

# Pediatric Readiness Recognition Programs Collaborative

Session 5  
January 18, 2024



**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

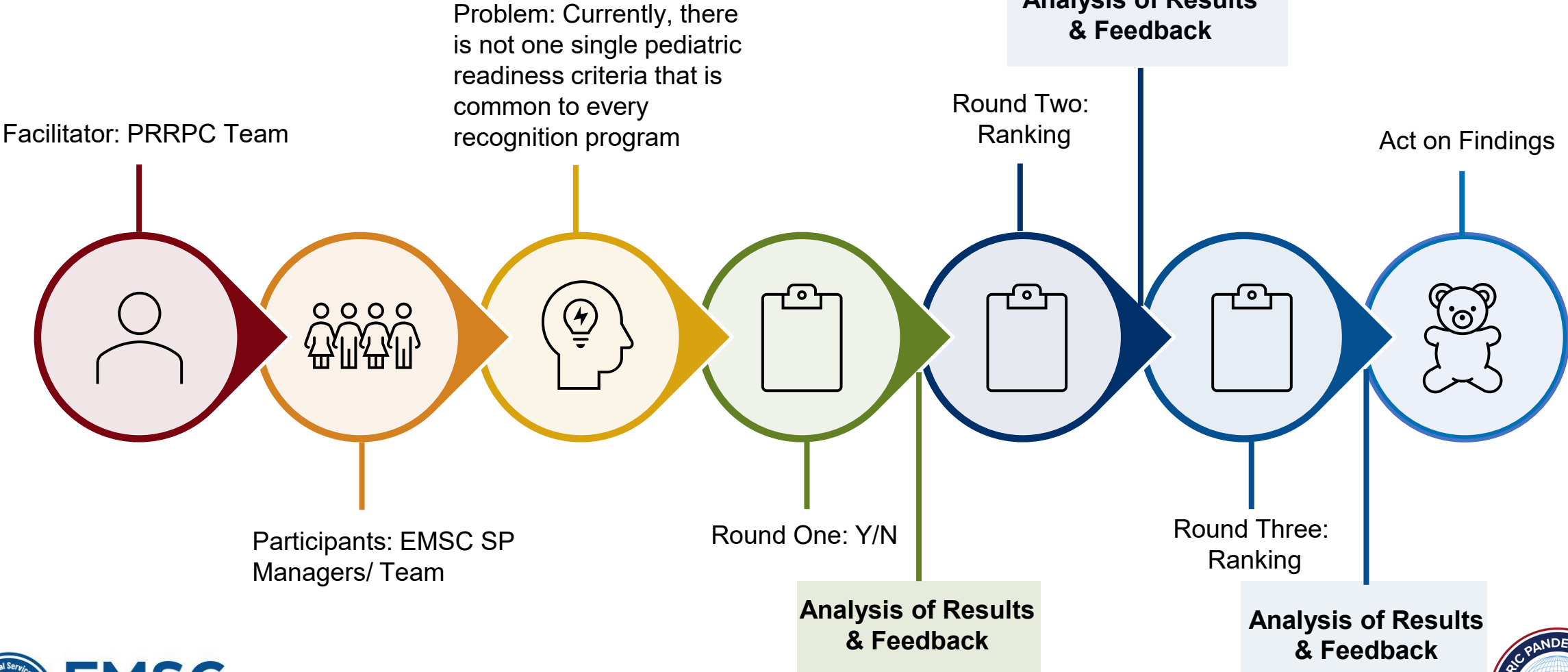


Today's session  
is interactive

# PRRPC Session Agenda

- Discuss minimum criteria for ED pediatric readiness recognition programs, review round two results, and prepare for round 3 – **30 minutes**
- Recognition Programs: Goal Setting– **30 minutes**
- Discuss minimum criteria for prehospital pediatric readiness recognition programs, review round two results and prepare for round 3 – **30 minutes**

# Consensus Activity



# Goals for Today

- Discuss and edit proposed criteria in preparation for round 3

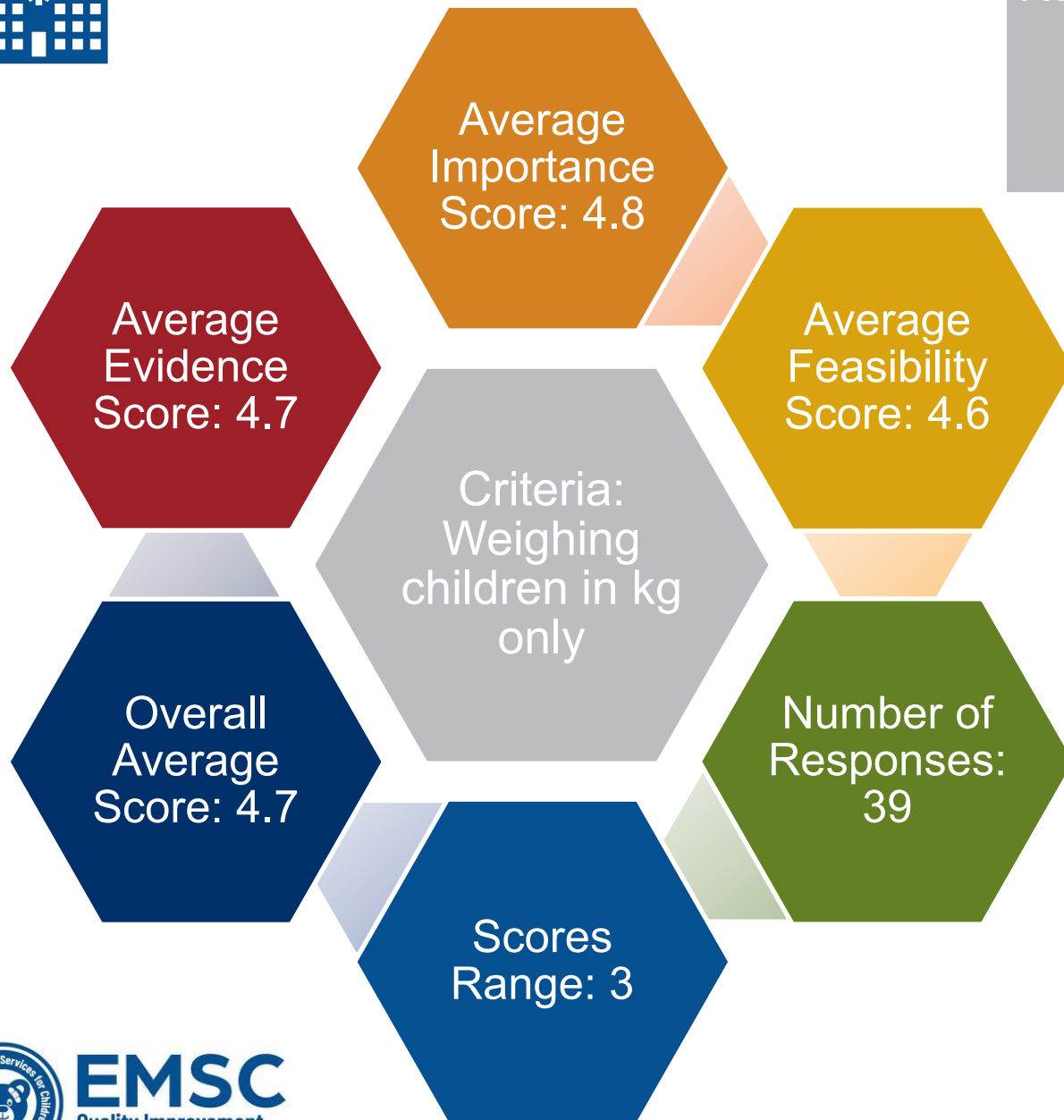
# ED Round 2 Results

ED Criteria Being Considered	Average	Average Max	Average Min	Range
<b>Weighing children in kg only</b>	4.7	5	2	3
Access to pediatric crash cart in ED	4.6	5	2	3
Pediatric-specific triage policy	4.4	5	2	3
All recommended equipment and supplies immediately available	4.4	5	2	3
<b>ED Disaster plan must include pediatric considerations</b>	4.3	5	2	3
Pediatric Competency evaluations for nurses	4.3	5	2	3
Pediatric Mental Health policy	4.2	5	2	3
Include pediatrics in policies and procedures	4.4	5	1.8	3.2
Pediatric Competency evaluations require pediatric skills practice	4.2	5	1.8	3.2
<b>Weighing and recording children in kg only</b>	4.7	5	1.7	3.3
Daily method to verify the proper location of pediatric equipment and supplies	4.3	5	1.7	3.3
Family centered care policy	4.3	5	1.7	3.3
Pediatric evidence-based pathways and/or decision support	4.3	5	1.7	3.3
Pediatric QI Plan	4.2	5	1.7	3.3
Pediatric Competency evaluations for all staff	4.0	5	1.7	3.3
Pediatric reduced dose radiation policy	4.2	5	1.3	3.7
<b>At least 1 PECC</b>	4.5	5	1	4
Require critical/commonly missing pediatric equipment items	4.2	5	1	4
Interfacility transfer guidelines	4.2	5	1	4
Pediatric QI Plan that includes pediatric specific indicators and tracking performance	4.0	5	1	4
Interfacility transfer agreements	3.9	5	1	4
<b>ED Disaster plan must include pediatric considerations and highlight critical domains from the EIC's Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies</b>	3.6	5	1	4





## Round Three Criteria:



### PROS:

- Easy to do
- Providing pediatric weight in kilograms only can reduce the potential for errors and improve medication dosing accuracy
- Simple as having a policy that specifies usage of kg only

### CONS:

- Hospitals can't get scales to measure in kg

### GENERAL:





## Round Three Criteria:

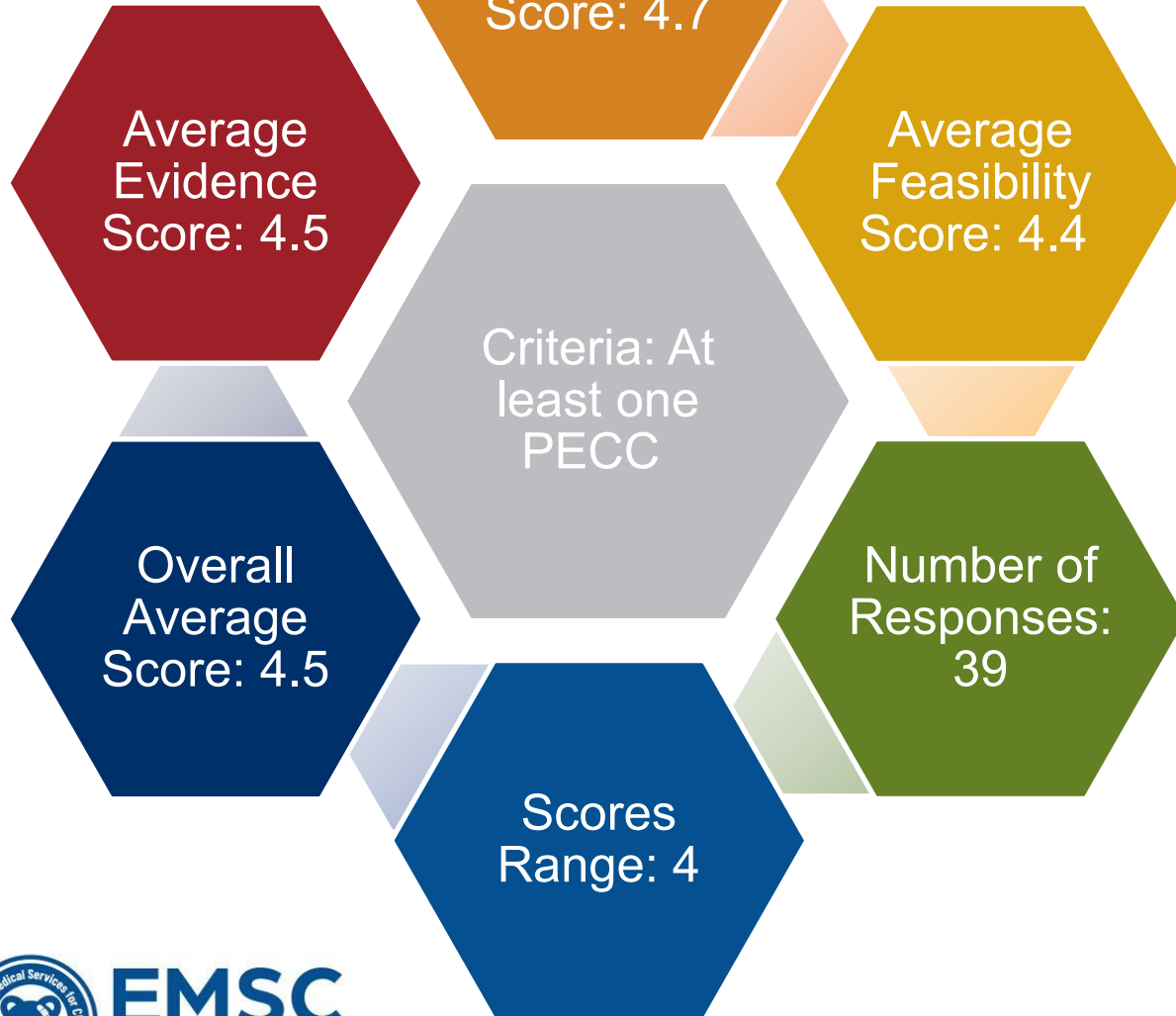
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- Providing pediatric weight in kilograms only can reduce the potential for errors and improve medication dosing accuracy
- Simple as having a policy that specifies usage of kg only

### CONS:

- Hospitals can't get scales to measure in kg

### GENERAL:



Round Three Criteria:

**PROS:**

- Associated with a higher WPRS
- Important, imperative

**CONS:**

- Should be one nurse and one physician PECC
- Difficult due to reduced workforce; recruitment and retention

**GENERAL:**

- Funding needed

# Recognition Programs

## Setting Goals





Thank you for joining!



Session is being recorded



Utilize the Q&A feature to ask questions



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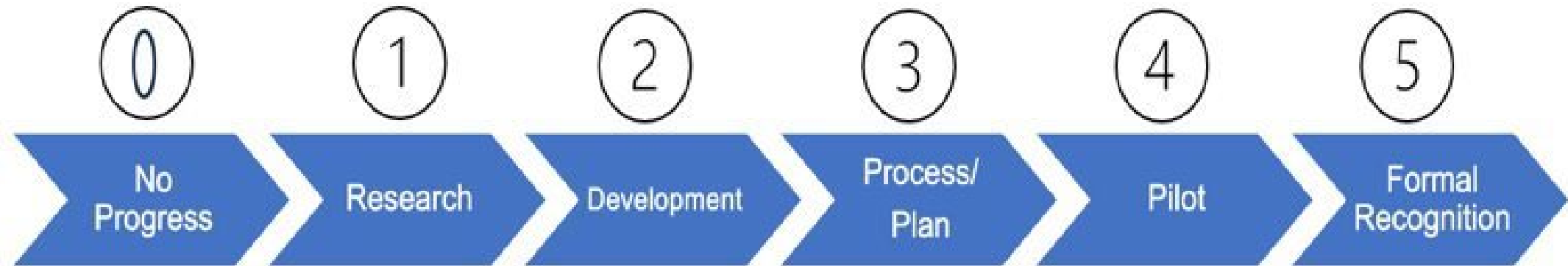
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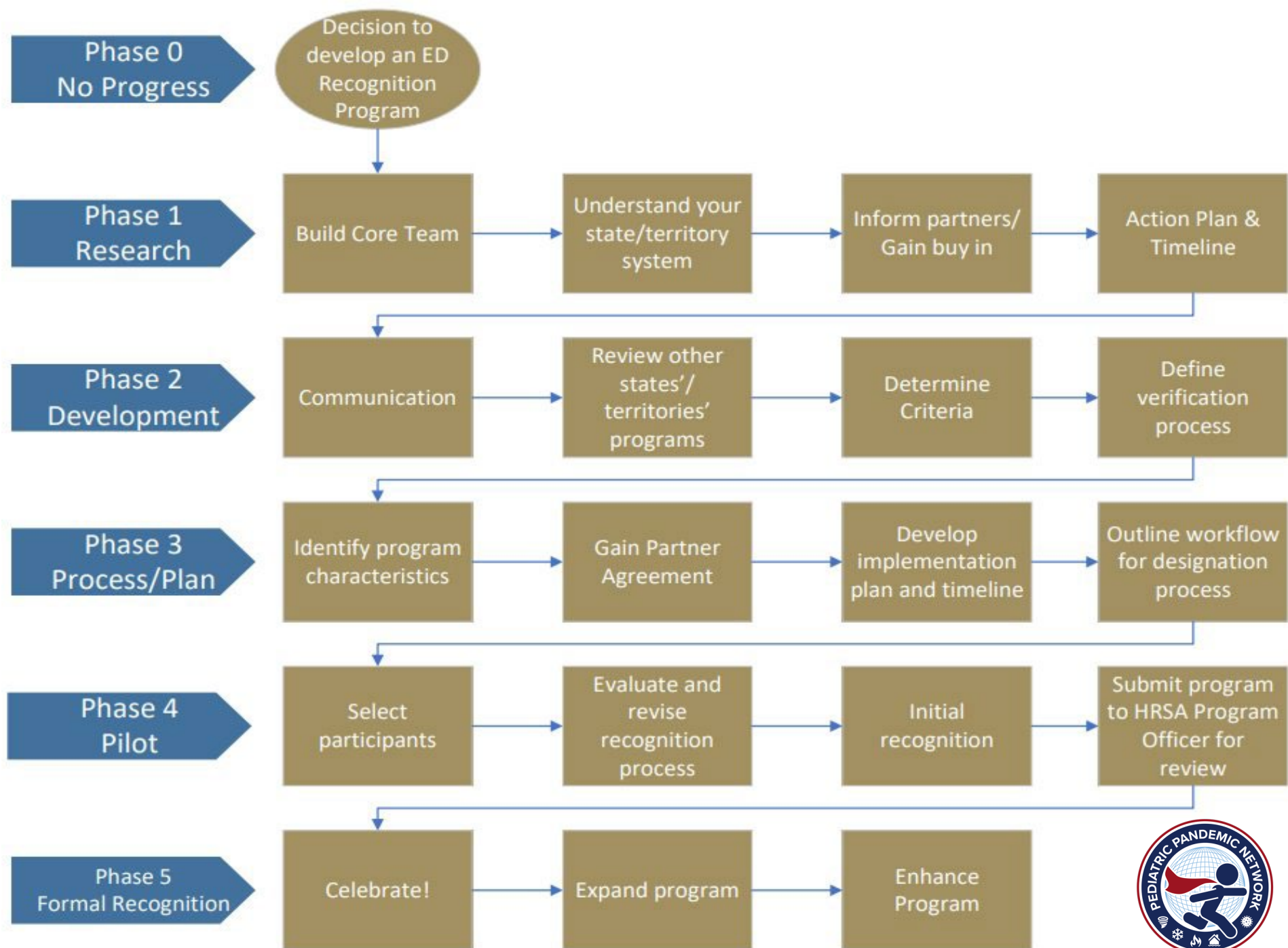
# 2024 Goal Setting



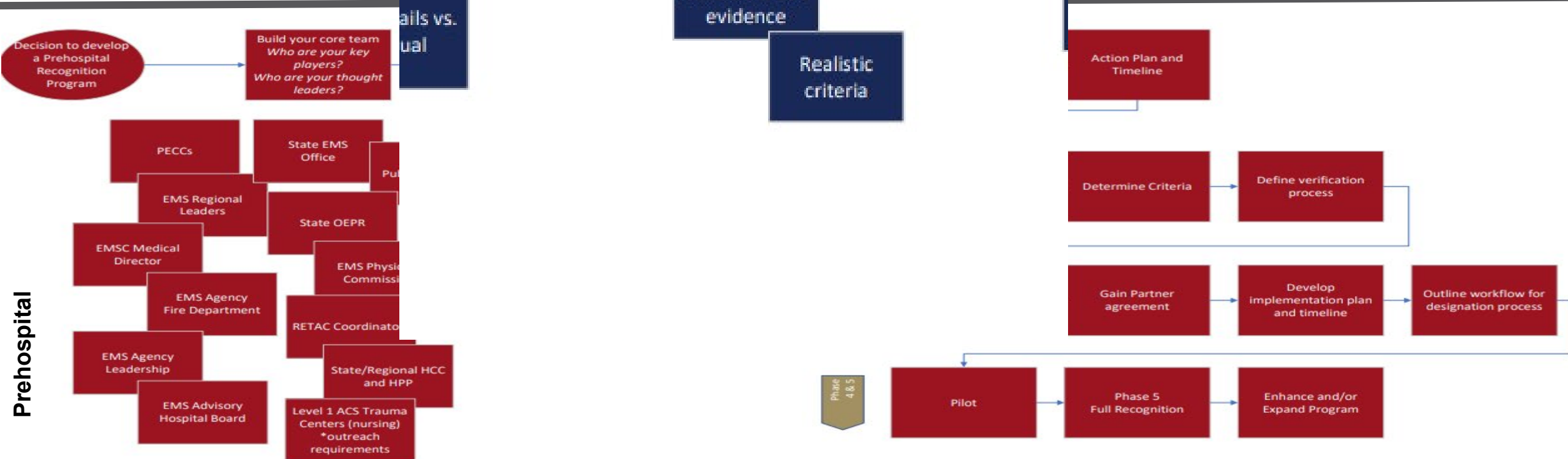
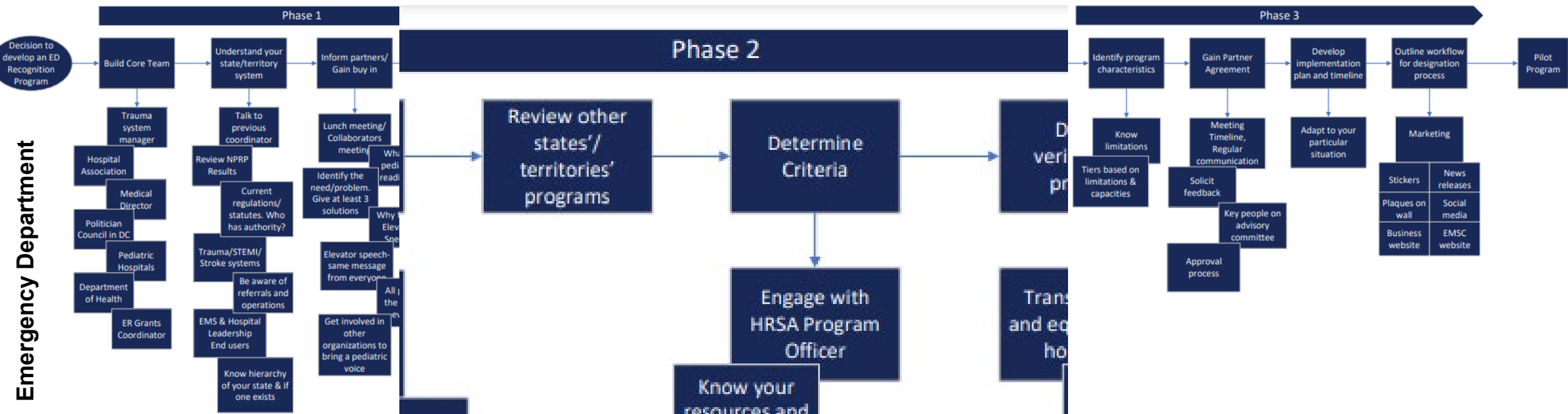
# Recognition Programs: Phases of Development



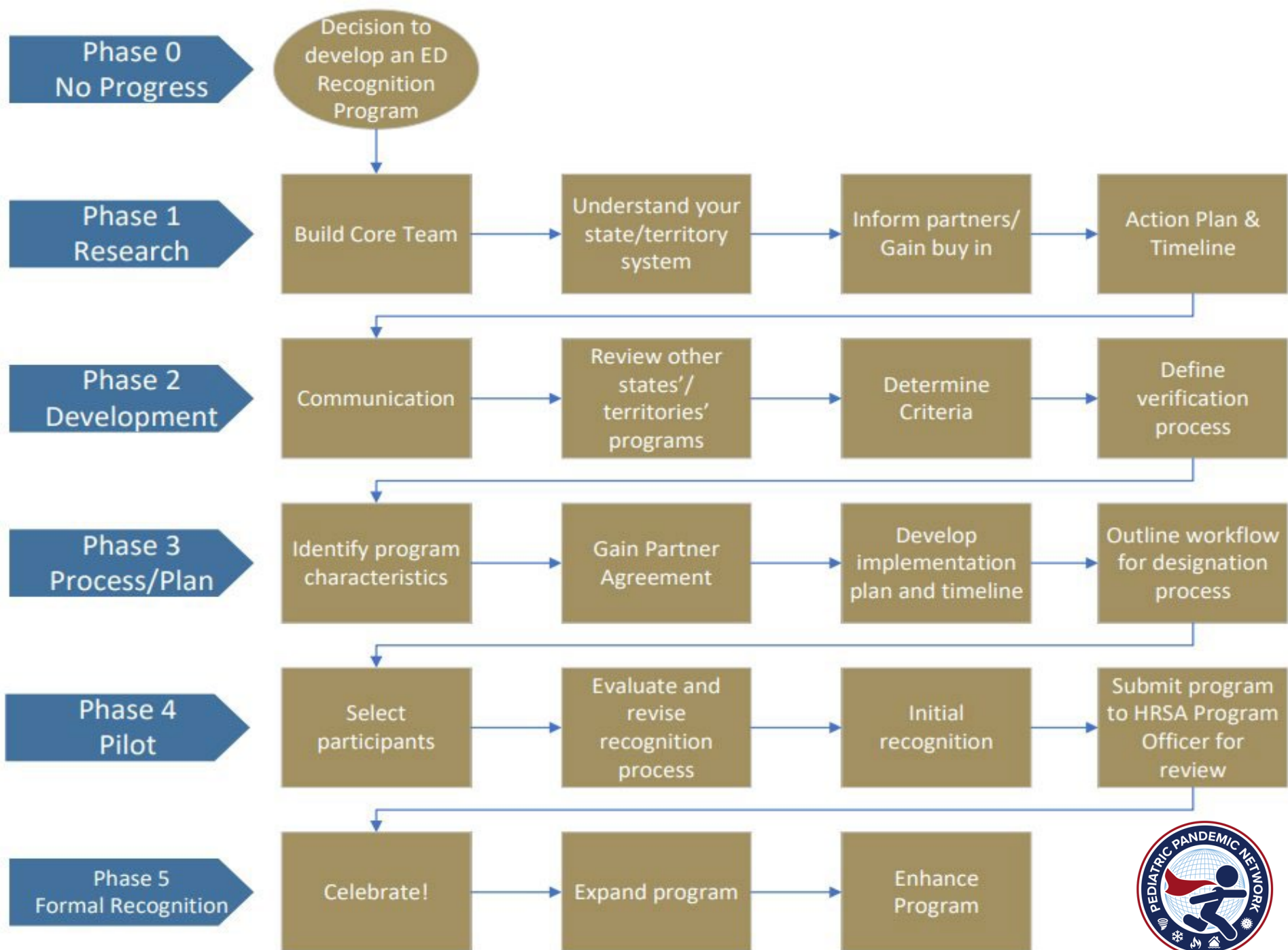
# Recognition Program Development Process Map







# Recognition Program Development Process Map



# Creating a Goal for Your State's Recognition Program



- ✓ Be specific in writing your goal
- ✓ Add a measurement
- ✓ Consider the other priorities, resources, and support you need to make this goal achievable
- ✓ Make the goal relevant to your EMSC grant and your state
- ✓ Add a time bound date to your goal

# Breakout Session





	Emergency Department	Prehospital
<b>October Session</b>	<ul style="list-style-type: none"> <li>Gather list of potential minimum criteria from established ED recognition programs</li> <li>Describe criteria by core categories</li> <li>Define which criteria may be included: pros/cons/importance</li> <li>Poll whether criteria move to round two (Y/N)</li> </ul>	
<b>Offline</b>	Participants not in attendance complete makeup round one	
<b>November Session</b>	Discuss round two ED criteria and Delphi process	<ul style="list-style-type: none"> <li>Gather list of potential minimum criteria from established ED recognition programs</li> <li>Describe criteria by core categories</li> <li>Define which criteria may be included: pros/cons/importance</li> <li>Poll whether criteria move to round two (Y/N)</li> </ul>
<b>Offline</b>	<ul style="list-style-type: none"> <li>Discuss/review with collaborators</li> <li>Participants complete round two by ranking criteria based on evidence, feasibility, and importance via online survey</li> <li>Suggest edits to the proposed criteria</li> </ul>	<ul style="list-style-type: none"> <li>Participants not in attendance complete makeup round one</li> <li>Discuss/review round two with collaborators</li> <li>Participants complete round two by ranking criteria based on evidence, feasibility, and importance via online survey</li> <li>Suggest edits to the proposed criteria</li> </ul>
<b>January Session</b>	<ul style="list-style-type: none"> <li>Review round two results</li> <li>Discuss complexities/feasibility of measures</li> <li>Modify verbiage to ensure it aligns with intent</li> <li>Identify criteria which should be excluded</li> </ul>	<ul style="list-style-type: none"> <li>Review round two results</li> <li>Discuss complexities/feasibility of measures</li> <li>Modify verbiage to ensure it aligns with intent</li> <li>Identify criteria which should be excluded</li> </ul>
<b>Offline</b>	<ul style="list-style-type: none"> <li>Touch base with collaborators if needed</li> <li>Consider and draft your goal(s) for your recognition program(s)</li> </ul>	<ul style="list-style-type: none"> <li>Touch base with collaborators if needed</li> <li>Consider and draft your goal(s) for your recognition program(s)</li> </ul>
<b>February Session</b>	<ul style="list-style-type: none"> <li>Review round two results</li> <li>Discuss complexities/feasibility of measures</li> <li>Modify verbiage to ensure it aligns with intent</li> <li>Identify criteria which should be excluded</li> </ul>	<ul style="list-style-type: none"> <li>Review Round two results</li> <li>Discuss complexities/feasibility of measures</li> <li>Modify verbiage to ensure it aligns with intent</li> <li>Identify criteria which should be excluded</li> </ul>

# What's Next

- Create goal for your recognition program(s)
- Next Session: **February 15 from 1:30-3:00 pm CT**

# Prehospital Recognition Programs

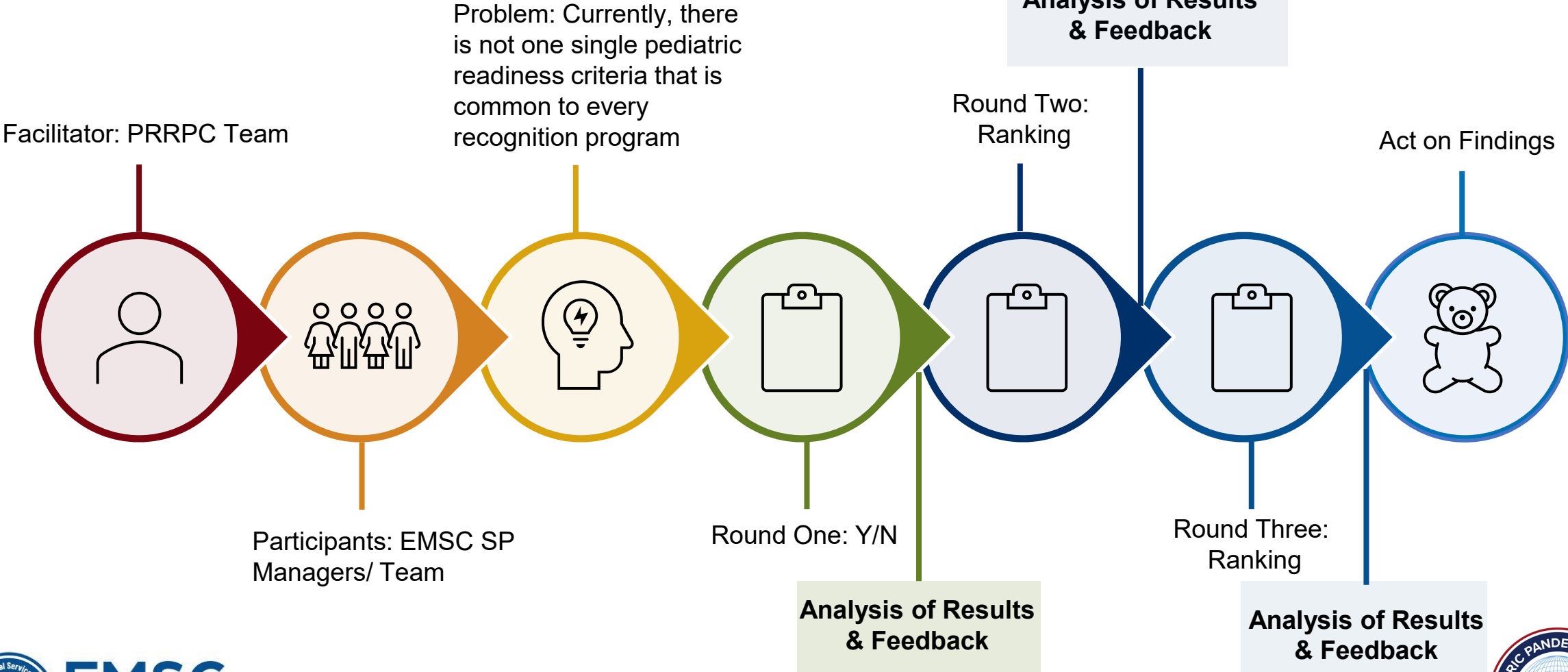


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# Consensus Activity



# Goals for Today

- Discuss and edit proposed criteria in preparation for round three

# Prehospital Round 2 Results

PH- Criteria	Overall Average	Average Max	Average Min	Range
Requires training on medication dosing for children	4.5	5	3	2
Uses weight estimation system	4.5	5	2.6	2.3
Prehospital personnel physically demonstrate correct use of pediatric specific equipment	4.4	5	2.6	2.3
Include pediatrics in policies and procedures regarding the care of unaccompanied minors	4.3	5	2.6	2.3
Include pediatric in policies and procedures regarding refusals involving children	4.3	5	2.6	2.3
Policies, procedures, and training integrates elements of patient and family centered care	4.3	5	2.6	2.3
Include pediatrics in policies and procedures regarding the reporting of child maltreatment	4.5	5	2.3	2.6
A designated PECC	4.3	5	2.3	2.6
Established process for the regular verification of pediatric equipment and supplies	4.3	5	2.3	2.6
All recommended equipment and supplies readily available	4.2	5	2.3	2.6
Participates in disaster drills that include children	4.2	5	1.6	3.3
Has a prehospital disaster triage algorithm that includes children	4.2	5	1.6	3.3
Utilizes national consensus recommendations to guide availability of equipment and supplies to treat all ages	3.9	5	1.3	3.6
Prehospital personnel can locate pediatric specific equipment	4.5	5	1	4
Include pediatrics in policies and procedures regarding the use of trauma triage destination protocols	4.4	5	1	4
QI plan includes pediatric considerations	4.1	5	1	4
Has a mass transport policy or protocol that includes children	3.8	5	1	4



Average  
Importance  
Score: 4.7

Average  
Evidence  
Score: 4.6

Average  
Feasibility  
Score: 4.5

Criteria: Requires  
training on  
medication  
dosing for  
children

Overall  
Average  
Score: 4.6

Number of  
Responses:  
33

Scores  
Range: 2

### PROS:

- These requirements are already in place through the state licensing service and educational requirements. Continuing education, however, is not specifically addressed.
- Training should be quarterly.

### CONS:

### GENERAL:

- Some entities are looking at apps for medication dosing. Training on medication dosing" is nebulous - Frequency? Context? Quality? License Level? Should be listed \* as applicable- so we don't exclude BLS agencies that may not give meds beyond O2

Round Three Criteria:



Average  
Importance  
Score: 4.7

Average  
Evidence  
Score: 4.5

Average  
Feasibility  
Score: 4.5

Criteria: Uses  
weight estimation  
system

Overall  
Average  
Score: 4.6

Number of  
Responses:  
33

Scores  
Range: 2.3

## PROS:

- Estimating weight in a prehospital setting is often difficult and can be inaccurate. Utilizing tools and estimation systems can help improve this reducing medication errors. Providers should be routinely training and practicing pediatric medication dosing. Providing accurate medication doses in mL while caring for a critically ill pediatric patient can be one of the hardest things for a prehospital provider. Utilizing hard copy reference material can reinforce provider confidence and reduce medication administration errors.

## CONS:

- Mandated at state level; State statute requires a length or weight-based system

## GENERAL:

- Some entities are looking at apps for medication dosing. Access to pharmacist? "Training on medication dosing" is nebulous - Frequency? Context? Quality? License Level?
- Some entities are looking at apps for medication dosing. These apps all vary, would like to see some language to address this.
- Should be listed \* as applicable- so we don't exclude BLS agencies that may not give meds beyond O2-

Round Three Criteria:



Average Evidence Score: 4.3

Average Importance Score: 4.6

Average Feasibility Score: 4.2

Criteria: A designated PECC

Number of Responses: 32

Overall Average Score: 4.4

Scores Range: 2.7

**PROS:**

- PECC is needed in the Prehospital Agencies to assist us with what their needs are to help provide skill checks
- This is an absolute must and the easiest to achieve by ALL locations. Having a qualified provider can bring a focus to pediatric care and improve provider confidence on pediatric transports.
- Having a qualified provider can bring a focus to pediatric care and improve provider confidence on pediatric transports.

**CONS:**

- Not feasible for agencies that are staffed by volunteers.
- The common argument is that they are unable to add additional staff and that having PECC responsibilities would overwhelm their personnel's workload.
- Very difficult to have a PECC for non-transport first responder agencies, makes more sense to be within the contracted 911 provider and/or the LEMSA
- It will be difficult for some of the smaller EMS agencies to attain this requirement, particularly volunteer EMS agencies

**GENERAL:**

- This is much more feasible if the kind of PECC is not designated
- Does this position need to be full time
  - A regional PECC would suffice - could cover a few agencies at once
  - Is this per agency, per LEMSA??? Very difficult to have a PECC for non-transport first responder agencies, makes more sense to be within the contracted 911 provider and/or the LEMSA

Round Three Criteria: A designated PECC who may support one or more agencies





Average Evidence Score: 4.2

Average Importance Score: 4.2

Average Feasibility Score: 3.9

Criteria: QI Plan includes pediatric considerations

Number of Responses: 33

Overall Average Score: 4.1

Scores Range: 4

### Pros:

- QI every pediatric chart to see where training is needed.
- QI and case review that is relayed back to prehospital providers can help guide their treatment in the future. Utilizing QI to review treatment and outcomes can help improve protocols and treatments recommended by LEMSAs also
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### Cons:

- Very vague and a high-level criteria.
- Difficult for small, rural EMS agencies (particularly volunteer agencies). There may be a need to network with the hospitals/pediatric tertiary care centers to assist with this.
- The feasibility of having a QI system that is pediatric specific will rely on the charting software the providers use. Some will be easily utilized to query based on age while others are more cumbersome.

### General Comments:

- Is this per Agency, LEMSA, etc.? For lowest level or smaller entities would having addendum or section of QI plan include pediatric indicators be sufficient.
- NESMQA has pediatric specific measures to refer to as a starting place. And one QI consideration to review all Cardiac arrests would meet this criteria as stated-

Round Three Criteria:





# Thank you!

For additional questions, contact us:  
[collaboratives@emscimprovement.center](mailto:collaboratives@emscimprovement.center)



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