## Connecticut Emergency Department

##  “Always Ready for Children”

##  ARC Recognition Program

It is 2 am on a busy Tuesday overnight in your ED. A mom presents to triage holding a grey and mottled two week old infant — is your ED ready to care for this child? Do they have the equipment and medications they need? Do you have the policies/procedures? Are your staff trained/educated to care for this child?

**What does it mean to be Pediatric Ready?**

* In 2001 leading national organizations in emergency medicine (ACEP, ENA, AAP) developed *Guidelines for Emergency Departments Preparedness to Care for Children*.
* 2016 all 36 CT EDs completed a survey administered by EMSC
* Measured adherence to above *Guidelines* across six domains: quality improvement, policies, patient safety, staffing, equipment, leadership
* EDs received a Readiness Score with actionable information on how to improve scores

**Why do we need to improve Pediatric Readiness in CT?**

***Our children don’t decide their circumstances or where they live. They cannot influence how the emergency medical system works or the quality of care available to them…but WE can!***

* To create an effective and sustainable method to ensure that all CT EDs are prepared to care for and stabilize children who need treatment for life threatening illnesses or injuries.
	+ Wide range of pediatric volume in EDs (1000 to 55000 visits per year)
	+ 80% of pediatric visits occur outside of the two children’s hospitals
* 117 Children Die in CT EDs each year
* Mean score for CT
	+ 70% (range of 43-100) National mean = 69%
* Domain Scores:
	+ QI 38%, Policy 61%, Safety 78%, Staffing 42%, Equipment 92%, Leadership 54%

**What is does ARC recognition mean?**

CT EDs are participating in a national “Facility Recognition Collaborative: Quality Improvement Initiative”

* Stakeholders from our EDs have iteratively developed the proposal below to increase the number of EDs in CT that are ready to care for children
	+ Readiness will be defined as exceeding the national average score of 69%
	+ We will re-evaluate readiness and strive to improve readiness in our state through modification and “raising” the floor of readiness every three years.

**What is Emergency Medical Services for Children?**

**Our Mission:** to reduce death and disability in children ages 0-18, due to severe illness or injury.

* A program established by the US Department of Health and Human Services’ Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau to improve and ensure high quality pediatric emergency care. This federal grant program supports state and local action.
* As of December 2015, Connecticut EMSC was moved to Yale New Haven Children's Hospital.
* Medical personnel, parents, volunteers, community groups, businesses, national organizations and foundations all contribute to this nation-wide effort.
* The EMSC State Grant mandates responsibilities for meeting specific Performance Measures. One of these measures is to ensure that a statewide, standardized system exists in which all hospital emergency departments demonstrate the ability to manage medical and trauma pediatric emergencies.

**Process**

* After completion of the ARC program application, the application needs to be submitted to the CT EMSC at the following address:
* Once the application is received, the CT EMSC advisory ARC review team will review submitted paperwork and make a preliminary determination of a facility’s ability to meet the requirements for successful recognition. If it is determined that the facility is missing essential elements, a consultative conference call will be scheduled with the facility representative responsible for the ARC application process.
* Once it is determined that the facility is compliant with ARC essential elements, and ARC verification site visit will be scheduled. The site evaluation and verification will be requested and specific dates/times coordinated.
* Compliance with the ARC requirements is verified by this on-site verification visit.
* An exit interview will be conducted to review the preliminary findings, any areas of non-compliance, corrections, or requests for additional documentation.
* Pediatric readiness scoring will be used determine when a facility has successfully met compliance with ARC requirements.
* The facility will be made aware of their achievement/recognition status in writing via email within four (4) weeks of the on-site verification visit outlining the site visit findings. If the facility does not meet the requirements outlined or corrections/additional information is needed, the areas of noncompliance will be outlined.
* Upon successful completion, an invitation is sent to the hospital administrator, outlining details regarding a media event, should the facility choose this option. For year 1 (Engagement) the hospital will receive a certificate indicating the facility’s name, successful ARC Recognition Program completion and the recognition period. For year 2 and beyond (tiered program), the hospital will receive a plaque/award indicating the facility’s name, successful ARC Recognition Program completion, tiered level, and the recognition period.
* CT ARC recognition, which will remain valid for three (3) years beginning 2018. Prior to the facility’s ARC recognition expiration, the CT program manager or outreach coordinator will contact the facility and provide an updated application.

**Process for Year 2017**

**The “YEAR OF ENGAGEMENT”**

**Recognition: Pediatric Ready Engage**

*Open to all Connecticut Emergency Departments*

**Step 1.** Prepare a letter of intent explaining the reasons for your interest in the ARC program and EMSC program. It should identify your ED’s strengths and why it qualifies for the recognition.

**Step 2.** Prepare a letter of support signed by Emergency Department Medical Director, Emergency Department Nursing Director, Pharmacy Director, and Emergency Department Manager.

**Step 3.** Completion of the pediatric readiness survey. The website link to the pediatric readiness survey is: <http://pedsready.org>

Each facility is reminded of their ability to access the online readiness toolkit to assist with addressing any policy, procedures or protocol questions. The website link to this toolkit is: <https://emscimprovement.center/projects/pediatricreadiness/readiness-toolkit/>

**Step 4.** The designation of a pediatric emergency care coordinator (PECC) also known as a pediatric “champion.” This role can be designated to any RN, MD, PA, or NP. They will serve as a liaison with CT EMSC and studies have shown that presence of PECCs increased the likelihood of having all the recommended components, including a pediatric quality improvement process." A website link to a webinar describing the role of a PECC is: <https://emscimprovement.center/projects/pediatricreadiness/results-and-findings/pediatric-emergency-care-coordinator/>

**Process for Year 2018 – 2020**

**Introduction to the Pediatric Readiness Recognition Program using a Tiered System**

*Open to all Connecticut Emergency Departments*

**Recognition Levels:**

**Level 1: Pediatric Engage**

**Level 2: Pediatric Ready**

**Level 3: Pediatric Innovator**

**Pediatric Critical Care Center Ready**

**Process for Level 1: Pediatric Engage**

**Step 1.** Prepare a letter of intent explaining the reasons for your interest in the ARC program and EMSC program. It should identify your ED’s strengths and why it qualifies for the recognition.

**Step 2.** Prepare a letter of support signed by Emergency Department Medical Director, Emergency Department Nursing Director, Pharmacy Director, and Emergency Department Manager.

**Step 3.** Completion of the pediatric readiness survey. The website link to the pediatric readiness survey is: <http://pedsready.org>. Additionally, a plan to improve readiness score needs to be submitted.

Each facility is reminded of their ability to access the online readiness toolkit to assist with addressing any policy, procedures or protocol questions. The website link to this toolkit is: <https://emscimprovement.center/projects/pediatricreadiness/readiness-toolkit/>

**Step 4.** The designation of a pediatric emergency care coordinator (PECC) also known as a pediatric “champion.” This role can be designated to any RN, MD, PA, or NP. They will serve as a liaison with CT EMSC and studies have shown that presence of PECCs increased the likelihood of having all the recommended components, including a pediatric quality improvement process." A website link to a webinar describing the role of a PECC is: <https://emscimprovement.center/projects/pediatricreadiness/results-and-findings/pediatric-emergency-care-coordinator/>

**Step 5.** A designated ED representative is involved in the CT EMSC Advisory Committee and attends 75% of all meetings.

**Process for Level 2: Pediatric Ready**

**Step 1.** Prepare a letter of intent explaining the reasons for your interest in the ARC program and EMSC program. It should identify your ED’s strengths and why it qualifies for the recognition.

**Step 2.** Prepare a letter of support signed by Emergency Department Medical Director, Emergency Department Nursing Director, Pharmacy Director, and Emergency Department Manager.

**Step 3.** Completion of the pediatric readiness survey with a score above the national average of 69%. The website link to the pediatric readiness survey is: <http://pedsready.org>.

Following the survey you will need to create a binder outlining all of the specific components in the pedsready.org survey. For example, all policies and procedures outlined in the survey (child maltreatment) will need to be printed and organized in the binder; Log of all pediatric educational initiatives/competencies; Documentation of certified staff and those trained in BLS/ACLS/TNCC/ATLS/NRP/PALS/ENPC/Other; Documentation of any pediatric Quality Improvement initiatives; documentation of disaster plan that includes pediatrics; All written guidelines on the transfer process of pediatric patients; Copy of any inter-facility transfer agreements; documentation of trauma level designation. All equipment will be checked during the on site survey.

Each facility is reminded of their ability to access the online readiness toolkit to assist with addressing any policy, procedures or protocol questions. The website link to this toolkit is: <https://emscimprovement.center/projects/pediatricreadiness/readiness-toolkit/>

**Step 4.** The designation of two pediatric emergency care coordinators (PECC) also known as a pediatric “champion.” This role must be designated to any RN and a MD, PA, or NP. They will serve as a liaison with CT EMSC and studies have shown that presence of PECCs increased the likelihood of having all the recommended components, including a pediatric quality improvement process." A website link to a webinar describing the role of a PECC is: <https://emscimprovement.center/projects/pediatricreadiness/results-and-findings/pediatric-emergency-care-coordinator/>

**Step 5.** A designated ED representative is involved in the CT EMSC Advisory Committee and attends 75% of all meetings.

**Level 3: Pediatric Innovator**

**Step 1.** Prepare a letter of intent explaining the reasons for your interest in the ARC program and EMSC program. It should identify your ED’s strengths and why it qualifies for the recognition.

**Step 2.** Prepare a letter of support signed by Emergency Department Medical Director, Emergency Department Nursing Director, Pharmacy Director, and Emergency Department Manager.

**Step 3.** Completion of the pediatric readiness survey with a score above the national average of 69%. The website link to the pediatric readiness survey is: <http://pedsready.org>. Following the survey you will need to create a binder outlining all of the specific components in the pedsready.org survey. For example, all policies and procedures outlined in the survey (child maltreatment) will need to be printed and organized in the binder; Log of all pediatric educational initiatives/competencies; Documentation of certified staff and those trained in BLS/ACLS/TNCC/ATLS/NRP/PALS/ENPC/Other; Documentation of any pediatric Quality Improvement initiatives; documentation of disaster plan that includes pediatrics; All written guidelines on the transfer process of pediatric patients; Copy of any inter-facility transfer agreements; documentation of trauma level designation. All equipment will be checked during the on site survey.

Each facility is reminded of their ability to access the online readiness toolkit to assist with addressing any policy, procedures or protocol questions. The website link to this toolkit is: <https://emscimprovement.center/projects/pediatricreadiness/readiness-toolkit/>

**Step 4.** The designation of two pediatric emergency care coordinators (PECC) also known as a pediatric “champion.” This role must be designated to any RN and a MD, PA, or NP. They will serve as a liaison with CT EMSC and studies have shown that presence of PECCs increased the likelihood of having all the recommended components, including a pediatric quality improvement process." A website link to a webinar describing the role of a PECC is: <https://emscimprovement.center/projects/pediatricreadiness/results-and-findings/pediatric-emergency-care-coordinator/>

**Step 5.** A designated ED representative is involved in the CT EMSC Advisory Committee and attends 75% of all meetings.

**Step 6.** Involvement in a pediatric quality improvement initiative. Examples include: child abuse and neglect program, review of pediatric deaths and transfers, vital sign improvement.

**Step 7.** Podium presentation on a specific local hospital-based pediatric quality improvement project to the collaboration members at one of the scheduled EMSC Advisory meetings.

**Pediatric Critical Care Center Ready**

**Step 1.** Prepare a letter of intent explaining the reasons for your interest in the ARC program and EMSC program. It should identify your ED’s strengths and why it qualifies for the recognition. *To qualify for the Pediatric Critical Care Center the facility must be a children’s emergency department with 24/7 access to pediatric specialists, Operating Room with pediatric surgeons, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit, and pediatric floors.*

**Step 2.** Prepare a letter of support signed by Emergency Department Medical Director, Emergency Department Nursing Director, Pharmacy Director, and Emergency Department Manager.

**Step 3.** Completion of the pediatric readiness survey with a score above the national average of 69%. The website link to the pediatric readiness survey is: <http://pedsready.org>. Following the survey you will need to create a binder outlining all of the specific components in the pedsready.org survey. For example, all policies and procedures outlined in the survey (child maltreatment) will need to be printed and organized in the binder; Log of all pediatric educational initiatives/competencies; Documentation of certified staff and those trained in BLS/ACLS/TNCC/ATLS/NRP/PALS/ENPC/Other; Documentation of any pediatric Quality Improvement initiatives; documentation of disaster plan that includes pediatrics; All written guidelines on the transfer process of pediatric patients; Copy of any inter-facility transfer agreements; documentation of trauma level designation. All equipment will be checked during the on site survey.

Each facility is reminded of their ability to access the online readiness toolkit to assist with addressing any policy, procedures or protocol questions. The website link to this toolkit is: <https://emscimprovement.center/projects/pediatricreadiness/readiness-toolkit/>

**Step 4.** The designation of two pediatric emergency care coordinators (PECC) also known as a pediatric “champion.” This role must be designated to any RN and a MD, PA, or NP. They will serve as a liaison with CT EMSC and studies have shown that presence of PECCs increased the likelihood of having all the recommended components, including a pediatric quality improvement process." A website link to a webinar describing the role of a PECC is: <https://emscimprovement.center/projects/pediatricreadiness/results-and-findings/pediatric-emergency-care-coordinator/>

**Step 5.** A designated ED representative is involved in the CT EMSC Advisory Committee and attends 75% of all meetings.

**Step 6.** Involvement in a pediatric quality improvement initiative. Examples include: child abuse and neglect program, review of pediatric deaths and transfers, vital sign improvement.

**Step 7.** Podium presentation on a specific local hospital-based pediatric quality improvement project to the collaboration members at one of the scheduled EMSC Advisory meetings.

**The 2021-2023 Pediatric Readiness Recognition Program Tiered System Measurements used for assessment will be determined.**

*

**Acknowledgements**

**EMSC Program Director**

Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T

EMSC Program Director and Co-Principle Investigator

Manager of Injury Prevention, Community Outreach & Research, Yale New Haven Children’s Hospital.

pina.violano@ynhh.org

**EMSC Co-Principle Investigators**

Marc Auerbach, MD, MSCi, EMSC Co-Principle Investigator

Associate Professor, Yale University School of Medicine, Department of Pediatrics, Section of Emergency Medicine, Associate Director of Pediatric Simulation & Associate Pediatric Trauma Medical Director.

marc.auerbach@yale.edu

Mark X. Cicero, MD, EMSC Co-Principle Investigator

Assistant Professor, Yale University School of Medicine, Department of Pediatrics, Section of Emergency Medicine, & Director of Pediatric Disaster Preparedness. mark.cicero@yale.edu

**EMSC Outreach Coordinator**

Marcie Gawel, MSN, MS, BS, CPN, SANE, CPS-T, EMSC Outreach Coordinator

 Injury Prevention, Community Outreach & Research, Yale New Haven Children’s Hospital.

 marcie.gawel@ynhh.org