

PRQC Newsletter

The latest news and events from the collaborative

Issue: 4

November 13, 2019

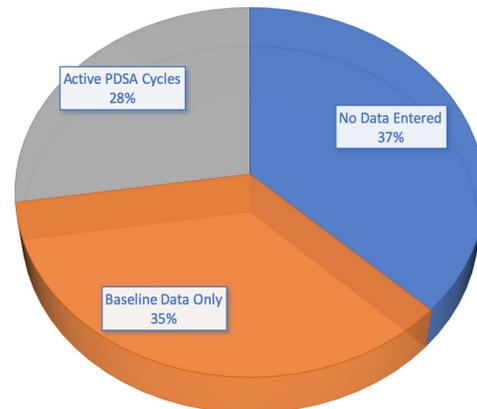


Dear PRQC Participants,

We have entered into the final 6 months of the collaborative and with this comes a shift in the collaborative from didactic to truly collaborative in nature. This means that sites will depend on and learn from each other more than from us as the PRQC Admin team and our subject matters experts. This will be felt most in the nature of the Learning Sessions. As hopefully many of you are aware, going forward these sessions will consist of team status updates and sharing of best practices and a conversation around barriers to improvement. You will also feel this shift in the closing of the Fireside Chats. Our SMEs feel that they have shared their knowledge over the course of the previous Fireside Chats. Recordings of all Fireside Chats are archived on the PRQC Members-Only site. Our SMEs will remain available to offer advice on specific issues as they arise.

PRQC DATA ENTRY STATUS

TOTAL ACTIVE SITES: 113
NOVEMBER, 11, 2019



For many, this is also a time to regroup. We realize that many teams and sites do not look the same as they did at the beginning of the collaborative. Additionally your internal team including data stewards, QI champions, ED leadership and possibly even IT services may require re-engagement. Not only have we seen change in team structure but also among hospital leadership. In most instances, this work is dependent on the full support of senior leadership. Please recall that your initial application to participate in this collaborative required commitment from your hospital leadership. We are happy to provide your original signed letter if there has been a change in hospital leadership. We recommend that, if you haven't already, invite them to your internal meetings and share your progress and collaborative updates including this newsletter. We hope this will help you all make a strong final push and begin to think about the sustainability of your efforts after the formal aspects of the collaborative end in April.

At this point, we would like all sites to have baseline data entered and to be actively working on PDSA cycles. Currently 28% of sites have reached this milestone (see pie chart). Sites in this group include Springfield Hospital, Yale New haven Westerly Hospital, Medical City Fort Worth and Shawnee Mission. To see a full list of these sites, download the Leaderboard Report [here](#). Many of these sites have shared their best practices during past Learning Sessions. [Click here](#) to access the Learning Session archive. Or better yet, engage directly with these sites on our [Yammer page](#).

For those sites working to enter baseline data, you may include patient-level data beginning as early as January 2018. We devoted the entire October Learning Session to the ins-and-outs of entering data into the Data Entry System (DES) including analyzing your baseline data, selecting a change strategy and how/ when to begin a new PDSA cycle. To review, please [click here](#). The section includes a detailed process map that will take you step-by-step through the entire process from assembling your internal team to completing PDSA cycles and monitoring your progress.

We are honored that many of you chose to pursue this work in addition to your regular duties. We appreciate your patience with the many quirks of the data entry system and with us as we try to support your work as best as we can.

Warmest regards,

The PRQC Admin. Team

In this Issue

- Sept. Fireside Chats.....2
- Nov/Dec Learning Sessions.....3
- Aug. Learning Session.....3
- Oct. Learning Session/DES & PDSA Cycle Guide.....4
- News & Events From Our Partners.....12

Learning Sessions

11:00 - 12:30 PM CDT

- November 19
- December 3
- January 28
- March 3
- April 7
- April 21



Join in!

Yammer is an online collaboration tool available through Microsoft Office 365. Our PRQC members-only page is open to all to post questions and share resources. [Click here](#) to join the conversation!

Follow the EIIC!



Want More News from the EIIC?

The EMSC Pulse is published about every 4 weeks and includes information on all EMSC activities as well as news and events from our partners. Read the latest issue [here](#).

September Fireside Chats

Our final round of Fireside chats occurred throughout the month of September. These chats were intended to be open, “office-hour” type sessions where our subject matter experts (SMEs) for each bundle were available to answer questions or troubleshoot issues. We began each call with a brief presentation by our SMEs on a topical issue followed by voluntary status reports by sites participating in the bundle.

In accordance with true QI collaborative culture our SMEs will now step aside to promote independence and collaborative learning between sites. All SMEs will remain available to help troubleshoot issues or offer advice. However, similar to the Pulse Checks, the Fireside Chats have come to a close.

Disaster Preparedness

September 3, 2019

This Fireside Chat was dedicated to hearing from our sites participating in this bundle. Dr. Sarita Chung and Dr. Brent Kaziny were available to answer questions and give advice. The primary takeaway from this Fireside Chat was that there is great benefit in performing a live drill. Many of our sites commented on how what looked good on paper was difficult to perform in real time.

We were thrilled with the amount of work that sites put into performing and analyzing a drill. Given the amount of planning and effort to complete a live drill, we acknowledge that most sites will only be able to perform 1-2 such drills during the course of this collaborative. Our SMEs suggested performing small tabletop exercises to focus on areas identified during the live drill as needing improvement.

[Link to Slides / Recording](#)

Inter-Facility Transfer

September 17, 2019

Dr. Tony Woodward and Lisa Nichols, our SMEs for this bundle, reviewed common sources of transfer delays and detailed the components of a family transfer packet. Common transfer delays included lack of predetermined guidelines, failure to anticipate that a patient might need transfer, lack of a memorandum of understanding with receiving hospital, and prolonged arrival of EMS to transfer. Our sites identified availability of psychiatric beds as well as the need to perform a financial triage to ensure the transfer will be covered by the patient’s insurance, particularly if the patient is transferred out of the care network or if a stable patient is transferred without escalation in care.

[Link to Slides / Recording](#)

Abnormal Vital Signs

September 10, 2019

During this Fireside Chat, our Subject Matter Experts-Dr. Madeline Joseph and Sally Snow, RN-led a discussion around vital signs that commonly missed in triage and strategies for implementing a process for recording/notification of abnormal vital signs, including empowering triage nurses to administer comfort medications.

The biggest challenge noted by our sites was the need to formulate written policies on AVS and several sites asked for others to share their written policies as examples to help guide our guideline development. If you would like to share your policy (identifying information may be removed for liability purposes) please email it to Meredith at mrodriqu@bcm.edu.

[Link to Slides / Recording](#)

Weight in Kilograms

September 24, 2019

In this short call, we reviewed the aggregate data up to this point. Our SME, Dr. Marianne Gausche-Hill mapped out the process of weighing children in kilograms and moderated a discussion with participating sites on best practices such as weighing teens with mental health care needs on the gurney. Kaiser Sunnyside from the Oregon Pediatric Readiness Program shared their amazing progress from never tracking a pediatric-specific metric and a 15% compliance rate with weighing children in kilograms to an over 90% compliance rate and the integration of a pediatric component into almost everything they do.

[Link to Slides / Recording](#)



Upcoming Learning Sessions

In accordance with QI collaborative culture, each team will provide a status update over the course of the next two Learning Sessions. We hope to hear your best practices, challenges and progress made. The team assignments for each Learning Sessions are below. Assignments are based purely on alphabetic order with the exception of a couple of scheduling conflicts.

Each team will give a status update complete with data entry status, progress, best practices and challenges. Each team will have 5-10 minutes. Anyone can present! It would be helpful if the trainers could lead with an overview of the team and then 1-2 affiliates may speak on their individual progress (this can be a joint decision between the trainers and affiliate hospitals). We will need the names of the presenters 2 weeks prior to each Learning Session.

An email has been sent to each team with a current data entry status for each hospital on the team as well as the current contact information that we have for each team. We also included each team's Power Point slides from our January 2019 meeting in Austin, TX. Please use these as a template to update us on your team.

Nov 19th Learning Session <i>Slide deadline: November 12th</i>	Dec 3rd Learning Session <i>Slide deadline: November 19th</i>
Eight in Enough ETCH The Longhorn Kids Fight or Flight Response Team LifesavERs Lone Star Kids New England EMSC Oregon Pediatric Readiness	Pediatric Peaches Pediatric Pit Crew Remoc's Minions ReTEE for Kids The Last Frontier Kids MOKAN Rocks WISPR WranglERs for Kids

August Learning Session

August 27, 2018

[Link to the Recording/Slides](#)

We began the August Learning Session by welcoming several sites with newly-executed DUAs including; all of Seton Central Texas (The Longhorn Kids), Wheaton Franciscan (WISPR), Howard Young Medical Center (WISPR), Via Christi Pittsburg (MOKAN Rocks), Piedmont Columbus Regional Midtown (Pediatric Peaches), and Newport Medical Center (ETCH). We then heard from two of our teams, The Lone Star Kids and LifesavERs. Common challenges across both teams was staff turnover and technical challenges with the Data Entry System.

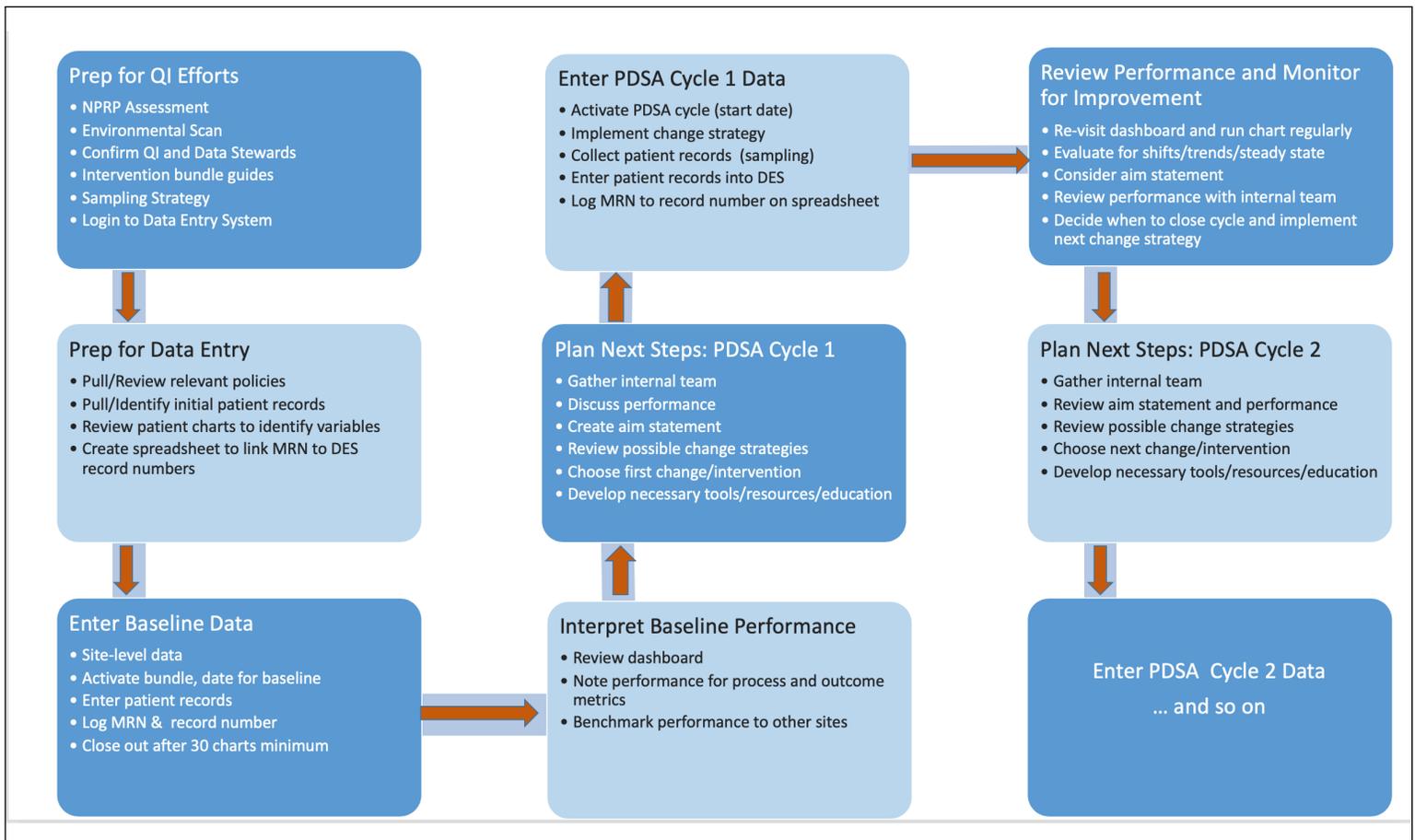
HELLO
I am a

New Member

To aid with the challenge of staff turnover, we have created a [New Member Corner on the members-only website](#) that is intended to help with onboarding of new PRQC participants. This sections includes a getting started checklist, a link to the QI/Data Steward Survey, the Implementation and Bundle guides and quality improvement webinars. Please let us know if there is anything we could add to this section.

Step by Step Guide: Baseline Through First PDSA Cycle

At this point only 28% of our sites are on track to complete the recommended 3-4 PDSA cycles by the end of the collaborative. Over half (63%) of sites with fully-executed DUAs have entered data into the Data Entry System (DES). In an effort to demystify the data entry process and hopefully encourage increased data entry, we devoted the October Learning Session to use of the Data Entry System and Tableau Dashboards. You can access the slides and full recording of the session above.



[Download a copy of this process map here](#)

We created a process map (below) which breaks down the various steps of data collection, entry and interpretation.

Step 1: Preparation for QI Efforts

1. Complete the Environmental Scan

- Complete the Environmental Scan (<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=CLK37DTARD>).
- This should be your first action item. The RedCap survey is designed to give you a sense of the gaps in your ED's pediatric readiness with specific regard to the PRQC intervention bundles (Weight in Kilograms, Abnormal Vital Signs, Inter-Facility Transfer and Disaster Preparedness). From here, you should be able to determine which bundle(s) you will work on.
- Please note, you may work on more than one bundle at a time. In fact, many sites use the same chart for both the Weight in Kilograms and Abnormal Vital Signs bundles.

2. Form an Internal Team & Declare QI/Data Stewards

- Now that you have a sense of which bundle(s) you would like you should form an internal team.
- Your internal team should include physicians, nurses, ED leadership hospital quality managers, hospital leadership and possibly even a member from your hospital's IT department.
- This internal team will include two individuals who are responsible for entering data into the Data Entry System. One you have chosen these individuals, complete the [QI/Data Steward Survey](#).

COMMON LINKS:

Environmental Scan

<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=CLK37DTARD>

QI & Data Steward Survey

<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=CXELJK8ECF>

Intervention Bundle Guides

<https://emscimprovement.center/collaboratives/prqc/members/intervention-bundles/>
Password: EMSCPRQC

Select Sampling Strategy

<https://emscimprovement.center/collaboratives/prqc/members/data/qi-education/>
Section: Planning Your 1st PDSA Cycle
Slides 16-20

DES Password Reset

<https://reset.utah.dcc.org>

- Once you have completed this survey, the PRQC Admin team will notify the Data Coordinating Center to create the user accounts in the Data Entry System.
- Please also re-complete this survey if you need to change data stewards. We ask that you complete all questions in the survey (even if only person is changing). That way we have the most current contact information for your site.

3. Select a Bundle

- After your internal team decides which bundle to focus on, it's time to dig deeper into that bundle
- Review [Bundle-Specific Intervention Guides](#) These documents include the rationale for the bundle, a breakdown of the variables to be collected, and suggested change strategies.
- Review [Bundle Deep-Dive Webinars](#). In these webinars we walk through the Intervention Guide, review possible change strategies and talk about the background and importance of each of these bundles.
- An understanding of the importance of each bundle to pediatric emergency care is important to develop talking points for obtaining buy-in from key stakeholders such as hospital administration.

4. Patient Inclusion Criteria and a Sampling Strategy

- The definition of a pediatric patient left to each site.
- The preferred sampling strategy is random sampling. However, this requires large patient volumes and may not be realistic for lower volume sites Therefore your sampling strategy will largely be determined by your pediatric volume and/or bundle choice. Sites with low pediatric volume may need to select every patient that arrives. Or if you are working on inter-facility transfer, your sampling strategy will understandably be stratified down to those pediatric patients that are transferred. Higher volume EDs may want to choose a representative sample such as every nth chart.
- Be mindful that periodicity bias can creep in with this type of systematic sampling strategy if every Nth chart also happens to be at the same time each day/week.
- Try to avoid sampling charts from only the shifts during which the pediatric champion is working. One suggestion is to ask the front desk to log the MRN of each pediatric patient that arrives so that you

can later pull the chart.

Step 2: Preparation for Data Entry

1. Pull Relevant Policies

- These will be uploaded to the DES under site-level data. Please remember to upload your new policy if it changes over the course of the collaborative.

2. Map Variables in Patient Charts & Determine a Chart Abstraction Strategy

- Make a plan for how you are going to pull variables from patient charts. This can be done manually or by running a report in your EMR. Several sites have worked with their hospital IT Departments to create a report that encompasses all the variables. We also have an example guide on the members-only website that walks through this process in EPIC. Many sites have found it easier and possibly more accurate to manually extract each chart.
- There are three main ways in which to abstract charts for entry into the DES: have nursing staff identify charts in real time, run a report in your EMR system or manual extracting the charts retrospectively.

Example of mapping variables in a patient chart

- Pull up pediatric patient charts and note where exactly in the chart you can find the variables we will be asking for. These are listed in the bundle guides. Perhaps even write this in a document to aid with staff turnover. Pull up several charts to ensure these variables are more or less consistently entered into the same areas.

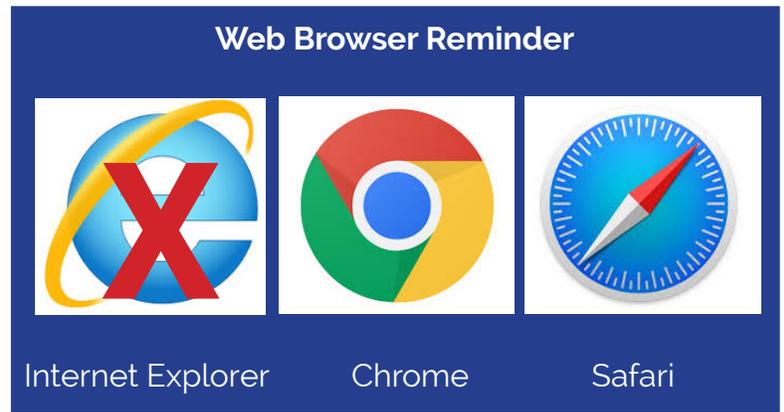
3. Make a Plan to Track Patient Identification Numbers

- The DES automatically generates a record number for each chart entered. In accordance with data-use and patient privacy agreements, we do not track the hospital MRN in the DES.

PDSA Cycle / Cycle Start Date	Data Entry System Patient Record Num	Our Hospital Patient Record Num	Date Bundle 1 Data Entered	Date Bundle 2 Data Entered	Date Bundle 3 Data Entered	Date Data Entry Completed
Baseline (11/28/2018)	620181130111521	1234567890	1/28/2019	N/A	IP	IP

Example patient identification number tracking log. [Click here to download a copy of this spreadsheet.](#)

- There is a template PRQC Patient Record Log in the DES User Guide (or you may create your own spreadsheet) where you can pair the DES-generated identification number with your patient's MRN and track which bundle you entered this chart for. This is especially important for bundles such as interfacility transfer where you may enter the initial information but must wait to receive information back from the receiving facility before you can close out that chart.



4. Ensure You Have Access to the Data Entry System (DES) and/or RedCap (Disaster)

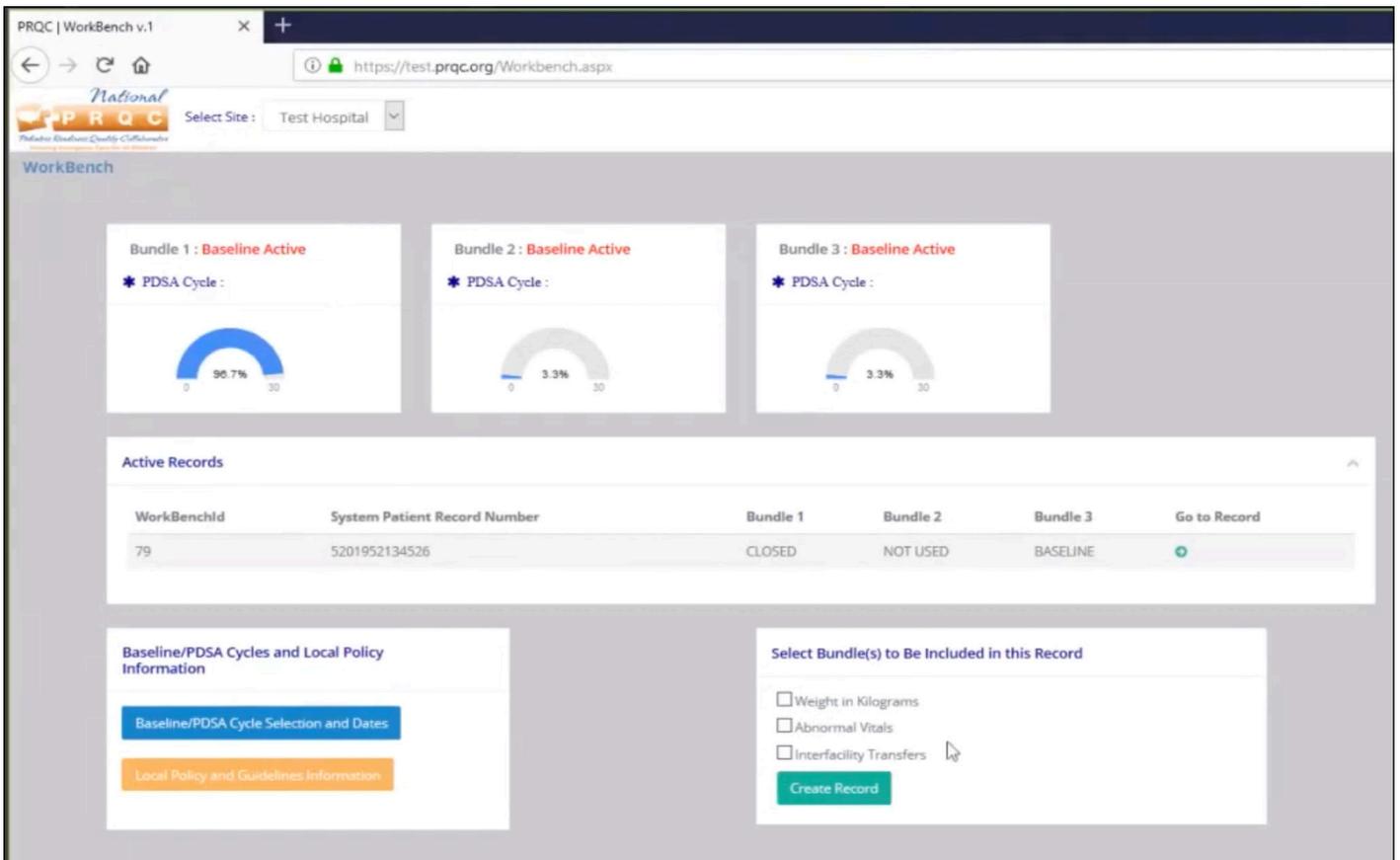
- Once you complete the QI/Data Steward Survey you should receive login information for the DES. If you do not receive a login, or need help with logging in, please contact the PRQC Data Coordinating Center at: dcc_prqcsupport@hsc.utah.edu.
- Passwords expire every 90 days.

Step 3: Enter Baseline Data

You can go back as far as January 2018 for this data

1. Log Into the Data Entry System (DES)

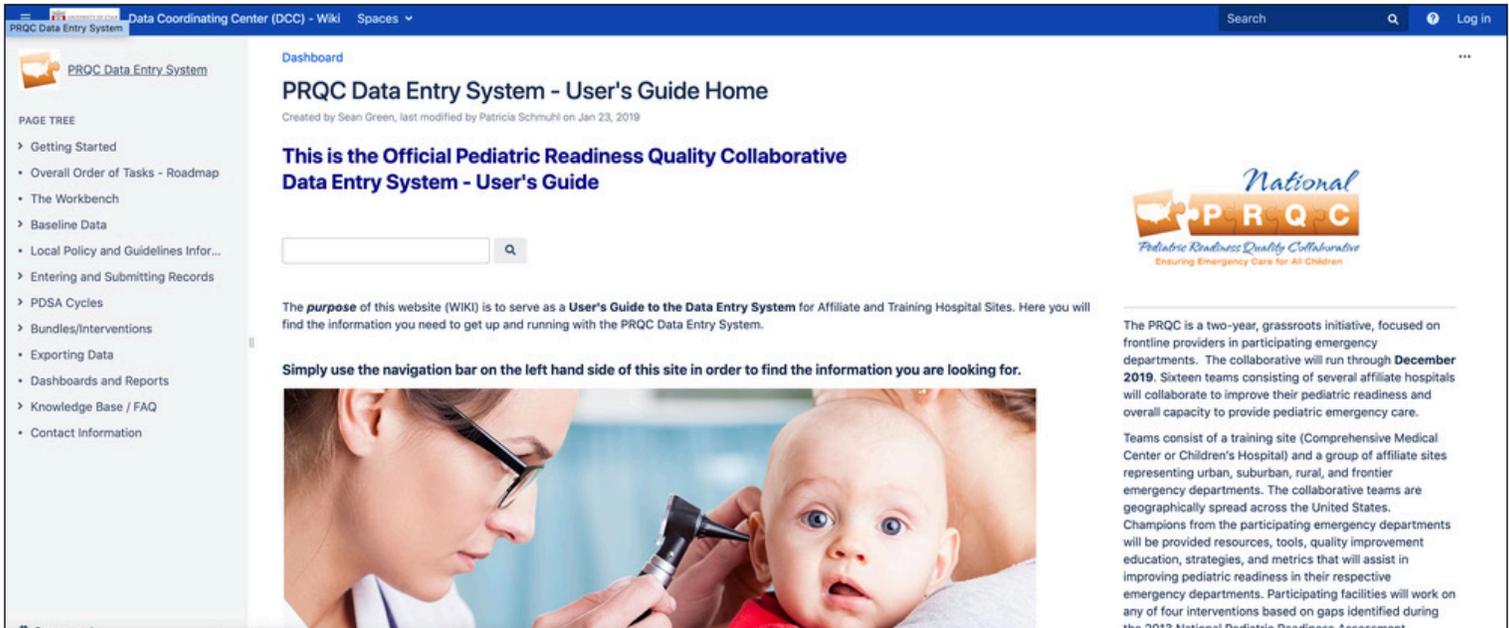
- Go to prqc.org
- Your username is the first initial of your first name and then your last name all in lowercase and with no spaces
- Remember, this is bundles 1-3. The data entry system for Bundle 4, Disaster Planning, is in RedCap. You must request access for this system separately. However, your username and password



will remain the same.

2. Your Workbench

- Three donut diagrams across the top that show your progress in each of the three bundles. The red text identifies which phase your are in (baseline versus PDSA Cycles) and the blue text lists your PDSA cycle number.
- Active records that you have started but not marked as complete will be listed here.
- The bottom left is where you go to set baseline /PDSA cycle dates as well as upload your policies
- The bottom right is where you will create a new record



The screenshot shows the PRQC Data Entry System User's Guide Home page. The page has a blue header with the PRQC logo and navigation links. The main content area includes a search bar, a heading for the user's guide, and a description of the system's purpose. A sidebar on the left contains a page tree with various navigation options. A photograph of a doctor examining a baby is featured in the center of the page.

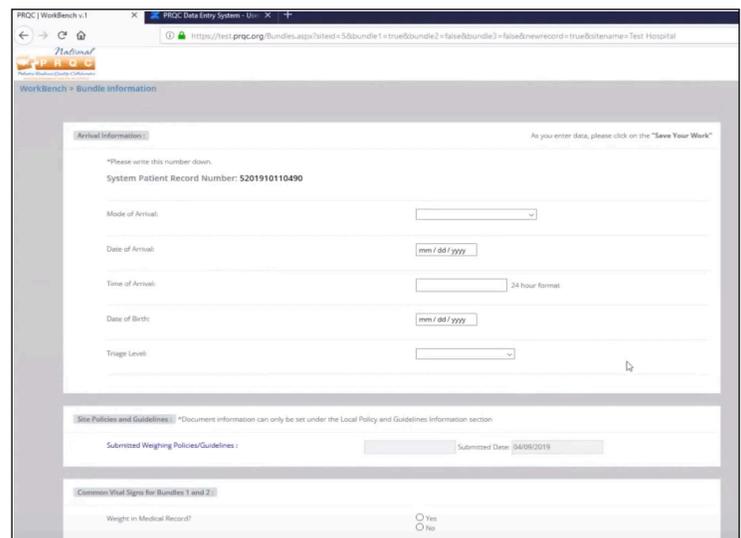
- The icon on the top right will take you to the PRQC DES User Guide (<https://wiki.utahdcc.org/confluence/display/PDESUG>)

3. Enter Site-Level Data

- The bottom left box on your DES workbench is where you activate an intervention bundle, enter start dates for your PDSA cycles and identify gaps in your policies.
- This is also where you can upload new policies if/when these policies have improved to adhere to the patient safety metrics and quality measures.

4. Enter Patient-Level Data

- In the lower right corner of your workbench, select the bundle that you would like to work on and click "Create Record"
- Your "System Patient Record Number" will appear at the top. Remember to enter this number along with the patient's MRN into your tracking log
- All data that you need to enter will be on this screen. There are not multiple screen. Some more boxes may appear depending on your answers to some of the questions.
- Your work **IS NOT AUTOMATICALLY SAVED**. You must hit the "save your work" button on the bottom of the page. We recommend that you save frequently.
- The system will time out after 30 minutes of inactivity.
- Date of arrival must be on or after the first day



The screenshot shows the PRQC Workbench Bundle Information form. The form is titled "Arrived Information" and includes a "System Patient Record Number" field with the value "S201910110490". Below this are fields for "Made of Arrival", "Date of Arrival", "Time of Arrival", "Date of Birth", and "Triage Level". The form also includes sections for "Site Policies and Guidelines" and "Common Vital Signs for Bundles 1 and 2".

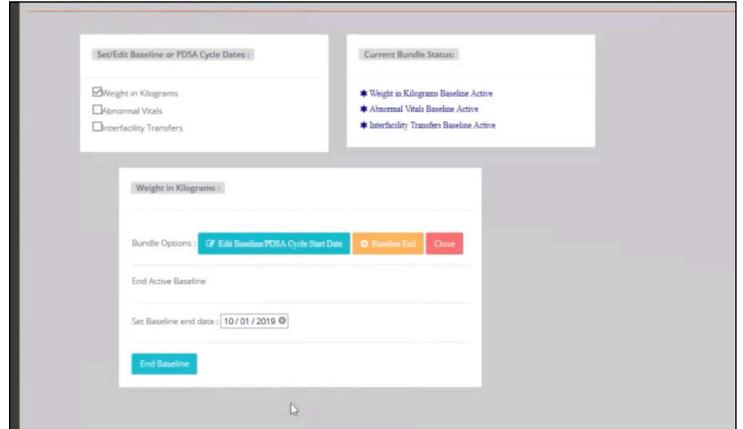
of your baseline start date and unfortunately, you must click through the time to get to your time of arrival.

- Once you are finished. Select the bundle again and then click “Complete Record”. Unfortunately we cannot edit records once they have been submitted. Please notify us if a record was entered incorrectly and we will work with the DCC to get it resolved.
- Completed records **WILL DISAPPEAR** from your workbench. However the donut chart on the workbench should increase by one number.



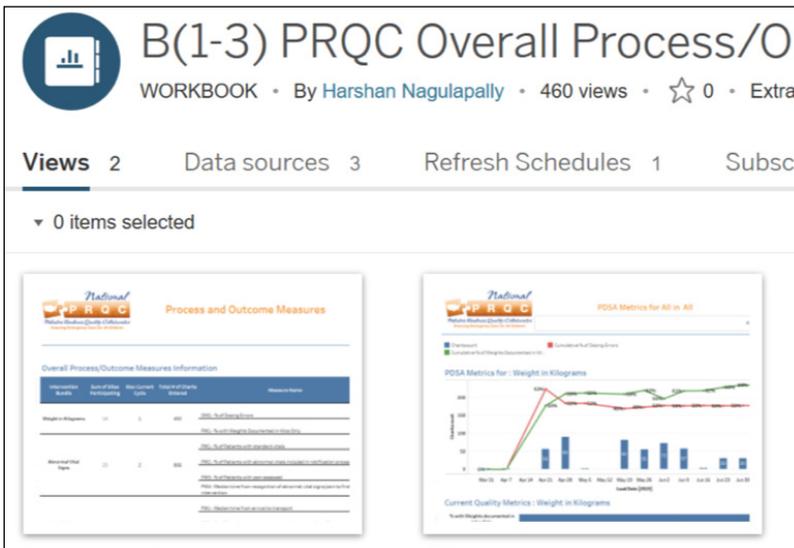
5. Close Out Baseline Data

- Click on “Baseline/PDSA Cycle Selection and Dates” in the lower-left box on your workbench.
- Select the bundle that you would like to close and click “Baseline End”, enter your end date and click “End Baseline”
- All records for a bundle must be closed out before you can close the baseline data entry.
- You must enter 30 charts for the baseline data.
- You may now click “Start PDSA Cycle” if you are ready. However, you should first interpret your baseline data before you begin your PDSA cycles.



Step 4: Interpret Baseline Data

1. View Process/Outcome Measures in Tableau Dashboards



- Go to <https://tableau.utahdcc.org/#/signin?> (This is the same login as the DES)
- Click on the “B(1-3) PRQC Overall Process/Outcome Measures” workbook to view your measures in each of the first three bundles. Bundle 4 has its own workbook.
- Here you can see you Process/Outcome Measures and a runchart of your PDSA metrics.
- The blue bars represent the number of charts the were entered in a given week. This is by day entered and not the day of visit.

2. Create an aim statement:

- Your aim statement should SMART: Specific, Measurable, Achievable, Relevant and Timely.
- Your baseline data will give you an idea of what is achievable at your hospital. For instance, if only 80% of your patients coming in get a full set of vital signs. It might then be reasonable to set your aim statement to say “100% of patients will get a full set of vital signs.” And then you can build with your next PDSA cycle to include something like “100% of patients will get a full set of vital signs and 100%

of those with abnormal vital signs will be entered into our notification process.”

- Based on key metrics such as the AVS notification process or time to first intervention.
- If you're having trouble creating an aim statement or identifying your gaps, see the QI webinar (here).
- Talk with your internal team to determine which change strategy might have the biggest impact in your ED and how you might implement it. Remember to start small: 1:1:1 (1 physician, 1 patient, 1 encounter) and expand from there.
- The DES does not specifically ask for your SMART aim or your change strategy. Please keep track on this in another place. We will be looking to hear which change strategy was most effective for your site and the end of the collaborative.



3. Plan you next steps

- Gather your internal team and review weaker areas. For instance, you may be weighing 100% of your pediatric patients in kilograms however 50% are receiving an improper dosage. Are there certain medications or diagnoses that tend to have more errors?
- Review the bundle packets for possible change strategies and brainstorm ideas with your internal team.
- Set a timeline and make a plan for implementation

Step 5: The First PDSA Cycle

1. Activate your PDSA cycle and enter a start date in the DES.

- Select your bundle and click start PDSA cycle.
- Select your key drivers (can be more than one) and enter your cycle start date. Please note, your PDSA cycle start date cannot be the same as the last day of your baseline data entry. This is intentional to promote data review and planning for your next cycle.
- Click “Start Cycle”. Return to the workbench. You must once again answer questions regarding your policies (lower left) and upload any new policies.

2. Start collecting patient charts and entering them into the data entry system.

- This does not have to be done all at once. Determine what schedule works for you. Many of our sites enter charts on the same day each week (e.g. Friday morning).
- You must enter 30 charts per cycle. There is no time limit for this to occur. We understand that sites have varying pediatric patient volume.

Step 6: Review Performance and Monitor Improvement

1. When to end your PDSA Cycle and move to the next?

- Go back to the Tableau Dashboard run charts and look for shifts, trends or steady states.
 - Once you level out into a new steady-state. It is time to move onto your next change strategy and PDSA cycle. If you're still seeing an upward trend, it's best to wait until that progress levels out. On the other hand, if you're not seeing a shift or any upward trend go ahead and move on to the next change strategy.
 - Remember, it will take several PDSA cycles to really see improvement.

2. Share your Performance

- Once again, engage your entire internal team. Share you challenges and successes with your entire PRQC team and trainers.

What is a run chart?

What is shift/steady state?

View our QI webinars on the PRQC Members-Only site:
<https://emscimprovement.center/collaboratives/prqc/members/data/qi-education/>

NPRP Assessment Update & PedsReady QI Website Temporary Closing on December 31st

NEDARC and other EMSC entities will use a centralized deployment method to contact ED nurse managers to collect data for the National Pediatric Readiness Project (NPRP), a national assessment of emergency department pediatric care. Item revisions have been tested with ED nurse managers. The assessment is currently undergoing internal software testing at NEDARC. A gap report is under development based on the feedback from the NPRP steering committee.

Messaging and marketing plan for the 2020 NPRP Assessment will be available soon. The plan includes messaging for NPRP partner newsletters and specific messaging for social media. Be sure to help us spread the word by liking and sharing the National Pediatric Readiness Project page on Facebook.

The site will be temporarily closed to prepare the 2020 assessment in alignment with the current Guidelines for "Pediatric Readiness in the Emergency Department" on December 31, 2019. You may return to the site in June 2020 to enter data and participate in the largest initiative to improve the readiness of emergency departments to care for children in the United States! If you have any questions about the website closing, contact your NEDARC TA.

Emergency Nurses Association Acquires ESI triage program

ENA adds industry standard for clinical triage to portfolio of high-quality resources for ED nurses

SCHAUMBURG, Ill. (Oct. 23, 2019) – Already known as the leader in emergency nursing education and skills development resources, the Emergency Nurses Association announced on Wednesday the acquisition of the ESI five-level emergency triage system used by nearly every emergency nurse in the United States.

Launched in 1998, ESI – the Emergency Severity Index – is the leading triage resource relied upon by nurses to assess patient acuity based on their presentation in the ED and the expected level of care the patient will require. ESI is recognized as a powerful tool in the emergency department which has successfully and efficiently enhanced patient flow and safety at triage. ESI's data also supports ED operational decisions, quality initiatives and clinical research."

The opportunity to acquire ESI was a great fit for ENA, the premier source for education and resources for emergency nurses," said ENA President Patti Kunz Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN. "ESI has been utilized by stretcherside emergency nurses since its initial development. Guided by ENA's high quality standards, ESI will evolve and improve the ability of emergency nurses to accurately triage patients and predict resources needed for care."

ENA Chief Executive Officer Nancy MacRae described ESI as the gold standard of triage and said its acquisition represents a major milestone in ENA's nearly 50-year history.

"ENA prides itself on being the ultimate resource for emergency nurses. Our courses and toolkits provide nurses the essential skills they need to be successful. Acquiring ESI gives ENA the opportunity to directly impact patient outcomes by enhancing the way emergency nurses set a course of treatment at triage," MacRae said. "With ESI, ENA's commitment to care has never been stronger.

"While this is a milestone day for ENA, it would not be possible without the two decades of hard work and dedication by the ESI Triage team and its researchers to create this important tool that is so vital to patient care and the operation of emergency departments," MacRae added.

Following the acquisition of ESI, ENA will immediately begin exploring ways to update the triage tool with a goal of improved patient care and enhancing how nurses initially assess patients in the ED. ENA will also begin efforts to expand ESI's use internationally.

Healthcare Coalition Pediatric Surge Annex Template

The US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) and the ASPR Hospital Preparedness Program collaborated to develop a Healthcare Coalition Pediatric Surge Annex Template. This template is intended to be a high-level response plan that identifies the experts and specialized resources that exist within health care coalitions and the processes that will be used to determine which patients go to which facilities. This pediatric-focused annex is meant to be an annex to a health care coalition's response plan. The template includes general headers, descriptions, and sample resources/plans that may provide guidance or a template for health care coalitions to assist in their planning efforts. There will be an educational workshop at the National Healthcare Coalition Preparedness Conference on December 5, 2019, from 8:30 am to 11:00 am, in Houston, TX.

New Article Evaluates Effectiveness of AAP/CDC Virtual Tabletop Exercise

In 2017, the American Academy of Pediatrics (AAP) collaborated with the Centers for Disease Control and Prevention (CDC) to conduct a Pediatric and Public Health Virtual Tabletop Exercise. This exercise connected members of the AAP DPAC and other facilitators (at CDC offices in Atlanta) with state teams within federal Region VII (Missouri, Iowa, Kansas, and Nebraska) that met in state-specific locations using virtual meeting technology. Each team included pediatric and public health representatives. Based on the evaluation results of this virtual exercise, an article was published in Public Health Reports titled, "Extending the Reach of Pediatric Emergency Preparedness: A Virtual Tabletop Exercise Targeting Children's Needs". This article summarized the effectiveness of a virtual tabletop exercise in improving preparedness capabilities specific to children's needs among pediatricians and public health practitioners. Also see the article titled "Addressing Children's Needs in Disasters: A Regional Pediatric Tabletop Exercise", which is the published article related to the in-person 2016 exercise that preceded the virtual exercise. Additional resources include the AAP Pediatric and Public Health Tabletop Exercise web page, Chapter 6 of the Pediatric Disaster Preparedness and Response Topical Collection titled, "Pediatric Preparedness Exercises", and the AAP Decontamination web page.

