Pediatric Readiness Recognition Programs Collaborative

Session 6
February 15, 2024

EMSC Quality Improvement Collaboratives

PEDIATRIC PANDEMIC NETWORK

Funding Acknowledgement

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Thank you for joining!

Session is being recorded

Raise your hand or come off mute

Today's session is interactive

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Goals for Today

- Discuss and edit proposed criteria in preparation for round 3

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PRRPC Session Agenda

- Discuss minimum criteria for ED pediatric readiness recognition programs, review round two results, and prepare for round 3 – **45 minutes**

- Discuss minimum criteria for prehospital pediatric readiness recognition programs, review round two results and prepare for round 3 – **45 minutes**

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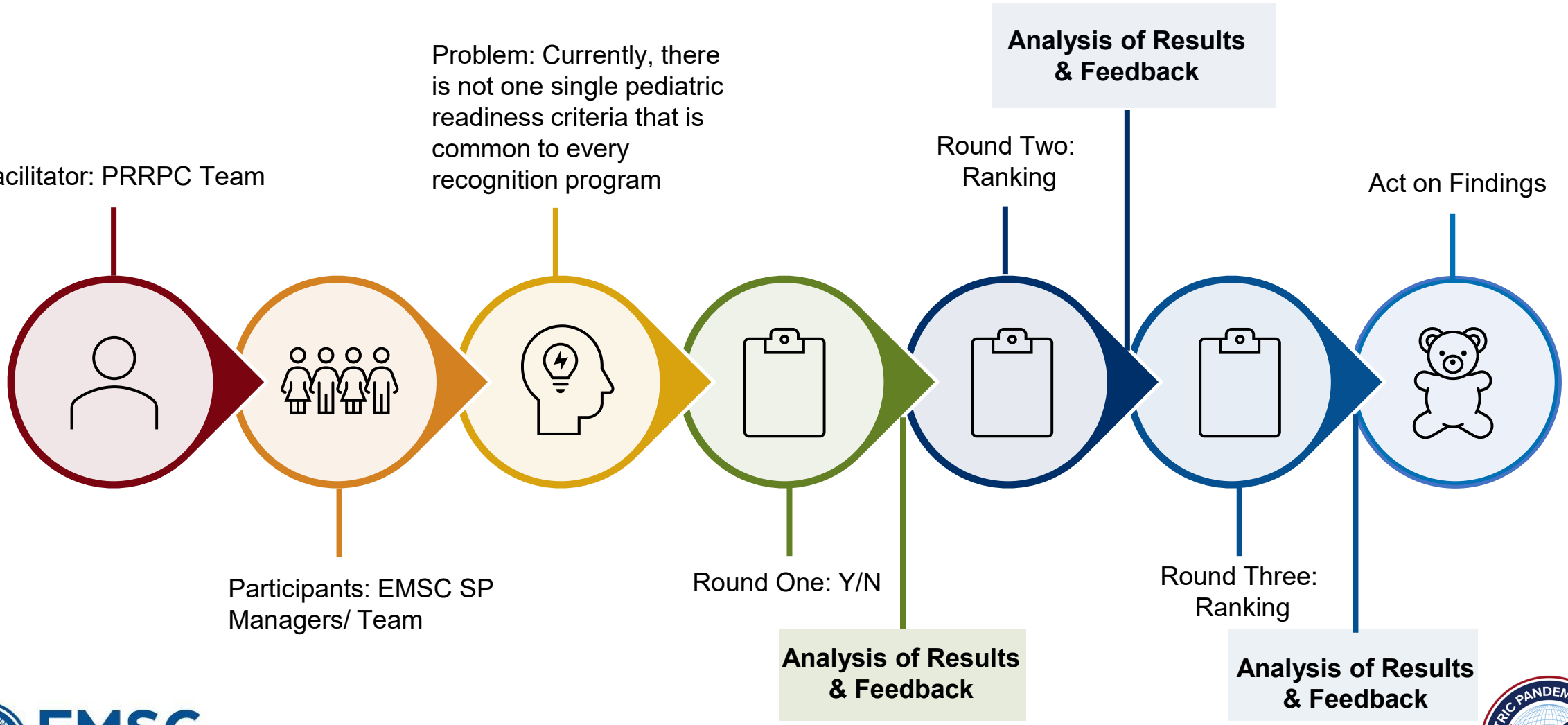
Consensus Activity



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Next Steps

Round 3 survey will be sent tomorrow—2/16/24

- No evidence ranking- Ranking based on importance and feasibility
- Average score per state will be considered
  - Share this survey with your team/key players if needed
- Handout with consensus process outline provided
- Due date: **March 15****
  - Is 4 weeks enough time to complete ED and PH minimum criteria re-ranking?

Next PRRPC Session: **March 21, 2024, 2:00-3:30 pm CT**

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Proposed Ranking

- Recommended minimum criteria
  - Consensus driven starting point
- Optional criteria to be considered

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Proposed Ranking for Round 3

- Scores averaging 4.4 or higher:
  - Recommended minimum criteria to be included in a recognition program
- Scores averaging 3.01 - 4.3:
  - Stretch criteria for recognition programs
- Scores averaging below 3.0:
  - Optional criteria- states can use these at their discretion

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ED Round 2 Results

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

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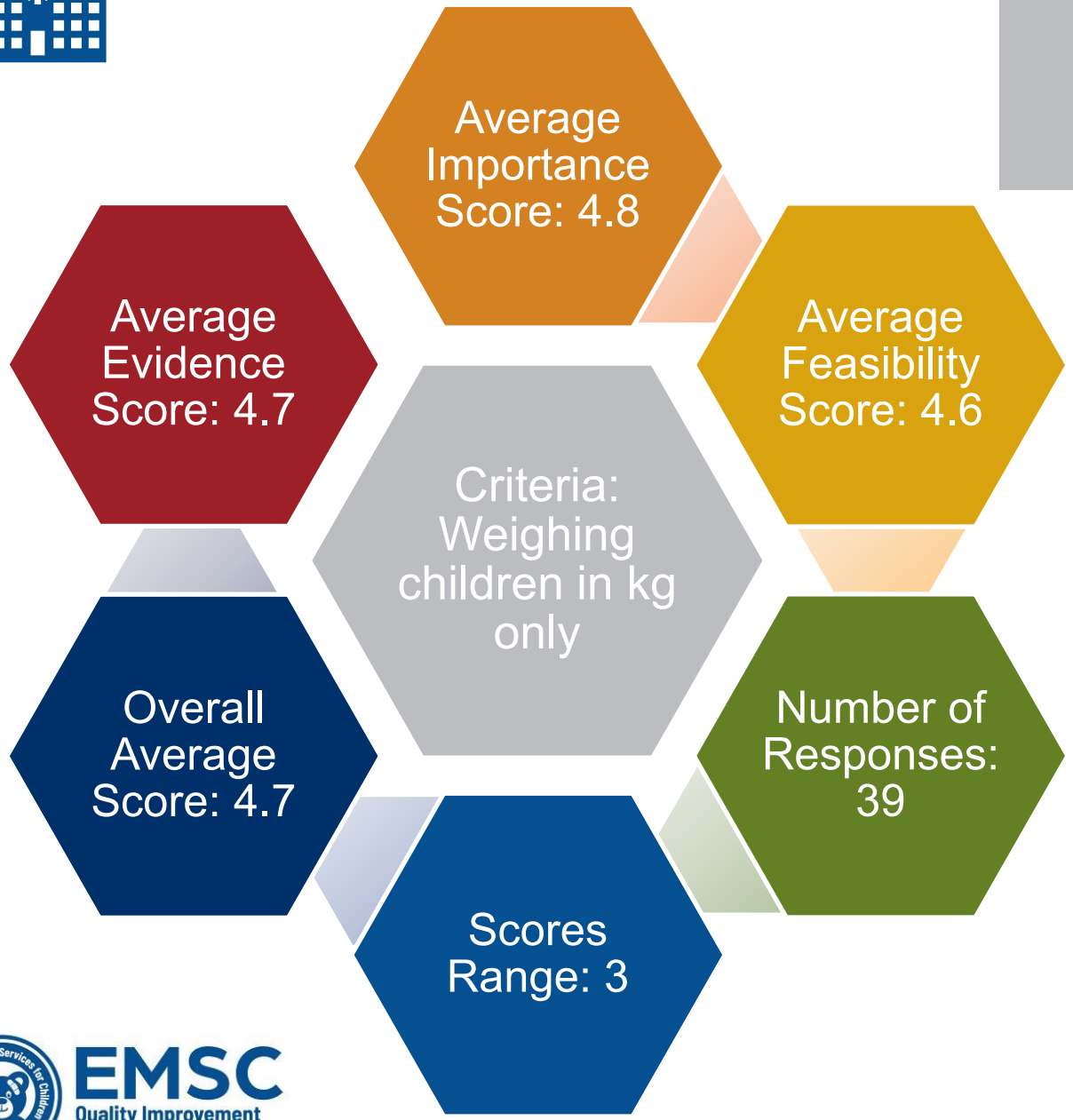
Round Three Criteria:



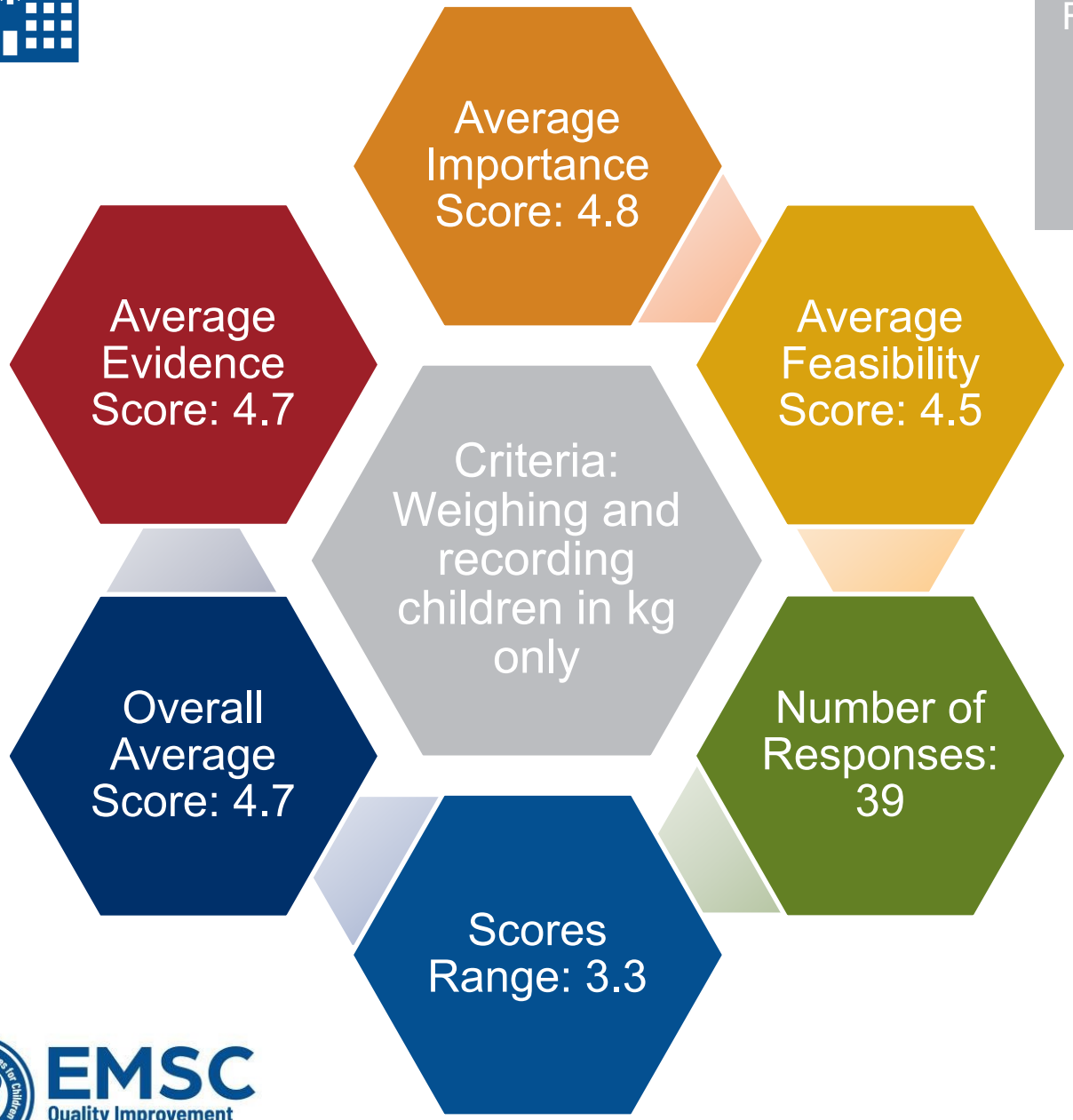
PROS:

- 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:

PROS:

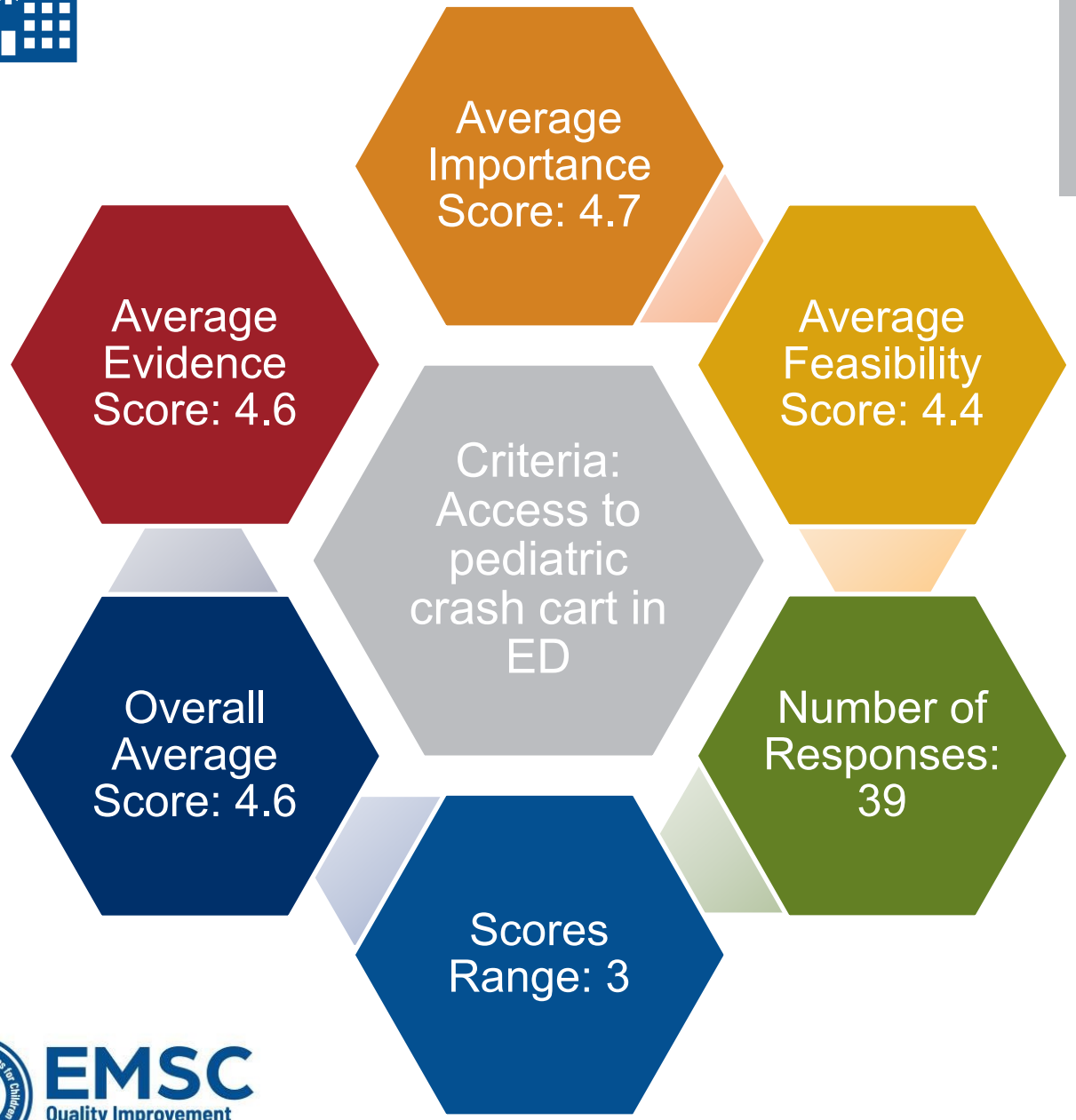
- Easy to do
- Providing pediatric weight in kilograms only can reduce the potential for errors and improve medication dosing accuracy
- Simple as having a policy that specifies usage of kg only

CONS:

- Hospitals can't get scales to measure in kg

GENERAL:

Round Three Criteria: Access to crash bag/emergency equipment



PROS:

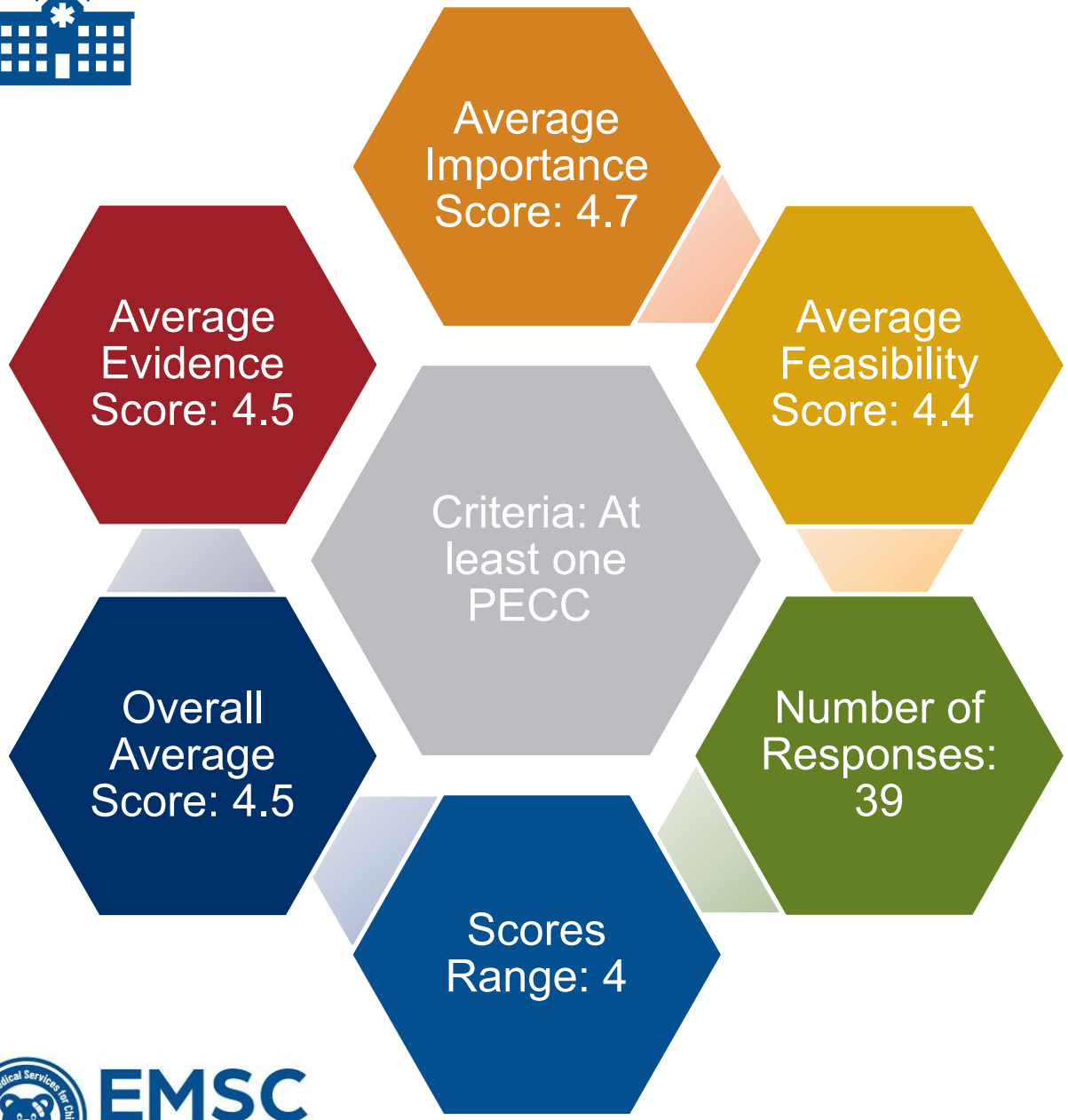
- Most important and easily feasible is to have all equipment available immediately.
- Emergency equipment and supplies need to be immediately available.

CONS:

- Rural/smaller hospitals can have challenges obtaining, as well as using pediatric specific equipment prior to expiration due to low volume, both are expense issues.

GENERAL:

- Having properly sized pediatric specific equipment readily available is vital to providing the highest level of pediatric care.



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

Round Three Criteria:

PROS:

- To help focus care on pediatrics, and provide the best treatments, pediatric specific policies and procedures should be implemented.
- Numerous free resources exist, including templates, for hospitals to create, and or adopt/adapt pediatric specific policies and procedures for their facilities.

CONS:

- I don't believe all facilities will be able to comply if this is a requirement.
- This set of items is far above what states and EDs will be able and willing, respectively, to reach.

GENERAL:

- Will be dependent upon administrative support
- Funding needed

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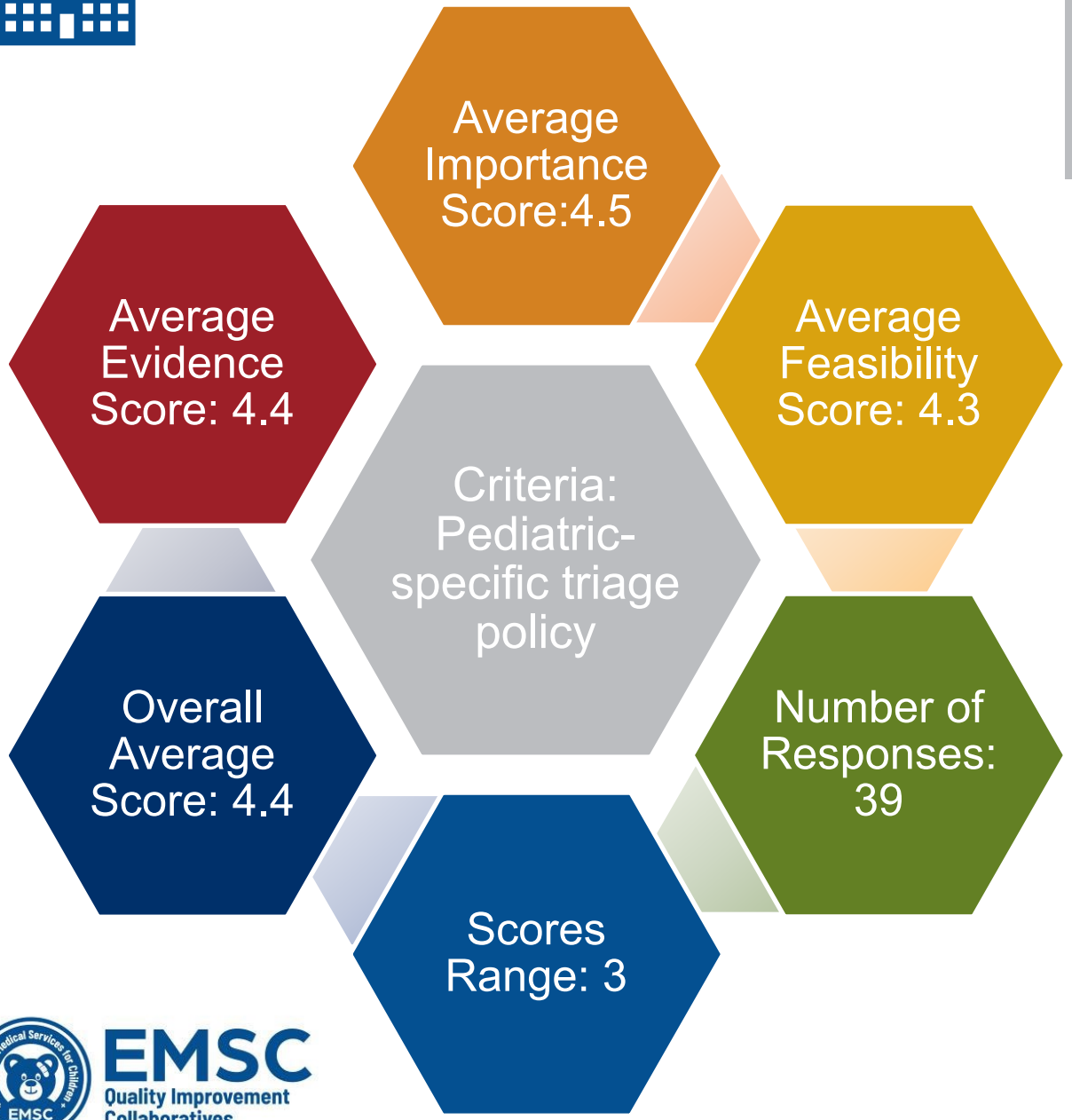

Round Three Criteria:

PROS:

- To help focus care on pediatrics, and provide the best treatments, pediatric-specific policies and procedures should be implemented
- Numerous free resources exist, including templates, for hospitals to create, and or adopt/adapt pediatric specific policies and procedures for their facilities.

CONS:

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GENERAL:

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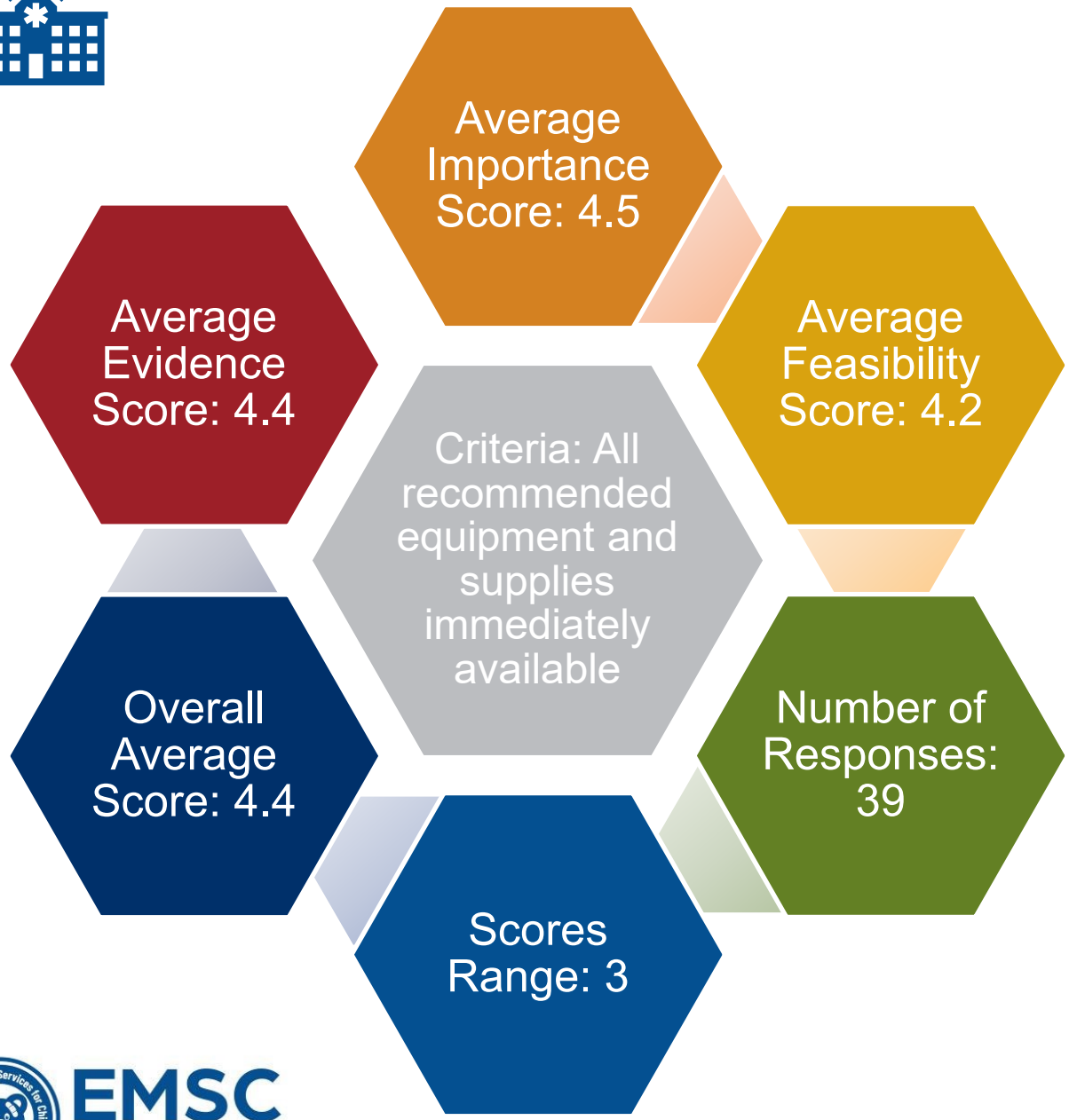

Round Three Criteria: within the ED- located in the treatment area- readily available-

PROS:

- Most important and easily feasible is to have all equipment available immediately.

CONS:

- Rural/smaller hospitals can have challenges obtaining, as well as using pediatric specific equipment prior to expiration due to low volume, both are expense issues.

GENERAL:

- Having properly sized pediatric specific equipment readily available is vital to providing the highest level of pediatric care.

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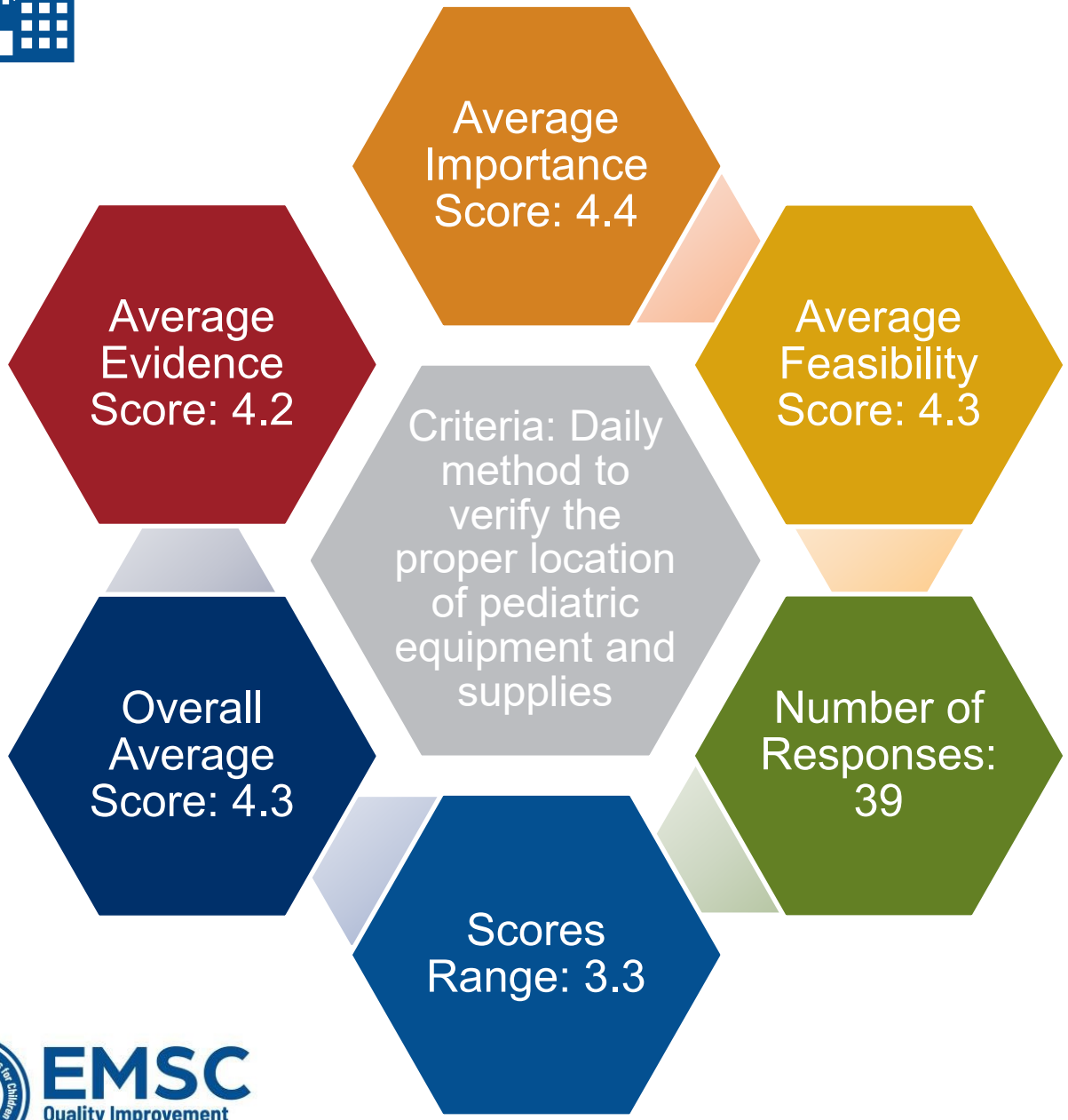

Round Three Criteria:

PROS:

- Regularly locating and checking the carts would also be easily done.

CONS:

- May be unnecessary to make daily checks - if items are verified and there is a policy to check weekly or monthly (when these items are NOT routinely used) may be sufficient.

GENERAL:

- Having properly sized pediatric specific equipment readily available is vital to providing the highest level of pediatric care.

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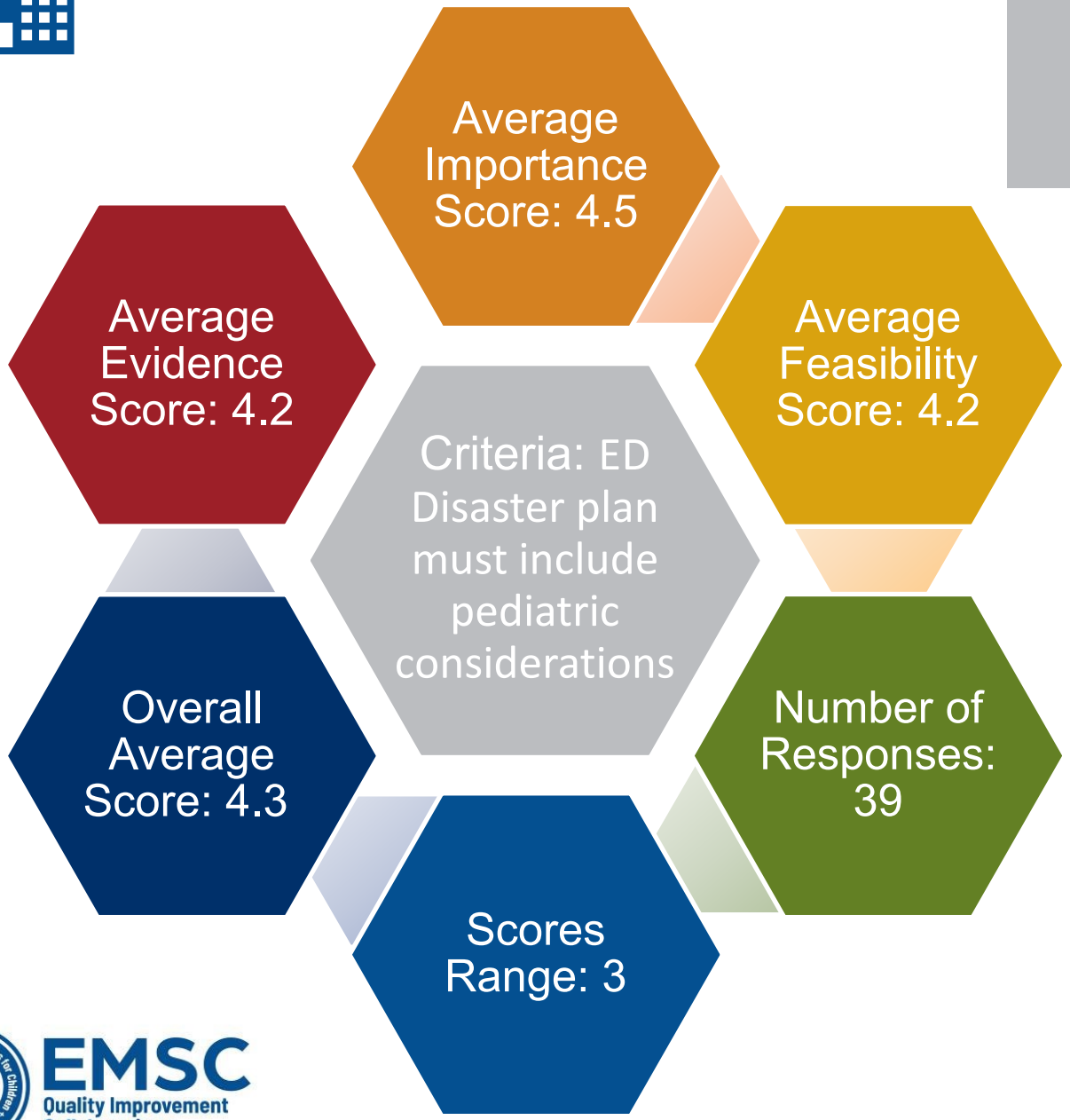
Round Three Criteria:



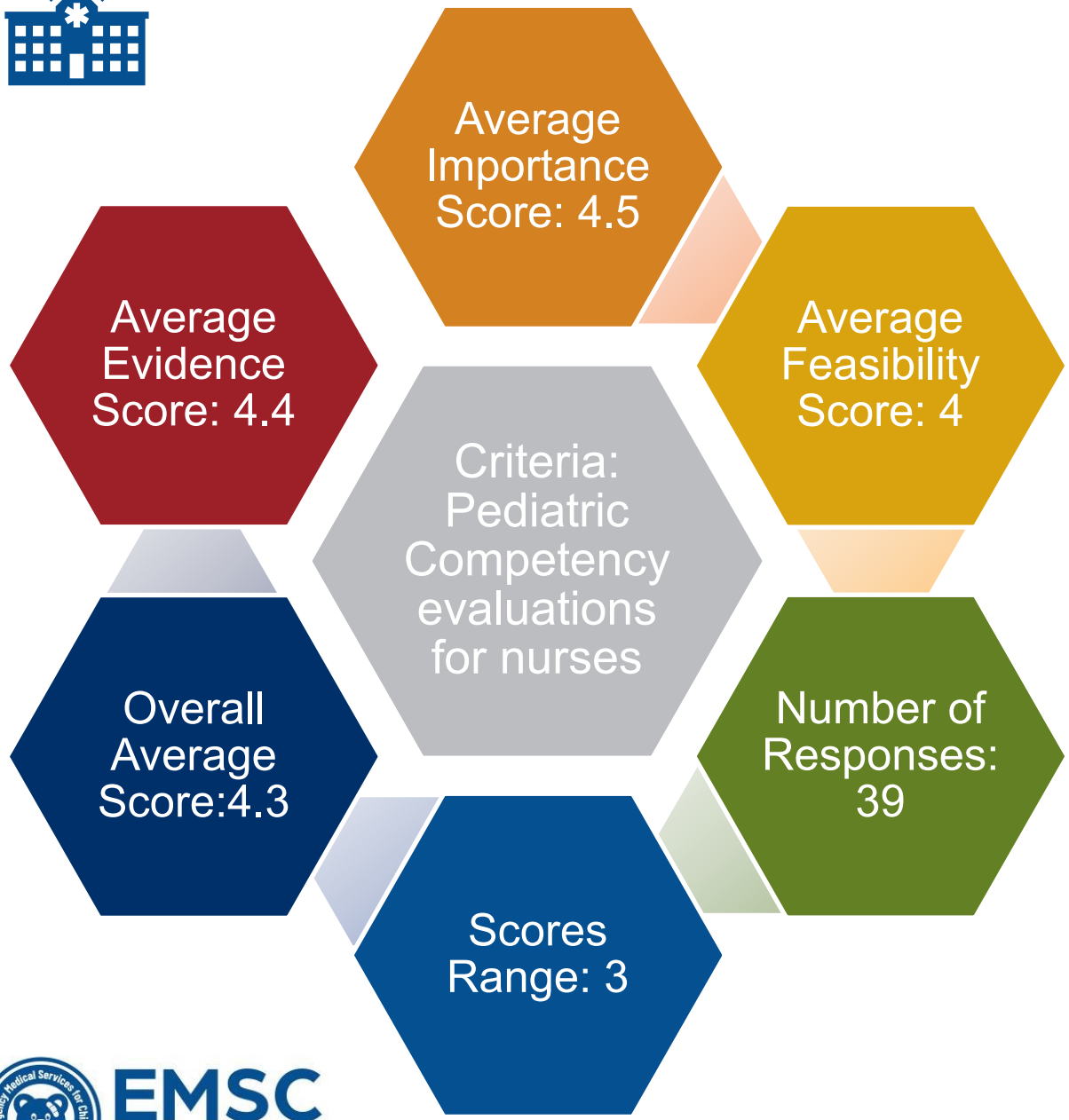
PROS:

- Relatively easy to implement due to the preexisting requirement dictated through the trauma systems or various accrediting bodies.

CONS:

- Not feasible for all domains, especially in CAHs/Rural hospitals.

GENERAL:



Round Three Criteria:

PROS:

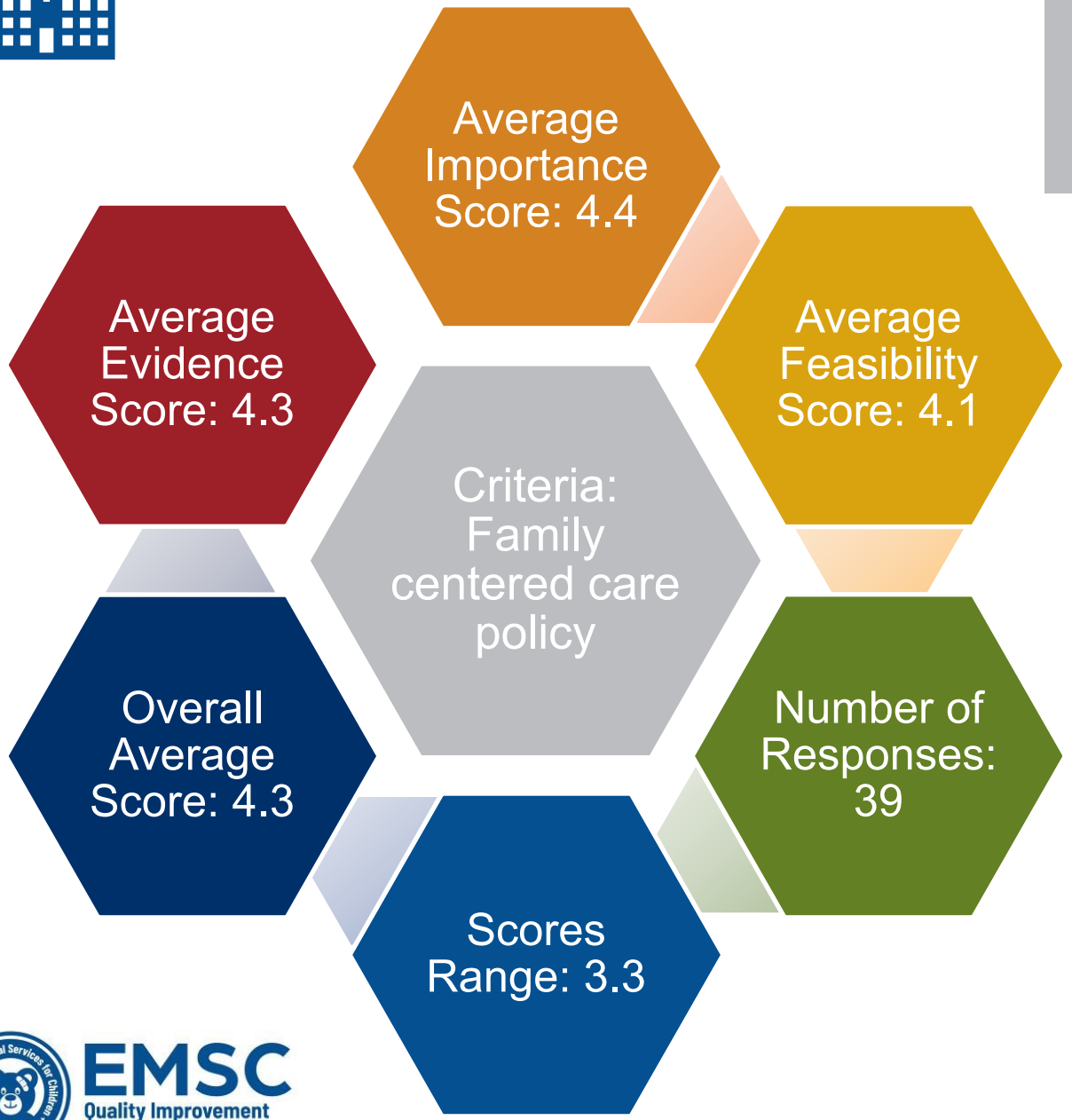
- Regular skills training and evaluation has shown to improve provider confidence and competence when treating critically ill pediatric patients.
- Safe and efficient quality care are crucial in pediatrics competency.

CONS:

- Lack of financial or personnel resources
- Requiring all nurses to comply with this standard is unrealistic.
- Staffing changes and understaffing

GENERAL:

- Need to further define "competencies" - PALS? NRP? ATLS?



Round Three Criteria:

PROS:

- To help focus care on pediatrics, and provide the best treatments, pediatric specific policies and procedures should be implemented
- Numerous free resources exist, including templates, for hospitals to create, and or adopt/adapt pediatric specific policies and procedures for their facilities.

CONS:

- I don't believe all facilities will be able to comply if this is a requirement.
- This set of items is far above what states and EDs will be able and willing, respectively, to reach

GENERAL:

- Will be dependent upon administrative support

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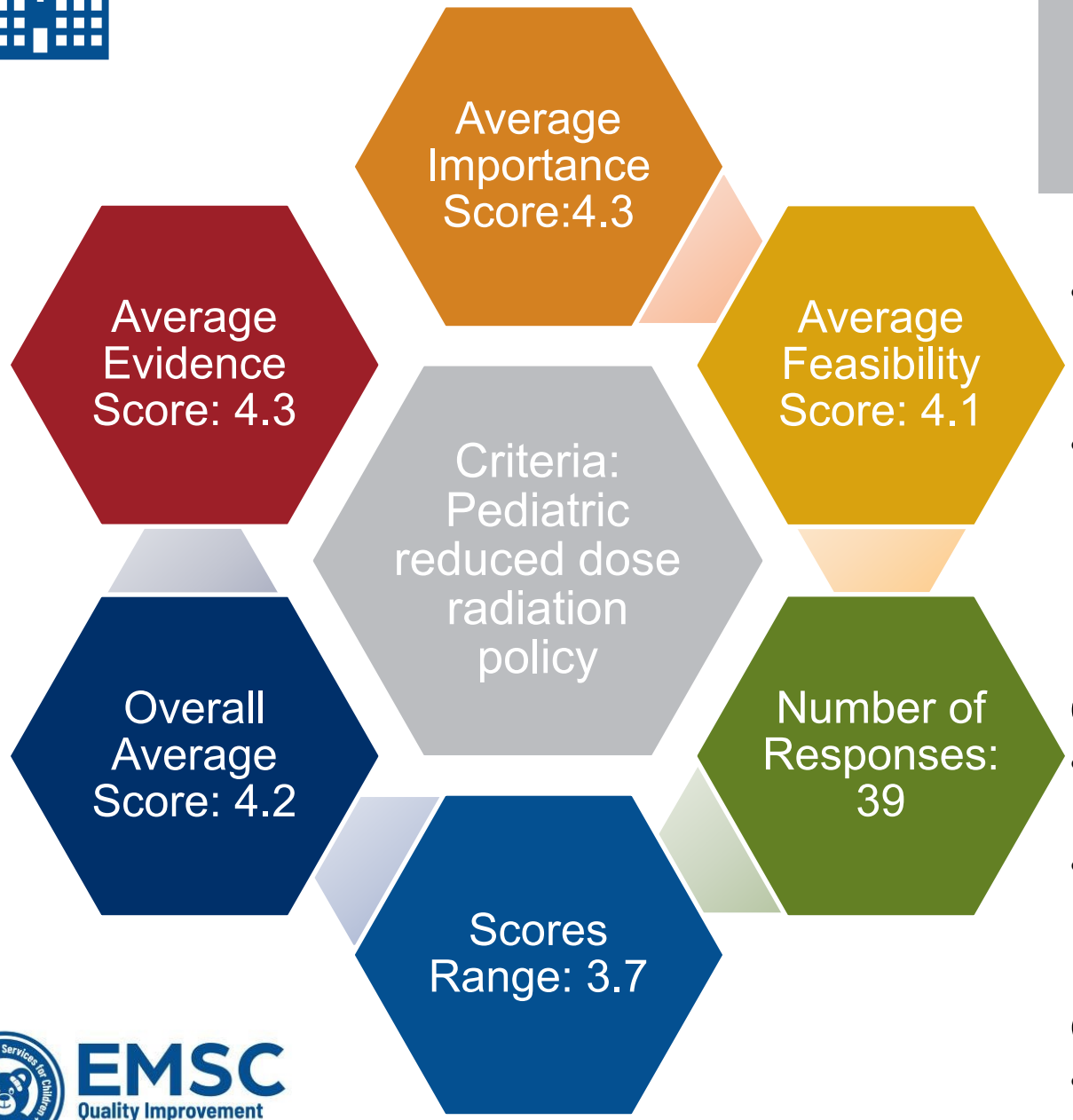

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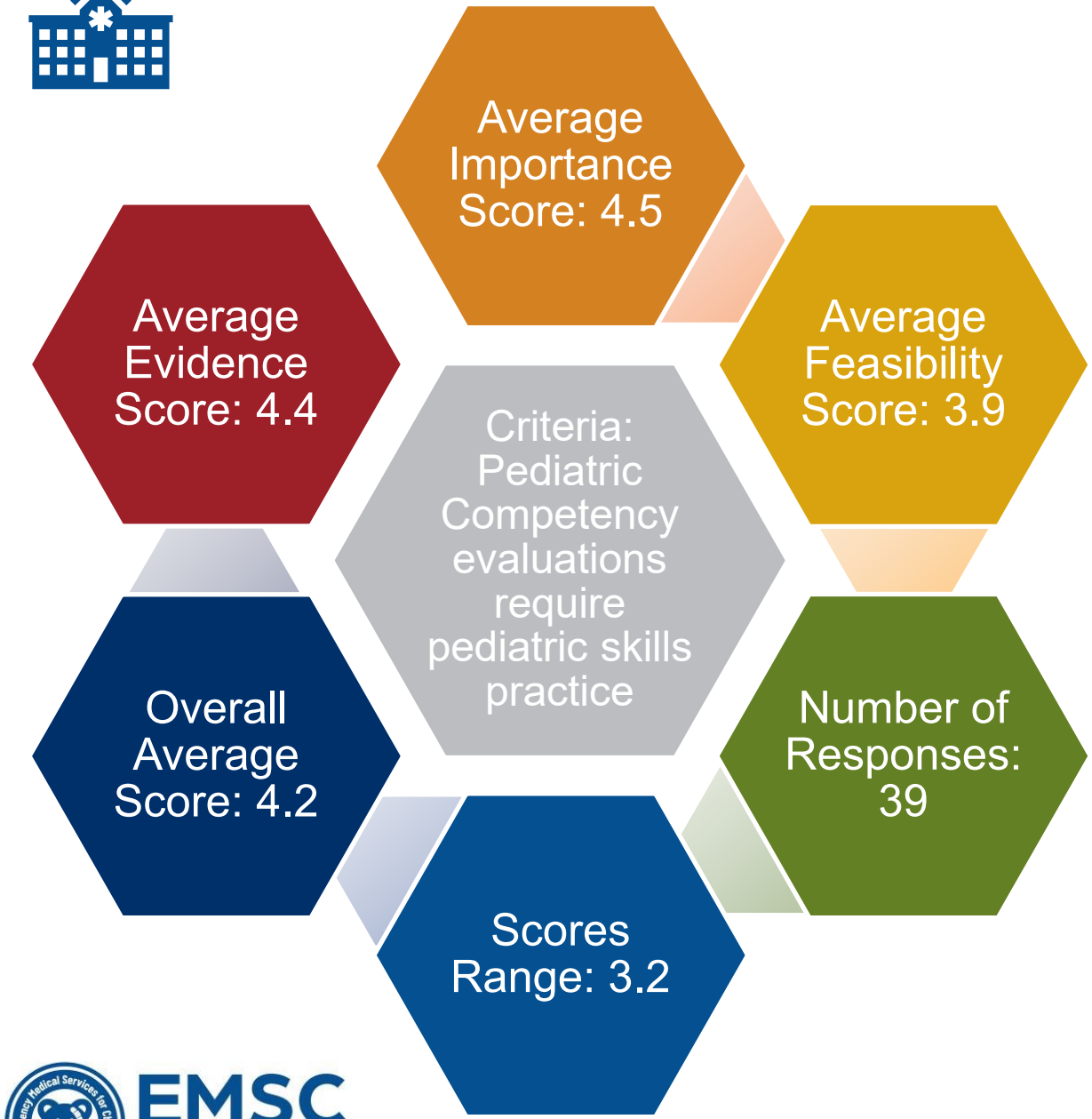

Round Three Criteria:

PROS:

- Regular skills training and evaluation has shown to improve provider confidence and competence when treating critically ill pediatric patients.
- EVERYONE working in the ED should have a minimum of annual pediatric competency and skills evaluations.
- Safe and efficient quality care are crucial in pediatrics competency.

CONS:

- Lack of financial or personnel resources
- Staffing changes and understaffing
- Add on more trainings will get daunting for nurses/Docs. IF we are to include PALS/BLS (A required training already) then I absolutely agree with this.

GENERAL:

- Need to further define "competencies" - PALS? NRP? ATLS?

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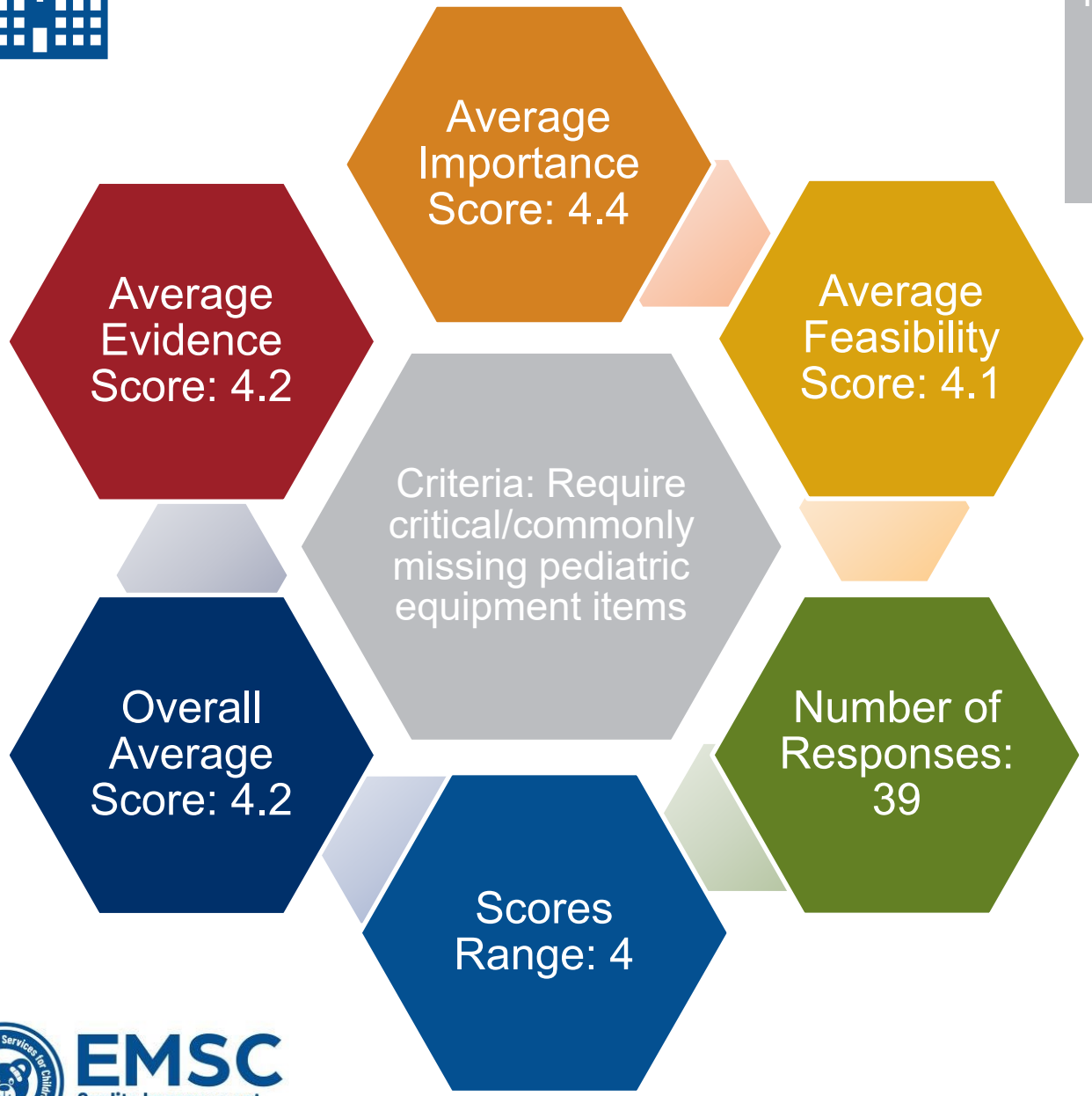

Round Three Criteria:

PROS:

- Most important and easily feasible is to have all equipment available immediately.
- Emergency equipment and supplies need to be immediately available.

CONS:

- The difference between critical and commonly missing equipment is large.
- Rural/smaller hospitals can have challenges obtaining, as well as using pediatric specific equipment prior to expiration due to low volume, both are expense issues.

GENERAL:

- Having properly sized pediatric specific equipment readily available is vital to providing the highest level of pediatric care

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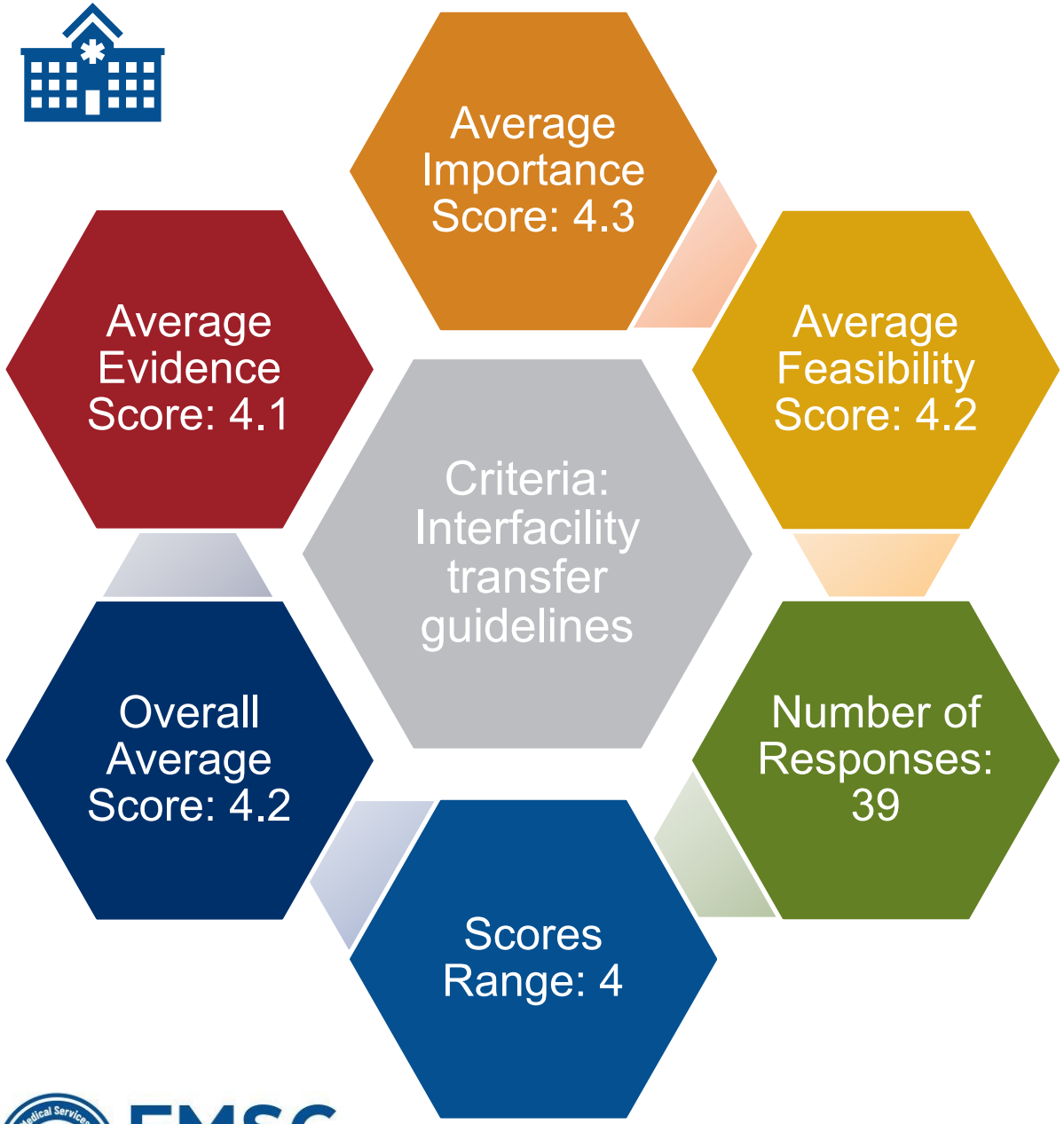

Round Three Criteria:

PROS:

- More important for hospitals far from Level I pediatric trauma centers.
- Requirement of many states in statute, rule, or regulation.
- Usually require a higher level of care from the provider. Having guidelines and agreements in place can improve the care provided during these transfers.

CONS:

- Difficult for ED to take this on independently.

GENERAL:

- General IFT guidelines that include pediatrics or ones that speak specifically to pediatric transfers.
- What would be more helpful is to require ED's to maintain an up-to-date contact list of Transfer, call lines or centers and addresses with directions for families and local EMS.

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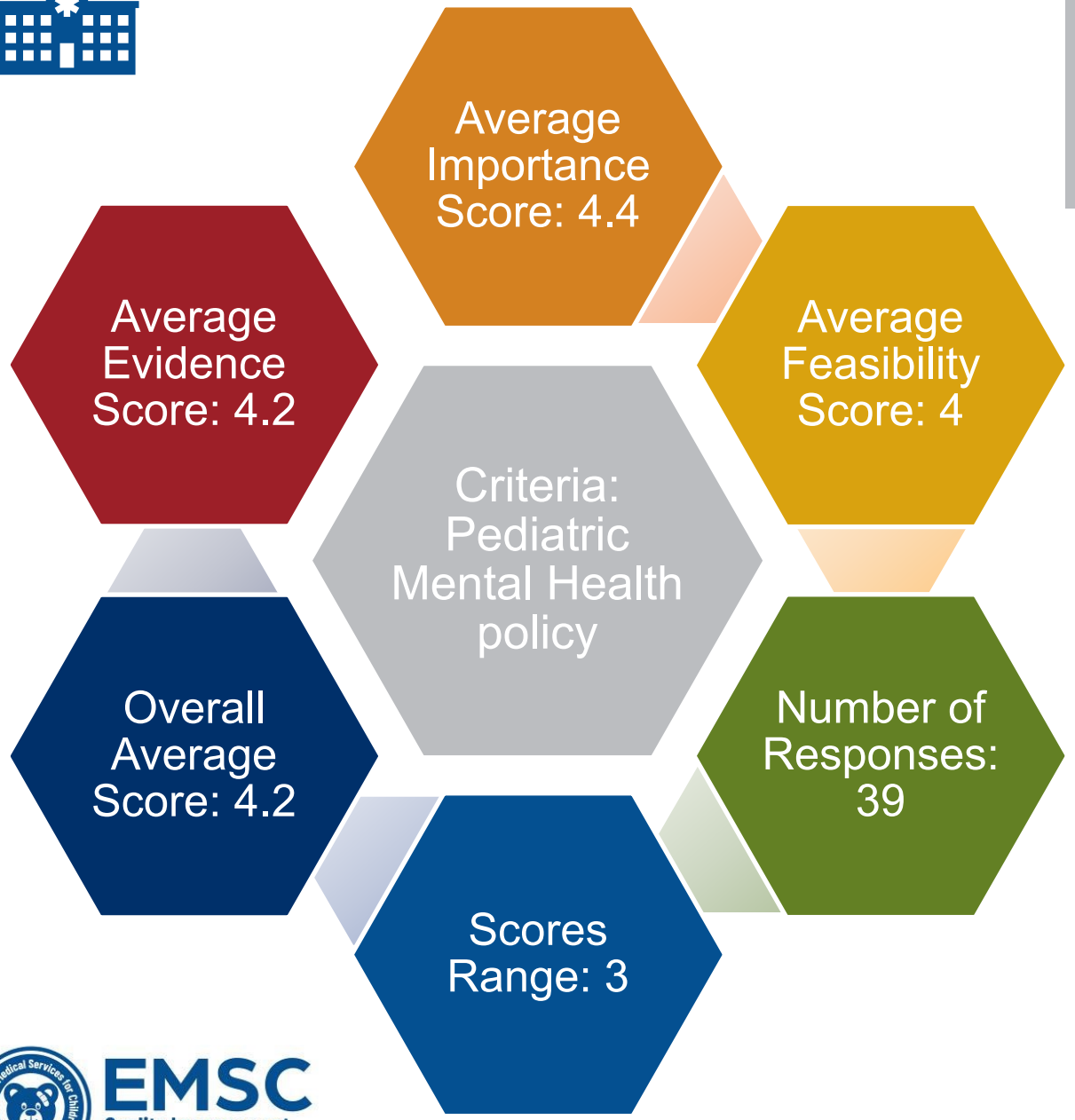

Round Three Criteria:

PROS:

- To help focus care on pediatrics, and provide the best treatments, pediatric specific policies and procedures should be implemented
- Numerous free resources exist, including templates, for hospitals to create, and or adopt/adapt pediatric specific policies and procedures for their facilities.

CONS:

- We will see difficulty in facilities having access to pediatric specific mental health services. These services are limited in this state due to their specific nature. I don't believe all facilities will be able to comply if this is a requirement.
- This set of items is far above what states and EDs will be able and willing, respectively, to reach

GENERAL:

- Will be dependent upon administrative support

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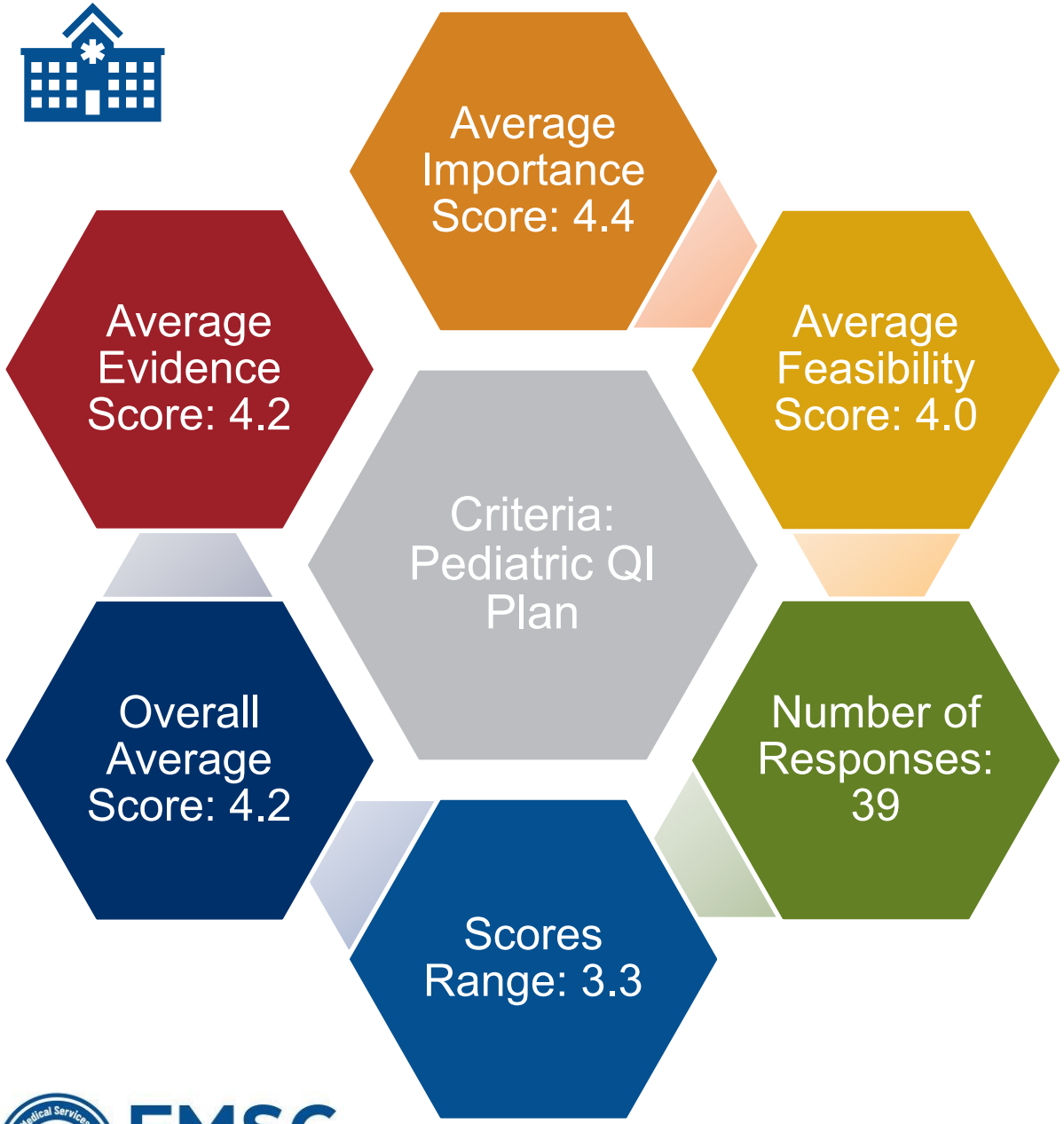

Round Three Criteria:

PROS:

- Most locations are already doing many QI initiatives so adding pediatric elements would not be too much to ask
- Having a QI plan in place to review treatments provided and follow up on patient outcomes will improve care during emergency situations

CONS: N/A

GENERAL:

- Define QI plan and what is required
- In this referring to a hospital QI plan that includes pediatric measures and indicators like time to antibiotics or is this a specific ED pediatric QI plan which may be difficult for smaller EDs to attain and do not want to discourage them from trying for minimum pediatric readiness recognition.
- Could have language that supports having ped-specific indicator(s) within existing QI plans.

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Round Three Criteria: have opportunities for annual training – Key Staff

PROS:

- Regular skills training and evaluation has shown to improve provider confidence and competence when treating critically ill pediatric patients.
- EVERYONE working in the ED should have a minimum of annual pediatric competency and skills evaluations
- Safe and efficient quality care are crucial in pediatrics competency.

CONS:

- Lack of financial or personnel resources
- Staffing changes and understaffing
- Add on more trainings will get daunting for nurses/Docs. IF we are to include PALS/BLS (A required training already) then I absolutely agree with this.

GENERAL:

- Define all staff
- Need to further define "competencies" - PALS? NRP? ATLS?

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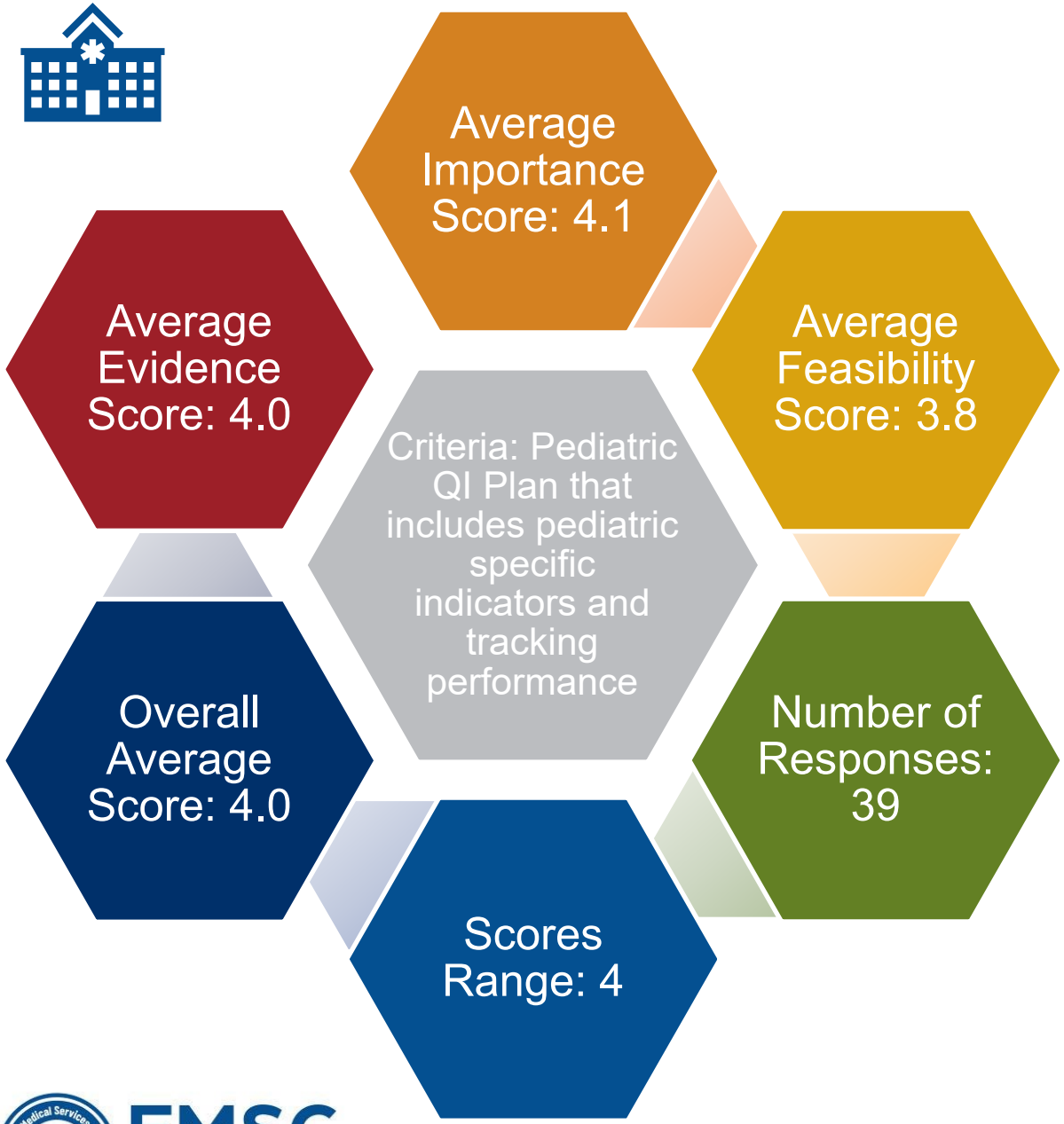

Round Three Criteria:

PROS:

- Most locations are already doing many QI initiatives so adding pediatric elements would not be too much to ask
- Having a QI plan in place to review treatments provided and follow up on patient outcomes will improve care during emergency situations

CONS: N/A

GENERAL:

- In this referring to a hospital QI plan that includes pediatric measures and indicators like time to antibiotics or is this a specific ED pediatric QI plan which may be difficult for smaller EDs to attain and do not want to discourage them from trying for minimum pediatric readiness recognition.
- Could have language that supports having pediatric specific indicator(s) within existing QI plans.
- A QI plan should include specific indicators for pediatric patients and is not complete without a mechanism for tracking performance.

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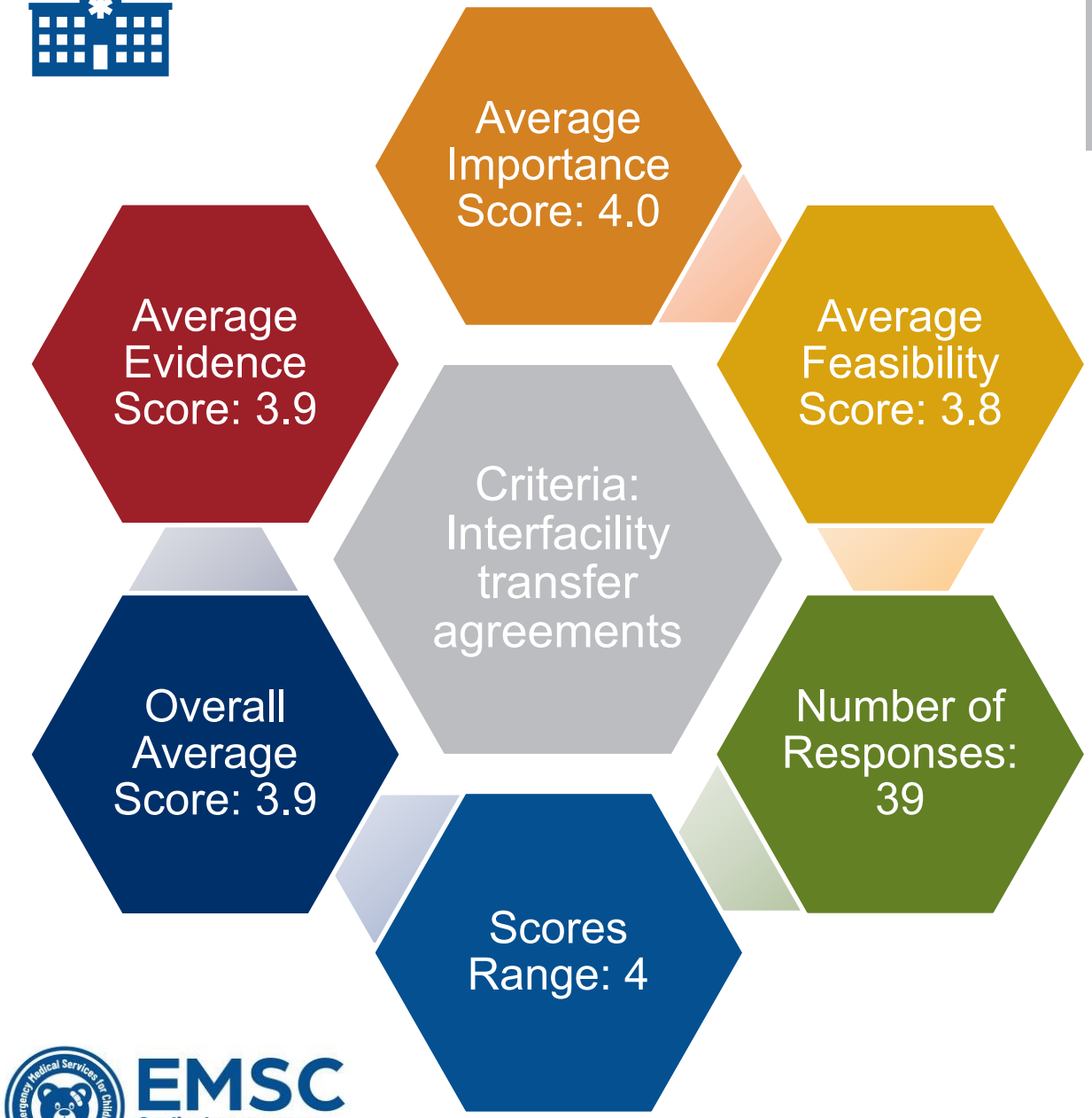

Round Three Criteria:

PROS:

- Requirement of many states in statute, rule, or regulation.
- More important for hospitals far from Level I pediatric trauma centers.
- Usually require a higher level of care from the provider. Having guidelines and agreements in place can improve the care provided during these transfers.

CONS:

- Most legal teams will not do an "agreement
- Difficult for ED to take this on independently.
- Interfacility transfer agreements are time intensive process and transferring hospitals usually have established relationships with their tertiary care centers therefore not seeing a need for agreements.
- Transfer agreements often times are difficult to find as they are housed in legal

GENERAL:

- Recommendation that the basic level facility be required to have transfer agreements with multiple hospitals to prevent overwhelming a specialty children's hospital.
- What would be more helpful is to require ED's to maintain an up-to-date contact list of Transfer, call lines or centers and addresses with directions for families and local EMS.

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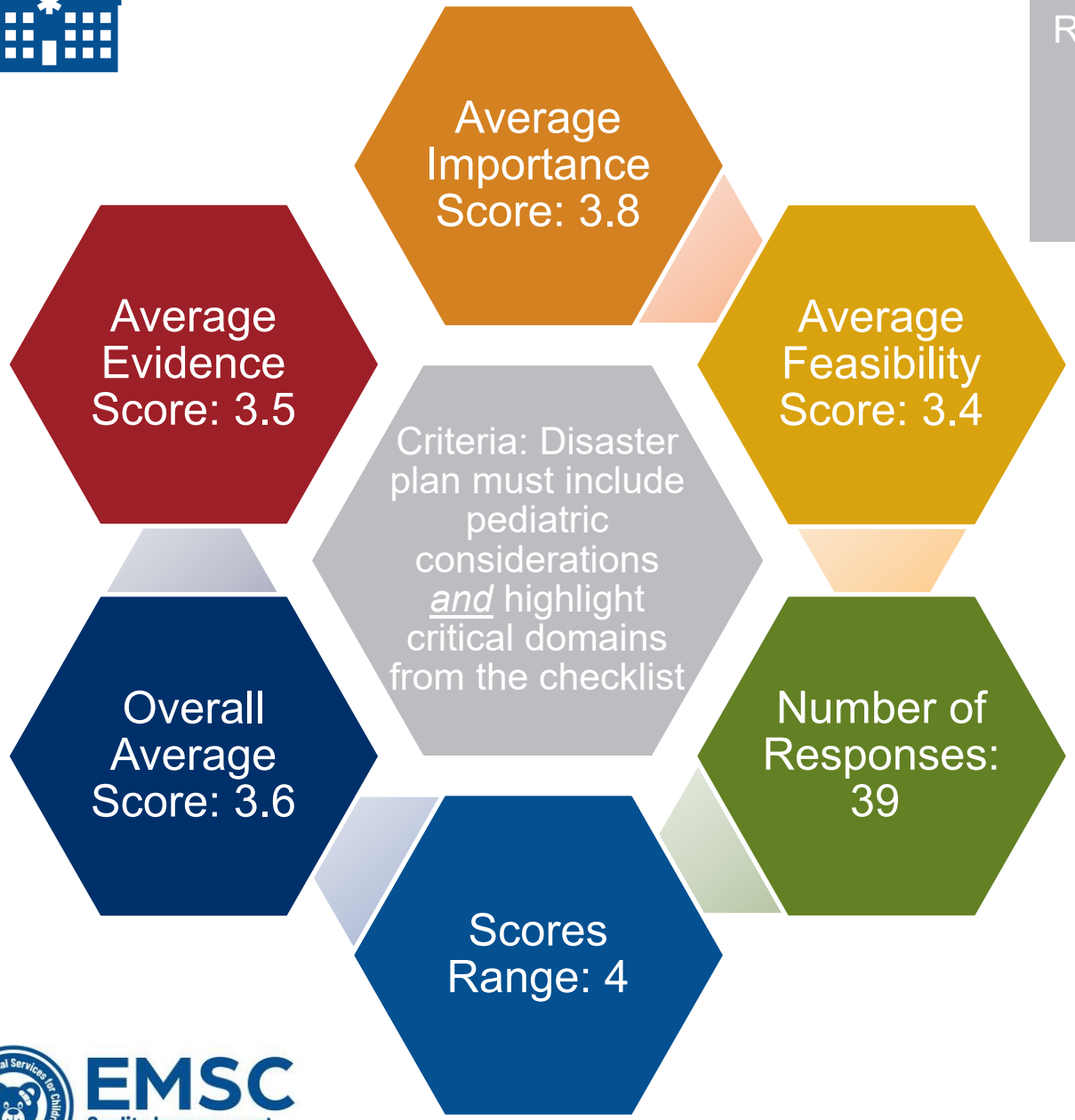

Round Three Criteria:

PROS:

- Relatively easy to implement due to the preexisting requirement dictated through the trauma systems or various accrediting bodies.

CONS:

- Not feasible for all domains, especially in CAHs/Rural hospitals.

GENERAL:

Prehospital Recognition Programs

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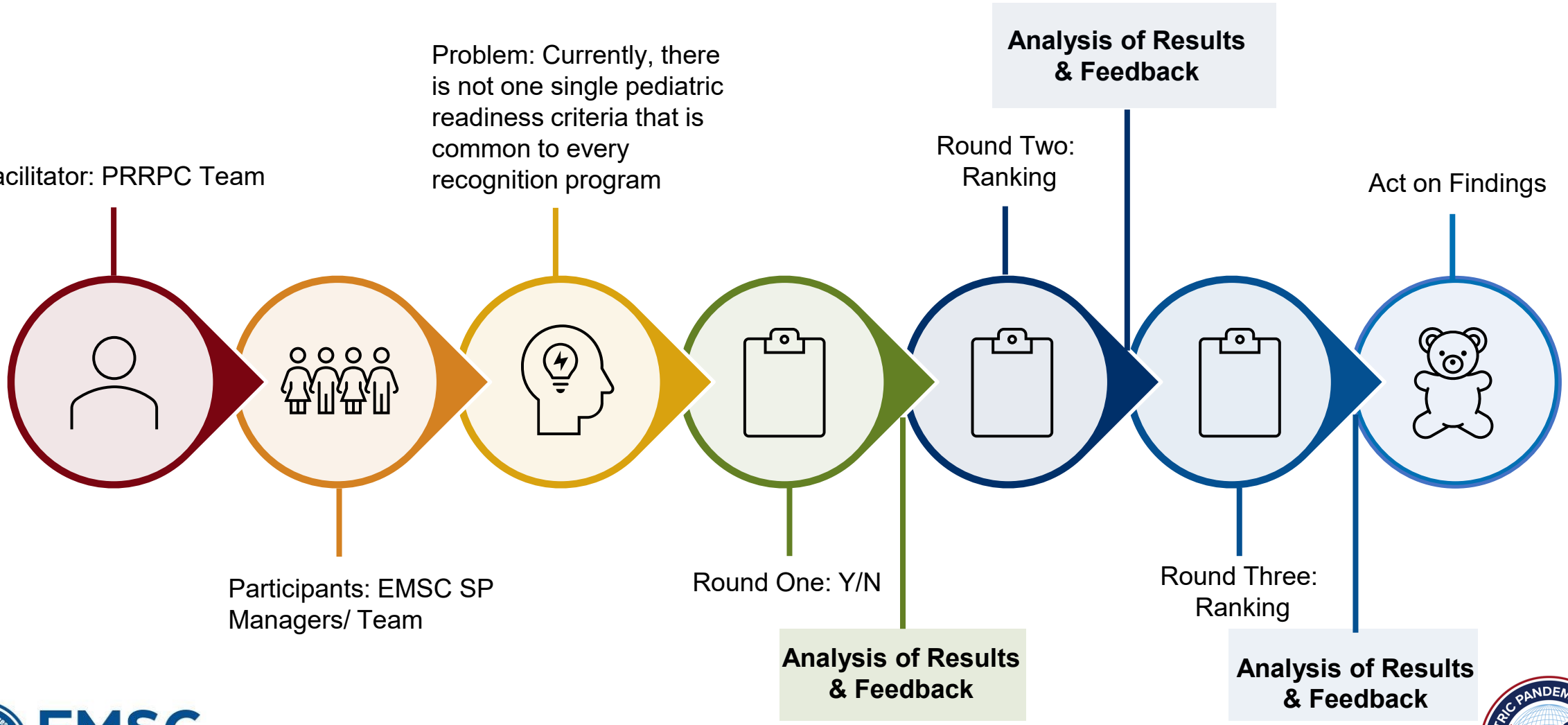
Consensus Activity



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Goals for Today

- Discuss and edit proposed criteria in preparation for round three

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Prehospital Round 2 Results

PH- Criteria	Overall Average	Average Max	Average Min	Range
Requires training on medication dosing for children	4.6	5	3	2
Uses weight estimation system	4.6	5	2.7	2.3
Include pediatrics in policies and procedures regarding the reporting of child maltreatment	4.6	5	2.3	2.7
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
Prehospital personnel physically demonstrate correct use of pediatric specific equipment	4.4	5	2.7	2.3
Include pediatrics in policies and procedures regarding the care of unaccompanied minors	4.4	5	2.7	2.3
A designated PECC	4.4	5	2.3	2.7
Established process for the regular verification of pediatric equipment and supplies	4.3	5	2.3	2.7
Include pediatric in policies and procedures regarding refusals involving children	4.3	5	2.7	2.3
Policies, procedures, and training integrates elements of patient and family centered care	4.3	5	2.7	2.3
All recommended equipment and supplies readily available	4.3	5	2.3	2.7
Participates in disaster drills that include children	4.2	5	1.7	3.3
Has a prehospital disaster triage algorithm that includes children	4.2	5	1.7	3.3
QI plan includes pediatric considerations	4.1	5	1	4
Utilizes national consensus recommendations to guide availability of equipment and supplies to treat all ages	3.98	5	1.3	3.7
Has a mass transport policy or protocol that includes children	3.8	5	1	4

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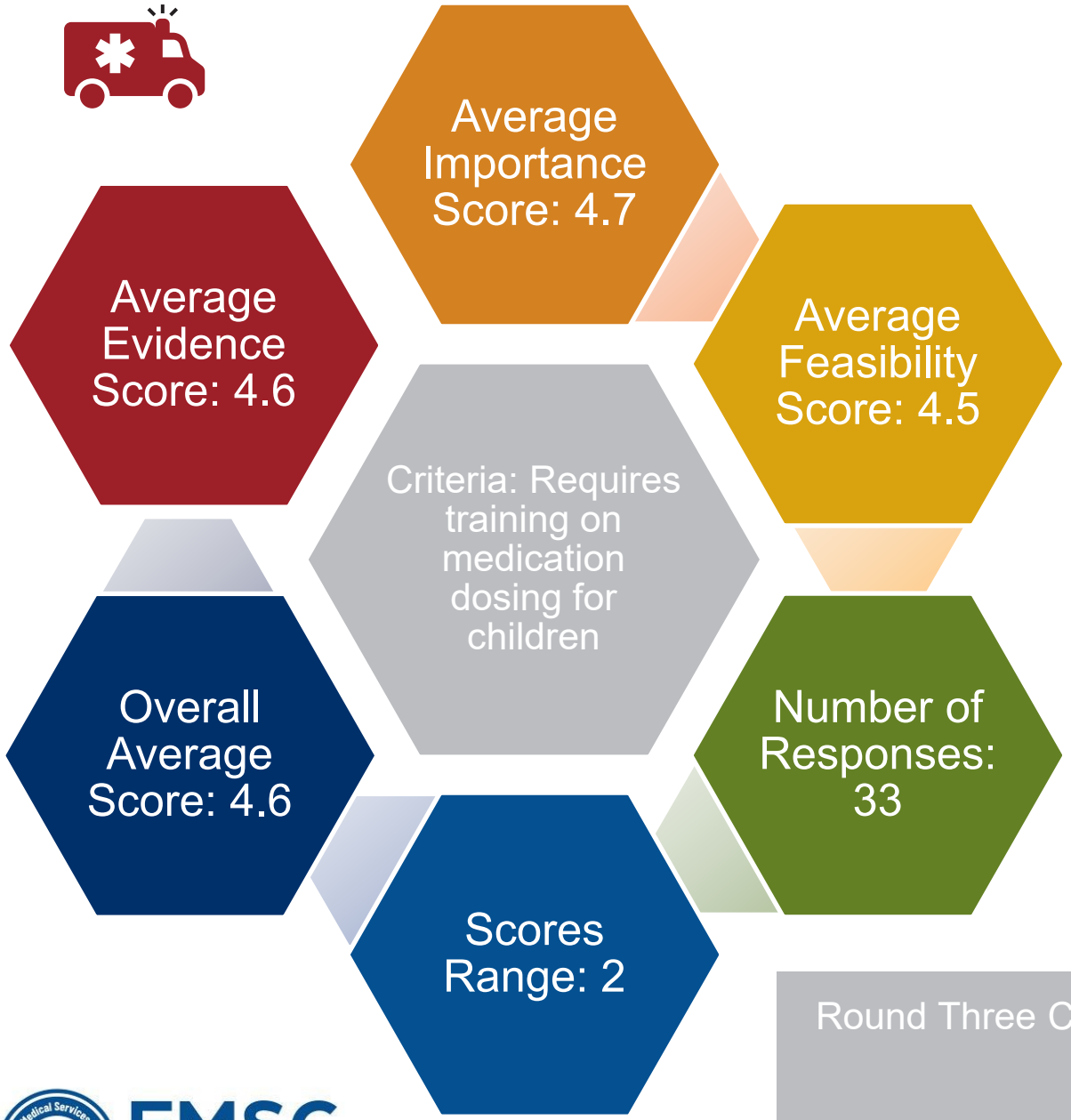

PROS:

- 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.

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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:

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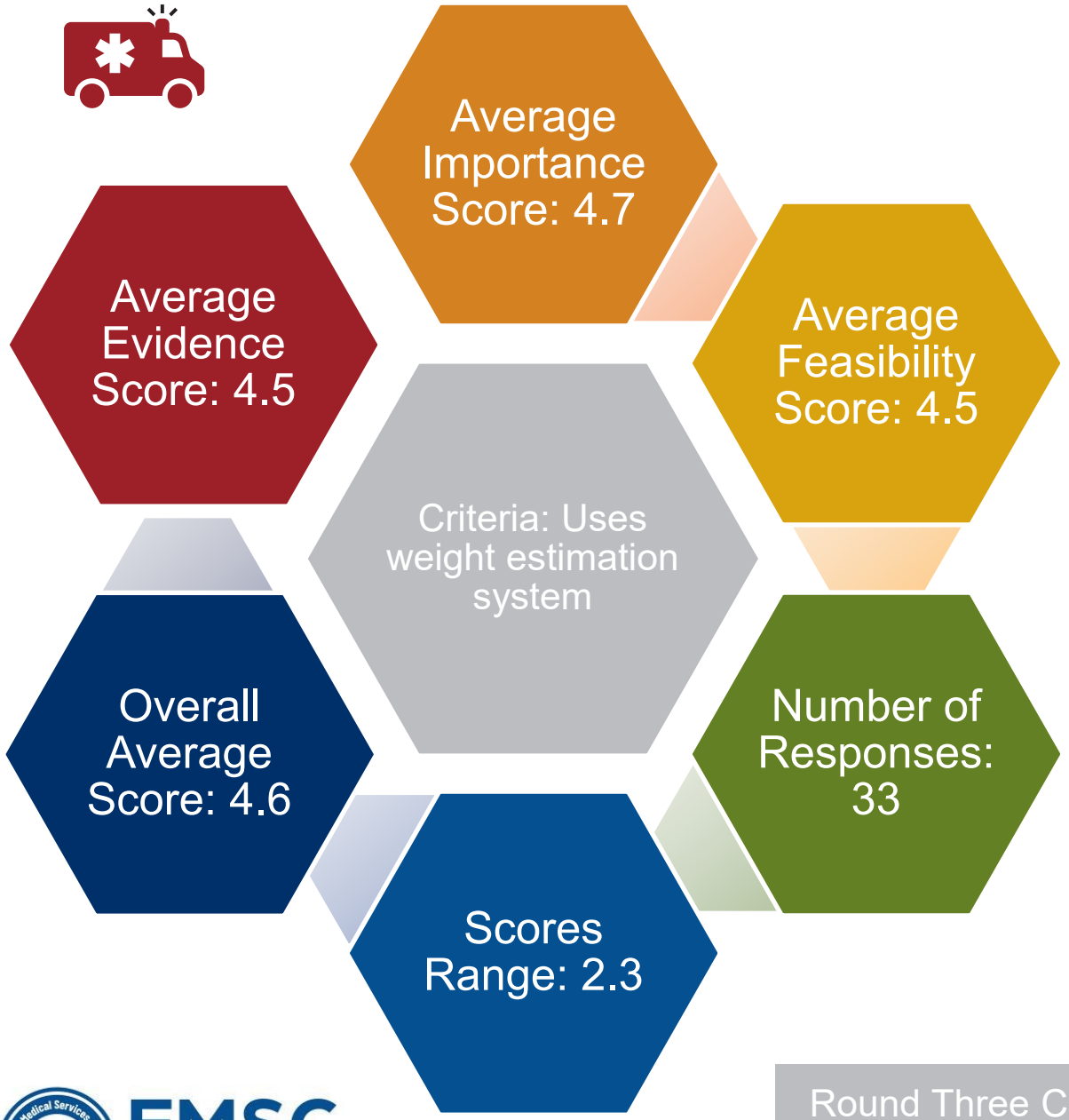


PROS:

- 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.

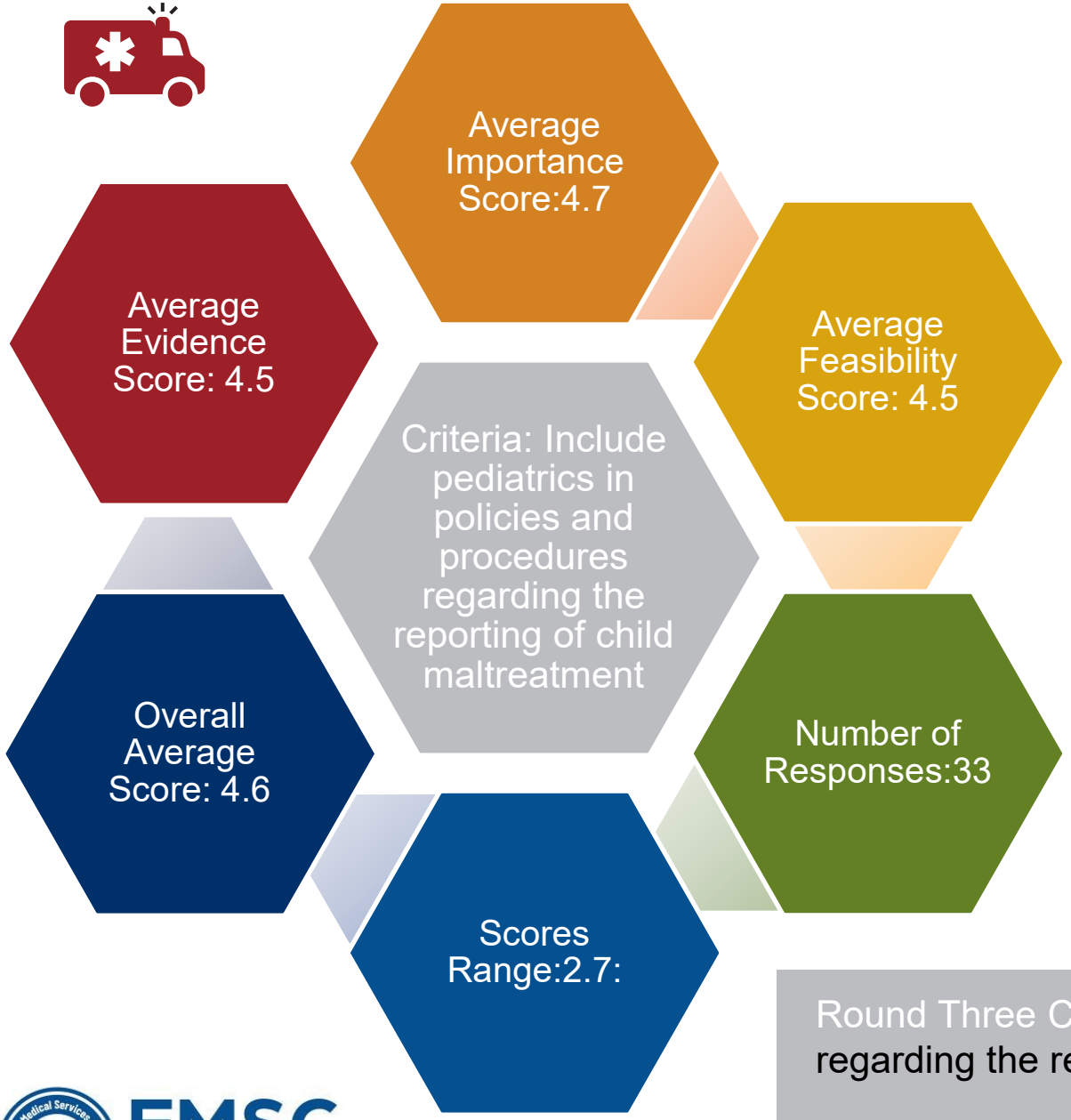
CONS:

- 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:



Pros:

- Policies typically seem an easier life in terms of feasibility
- This can be easily addressed through individual company policies.
- With the uptick in human trafficking and abduction, there should be policies related to unaccompanied minors.

Cons:

General Comments:

- State level legislation has several of these policies.

Round Three Criteria: policies and procedures regarding the reporting of child maltreatment

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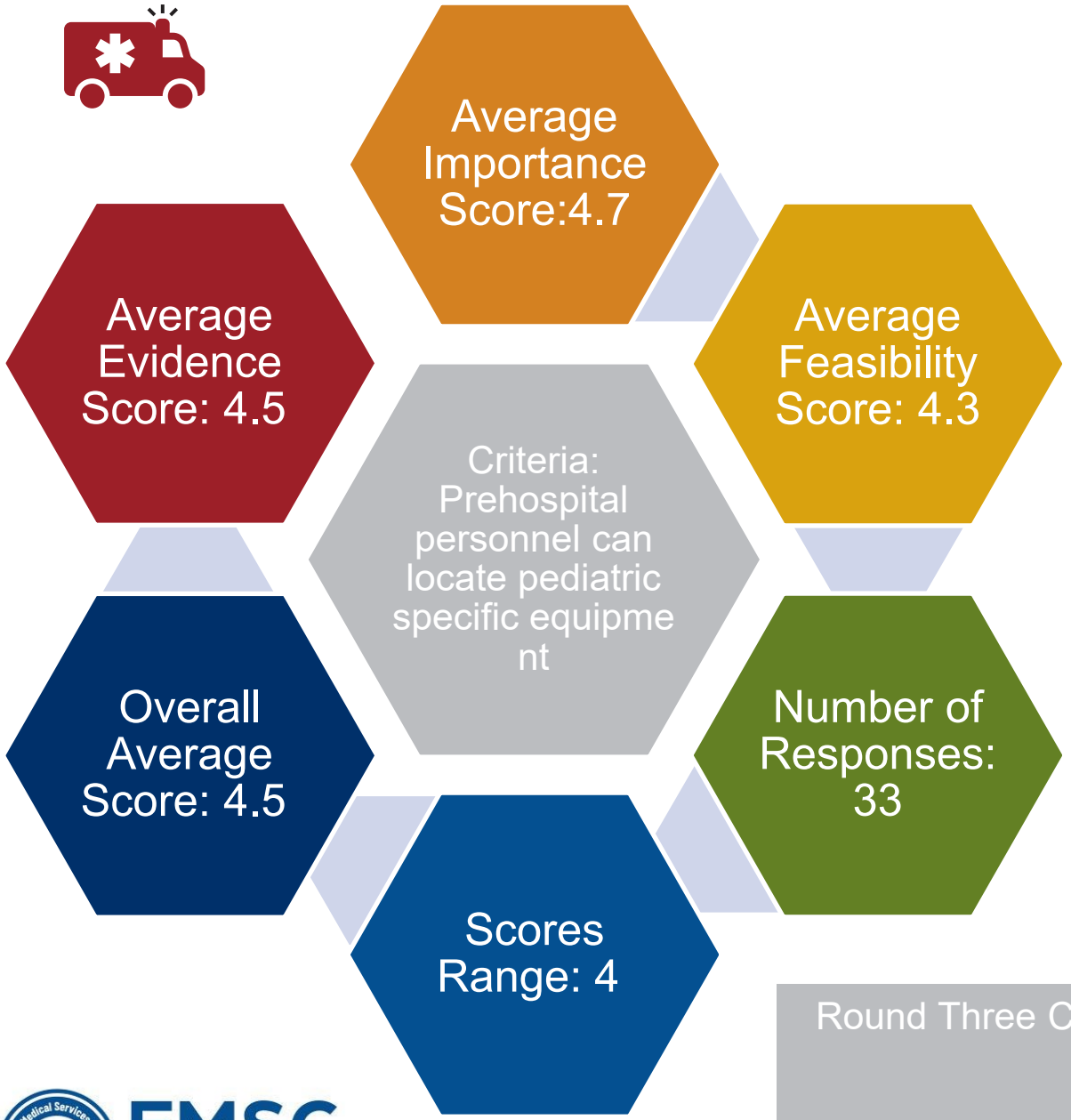
PEDIATRIC PANDEMIC NETWORK



Pros:

- If one cannot access appropriate equipment at minimum, one will never have it to use in an emergency. If one does not know how to use specific equipment during an emergency, it is just like not having it.
- It should routinely test their knowledge and ability to locate and properly utilize this equipment.

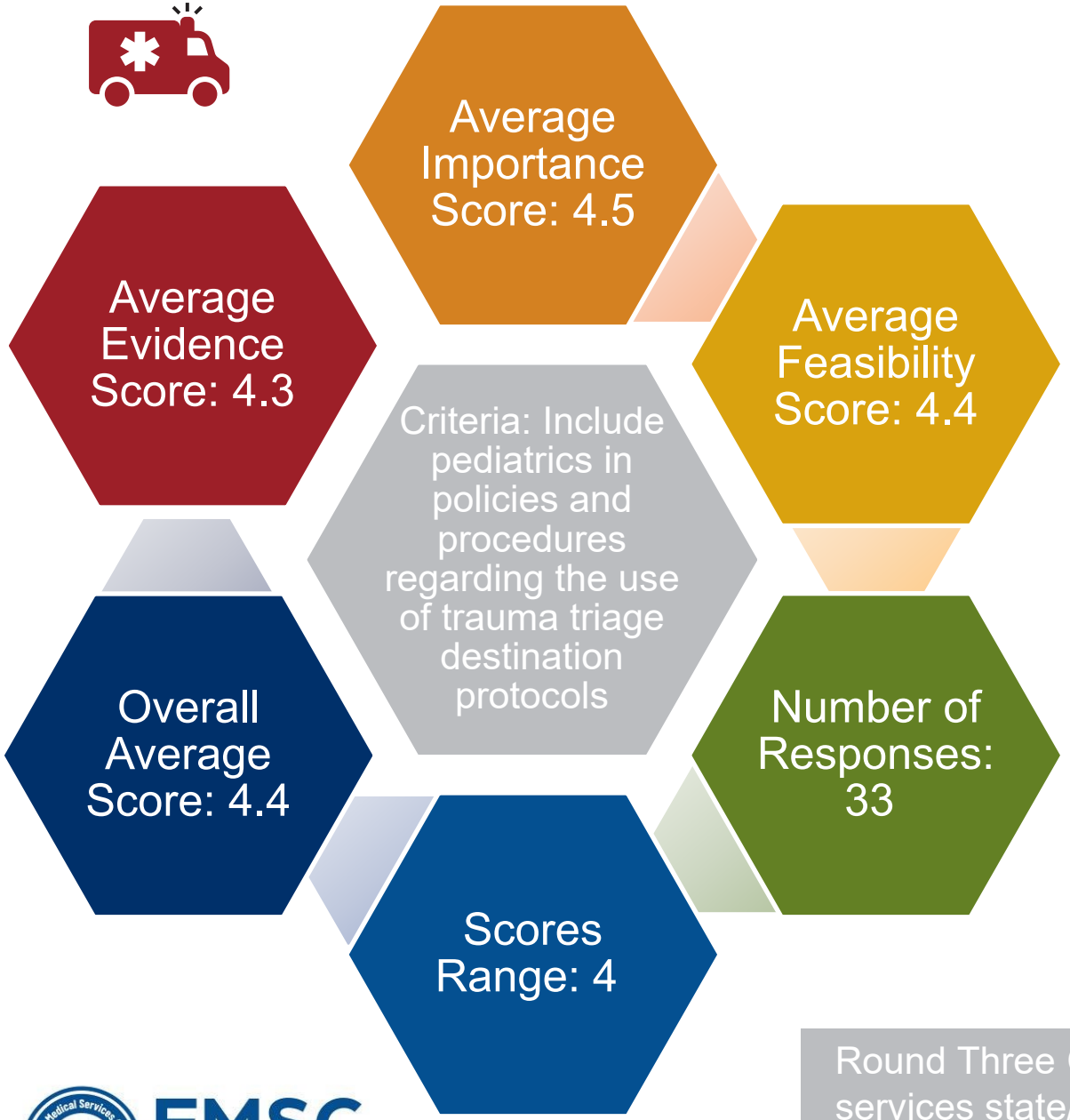
Cons:

- Required equipment and provider competency with equipment is something covered at the statewide level in MA.

General Comments:

- Locating peds specific equipment and demonstrating the skills during initial certification are a basic requirement for EMS transport personnel.

Round Three Criteria:



Pros:

- Policies typically seem an easier life in terms of feasibility.
- This can be easily addressed through individual company policies.
- This can be easily addressed through individual company policies.

Cons:

- Criteria that prohibit non-transporting agencies from being recognized-destination protocols would not apply to them- include language such as * as applicable to transporting agencies?
- not all locales have pediatric trauma centers, so ensuring language supports establishing ped. traumas for transfer (IFT if needed). Trauma should also include burn and regional burn centers.

General Comments:

- Ensuring language supports establishing ped. traumas for transfer (IFT if needed)
- State level legislation has several of these policies.
- Trauma care and destination can vary for pediatrics compared to adults. The differences in body size along with potential for serious injury also differs from adults. Also, pediatric patients display shock in different ways compared to adults and can be harder to stabilize once showing significant signs. Pediatric specific criteria should be utilized in trauma triage to account for these differences. Child maltreatment can often go unrecognized by providers that may not have as much pediatric specialized training. Case review along with provider education should be a routine part of skills maintenance.

Round Three Criteria: Include - For transporting services state/regional/ local

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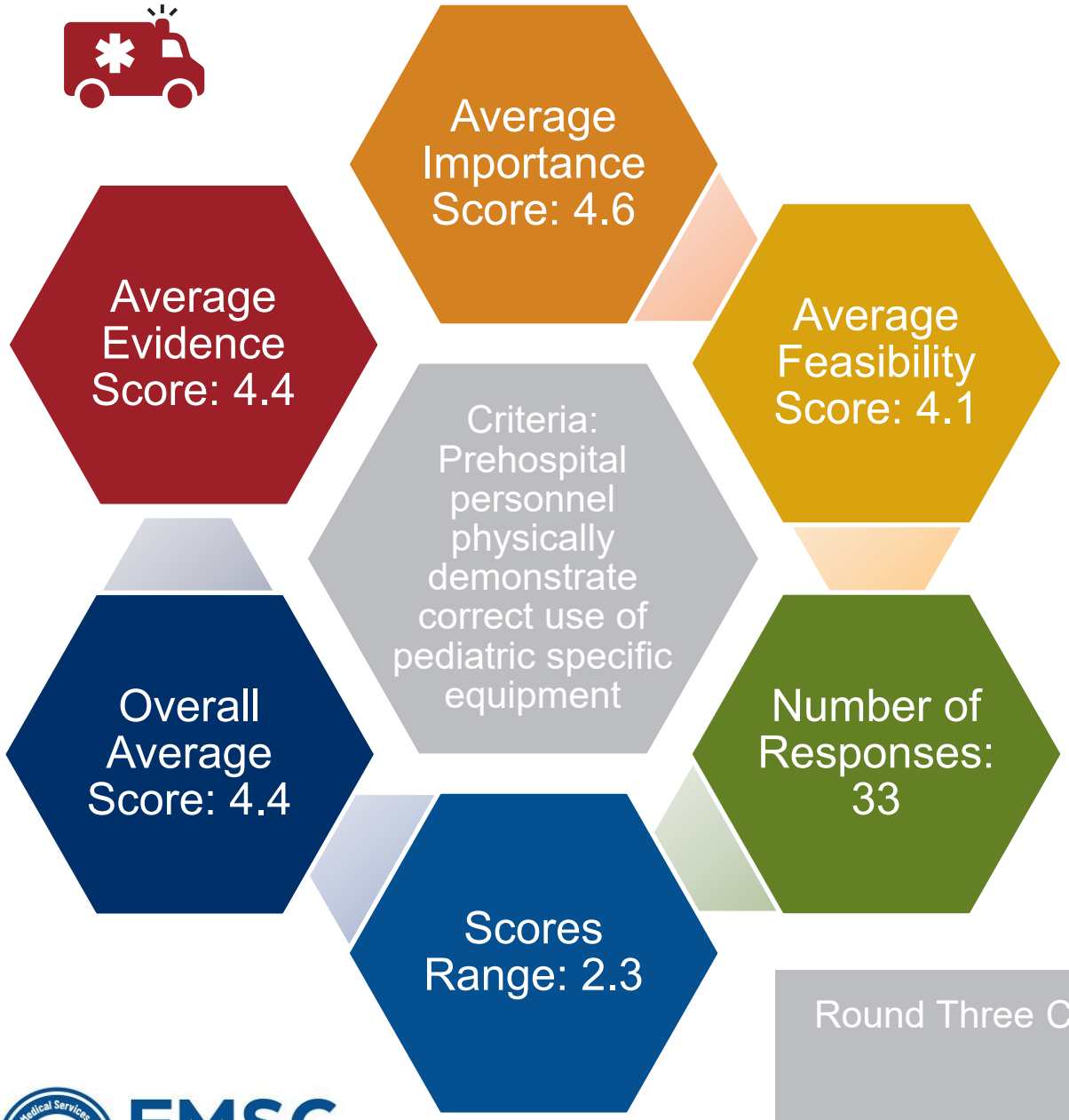
PEDIATRIC PANDEMIC NETWORK



Pros:

- If one cannot access appropriate equipment at minimum, one will never have it to use in an emergency. If one does not know how to use specific equipment during an emergency, it is just like not having it.
- It should routinely test their knowledge and ability to locate and properly utilize this equipment. Physically demonstrating the correct use of pediatric equipment builds muscle memory. Almost every aspect of prehospital emergency relies on some amount of muscle memory and building this through training is extremely important.
- There needs to be more of an emphasis on pediatric training as a requirement- at least quarterly.

Cons:

- It should be allowed to be covered under statewide programs.
- There is no way to have this happen in real time in real life given % of transports and shift work in career and volunteer and combined services.

General Comments:

- Locating peds specific equipment and demonstrating the skills during initial certification are a basic requirement for EMS transport personnel.
- Does this relate to planned training in CE? Or does it mean observed by a supervisor?
- There needs to be more of an emphasis on pediatric training as a requirement- at least quarterly.

Round Three Criteria:

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PEDIATRIC PANDEMIC NETWORK

Next Steps

Round 3 survey will be sent tomorrow—2/16/24

- No evidence ranking- Ranking based on importance and feasibility
- Average score per state will be considered
  - Share this survey with your team/key players if needed
- Handout with consensus process outline provided
- Due date: March 15**

Next PRRPC Session-March 21, 2024; 2:00-3:30 CT

EMSC Quality Improvement Collaboratives

Pediatric Pandemic Network

Thank you!

For additional questions, contact us:

collaboratives@emscimprovement.center