# **Implementation Checklist**

Categories: General; Stakeholders; Funding; Messaging; Incentives; Application; Tracking System; Further Considerations

**GENERAL**

* Identify characteristics of the program (e.g., tiered; minimum criteria; voluntary vs. regulatory)
	+ Consider: Free standing EDS and/or critical access hospitals
* Implementation plan and timeline
	+ Tracking; processing applications; reviewing applications; marketing; budget; evaluation of program
	+ Frequency/cycle that sites are reviewed (staggered; by region)
	+ Sustainability plans for reviewers in case of attrition
* Identify host institution
	+ Consider: EMS or another entity (e.g., ACEP, ACOS, AAP; State Department of Health; Trauma Division)
	+ Consider: Options for shared roles or leverage activities with neighboring states (joint effort)
* Define roles and qualifications for all individuals associated with your pediatric readiness program
	+ Consider: A training program (learning objectives and action items) and program protocol should be created (outlines all details of the state’s readiness program)
	+ Consider: Time needed to recruit and train site reviewers
	+ Include administrative support
	+ Consider: Sensitivity training and content experts
* How will you recognize “approved/designated” sites?
	+ Consider: Title; marketing; signage; websites
	+ Include characteristics/capabilities of approved sites
	+ Partner with hospital association for press release
	+ Celebration to honor programs

**STAKEHOLDERS**

* Engage stakeholders with experience in finance/budgets for large scale projects in your state
* Search for a grant writer
* Consider working with other offices/departments (Office of Rural Health; HPP (hospital preparedness programs))
* Leverage volunteers from academic medical centers and schools (example: California on-site surveys)

**FUNDING**

* Evaluate funding sources and budget
	+ Consider: How will the program be implemented? Cost to participate in program (cost/benefit analysis)
	+ Consider: Assess the number of potential sites and estimate burden of effort
	+ Consider: Cost to travel for site visits

# **Implementation Checklist**

**MESSAGING**

* Messaging for sites with low volumes of pediatric patients
* Highlight safety perspective (drive message that address IOM domains)
* Debunk cost associated with approval/peds readiness
	+ Cost of equipment
	+ Personnel can share role

**INCENTIVES**

* Sharing of equipment
* Educational opportunities

**APPLICATION**

* Review characteristics of established programs (box link)
* Consider including minimum criteria, resources, QI components (e.g., best practices), data requirements, share peds ready assessment results (serve as baseline data), primary contacts (e.g., PECC); demographics (e.g., site leaders – ED/RN directors – C-suite members supporting the effort)
* Outline workflow for designation process (timeframes; whose involved; site-visit agenda; documents that will be requested)
* Notification strategy for sites
* Report template for site visits

**TRACKING SYSTEM**

* Identify platform (online vs. paper)
* Public and private tracking
* Total # of sites eligible for designation AND # of sites recognized/received designation
* Approval period and expiration date
* # of applications | # of sites in evaluation/review phase
* Common deficiencies at sites
* Name of sites (formal and informal) + region + address
* Aggregate characteristics of site (trauma/critical care/inpatient units)
	+ Consideration: This data can help with disaster preparedness

**FURTHER CONSIDERATIONS**

* Anticipate barriers and strategies to overcome burnout
	+ Future of EMSC funding
	+ How to sustain peds readiness engagement
	+ Personnel
	+ Lack of regional education
* Solutions to address barriers
	+ Establish partnerships with other entities
	+ Sharing Content (resources/trainings available) with community of providers and hospitals
	+ Consolidate work/delegate tasks
	+ Host regional conferences
	+ Pediatric QI committee (joint QI community projects)