The National Pediatric Readiness Project

Katherine Remick and Hilary Hewes

National Partners: Mohsen Saidinejad, Cathy Olson, Sue Tellez

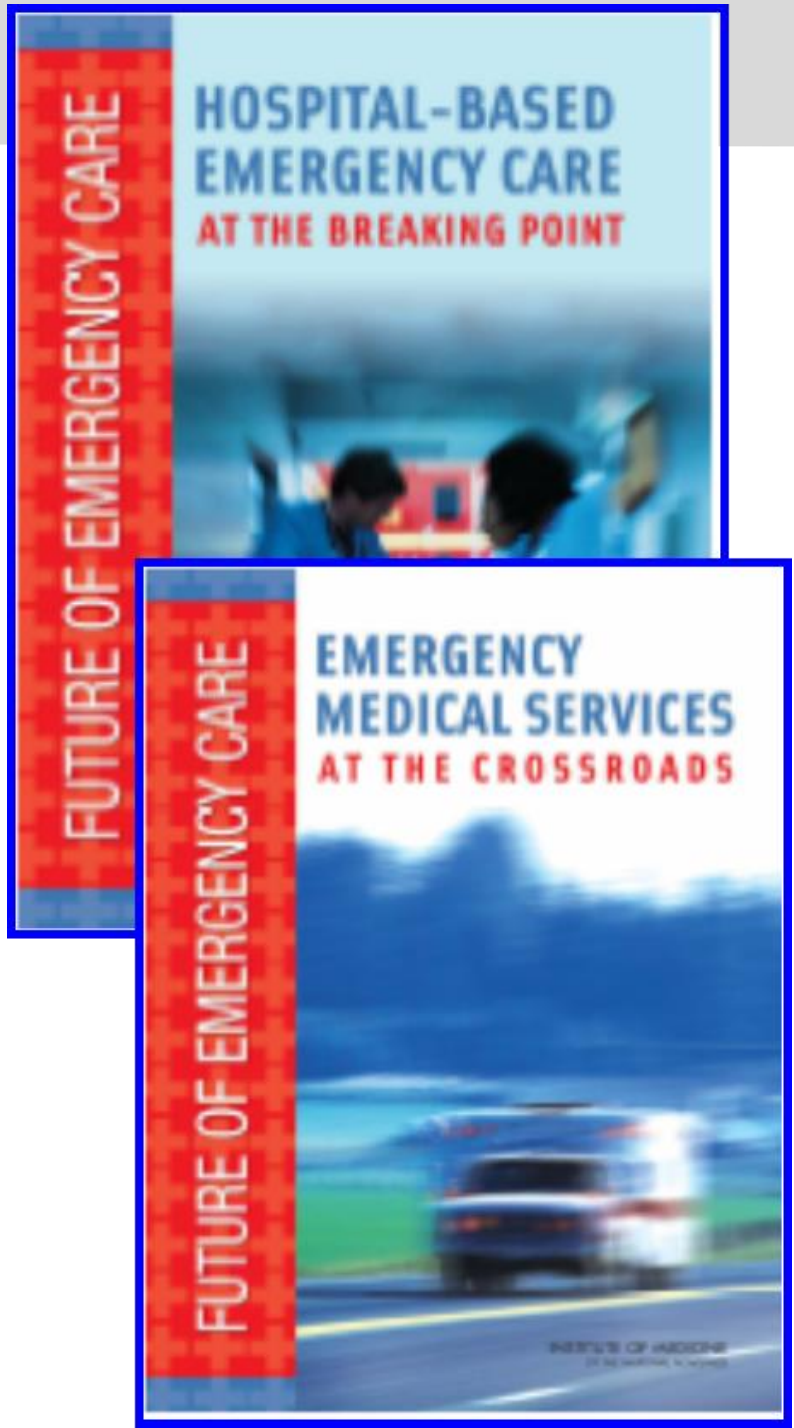
State Partnership Managers: Robin Suzor, Brandon Kelly, Fatma Diouf, Sam Vance

ACKNOWLEDGEMENTS

- *The HRSA, MCHB EIIC is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U07MC29829. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

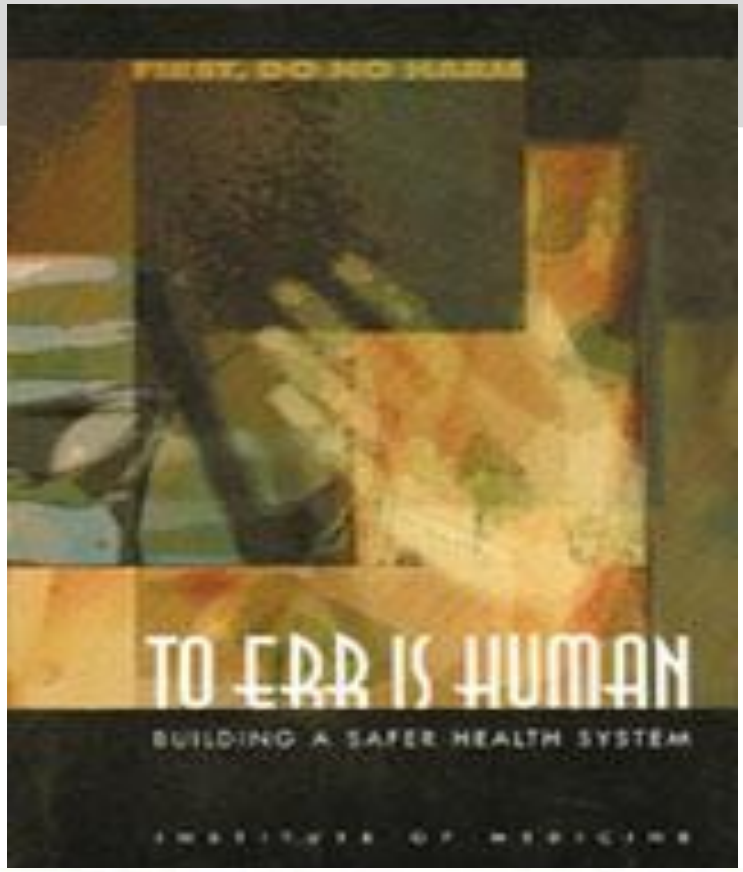
How is the Foundation of Our Nation's Emergency Care System?

- Overcrowding
- ED environment difficult to control
- Prioritization of adult metrics/outcomes => limited resources and effort to address pediatric metrics/outcomes
- Critically ill children are seen relatively infrequently



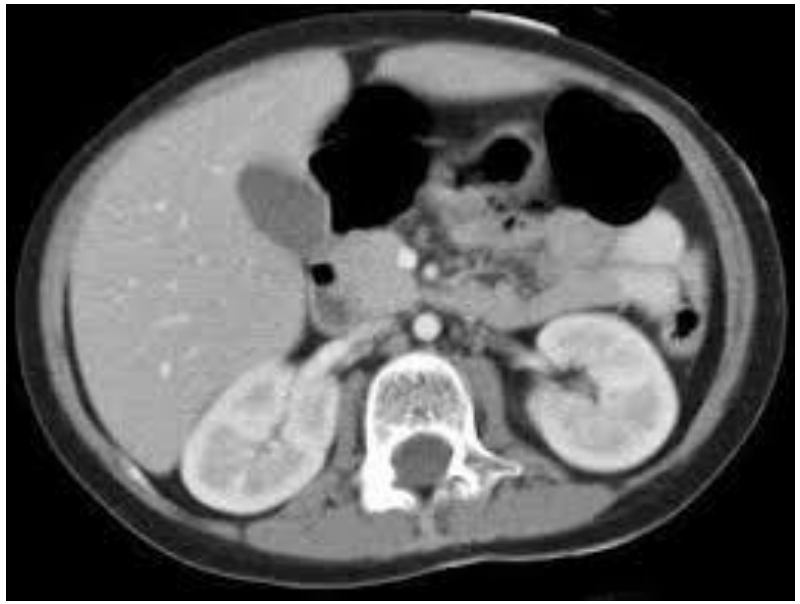
The State of Emergency Care for Children

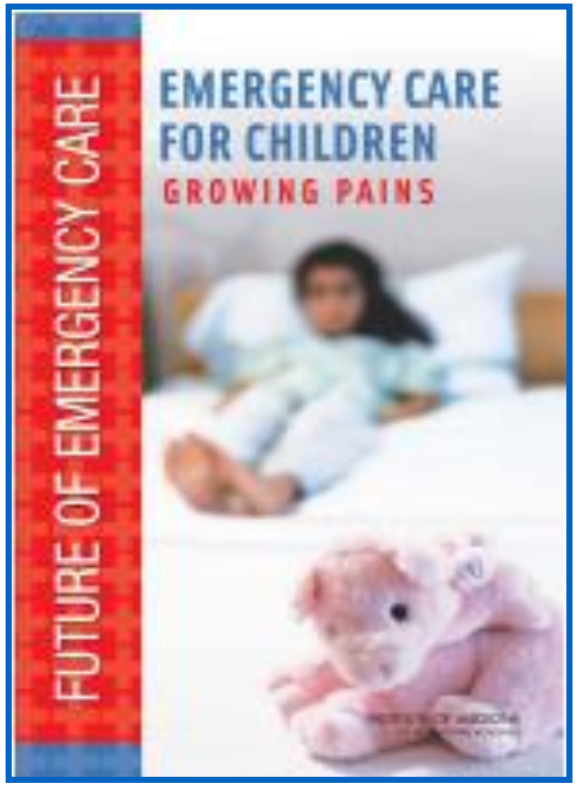
- >80% of pediatric visits are to general EDs
- Average ED sees < 13 children a day
- Known gaps in day-to-day readiness
  - Unique pediatric characteristics and needs
- Lags in translation of pediatric evidence base



The State of Emergency Care for Children

- Variability in pediatric emergency care
  - Imaging and radiation exposure
  - Pediatric resuscitation performance
  - Patient-centered outcomes





Auerbach et al. JAMA Pediatr. 2016
Knapp et al. Pediatrics 2013
Li et al. Ped Emerg Care. 2017
Michelson et al. Pediatrics. 2018
Niles et al. Pediatrics. 2017

National PRP

Pediatric Readiness Project

Ensuring Emergency Care for All Children

ENA Emergency Nurses Association

Safe Practice, Safe Care

EMSC Emergency Medical Services for Children

American College of Emergency Physicians

Advancing Emergency Care

American Academy of Pediatrics

Dedicated to the Health of All Children™

What is the National Pediatric Readiness Project?

The National Pediatric Readiness Project (NPRP)

2012 National Quality Improvement Partnership:

- American Academy of Pediatrics (AAP)
- American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)
- National EMS for Children Program (EMSC)

Goal: Ensure high quality emergency care for all children

Phase 1: 2013 National Self-Assessment (www.pedsready.org)

Phase 2: QI efforts

Phase 3: Re-assess pediatric readiness

NPRP Based on National Joint Policy Statement Guidelines for Care of Children in the Emergency Department

AMERICAN ACADEMY OF PEDIATRICS

American Academy of Pediatrics, Committee on Pediatric Emergency Medicine and American College of Emergency Physicians, Pediatric Committee

Care of Children in the Emergency Department: Guidelines for Preparedness

ABSTRACT. Children requiring emergency care have unique and special needs. This is especially so for those with serious and life-threatening emergencies. There are a variety of components of the emergency care system that provide emergency care to children that also are available to children. With regard to hospitals, some children are brought to community hospital emergency departments (EDs) by personal choice available to them rather than to facilities designed and equipped solely for children. Emergency medical services (EMS) agencies, similarly, provide the bulk of out-of-hospital emergency care to children. It is unknown to what all hospital EDs and EMS agencies have the appropriate equipment, staff, and policies to provide high-quality care for children. This statement provides guidelines for necessary resources to ensure that children receive quality emergency care and to facilitate, after stabilization, optimally definitive or tertiary with specialized pediatric services when appropriate. It is emphasized to indicate that some hospitals/all local EMS agencies will have difficulty in meeting these guidelines, and others will develop more comprehensive guidelines based on local resources. It is hoped, however, that hospital ED staff and administrators and local EMS agencies/administrators will work to move those guidelines to those areas to which their facilities or agencies provide the resources necessary for the care of children. This statement has been reviewed by and is approved in concept by the Ambulatory Pediatric Association, American Association of Poison Control Centers, American College of Surgeons, American Hospital Association, American Medical Association, American Pediatric Surgical Association, American Trauma Society, Brain Injury Association Inc, Emergency Nurses Association, Joint Commission on Accreditation of Healthcare Organizations, National Association of Children's Hospitals and Related Institutions, National Association of EMS Physicians, National Association of EMTs, National Association of State EMS Directors, National Committee for Quality Assurance, and Society for Academic Emergency Medicine.

ABBREVIATIONS. ED, emergency department; EMS-C, Emergency Medical Services for Children (program); EMS, emergency medical services; QI, quality improvement; PI, performance improvement.

ACKNOWLEDGMENTS

Development of this statement would not have been possible without the generous support for the initial November 15–16, 1998 minimum standards consensus meeting funded by Project No. 98-0156(P) from the Department of Health and Human Services, Health Resources and Services Administration and Maternal and Child Health Bureau. This statement has been reviewed by and is supported in concept by the Ambulatory Pediatric Association, American Association of Poison Control Centers, American College of Surgeons, American Hospital Association, American Medical Association, American Pediatric Surgical Association, American Trauma Society, Brain Injury Association Inc, Emergency Nurses Association, Joint Commission on Accreditation of Healthcare Organizations, National Association of Children's Hospitals and Related Institutions, National Association of EMS Physicians, National Association of EMTs, National Association of School Nurses, National Association of State EMS Directors, National Committee for Quality Assurance, and Society for Academic Emergency Medicine.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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BACKGROUND

According to the *Child and Adolescent Emergency Department Visit Data Book*,[1] there are 71 487 000 child and adolescent visits to emergency departments (EDs) every year, corresponding to an annual rate of 412 visits/100 persons. Of these, 17 562 000 child and adolescent visits per year (17.8 visits/100 persons) were injury related. Children younger than 2 years represent the largest proportion of medically and injury related visits in this sample.

The Consumer Product Safety Commission surveyed a sample of 101 hospitals with EDs that were enrolled in the National Electronic Injury Surveillance System to identify the state of preparation of hospital EDs for managing pediatric emergencies.[2] The survey results were extrapolated to the estimated 5312 hospitals in the United States that have EDs. Although less than 18% have pediatric EDs or intensive care services, 76% admit children to their own facilities, and 25% of hospitals without trauma services admit critically injured children to their own facilities.

When the US Congress approved and funded the Emergency Medical Services for Children (EMS-C) program in 1984 to stimulate the organization of emergency medical services (EMS) systems to respond to the needs of children, a number of demonstration programs began to address issues related to emergency care for children. In 1993, after nearly a decade of efforts to integrate the needs of children into EMS systems, the Institute of Medicine was asked to provide an independent review of EMS-C and report to the nation on the state of the continuum of care for children within the EMS system.[3]

PEDIATRICS Vol. 107 No. 4 April 2001 777

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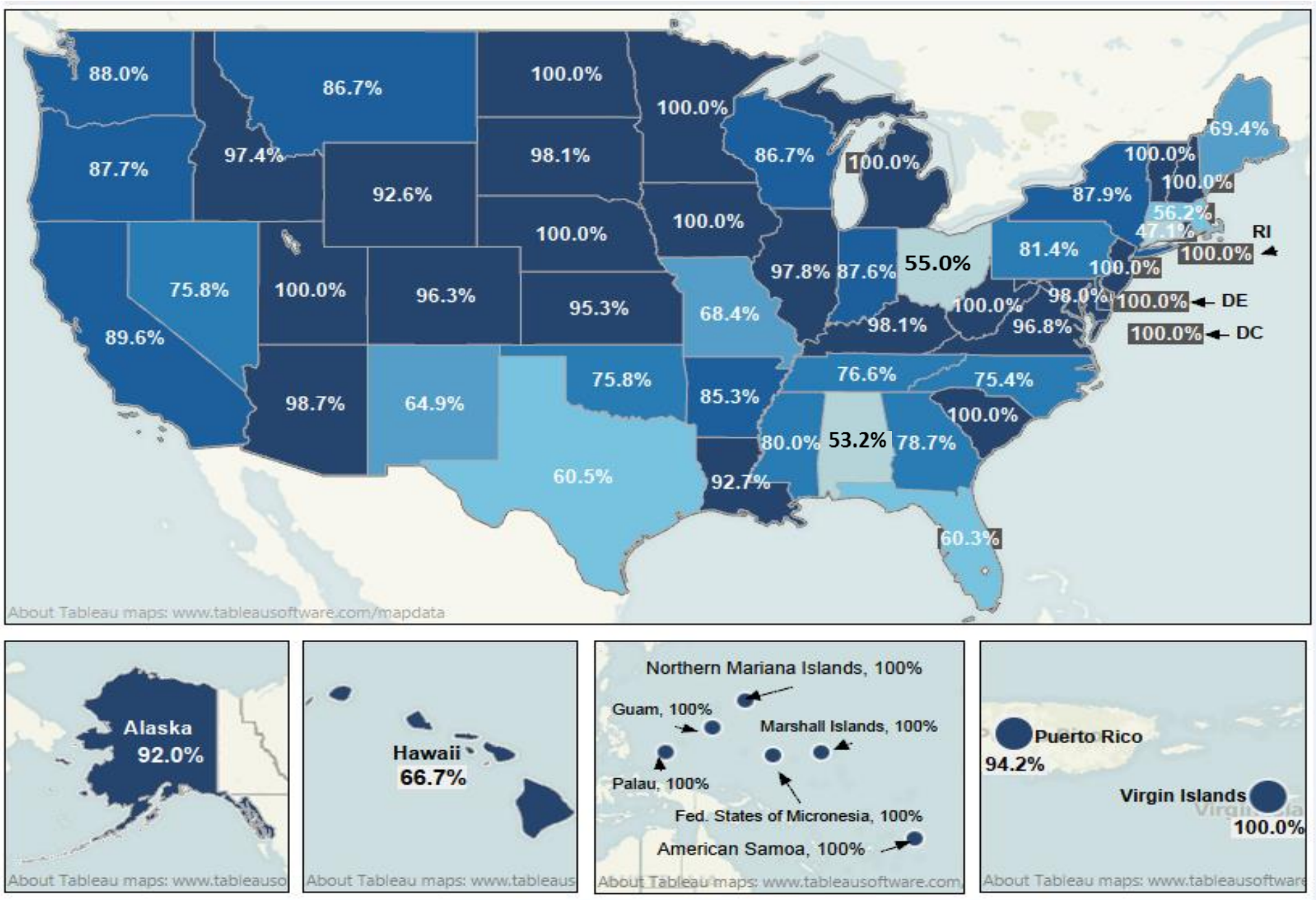
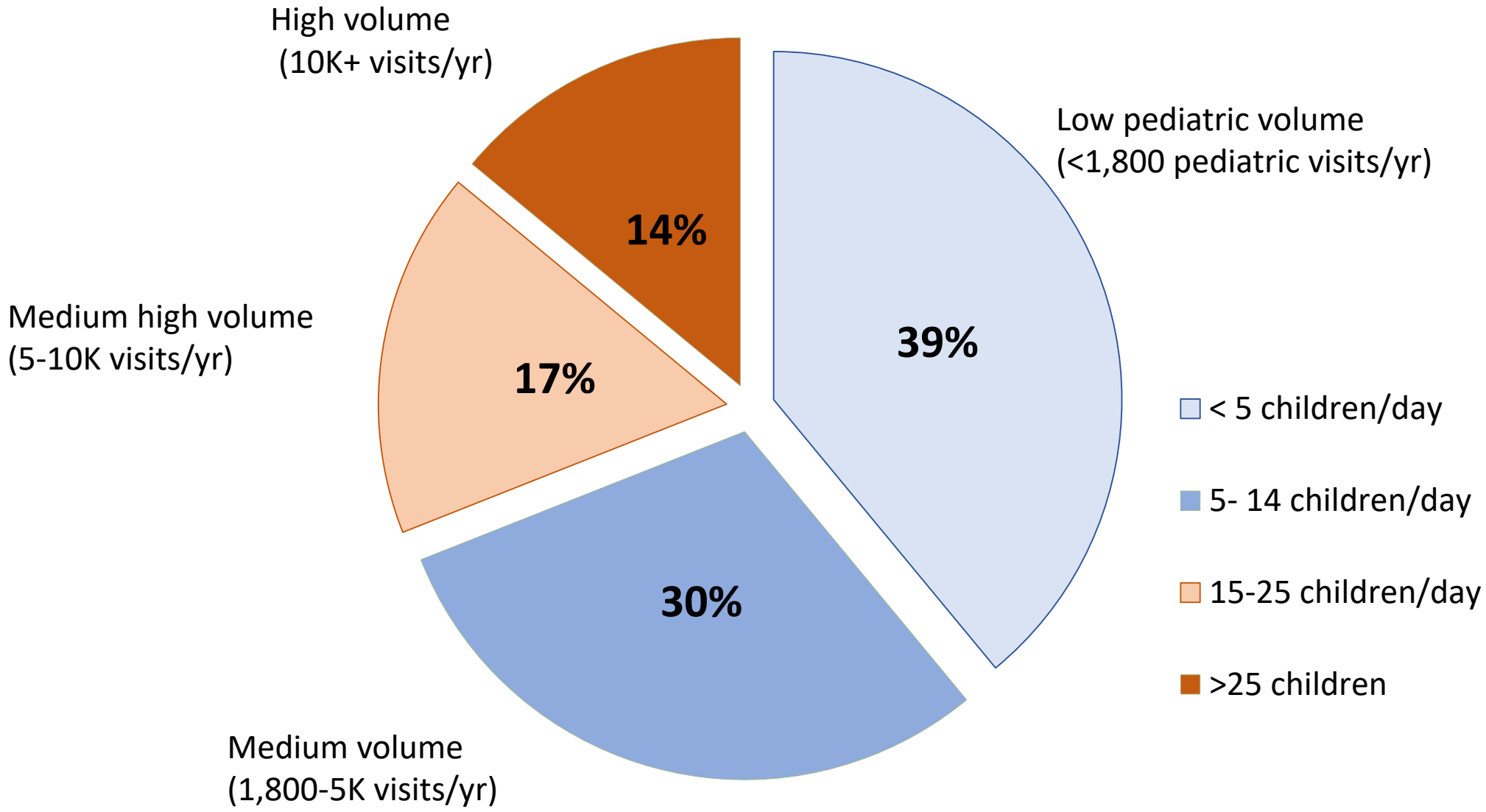


Of the 5,017 assessments sent - 4,149 **(82.7%)** ED Managers responded

Participating EDs by Pediatric Volume



National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

National Assessment of Pediatric Readiness of Emergency Departments

- 83% of children are seen in non-children's hospitals
- 1/3rd of hospitals are rural or remote
- 94% of children have <30min access any ED
  - 55% have <30min access to a Pediatric Ready ED (90th percentile)

Gausche-Hill et al. JAMA Pediatr. 2015
Ray et al. J Pediatr. 2018

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

National Assessment of Pediatric Readiness of Emergency Departments

	All Hospitals	Low	Medium	Medium-High	High
WPRS Median (IQR)	**68.9 (56.1, 83.6)**	**61.4 (49.5, 73.6)**	**69.3 (57.9, 81.8)**	**74.6 (60.9, 87.9)**	**89.8 (74.7, 97.2)**

p<0.0001

- **Low** pediatric volume (<1800 pediatric visits/yr)
- **Medium** volume (1800-5K visits/yr)
- **Medium high** volume (5-10K visits/yr)
- **High** volume (10K+ visits/yr)

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

Gausche-Hill et al. JAMA Pediatr. 2015

National Assessment of Pediatric Readiness of Emergency Departments

Median Adjusted Pediatric Readiness Score by Presence of PECC

	No PECC	Nurse PECC only	Physician PECC only	Both PECCs	P-value
All Hospitals	**66.5** [IQR56.0,76.9]	**69.7** [IQR 58.9, 80.9]	**75.3** [IQR 64.4, 85.6]	**82.2** [IQR 69.7,92.5]	<.0001

- Physician PECC - 48% of participating sites
- Nurse PECC – 59% of participating sites

Gausche-Hill et al. JAMA Pediatr. 2015

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

National Assessment of Pediatric Readiness of Emergency Departments

Median Adjusted Pediatric Readiness Score by Presence of QI Plan

	No QI/PI Plan	Yes QI/PI Plan	Median Difference
All Hospitals	**62** [51.2, 68.7]	**88** [IQR 76.7, 95]	26pts [95% CI 25-27pts]

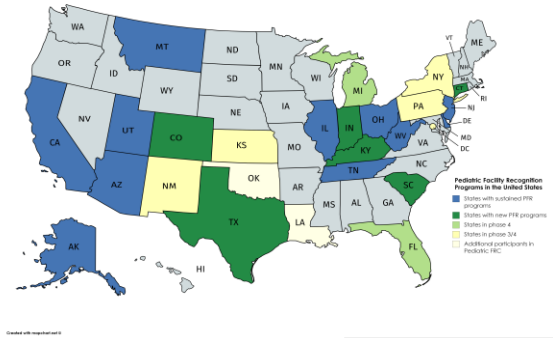
- 45% of participating sites had a QI plan that included pediatric needs

Remick K, et al. Ann Emerg Med. 2016

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

National Pediatric Readiness Project: Phase 2 National QI Efforts

- National QI Collaboratives
- State Champion Teams
- ENA Pediatric Readiness Award
- Integration into organization structure and priorities
- Marketing and media attention

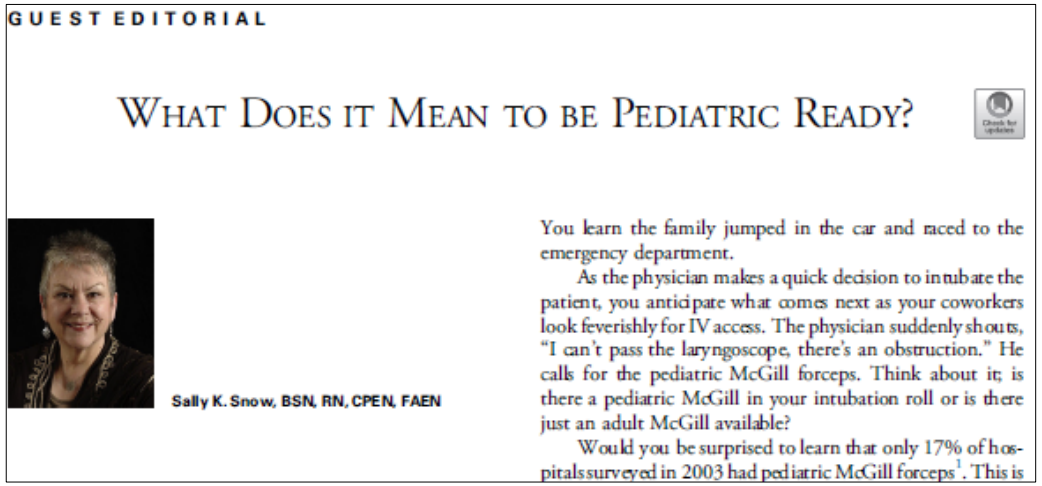


National PRQC
Pediatric Readiness Quality Collaborative
Ensuring Emergency Care for All Children

Is Your Emergency Department Ready for Pediatric Patients?

June 17, 2015 by [Lee Benjamin, MD, Madeline Joseph, MD, FACEP, Debra Perina, MD, FACEP, and Alfred Sacchetti, MD, FACEP]

You know the drill. It's 3 am. The emergency medical services (EMS) call comes in. They are transporting a 6 month old who is limp and blue. The EMS provider transporting the child sounds rattled, lights and sirens blazing, and they are coming to you.
Are you ready?



GUEST EDITORIAL

WHAT DOES IT MEAN TO BE PEDIATRIC READY?

Sally K. Snow, BSN, RN, CPEN, FAEN

You learn the family jumped in the car and raced to the emergency department.

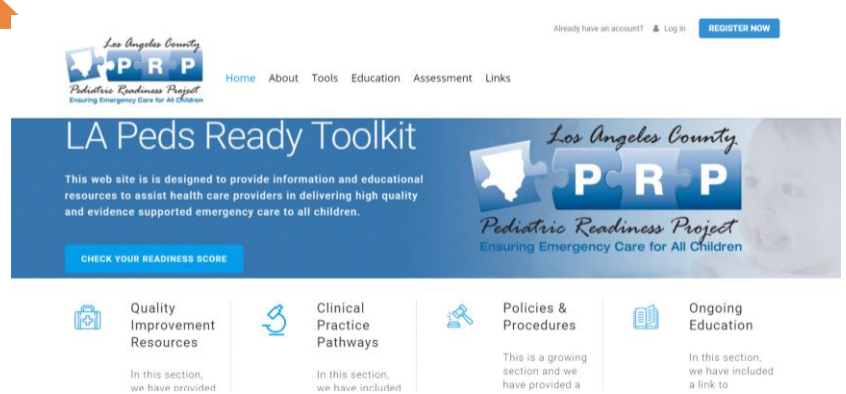
As the physician makes a quick decision to intubate the patient, you anticipate what comes next as your coworkers look feverishly for IV access. The physician suddenly shouts, "I can't pass the laryngoscope, there's an obstruction." He calls for the pediatric McGill forceps. Think about it; is there a pediatric McGill in your intubation roll or is there just an adult McGill available?

Would you be surprised to learn that only 17% of hospitals surveyed in 2003 had pediatric McGill forceps[1]. This is

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

National Pediatric Readiness Project: Phase 2 State and Regional Efforts

- Networks of pediatric emergency care coordinators
- Website development: Tools, Resources
- Pediatric Medical Recognition Programs
- Regional QI collaboratives
- Education
- Research



National
P R P
Pediatric Readiness Project
Ensuring Emergency Care for All Children

2018 Pediatric Readiness in the Emergency Department

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

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Pediatric Readiness in the Emergency Department

Katherine Remick, MD, FAAP, FACEP, FAEMS,[a,b,c] Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS,[d,e,f] Madeline M. Joseph, MD, FAAP, FACEP,[g,h] Kathleen Brown, MD, FAAP, FACEP,[i] Sally K. Snow, BSN, RN, CPEN,[j] Joseph L. Wright, MD, MPH, FAAP,[k,l] AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Committee

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2. Physicians, Nurses, and Other Healthcare Providers
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5. Patient and Medication Safety
6. Support Services
7. Equipment, Supplies, and Medications

American College of Emergency Physicians®

The American College of Emergency Physicians promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients, and the public.

American College of Emergency Physicians®

ACEP continues to strongly support EMSC-IIC and the NPRP.

The ACEP Pediatric Emergency Medicine (PEM) Committee has two ongoing objectives specifically addressing these goals:

- **Continue to support Pediatric Readiness and assist in developing resources to promote ED preparedness.**
- **Continue to work with EMSC Innovation & Improvement Center (EIIC)**
  - ***Share resources and commit to partnership & collaboration opportunities.***
  - ***Help create and shape the EIIC leadership and policy infrastructure***
  - ***Develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.***
  - ***Ensure ongoing collaboration with the committee and the EIIC.***

American College of Emergency Physicians®

- **ACEP Work and Resources:**
- **PRQC program development and content expertise**
- **Policy statement and technical paper on Pediatric Readiness**
  - **Madeline Joseph, MD**
- **ACEP partnership in creation of the NPRP toolkit**
  - **Mohsen Saidinejad, MD, MBA**
- **Education ACEP PEM Section**

National PRQC

Pediatric Readiness Quality Collaborative

Ensuring Emergency Care for All Children

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EMSC Grantee Meeting: NPRP Plenary
August 21, 2019 | Arlington, VA

Sue Tellez

Manager, Hospital & Surgical Subspecialties

American Academy of Pediatrics (AAP)

AAP Mission, Vision, Values

Mission

The mission of the AAP, founded in 1930, is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

The AAP is a national non-profit organization of 67,000 pediatricians and 450 staff headquartered in Itasca IL with an office in Washington DC.

Nearly 100 AAP expert advisory groups and AAP chapters in every state support furthering this mission. *and young adults. To accomplish this*

Core Values

We believe:

- In the inherent worth of all children. They have unique needs and are our most enduring and vulnerable legacy.
- Children deserve optimal health and high-quality health care.
- Pediatricians, pediatric subspecialists, and pediatric surgical specialists are best qualified to provide this care.
- Multidisciplinary teams including patients and families play an important and integral role.
- AAP is the lead organization to advance child health and well-being and the profession of pediatrics thru Advocacy, Education, Policy, & Research.

AAP Partnership with EMSC EIIC National Pediatric Readiness Project

3 |

- AAP has been a partner in the National Pediatric Readiness Project (NPRP) since inception.
- AAP led the 1st national ED preparedness assessment in 2003 under a cooperative agreement from HRSA with the EMSC National Resource Center and National EMSC Data Analysis Resource Center.
- The NPRP is based on the joint AAP-ACEP-ENA policy statement, published Nov 2018, *Pediatric Readiness in the Emergency Department*.
- AAP promotes implementation of pediatric emergency and disaster readiness recommendations to all AAP members and advocates for this at the local state, national and federal level.
- Oversight is provided by the AAP Committee on Pediatric Emergency Medicine, Council on Disaster Preparedness & Recovery, and Section on Emergency Medicine's NPRP Special Interest Group.

Emergency Nurses Association

Cathy Olson, MSN, RN
Director, Quality and Safety

EMSC All Grantees Meeting
2019

EMERGENCY NURSES ASSOCIATION

Committed to Care
ena.org

Emergency Nurses Association

- Founded 1970
- 44,000 members worldwide
- Longtime partnership EMSC-AAP-ACEP
- Peds Ready integrated into organizational priorities
- Sally Snow (TX) – peds RN expert
- ENA staff commitment

ENA
EMERGENCY NURSES ASSOCIATION

Patient- and Family-Centered Care for Children in the Emergency Department: A Self-Assessment Inventory

Vision, Mission, & Philosophy of Care	Yes	No	Examples/Comments/Ideas for Change	Prior
1. Is there a vision and/or mission statement for the hospital? Is organizational leadership committed to patient/family centered care?				
2. Is there a vision and/or mission				

ENA
EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

The Emergency Nurse's Role in Supporting Pediatric Readiness in the Emergency Department

Description

Emergency nurses care for patients of all ages, and the need to be prepared for any patient at any time is crucial. In 2015 the National Ambulatory Medical Care Survey reported that approximately [illegible] million) of the more than 136 million U.S. emergency department (ED) [illegible] years of age.[1] Most children who seek emergency care [illegible] fewer than 15 children per day.[2] [illegible]

BOARD WRITES

Next Steps to Improve Pediatric Readiness

Sally K. Snow, BSN, RN

Are you a champion for pediatric readiness? We know the presence of a champion improves emergency department readiness to care for children.[1]

In 2003, Deborah Spann, ADN, RN, CEN, Louisiana ENA 2016 State Council secretary and [illegible]

I was honored to serve as the ENA liais[illegible] committee and was further inspired by [illegible] emergency nurses worked to ensure ED[illegible] for children. I [illegible]

ARTICLE IN PRESS

POLICY STATEMENT

Pediatric Readiness in the Emergency Department

Authors: Katherine Remick, MD, FAAP, FACEP, FAEMS, Marianne Gausche-Hill, MD, FAAP, FACEP, FAEMS, Madeline M. Joseph, MD, FAAP, FACEP, Kathleen Brown, MD, FAAP, FACEP, Sally K. Snow, BSN, RN, CPEN, and Joseph L. Wright, MD, MPH, FAAP, AMERICAN ACADEMY OF PEDIATRICS, Committee on Pediatric Emergency Medicine, Section on Surgery AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, Pediatric Emergency Medicine Committee EMERGENCY NURSES ASSOCIATION, Pediatric Committee

Emergency Nurses Association President Testifies Before House Committee in Support of EMSC Program Reauthorization Bill

ENA
EMERGENCY NURSES ASSOCIATION

In her testimony to the Health Subcommittee of the House Committee on Energy and Commerce, ENA President Patti Kunz Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN, discussed the importance of the EMSC Reauthorization Act, a bill which supports appropriate prehospital and emergency department care for children in the United States. ENA has long supported EMSC and made it a focal point of its annual Day on the Hill event in May this year.

ENA recognizes the unique challenges this patient population presents, including the need for specialized supplies, equipment and medications. As part of its commitment to pediatric care, ENA encouraged lawmakers to reauthorize the EMSC program through 2024 to ensure it continues to make a positive impact on the treatment of children in the emergency department.

ENA
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Thank You!

www.ena.org

catherine.olson@ena.org

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National PRP Pediatric Readiness Project
Ensuring Emergency Care for All Children

NEDARC Update for PedsReady 2020: Collecting Data for Quality Improvement

Annual Partnership Meeting, August 2019

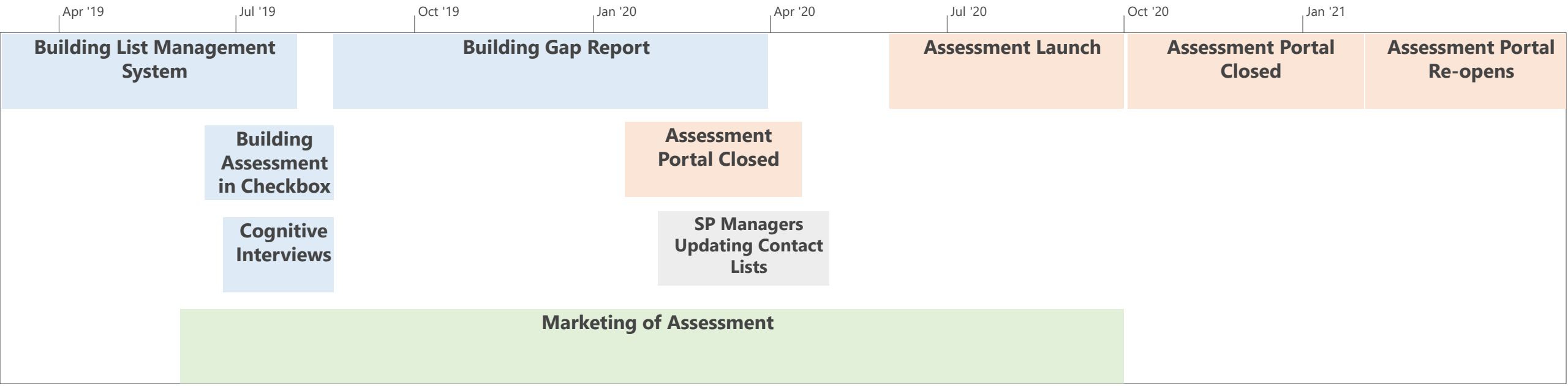
2020 NPRP Launch

- The Federal EMSC Program has tasked NEDARC with coordinating the national assessment
- Will be a centralized deployment similar to 2013:
  - Resulted in high quality data
  - Used for QI projects in many states to improve pediatric readiness
- Will rely on our national partners and grantees to build momentum up to the launch and with outreach to local hospitals
- Launch June 2020

2020 NPRP Launch

- Adapted the 2013 assessment to fit the 2019 guidelines
- Redesigned the Gap Report
- Assessment programmed into survey software
- Pilot in January of 2020
- With help from managers, hospital lists including contact information will be updated

Assessment Timeline



2020 NPRP Build-Up

- Marketing plan
- We will close the portal February 28 to build excitement and prepare for launch

2020 NPRP Launch

- Deployment Plan:
- Launch June 2020
- Assessment portal open for 4 month period
- Initial invitation letter sent using NPRP logo to contact provided for each hospital from state grantee list
- Signed by Dr. Gausche-Hill with logos and signatures from ENA, ACEP and AAP
- Scheduled reminders over the 4 month period

2020 NPRP Launch

Task	Approximate Date
Assessment invitation letter sent	June 1, 2020
1. First reminder letter sent (approximately 1-2 weeks after the invitation)	June 15, 2020
2. Second reminder letter sent (approximately 4-5 weeks after the invitation)	July 15, 2020
3. Third reminder letter sent (approximately 2 months after the invitation)	August 3, 2020
4. Fourth and final letter reminder (approximately 2.5 months after the invitation)	August 17, 2020
5. Final contact starts using telephone script (approximately 3 months after the invitation)	September 1, 2020

2020 NPRP Assessment: Gap Report

- When the ED nurse manager finishes the survey, he/she will get a Gap Report providing immediate feedback
- Gap report will compare overall score and breakdown of 6 domains to last assessment

Guidelines QI/PI in the ED

YOUR SCORE: 5.6 out of 7

	7/15/2013	6/15/2020	Points Possible	Difference	KPI
Patient care review process (chart review)	1.4	1.4	1.4	0.0	✓
Identification of quality indicators for children	0.0	1.4	1.4	1.4	✓
Collection and analysis of pediatric emergency care data	1.4	1.4	1.4	0.0	✓
Development of a plan for improvement in pediatric emergency	1.4	0.0	1.4	-1.4	⊖
Re-evaluation of performance using outcomes-based measures	1.4	1.4	1.4	0.0	✓

2020 NPRP Assessment: Using the Data

State partnership managers will receive their state-specific information via Tableau

NEDARC TA staff available to help every manager

National Pediatric Readiness Project
Ensuring Emergency Care for All Children

State Name: [redacted]

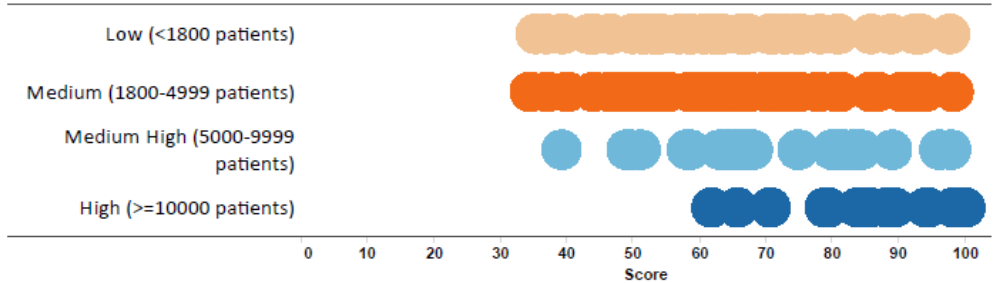
Report Date: [redacted]

Number of Hospital Respondents:	135
Number of Hospitals Assessed:	136
Response Rate:	99.3%

STATE SCORE AND COMPARATIVE SCORES:

68	66	69
STATE AVERAGE HOSPITAL SCORE OUT OF 100	STATE MEDIAN HOSPITAL SCORE OUT OF 100	n = 4,146 NATIONAL MEDIAN OF PARTICIPATING HOSPITALS

DISTRIBUTION OF *STATE* SCORES FOR EACH VOLUME TYPE:



BREAKDOWN OF *STATE* SCORES FOR EACH VOLUME TYPE:

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	41	62.4	60.7	35	98
Medium (1800-4999 patients)	52	65.4	63.7	34	98
Medium High (5000-9999 patients)	27	69.9	67.0	39	98
High (>=10000 patients)	15	85.2	88.3	62	100
Grand Total	**135**	**67.6**	**66.1**	**34**	**100**

NOTE: Blank indicates fewer than 5 hospitals; score can't be shown.

2020 NPRP: The Future

- The portal will reopen after a period of time for hospitals to re-take the assessment for future QI efforts
- Each time 2020 version is retaken, a new Gap Report will be generated to show progress

Key Manager Roles

- The success of this effort in large part depends on you!
- We will count on our managers to use their contacts and relationships to ensure a good response rate
- We will need managers to help with marketing, building awareness pre-launch, and reaching out to non-responders
- **We will rely on our state partner grantees to circulate results and inspire regional hospitals and systems to improve pediatric readiness**

NPRP Toolkit

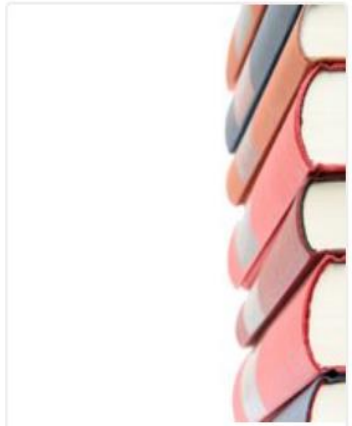
- Developed initially in 2013 by the Pediatric Readiness Resource Development Working Group
- Under revision to align with the 2018 guidelines and 2020 reassessment
- Will include updated resources/tools

The Pediatric Readiness Resource Toolkit is designed to help your emergency department (ED) understand the Pediatric Readiness assessment score and support your use of the assessment to successfully improve the care of children in your ED. Created by the former Emergency Medical Services for Children (EMSC) National Resource Center and the Pediatric Readiness Resource Development Working Group, this toolkit is available for all EDs to use free of charge.

The toolkit focuses on the main areas of ED readiness to care for children (the Pediatric Readiness Project's key assessment areas) and can be used by a variety of individuals, including emergency physicians and nurses, ED directors, quality or performance improvement directors, clinical nurse educators, hospital administrators, and state EMS directors.

Equipment, Supplies, and

Administration and Coordination



Library

Improving Pediatric Patient

https://emscimprovement.center/domains/hospital-based-care/pediatric-readiness-project/readiness-toolkit/

NO Pediatric Hospital-
-- 62 hospitals includes: 4 Regional Trauma Centers (2 in Billings, 1 in Great Falls and 1 in Missoula)

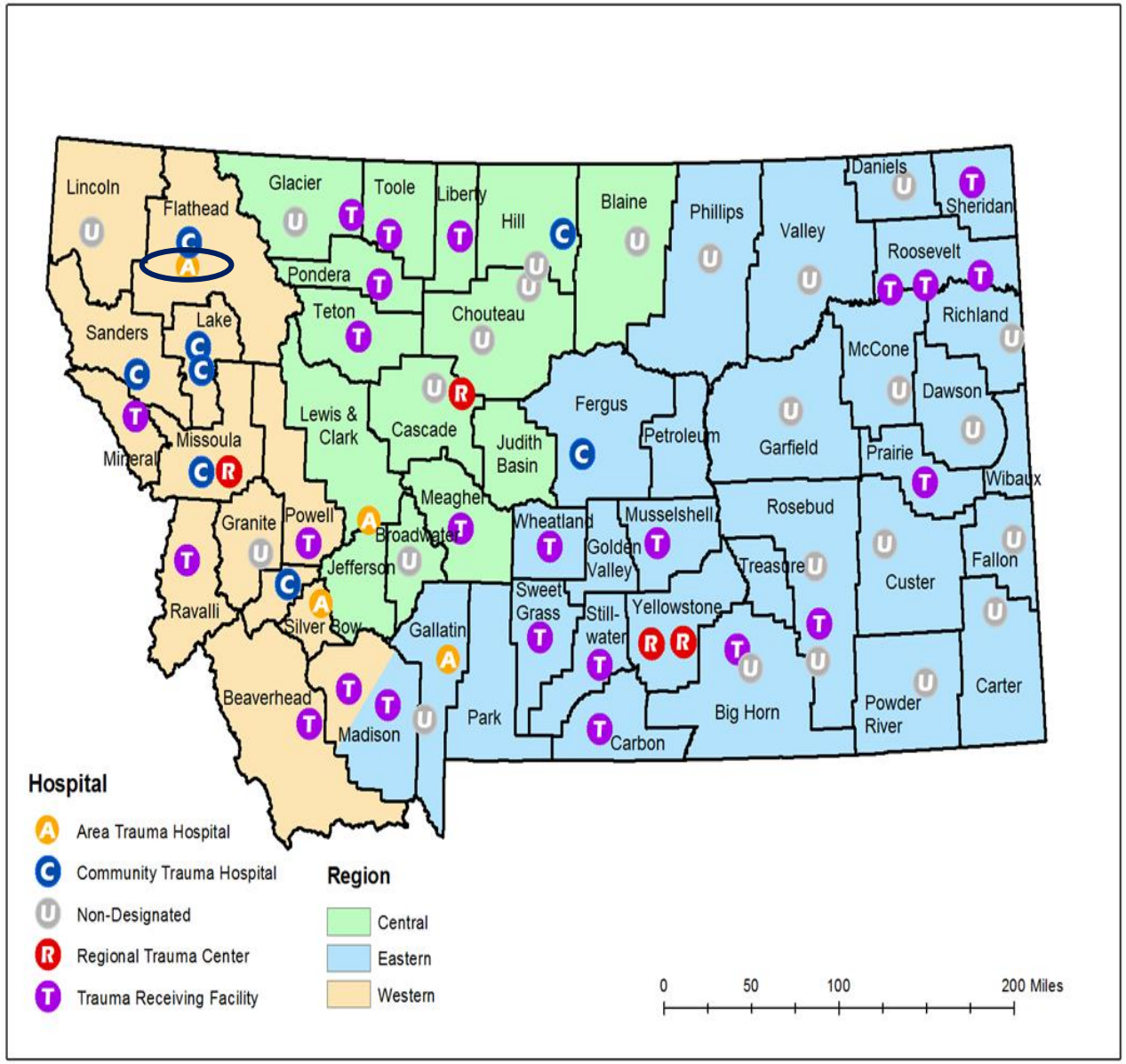
Population - [1,015,165](#) (approx.) MT- 44th most populous state in the USA & ranks 4TH in land mass
Total area is **147,046 sq** m.

- 46 out of 56 counties are "Frontier"

Fewer than 6 people per square mile

- The average square mile of land contains:
  - 1.4 elk
  - 1.4 antelope
  - 3.3 deer

Cattle population (2.51 cattle to 1 person)



Montana

National Pediatric Readiness Project
Ensuring Emergency Care for All Children

State Name: Montana

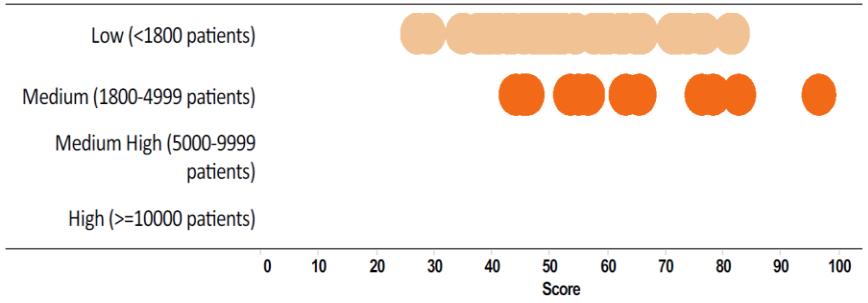
Report Date: 8/29/2013 4:46:14 PM

Number of Hospital Respondents:	52
Number of Hospitals Assessed:	60
Response Rate:	86.7%

YOUR SCORE AND COMPARATIVE SCORES:

58	57	69
YOUR AVERAGE STATE HOSPITAL SCORE OUT OF 100	YOUR MEDIAN STATE HOSPITAL SCORE OUT OF 100	n = 4,143 NATIONAL MEDIAN OF PARTICIPATING HOSPITALS

DISTRIBUTION OF *STATE* SCORES FOR EACH VOLUME TYPE:



BREAKDOWN OF *STATE* SCORES FOR EACH VOLUME TYPE:

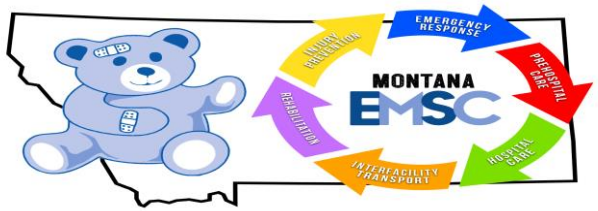
Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	37	55.1	52.6	27	82
Medium (1800-4999 patients)	12	63.8	60.1	44	97
Medium High (5000-9999 patients)	2				
High (>=10000 patients)	1				
Grand Total	**52**	**57.8**	**57.3**	**27**	**97**

NOTE: *Blank indicates fewer than 5 hospitals; score can't be shown.*

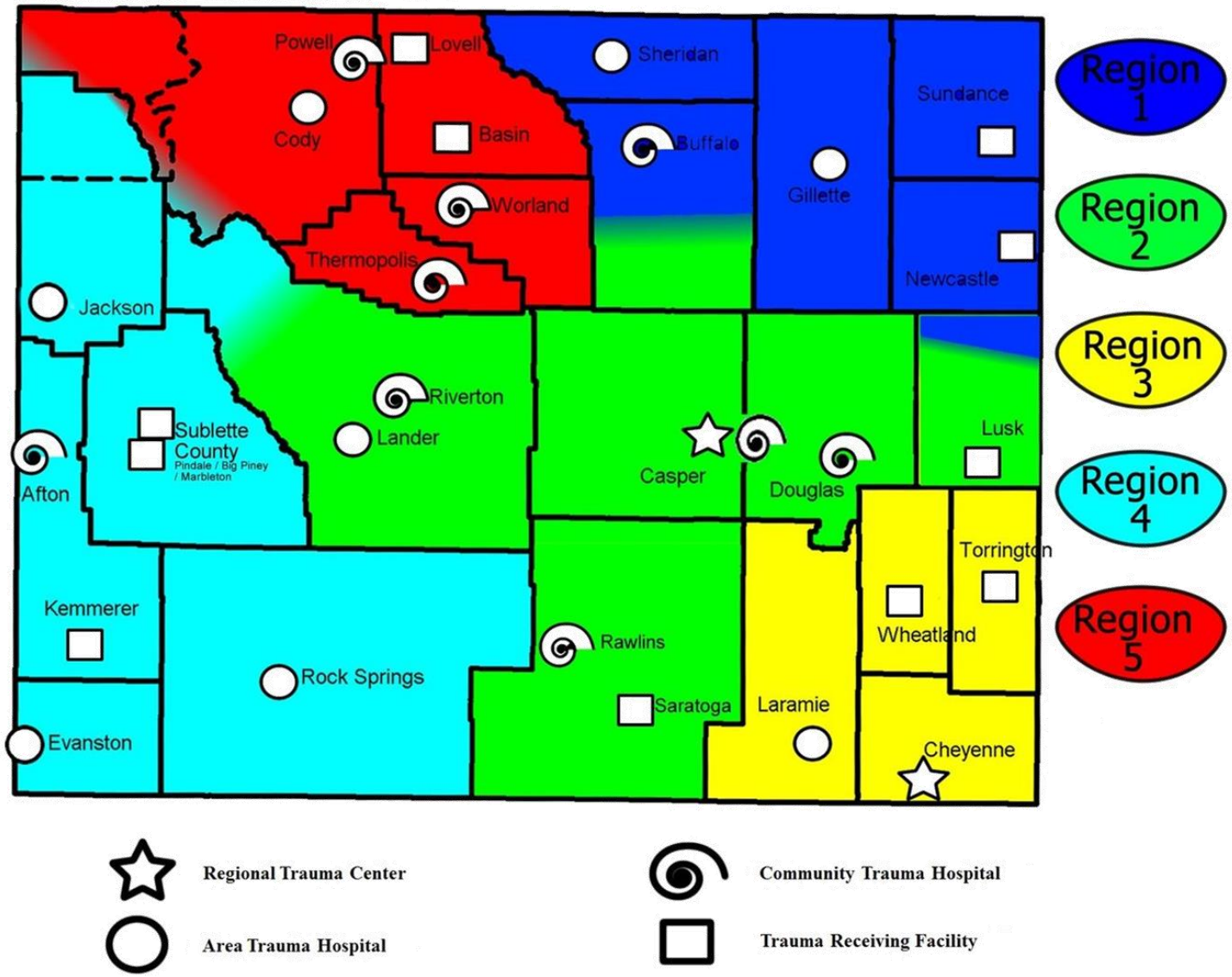
- ✓ Followed the NEDARC Timeline
- ✓ Presented at conferences
- ✓ Presented @ (stakeholder meetings, RTAC, STAC, etc.
- ✓ WebEx for Hospitals (information)
- ✓ Weekly emails **(--oh its you sending allllllll those emails)**
- ✓ **adding CEO's and Directors…..**
- ✓ Monthly Newsletters -list all hospitals who had answered the Peds Ready Assessment ***Then****…….lists of those who did not*
- ✓ Individualized -letters, emails, phone calls

2020 PEDS Ready ASSESSMENT

- WILL BEGIN TO DISSEMINATE INFORMATION IN EARLY 2020 AT CONFERENCES, MEETINGS, COMMITTEE MEETINGS/ETC.
- ADD INFO TO THE MONTHLY NEWSLETTER
- EMAIL "BLITZ" TO CONTACT PERSONS (**LOTS AND LOTS OF EMAILS**) FOLLOWED BY PHONE CALLS!
- FOLLOW THE NEDARC TIMELINE (***THANK YOU NEDARC FOR THE "EXTRA HELP" !!*** *)*
- POSTIVE ACKNOWLEDGEMENTS INITIALLY then
- **TEMPT, TRAIN, OR SHAME THE WAY TO SUCCESS!**



Wyoming Hospitals & Trauma Regions



WYOMING FACTS

Area: 98,000 Square Miles

Population: 577,737 (2018)

Hospitals: 26 (16 CAH)

- 2 “Regional Trauma Center (like ACS 2)
- 11 considered “frontier”

EMS: 3500ish, 360 paramedics

Working Escalators: None (there were 2, but they broke)

Waffle Houses: None

Percent of Federal land: 48 (47,000 sq mi)

Report Date: 3/5/2014 11:35:46 AM

Number of Hospital Respondents:	25
Number of Hospitals Assessed:	27
Response Rate:	92.6%

STATE SCORE AND COMPARATIVE SCORES:

59	57	69
STATE AVERAGE HOSPITAL SCORE OUT OF 100	STATE MEDIAN HOSPITAL SCORE OUT OF 100	n = 4,146 NATIONAL MEDIAN OF PARTICIPATING HOSPITALS

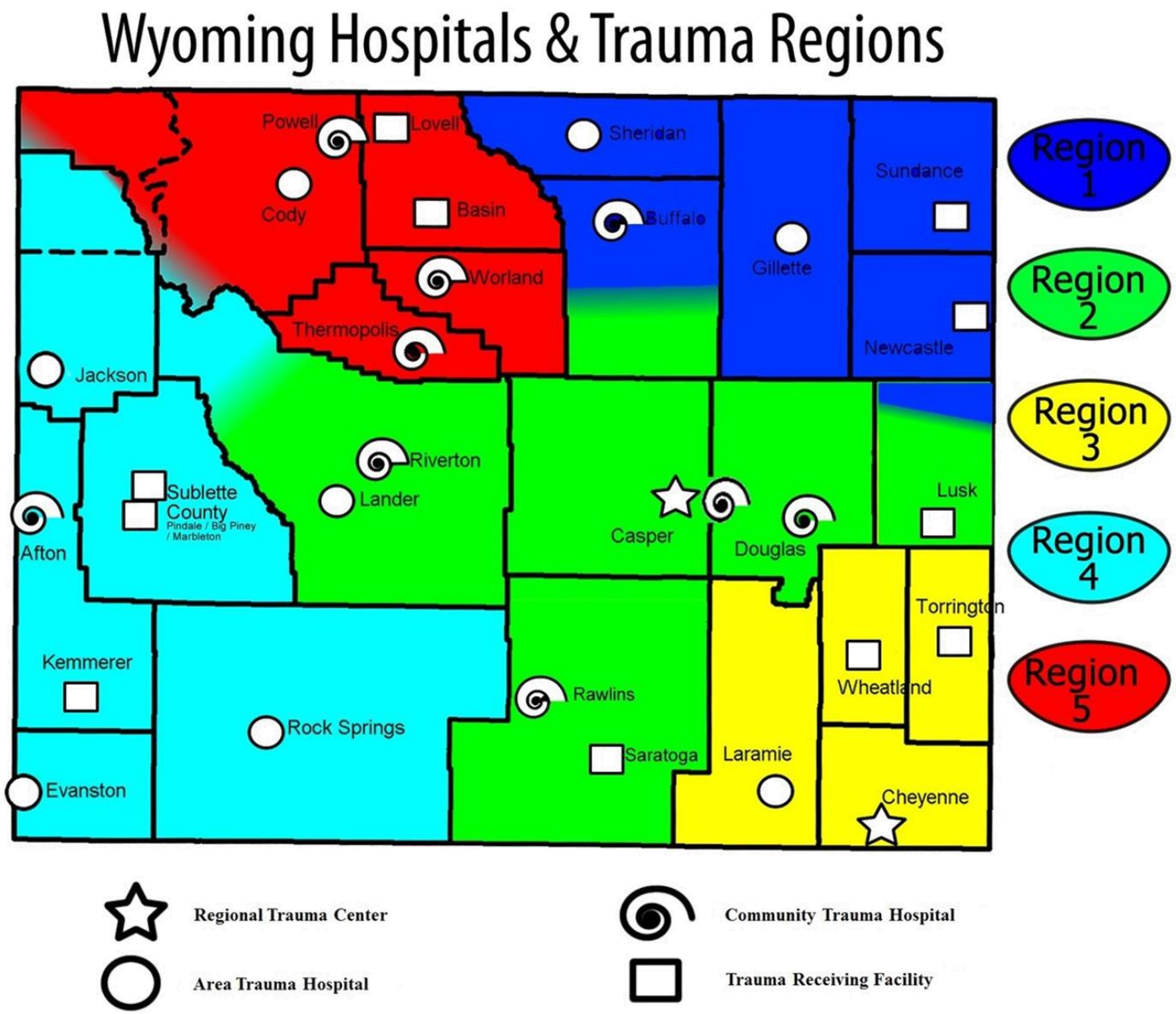
So we were the worst in CONUS…… but

LOOK AT THAT RESPONSE RATE, huh?

How did we do it? Well, do any of you know this wonderful lady?

The key to our success was being able to reach out to Trauma Coordinators directly and have them push for completion from the inside. **Make friends with your TRAUMA PROGRAM!**

EMSC Wyoming
EMERGENCY MEDICAL SERVICES FOR CHILDREN



NPRP 2020

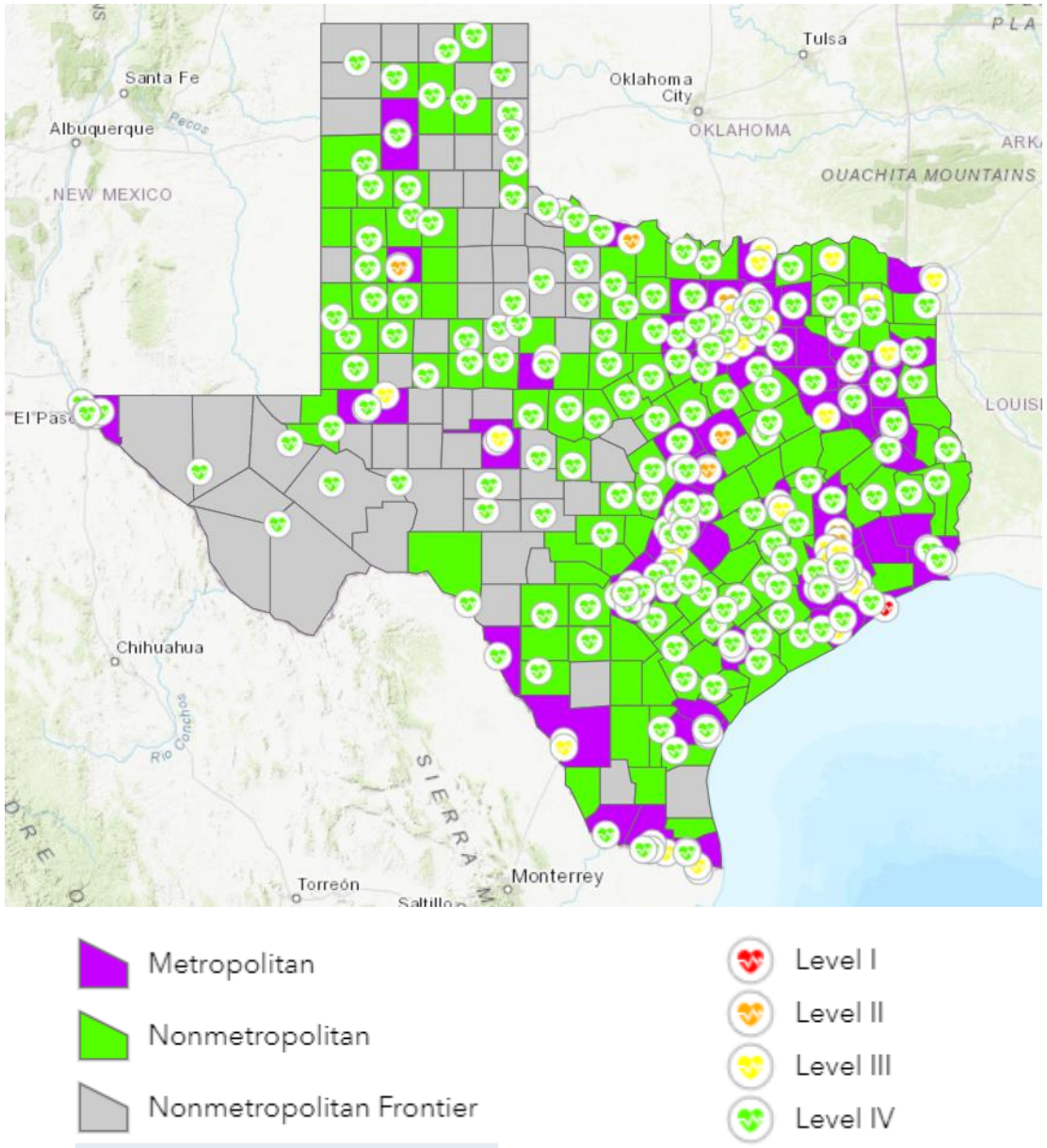
1. Our pediatric recognition system is based on the science of the NPRP. So those facilities that participate, get an in-person visit from me on assessment day.
2. We will leverage the Trauma Coordinators again.
3. Our hospital count really helps us here. I can take a month on the road and spend at least a day with each of these facilities….. But….
4. I don't have too because I have 2 contractors to help me do this leg work. These are funded partially by EMSC and also State EMS General Funds.

EMS FOR CHILDREN
STATE PARTNERSHIP

National Pediatric Readiness Project Update

- Total Population: 29.09 million (2019 est.) 25.8% under 18 y/o

- Total Hospitals: 643
  - Trauma Centers: 291
    - Level I: 18
    - Level II: 25
    - Level III: 56
    - Level IV: 192
  - Critical Access Hospitals: 85
  - Hospitals that Admit Children: 63
- Free Standing Children's Hospitals: 14 (3 specialty centers)
  - Pediatric Trauma Centers: 9
    - Level I: 3
    - Level II: 3
    - Level III: 2
    - Level IV: 1



Texas Summary

Number of Hospitals Sent Assessment : 504

Number of Hospitals that Responded: 305

Response Rate: 60.5%

71

STATE MEDIAN and AVERAGE SCORE OUT of 100

69

n=4,146
NATIONAL MEDIAN SCORE of PARTICIPATING HOSPITALS

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	118	64.0	63.1	22	99
Medium (1800-4999 patients)	82	70.0	69.6	38	99
Medium High (5000-9999 patients)	54	75.6	75.8	39	99
High (>=10000 patients)	50	81.5	89.5	36	100

305

305

EMS FOR CHILDREN STATE PARTNERSHIP

Strategies for Response Rates

- Emails
- Phone calls
- Formal endorsements/Letters of support
- EAC involvement
- Newsletter
- GETAC
- RACs
- DSHS

Future Strategies

- Meet with EAC to develop communication plan to include:
  - Request formal endorsement from GETAC
  - Request formal endorsement from stakeholders
  - Present to the state's 22 Trauma Service Area Regional Advisory Councils
  - Request assistance from Texas DSHS program in obtaining current contact information
  - Request assistance from HPP program
  - Leverage our PECC community to raise participation rates
  - Host statewide webinar

EMSC
EMS FOR CHILDREN STATE PARTNERSHIP