National PRQC
Pediatric Readiness Quality Collaborative
Ensuring Emergency Care for All Children

LEARNING SESSION

NOVEMBER 19, 2019

HOSTS:

Kate Remick, MD
Krystle Bartley, MA
Diana Fendya, MSN (R), RN
Meredith Rodriguez, PhD

LINKS:

Link to Recording
PowerPoint Slides
RedCap CNE Survey

RedCap CNE Survey QR Code

*Survey expires Dec 5, 2019

Learning Sessions:

11:00 – 12:30 CDT

January 28:
Team updates

March 3:
Team updates and sustainability planning

April 7:
Final team presentations

April 21:
Close of collaborative celebration

SUMMARY

The November PRQC Learning Session included team presentations from The Longhorn Kids (TX), Eight is Enough (NY/NJ), ETCH (TN), Fight or Flight Response Team (CA), LifesavERs (MO), Lone Star Kids (TX), and New England EMSC. Please note that Oregon Pediatric Readiness did not have time to present and will present at the December Learning Session.

TEAM PRESENTATIONS

The Longhorn Kids

Sujit Iyer, MD, Dell Children's Medical Center (email)
Denita Lyons, Clinical Education Manager (email)
Jennifer Heineman, Nurse Trainer
Karleigh Johnson, Nurse Trainer

Team Overview

- Training site: Dell Children's Medical School-78K pediatric visits
- 11 Affiliates (geographic area-size of Ohio)
  - -Combined 70K pediatric visits. This was a large sell for their CNO as that each of these hospitals may see a low number of pediatric visits but together almost represent an entire children's hospital.
  - -Lowest volume: 300/yr
  - -Highest volume: 9000/yr (Level II Trauma facility)
- Team Philosophy: Don't recreate the wheel.
  - - The team had the benefit of work Dr. Kate Remick on past pediatric QI initiatives and were able to build on the existing knowledge at each site and offer education to meet needs.
- Bundle selection:
  - -Weight in Kilograms
  - -Abnormal Vital Signs (obtaining a full set and recognition of abnormal VS)

Challenges

- Lack of unit educators: recent restructuring to where a few educators covered several hospitals.
- Lack of pediatric champions
- Conflicting priorities- stroke center, trauma center
- Lack of pediatric specialists in department
- Inability to pay for staff time to participate in project
- Different EHRs
- Obtaining a FULL set of vital signs, including a blood pressure. It was rare for any site of have more than 75% of charts where a full set of vitals was collected.

Enablers

- Leadership support of staff at sites
- Dell Children's Medical Center Leadership agreed support nurse time (financial)
- Use of Nursing portfolio to recruit champions

Best Practices

- Onsite education with front line staff using the bundle intervention packets
  - Provided laminated cards
  - Ensured 100% of scaled were locked in kilograms

  - The site visit included an inventory of pediatric supplies. Learned that most sites thought they had all the supplies but either the did not or the supplies were expired.
  - Engaged executive to agree to a supply exchange policy where any site that had a supply that was about to expire could exchange it with the pediatric hospital.
- Provide site metrics to executives and each site on a regular basis. Emphasizing the wins, understanding the gaps and developing action plans with the executives.
- In the process of creating a YouTube video on tips/tricks for obtaining vitals on children (e.g. proper use of the blood pressure cuff, calming kids)

Successes

- Obtained a formal statement from their nursing council to confirm that pediatric patients needed a full set of vital signs. They presented the evidence to their nursing leadership and got them to agree that blood pressure is required for all pediatric patients.
- Built dashboards for this project using analytics to pull data automatically.

Eight is Enough

Alex Arroyo, MD, Maimonides Medical Center (email)

Hospital Overview

- 99% prepared for children
- Tertiary care hospital
  - Children's hospital attached to a main hospital
  - 40K pediatric visits/yr
  - Level II Trauma center for pediatric ED
- Bundle: Disaster Preparedness
  - Member of the NYC Pediatric Disaster Plan
  - Tier 1 designated hospital stuffed with specialists and resources necessary to manage treatment of pediatric patients
  - Disaster plan includes pediatric surge capability (receive red, orange and yellow triaged children, based on the triage modification system)
  - Large emergency management team that includes leadership from multiple areas of the hospital (see slide)

Challenges

- Noticed a need for standardization and education of good documentation practices
- Staff turnover
- Need a hospital policy about keeping families with their children.
- Organizational structure. Incident Command Center (ICC) was not easily recognized during drill
- See recording for lessons learned from drills (Hot Wash)

Best Practices

- Institute a Rapid Discharge Protocol in the ED
  - Used to get patients in the ED that don't really need to be there out to a different place (eg. outpatient pediatric clinic, pediatric holding area)
  - ED Rapid Discharge form (paper, non-EMR) includes name, EMR, and status.
  - PEDS/PICU Rapid discharge form: similar to ED Rapid Discharge form above
  - PEDS/PICU Rapid Intake Form.
- Communication: blast text messages are most effective (compared to emails) as well as 2-way radios between ED-ICC

Successes

- Domain 1: Complete, Peds are integrated into the hospital policy
- Domain 2: Have performed 1 drill (5/2017). Plan was effective, 75% of departments were engaged. They also participate in the local NYC coalition.

East Tennessee Children's Hospital (Vols For Kids!)

Oseana Bratton BSN, RB, CPEN, CHEP. Pediatric Outreach Coordinator, ETCH (email)

Hospital Overview

- ETCH is a training site and participating hospital
- They are a comprehensive pediatric regional center (top level of 4 recognition levels), which means they are dedicated to supporting pediatric readiness in that region of the state.
- Have 1 actively participating affiliate site, Newport Medical Center, which is a suburban hospital (10-20% pediatric patients) that transports quite a few pediatric patients to ETCH.
- TN readiness score average: 89
- Bundles:
  - ETCH: Abnormal Vital Signs, recognition and escalation
  - Newport: Weight in Kilograms
- Team Philosophy: Celebrate the small steps

Challenges

- DUA process
- Locking scales in kilograms. Detecto Brand Model 750 & 758c.
- Time, scheduling, communication and conflicting priorities
- Resources: manual chart reviews for all chart audits is time consuming.
- Protected office time for working nurses.

Best Practices

- Staff education and re-education
- Empowering staff to speak up. Particularly enabling technicians to escalate as high as the physician if needed.
- Pulse checks with PRQC Admin team helps re-invigorate the work.

Successes

- ETCH completely revamped AVS policy and re-educated all staff on obtaining BP (all staff had to manually obtain a BP) and documenting that AVS were escalated.

Fight or Flight Response Team

Sarah Haynes PhD, MPH, Project Manager UC Davis Health (email)
Julia Magana, MD, Trainer, UC Davis Health
Jacqueline Burgard, RN, Trainer UC Davis Health

Team Overview

- Catchment area is entire northern California
- UC Davis is a Level I pediatric trauma center
- 4 Affiliate sites (down from 7), 2 urban, 2 rural
- Sampling strategy: 2 sites using random sampling, 2 sites using all pediatric charts. Data is submitted in increments.
- Bundle selection: Abnormal Vital Signs

Challenges

- One very busy person at each site with little/no protected office time for staff
- Coordinating with IT department to assist with notification systems
- Lack of proper documentation in the chart
- Ownership over the vital signs (i.e. if triage is unable to get a BP, who is responsible for getting the vital later and documenting it in the chart.)

Best Practices

- Staff Education
  - Monthly newsletters
  - “Peds Post” which includes info on the AVS bundle
  - Staff meetings and huddles
  - Email
- Badge buddies that include AVS for peds patients

- Developing a notification system or better utilizing the system in place.

Successes

- All sites now have a policy in place on a full set of AVS

LifeSavERs

Timothy Staed, MD, Trainer, Physician Champion, Cardinal Glennon Children's Hospital
Mary Bixby, RN, Trainer, Nurse Champion, Cardinal Glennon Children's Hospital
Terry Cueller, RN, Trainer Nurse Champion, Cardinal Glennon Children's Hospital

Team Overview

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- Sampling strategy: 2 sites using random sampling, 2 sites using all pediatric charts. Data is submitted in increments.
- Bundle selection: Abnormal Vital Signs

Challenges

- No protected office time for staff

Best Practices

- Persistence Pays Off: Stay in constant contact with the hospitals.
- This is a marathon and sprint: finish each step as soon as possible.
- Celebrate victories

Heartland Regional Medical Center

Nik Fort, RN

Hospital Overview

- Bundle selection: Disaster Preparedness, with a special focus on patient tracking
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Challenges

- No protected office time for staff

Best Practices

- Information and Notification Center (1/4 mile off campus) that is mobilized in the event of a disaster.
  - MOUs with local health department and state mental health resource center.
  - 2-way radio commination
  - Staffed with non-essential personnel that are removed completely from the labor pool in the event of a disaster and who are specifically tasked with admitting/registration/case management.
  - Center has a paper log to track status and has a place for a triage tag
- Identification
  - Digital camera with a designated SD card for that incident. Photo includes triage tag for cross-referencing. Photo is placed on the wall of the notification center.
- Tracking
  - Tracking floaters: Collect forms from triage area and walk around and update information on the patient without interfering in the assessment/triage process. THIS IS THEIR ONLY JOB.
  - Each department moves to paper charting, temporarily. This helps the floaters. Everyone has been trained to put a timestamp with their notes.
  - Tracking forms include Just in Time Training with detailed instructions.
  - Triage tag includes: transportation receipts, wristband, personal property tag, ambulance, status, bar codes. Idea is for these are to be redundant.
- Process
  - This was not done quickly. Included input from stakeholders and a total of 3 drills/redesigns. This was followed by a city-wide, full-scale, active shooter exercise. All the patients were successfully tracked.

Lone Star Kids

Ashley Yount, MSN, RN, CPN, Trainer & HCA Pediatric Network Coordinator

Team Overview

- Network of hospitals.
- Training site: Medical City Children's Hospital. Level 2 Pediatric Trauma Center
- 22 Affiliates: 13 general hospitals, 9 free-standing EDs.

Challenges

- Staff turnover. Trainer absorbs the load
- Low pediatric volume at free-standing EDs

Best Practices

- Collaborate with all units in the Children's Hospital (go beyond the ED) as well as the Pediatric Medical Director.
- Monthly/bi-monthly education events for EDs across the system
- Develop a child life resource book for each site with policies and protocols
- Supply exchange program with the pediatric hospital
- Standardization and co-branding of policies and core competencies for pediatrics, including a pediatric skills day and lecture for all new nurses in each division.
- Developed a core pediatric nurse internship at Medial City Children's Hospital.

Successes

- Strong support from hospital leadership

New England EMS Team

Michael Goldman, MD, Trainer
Mariann Kelly, MD, Trainer
Yale New Haven Children's Hospital
Connecticut Children's Medical Center

Team Overview

- Network of hospitals.
- Training site: Medical City Children's Hospital. Level 2 Pediatric Trauma Center
- 22 Affiliates: 13 general hospitals, 9 free-standing EDs covering all 4 domains.

Challenges

- Staff turnover: mergers, new roles
- Protected time for staff to do the work
- Data Entry System
- Meeting participation
- Maintaining momentum
- QI intimidation / overload
- Ensuring the BP obtained are actually accurate

Best Practices

- Strong regional EMSC program
- Individual check-ins (vs group/regional check-ins)
- Forming formal QI aim statements
- Focus on staff education, compliance auditing and follow-up.

Successes

- Springfield Hospital:
  - WKg: 0% (weights were obtained in both lbs and kgs) to 72% compliance.
  - AVS: Went from 35% to 61% total compliance in obtaining a full set of vital signs
  - Interventions included:
    - Increasing equipment availability
    - Staff education

        - Policy drafting/review
        - Auditing / follow-up
- Hospital of Central CT: Ewelina Ledas, BSN RN
    - AVS: Went from 43% to 93% total compliance with all pediatric patients with an ESI triage levels (1, 2, or 3) will have all five vital signs documented in the triage note
- Continuing partnerships built through this initiative.

ANNOUNCEMENTS:

- CNE credit (1.5 contact hours) is now available. **You must attend and sign into the live session in order to obtain CNE credit**. A link to the RedCap survey will be provided on the slides and in the chatbox during the webinar. You must complete the survey within 2 weeks of the session.
- November newsletter has been sent out. Share with hospital leadership!!
- December Learning Session: Dec 3rd.