.5)	277 (96.9)	3230 (90.8)
Death in ED	1137 (63.4)	835 (75.8)	283 (75.3)	269 (94.1)	2524 (71.0)
Reduced-dose radiation for CT and radiograph imaging	1261 (70.3)	864 (78.4)	305 (81.1)	271 (94.8)	2701 (75.9)
Mental health care	1155 (64.4)	877 (79.6)	297 (79.0)	270 (94.4)	2599 (73.1)
Behavioral health transfer	1051 (58.6)	790 (71.7)	268 (71.3)	255 (89.2)	2364 (66.5)
Social service plans	1003 (55.9)	811 (73.6)	310 (82.4)	265 (92.7)	2389 (67.2)
Interfacility guidelines for transfer of pediatric patients	1187 (66.2)	818 (74.2)	300 (79.8)	245 (85.7)	2550 (71.7)
Family-centered care plan	1002 (55.9)	716 (65.0)	262 (69.7)	244 (85.3)	2224 (62.5)

Criteria # 8: Pediatric Policies and Protocols



1. Include pediatrics in policies and procedures (86%): Y/N
2. Pediatric evidence-based pathways and/or decision support (64%): Y/N
3. Pediatric Mental Health policy (50%): Y/N
4. Family centered care: Y/N
5. Pediatric-specific triage: Y/N
6. Pediatric reduced dose radiation policy: Y/N

Minimum Weighted Pediatric Readiness Score

Original Investigation | Emergency Medicine



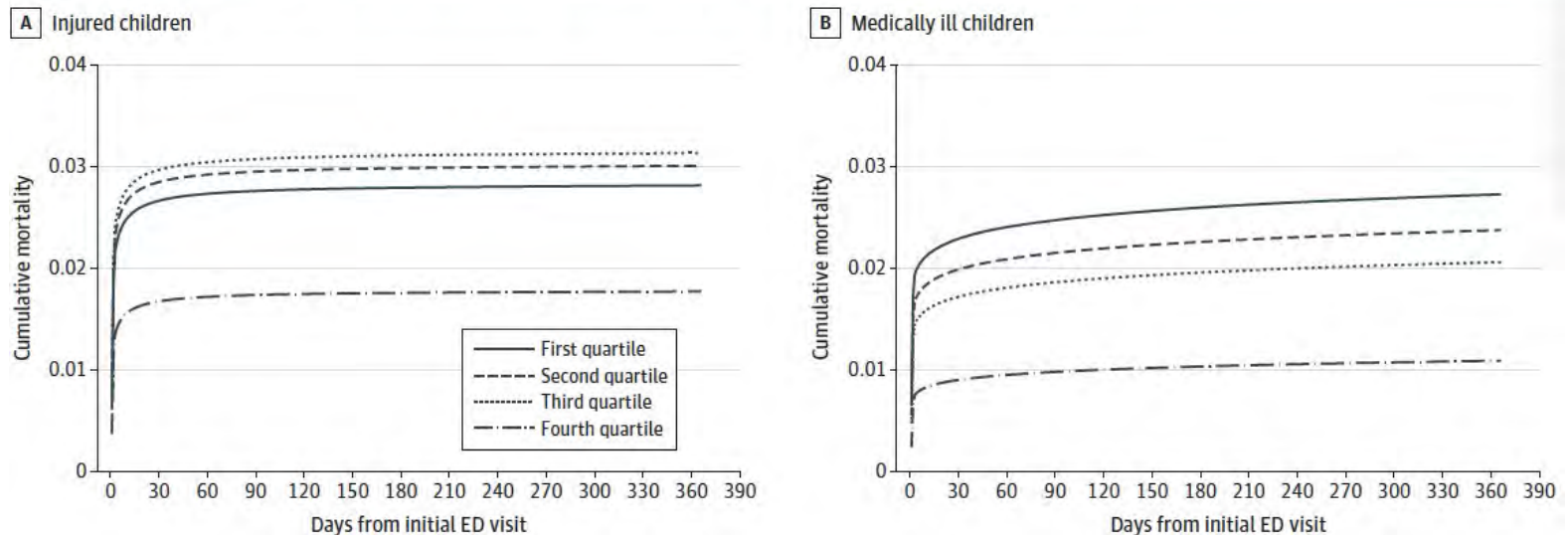
January 13, 2023

Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care

Craig D. Newgard, MD, MPH¹; Amber Lin, MS¹; Susan Malveau, MS¹; et al

- High ED pediatric readiness was associated with reduced in-hospital and 1-year mortality among injured and medically ill children
- If only requirement for recognition, may limit transparency of program

Adjusted Time to Death for Injured and Medical Children, by Emergency Department (ED) Pediatric Readiness



60% (injured) to 76% (ill) lower odds of in-hospital death in high-readiness ED



Criteria # 9: Minimum Weighted Pediatric Readiness Score

1. Minimum score of 88 or above (23%): Y/N



Additional Criteria to Consider

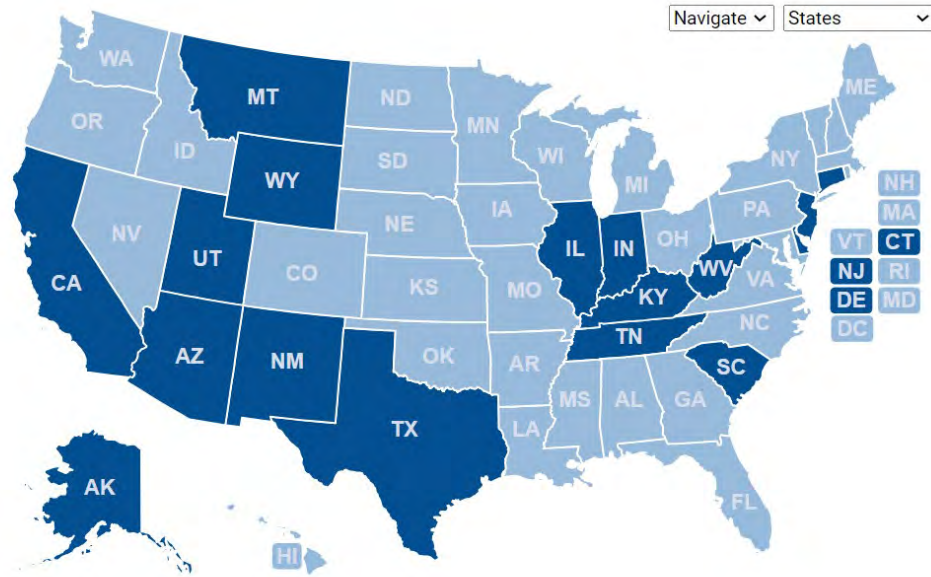
- Pediatric outreach
- Pediatric education
- Other policies or procedures
- Pediatric injury prevention efforts



What's Next

- Watch for next round of ED Criteria Consensus
- Complete session [sign up survey](#)
- All sites-work on action plan/ SMART AIM Development
- November Session 11/16/23

New Resources for Pediatric Readiness Recognition Programs



The highlighted states on the website are states who reported having a facility recognition program and have been verified by HRSA during the 4/1/2021 – 3/31/2022 (Fiscal year 2021) performance period.



[Pediatric Readiness](#)
[Focus Areas](#)
[EMSC Program](#)
[Engage with EMSC](#)
[Resources](#)
[Partners](#)

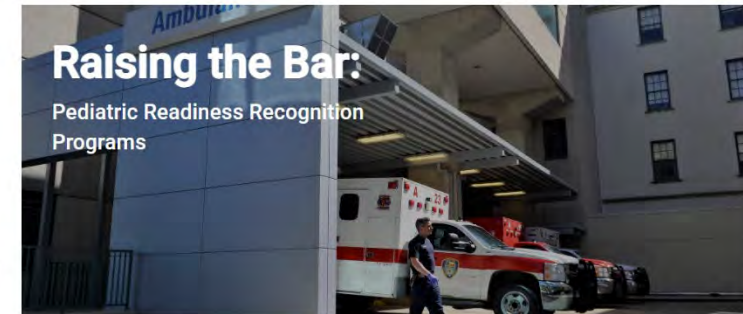
Home / Focus Areas / Recognition Programs

Learn about pediatric readiness



Recognition programs align with the work of two pediatric readiness projects, one for EDs and one for EMS.

[Explore the pediatric readiness projects](#)



What are pediatric readiness recognition programs?

Pediatric readiness recognition programs are state-based programs that honor emergency departments (EDs) and prehospital agencies for meeting specific pediatric care standards. These programs encourage improvements in care, enhance coordination, and ensure children receive appropriate treatment from well-prepared facilities.



Pediatric Readiness Recognition Programs



Pediatric Readiness FAQ Page



PRRPC Page



Q&A Session



Thank you!

For additional questions, contact us:
collaboratives@emscimprovement.center

