

## **West Virginia EMS for Children PECC Process**

1. Requested that Pediatrics be added as a “Special Interest” committee on the EMS Advisory Council (EMSAC).
2. Presented to EMSAC and received their support and buy in.
3. Formed a PECC subcommittee of EMSAC.
4. Presentation was made before the PECC Committee (see attached PowerPoint).
5. PECC Committee agreed on what the role of the PECC would be.
6. Tied PECC Designation to Agency Licensure and added PECC to the Continuum as a designated role.
7. Letter was developed and sent out in Continuum to all Official Agency Reps, Squad Training Officers, and the agency QI/QI representative(s) with a set deadline.
8. An Excel spreadsheet was developed by pulling agency information (alphabetical by agency name) from the Continuum and designed to track Designated PECCs.
9. Follow-up letter was mailed to all agencies that had not responded.
10. Follow-up phone calls were made by the EMSC Coordinator to all agency who had not responded.
11. Follow up presentation was given at the following quarterly EMSAC meeting.
12. Schedule an educational rollout to all PECCs. The EMSC Coordinator and Director of Trauma, Categorization, and Designation will be developing a PowerPoint to utilize at this rollout.
13. The process we used allowed for input from the field and buy-in from EMSAC. It also strengthened relationships internally as the Licensure Director and EMSC Coordinator worked together when information was missing or additional information was needed in the Continuum.

Although it was a very time consuming process to phone EMS agencies, it was a critical aspect for agency buy-in as it strengthened the relationship between the agency and EMSC Coordinator and allowed the opportunity to promote PECC and pediatrics in general. I attribute much of the success of EMSC in WV to the importance that is placed on relationship building.