

Pediatric Readiness Recognition Programs Collaborative

Session 2
November 16, 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

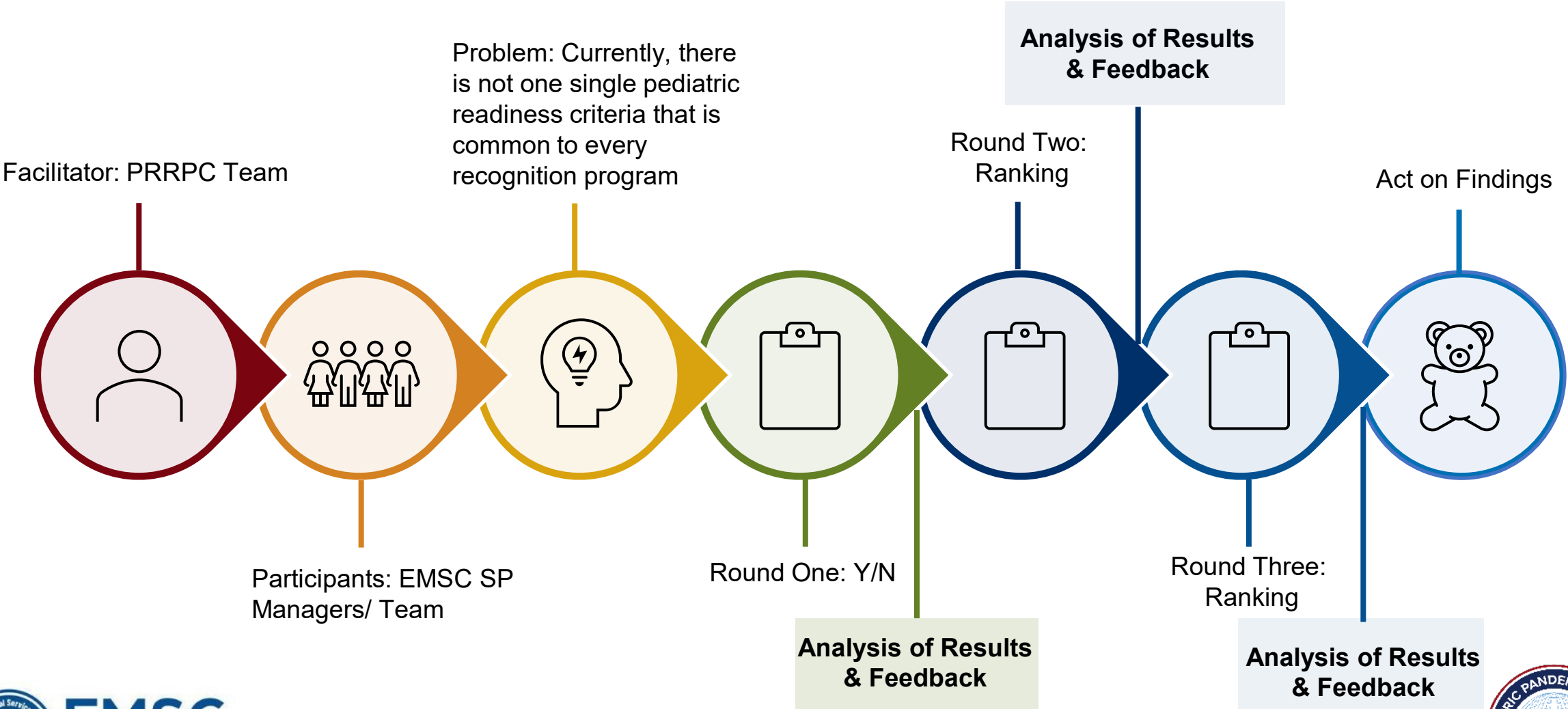
- Explore how pediatric readiness recognition programs can be used to establish meaningful criteria for pediatric readiness
- Discuss minimum criteria for ED pediatric readiness recognition programs and prepare to complete round two on the evidence, feasibility and importance of each
- Discuss minimum criteria for prehospital pediatric readiness recognition programs and vote on whether each should be considered in round two

The Goal of the PRRPC

Work with all participating states/territories to develop recognition programs, incorporate key recognition criteria to align with performance measures, and support the expansion of recognition programs



Delphi Process



Objectives

Establishing minimum criteria for a lowest tier (e.g. critical access hospital)

EMSC SP managers and their teams take part in the consensus activity

Will not slow down any programs progress

Benefits

Evidence-based, consensus-driven starting point

Minimum criteria for ED and Prehospital recognition programs

Opportunities to adapt and/or expand current criteria



ED Recognition Program Delphi Process

2

November Session

- Discuss **round two** ED criteria and Delphi process

Offline

- Discuss/review with collaborators
- Participants complete **round two** by ranking criteria based on evidence, feasibility, and importance via online survey
- Suggest edits to the proposed criteria

December Session

- Review round two results
- Discuss complexities/feasibility of measures
- Modify verbiage to ensure it aligns with intent
- Identify criteria which should be excluded

Offline

- Touch base with collaborators if needed
- Participants complete **round three** by ranking criteria based on evidence, feasibility, and importance via online survey
- Suggest edits to the proposed criteria

3

January Session

- Review round three results
- Obtain feedback (nuances, special considerations)

Prehospital Recognition Program Delphi Process

1

November
Session

- Gather list of potential minimum criteria from established EMS recognition programs
- Describe criteria by core categories
- Define which criteria may be included: pros/cons/importance
- Poll whether criteria move to round two (Y/N)

2

Offline

- States not in attendance complete makeup round one
- Discuss/review round two with collaborators
- Participants complete **round two** by ranking criteria based on evidence, feasibility, and importance via online survey
- Suggest edits to the proposed criteria

December
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January
Session

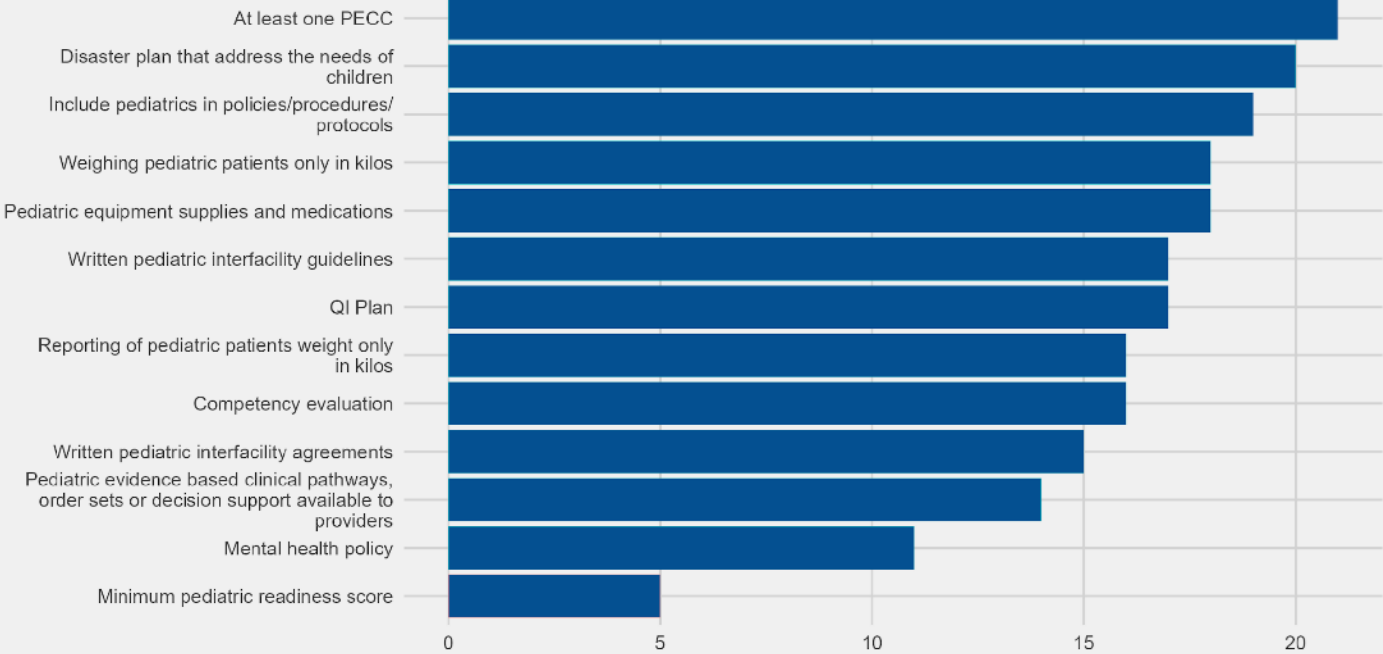
- Review round three results
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Review Round One ED Minimum Recognition Criteria



ED Recognition Programs Environmental Scan Results

Criteria Included for ED Recognition Across all Surveyed States/Territories



At least one PECC	95%
Disaster plan that address the needs of children	91%
Include pediatrics in policies/procedures/protocols	86%
Weighing pediatric patients only in kilos	82%
Pediatric equipment supplies and medications	82%
Written pediatric interfacility guidelines	77%
QI Plan	77%

Reporting of pediatric patients weight only in kilos	73%
Competency evaluation	73%
Pediatric evidence based clinical pathways, order sets or decision support available to providers	64%
Written pediatric interfacility agreements	68%
Mental health policy	50%
Minimum pediatric readiness score	23%

Round One

Should this criteria be considered as a minimum criteria in ED recognition programs? If greater than 50% yes, it will be considered in round two where it will be ranked based on evidence, feasibility, and importance.

Round Two- Criteria Being Considered

- At least 1 PECC : Yes- **98%**
- Weighing children in kg only: Yes- **95%**
- Disaster plan must call out pediatric considerations: Yes- **94%**
- Include pediatrics in policies and procedures: Yes- **93%**
- Access to pediatric crash cart in ED: Yes- **92%**
- Weighing and recording children in kg only: Yes- **88%**
- All recommended equipment and supplies immediately available: Yes- **88%**
- Require critical/commonly missing pediatric equipment items: Yes- **88%**
- Interfacility transfer guidelines: Yes- **88%**
- Pediatric-specific triage: Yes- **85%**
- Pediatric evidence-based pathways and/or decision support: Yes- **84%**
- Pediatric Competency evaluations require pediatric skills practice: Yes- **81%**
- Family centered care: Yes- **80%**
- Daily method to verify the proper location of pediatric equipment and supplies: Yes- **80%**
- Pediatric QI Plan: Yes- **80%**
- Pediatric Mental Health policy: Yes- **77%**
- Pediatric Competency evaluations for nurses: Yes- **75%**
- Pediatric reduced dose radiation policy: Yes- **71%**
- Pediatric QI Plan that includes pediatric specific indicators and tracking performance: Yes- **67%**
- Pediatric Competency evaluations for all staff: Yes- **67%**
- Disaster plan must include pediatric considerations and highlight critical domains from the checklist: Yes- **60%**
- Interfacility transfer agreements: Yes- **58%**

Round Two- Criteria Not Being Considered

- Both nurse and physician PECC: Yes- **42%**
- Minimum score of 88 or above: Yes- **40%**

Round Two- ED Minimum Recognition Criteria

- Rate each criteria on a 1-5 scale according to evidence, feasibility, and importance to pediatric readiness recognition programs.
- Considerations:
 - Evidence: Is the criteria based on evidence? Is there evidence that performing well on the criteria will lead to better outcomes for children and adolescents?
 - Feasibility: Is this feasibly included as a minimum criteria? Does it seem reasonable that this criteria can be included in pediatric readiness recognition programs?
 - Importance: Is the criteria important to pediatric readiness? Is there a correlation between this criteria and improved pediatric readiness?

Prehospital Recognition Programs

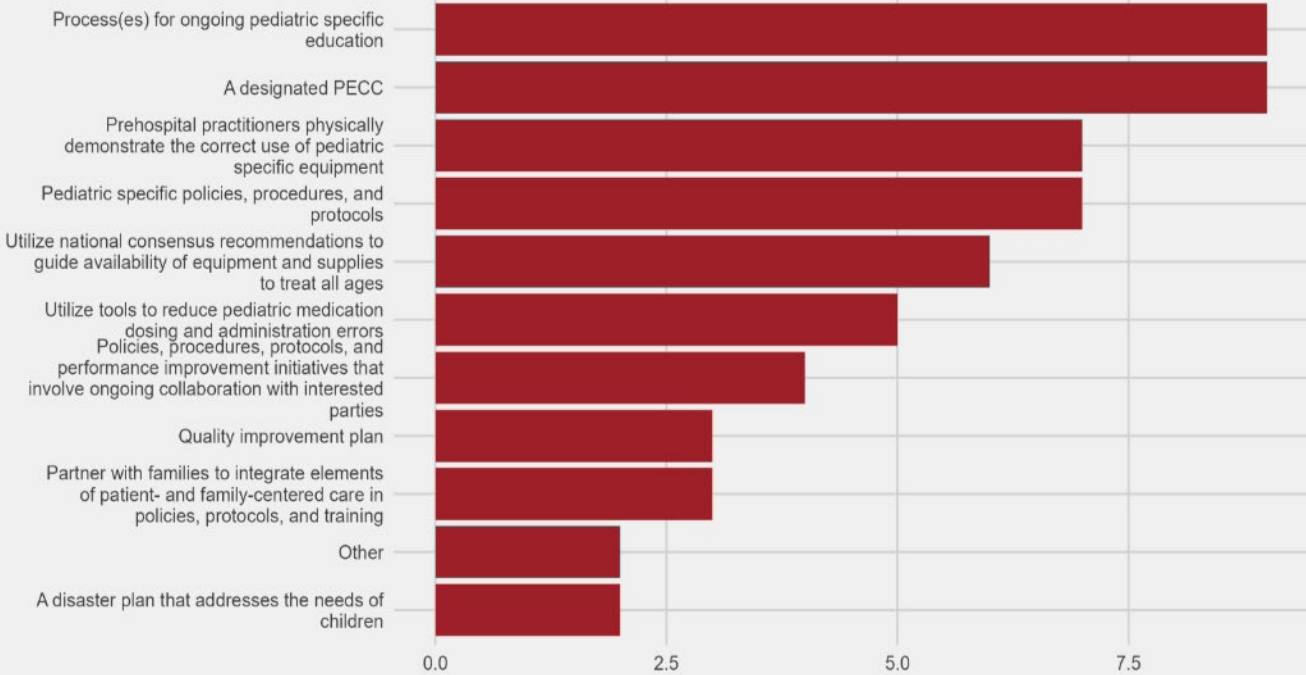


Today's Process

- Discuss core criteria for consideration in the lowest/single tier program
- Should this criteria be considered as a minimum criteria in prehospital recognition programs? Vote Yes/No
 - If greater than 50% yes, it will be considered in round two where it will be ranked based on evidence, feasibility, and importance
- We will aim for **3 rounds** of voting/scoring before we achieve consensus on **minimum** prehospital criteria

Prehospital Recognition Programs Environmental Scan Results

Elements Required for Prehospital Recognition Across all Surveyed States/Territories



A designated PECC	100%
Process(es) for ongoing pediatric specific education	100%
Prehospital practitioners physically demonstrate the correct use of pediatric specific equipment	78%
Pediatric specific policies, procedures, and protocols	78%
Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages	67%

Utilize tools to reduce pediatric medication dosing and administration errors	56%
Policies, procedures, protocols, and performance improvement initiatives that involve ongoing collaboration with interested parties	44%
Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training	33%
Quality improvement plan	33%
A disaster plan that addresses the needs of children	22%

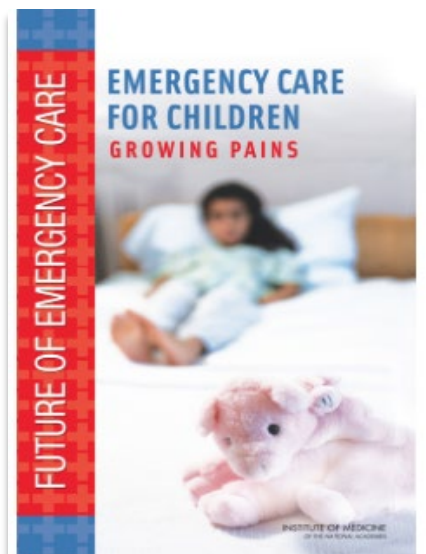
Criteria Set by 2023 EMSC Performance Measures for Prehospital Recognition Programs

- Include, at a minimum, the following elements **in the highest tier**: Effective performance period beginning April 1, 2024
 - PECCs
 - A designated individual(s) who coordinates pediatric emergency care
 - Disaster Plan
 - Presence of a disaster plan that addresses the needs of children
 - Skills Checks
 - Process that requires prehospital practitioners to physically demonstrate the correct use of pediatric-specific equipment

Prehospital Minimum Recognition Criteria



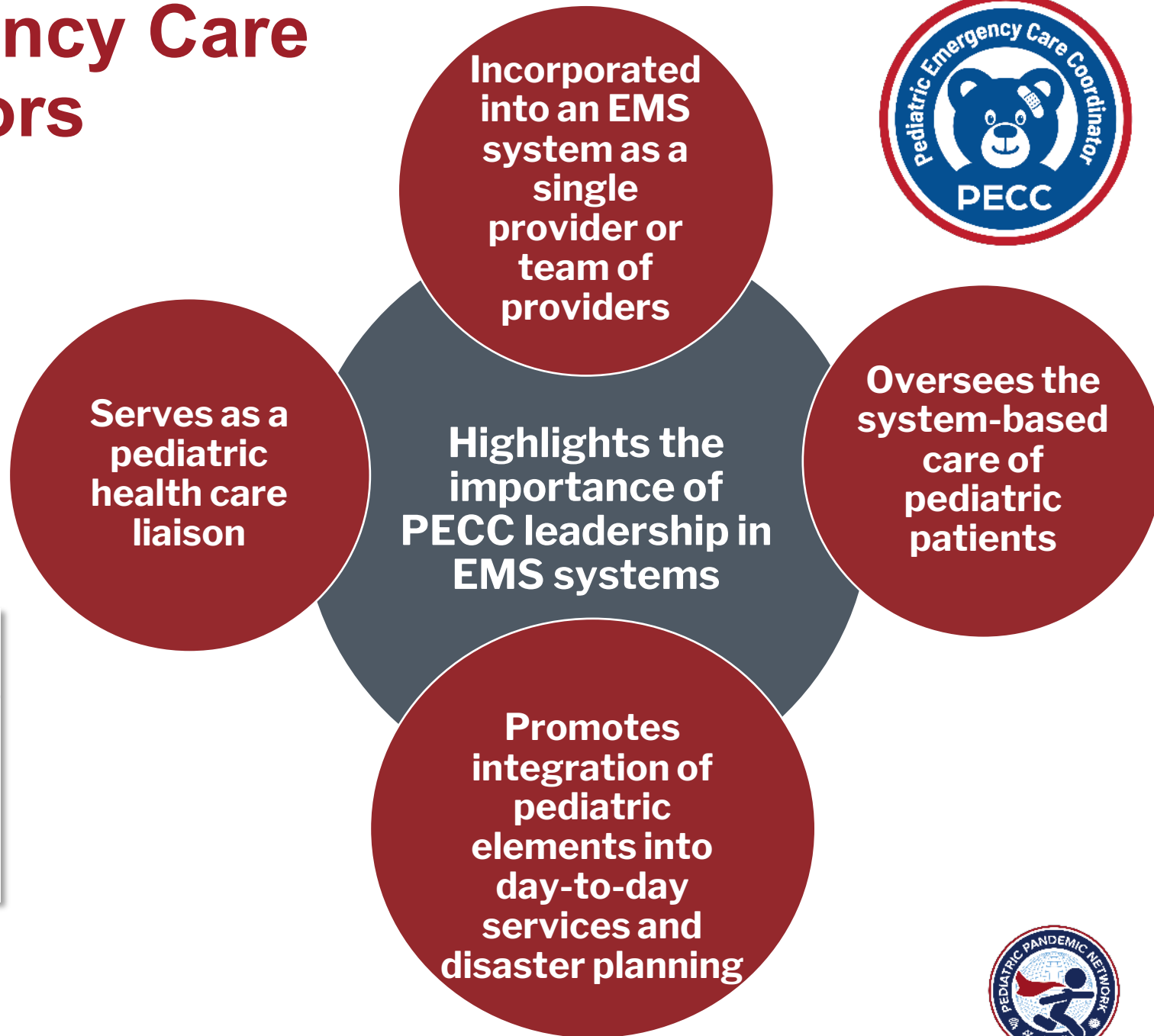
Pediatric Emergency Care Coordinators



NAEMSP RESOURCE DOCUMENT

RESOURCE DOCUMENT: COORDINATION OF PEDIATRIC EMERGENCY CARE IN EMS SYSTEMS

Katherine Remick, MD, Toni Gross, MD, MPH, Kathleen Adelgais, MD, MPH, Manish I. Shah, MD, MS, Julie C. Leonard, MD, MPH, Marianne Gausche-Hill, MD



Criteria #1: PECCs

1. A designated PECC : Y/N



Disaster Plans that Include Children

- Climate change and human-caused events
- Children disproportionately impacted by disasters
- Currently only 27% of EMS agencies engage in a Healthcare coalitions
- Hospital data shows that disaster preparedness programs are associated with reduced patient mortality (Remick, et. al.)



Criteria #2: Disaster Plans that Include Children

1. Has a prehospital disaster triage algorithm that includes children:
Y/N
2. Has a mass transport policy or protocol that includes children:
Y/N
3. Participates in disaster drills that include children: Y/N

Established Process to Demonstrate the Correct Use of Pediatric Equipment

- Frequency of EMS agencies performing skills checks on pediatric equipment
 - In a skill station
 - In simulation



Criteria #3: Established Process to Demonstrate the Correct Use of Pediatric Equipment

1. Prehospital personnel can locate pediatric specific equipment: Y/N
2. Prehospital personnel physically demonstrate correct use of pediatric specific equipment: Y/N



Pediatric Specific Policies, Procedures, and Protocols

- Use of trauma triage destination protocols
- Care of the unaccompanied minor protocols
- Refusals involving children
- Child maltreatment reporting



Criteria #4: Pediatric Policies and Protocols

1. Include pediatrics in policies and procedures regarding the use of trauma triage destination protocols: Y/N
2. Include pediatrics in policies and procedures regarding the care of unaccompanied minors: Y/N
3. Include pediatrics in policies and procedures regarding refusals involving children: Y/N
4. Include pediatrics in policies and procedures regarding the reporting of child maltreatment: Y/N
5. Policies, procedures, and training integrates elements of patient and family centered care: Y/N

Pediatric Equipment and Supplies



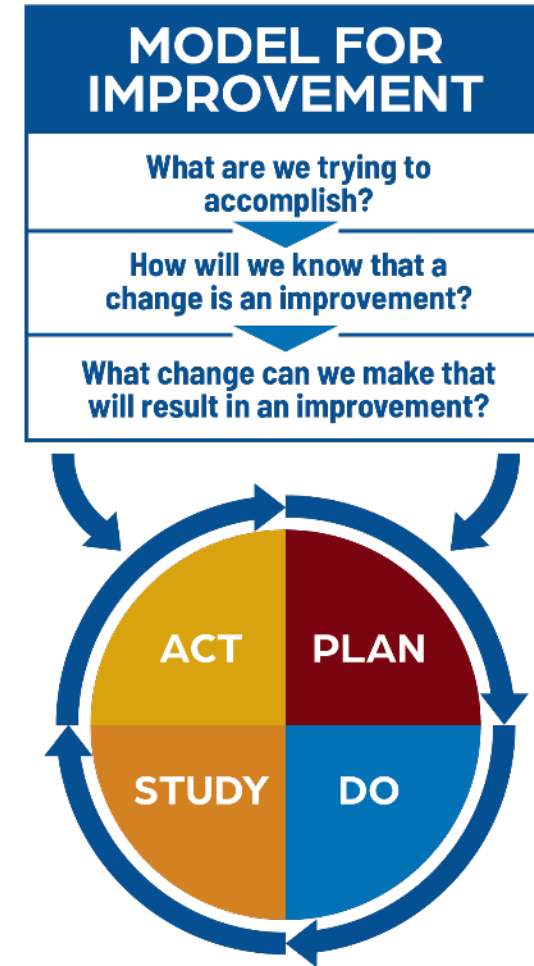
- Availability of pediatric-specific equipment is a key component of pediatric readiness
- National guidelines for the minimum equipment for ground ambulances currently exist

Criteria #5: Pediatric Equipment and Supplies

1. Utilizes national consensus recommendations to guide availability of equipment and supplies to treat all ages: Y/N
2. Established process for the regular verification of pediatric equipment and supplies: Y/N
3. All recommended equipment and supplies readily available: Y/N

Pediatric Quality Improvement Plan

- There are currently established EMS Quality measures
 - NEMSQA
 - Florida FAIR
- A pediatric specific dashboard will soon be available from NEMSIS TAC



Adapted from Associates in Process Improvement

Criteria #6: Pediatric QI Plan

1. QI Plan includes pediatric considerations:
Y/N



Utilize Tools to Reduce Pediatric Medication Dosing and Administration Errors



- Medication errors occur in approximately 35% of pediatric EMS encounters, high frequency of overdoses, under doses.
- Use of volumetric dosing associated with decreased cognitive errors in dosing pediatric medications.
- Weight estimation is an essential component of ensuring correct dosing of medications.

Criteria #7: Tools to Reduce Pediatric Medication Dosing and Administration Errors

1. Uses weight estimation system: Y/N
2. Utilizes volumetric dosing system: Y/N
3. Requires training on medication dosing for children: Y/N

	Emergency Department	Prehospital
October Session	<p>Gather list of potential minimum criteria from established ED recognition programs</p> <p>Describe criteria by core categories</p> <p>Define which criteria may be included: pros/cons/importance</p> <p>Poll whether criteria move to round two (Y/N)</p>	
Offline	<p>Participants not in attendance complete makeup round one</p>	
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January Session	<p>Review round three results</p> <p>Obtain feedback (nuances, special considerations)</p>	<p>Review round three results</p> <p>Obtain feedback (nuances, special considerations)</p>

What's Next

- ❑ Complete Round 2 ED Criteria survey by **December 15**
- ❑ Complete Round 2 Prehospital Criteria survey by **December 15**
- ❑ Complete session [sign up survey](#)
- ❑ All sites-work on action plan/ SMART Aim development
- ❑ Next Session: **December 21 from 1:30-3:00 pm CT**

Q&A Session



Thank you!

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



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