

Pediatric Facility Recognition: Day 1 – Starting a Program in Your State

Victoria Barnes, Natasha Kurth, and Anna Sessa

All Grantee Meeting

Tuesday August 31, 2021

2:30pm to 3:20 pm EDT

Pediatric Facility Recognition: Getting Started

Victoria Barnes, RN, EMT EMSC Innovation and Improvement Center

State Partnership Team

All Grantee Meeting

Tuesday August 31, 2021

2:30pm to 3:20 pm EDT

ALL-GRANTEE MEETING
Adapting AND
FORGING NEW *Paths*



Emergency Medical
Services for Children

Getting Started – Mapping Your Strategy

Where do I start?

- National Pediatric Readiness Project
- State EMSC Advisory Board
- Create Talking Points for PECC's, Hospital Leadership, Family Advisory Network, Local Emergency Medicine Groups, General Public, Lawmakers, Media including social media channels
- Create a strong group of supporters. Look to AAP, ACEP, ENA, bordering states, state hospital association, public health, state healthcare coalition and hospital preparedness programs

Getting Started – Mapping Your Strategy

Understanding Your State's Hospitals

Stand alone hospital?

Part of a larger health care system?

Rural, Urban, somewhere in between?

Critical Access Hospital's

Academic, State, Military, Tribal, For Profit, Non Profit, Religious
Affiliation

Current challenges, issues, and successes your hospitals may be facing

Getting Started – Finding Resources

What Resources Are Available?

The EMSC Innovation and Improvement Center (EIIC)

Pediatric Medical Recognition Community of Practice

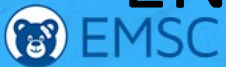
- An extension of the Facility Recognition Collaborative that ended in 2017
- by 2022, twenty-five percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.
- Offers support and a foundation to help achieve the above Performance Measure

Getting Started – Finding Resources

- [Pediatric Medical Recognition Community of Practice \(PMRP CoP\)](#) • [EIIC \(emscimprovement.center\)](#)

Here you will find....

- Facility Recognition White Paper
- 2019 AGM PowerPoint Presentation
- FRC Charter
- ENA and AAP Supporting Articles



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Getting Started – Finding Resources

- [Pediatric Medical Recognition Community of Practice \(PMRP CoP\)](#) • [EIIC \(emscimprovement.center\)](https://emscimprovement.center)

Here you will find....

- Fact Sheets, Flyers, PowerPoints, Elevator Pitches
- Other state's support guides and resources including introductory letters and application packet materials
- Talking Points
- An Excel Template to organize your stakeholders

Getting Started – Finding Resources

National EMSC Data Analysis Resource Center (NEDARC)

www.nedarc.org

Here you will find...

- Data Dashboards
- Statistical Help
- Tutorials, Tech Talks, and Upcoming Workshops
- And much more!!

Getting Started – Final Pointers

- Don't Reinvent the Wheel!
- Never Be Afraid to Reach Out for Help!
 - Your EICC State Partnership Technical Assistance Rep
 - Your NEDARC Technical Assistance Rep
 - Your FAN Rep
 - Your Colleagues and Peers in Other States

In very few jobs will you find a more sharing is caring and supportive group like our EMSC State Partnership Managers

Thank You All!!!!!!

Always Ready for Children

A new regional pediatric recognition program for emergency departments

Anna Sessa, MA, NRP
NH EMS for Children
Program Manager

Always Ready for Children

- Regional Approach
- Timeline
- Introduction Packet
 - ARC Program Framework
 - Resource “carrots”
- Growing Pains

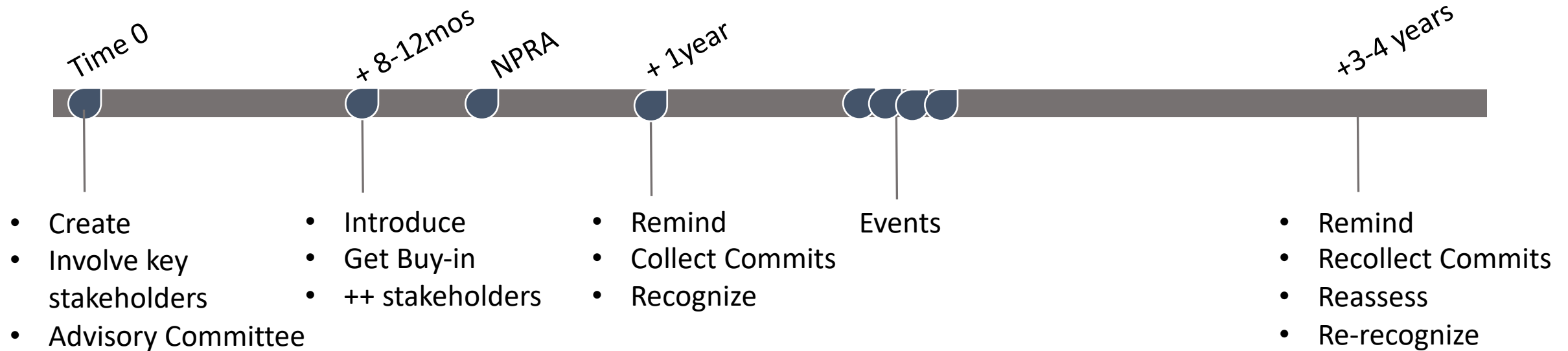
Regional Approach



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Timeline

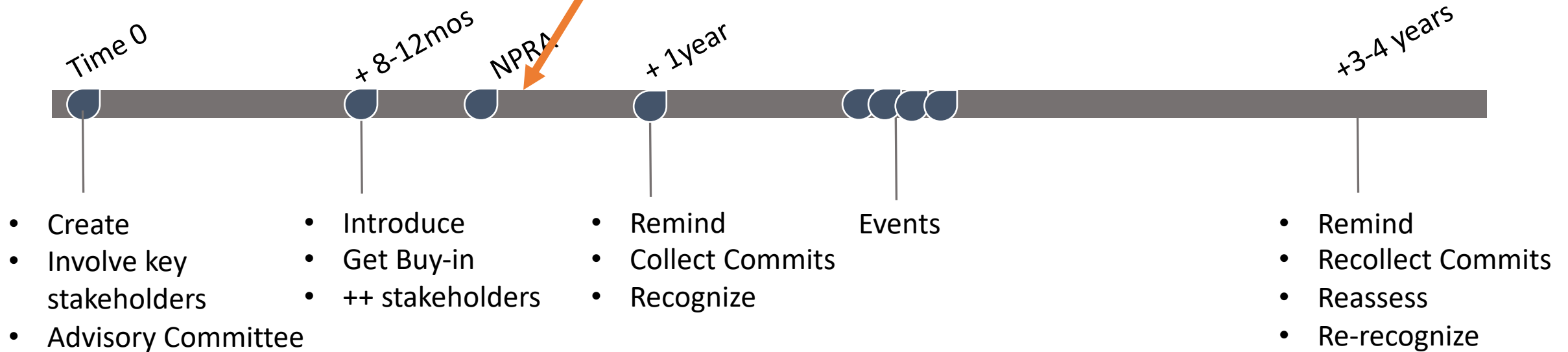


Timeline



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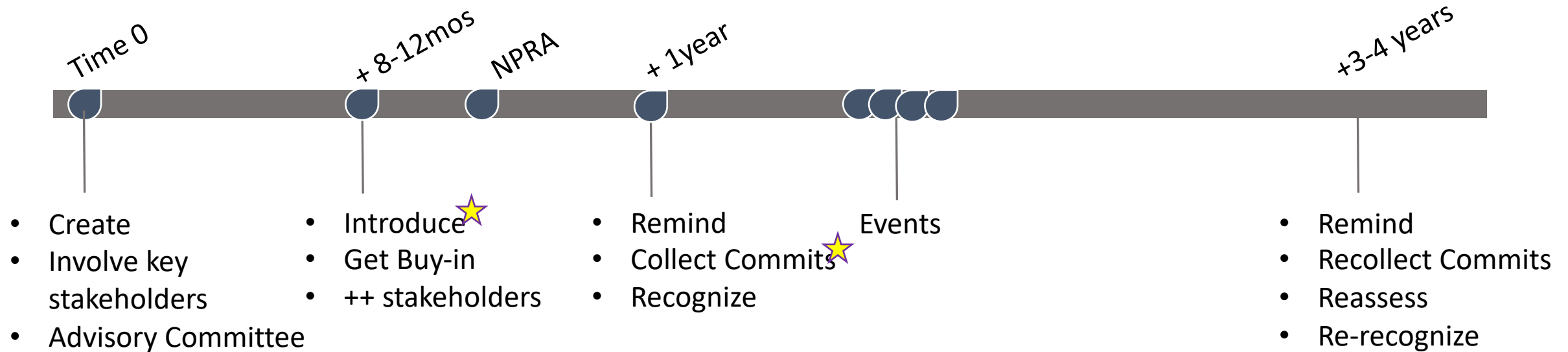


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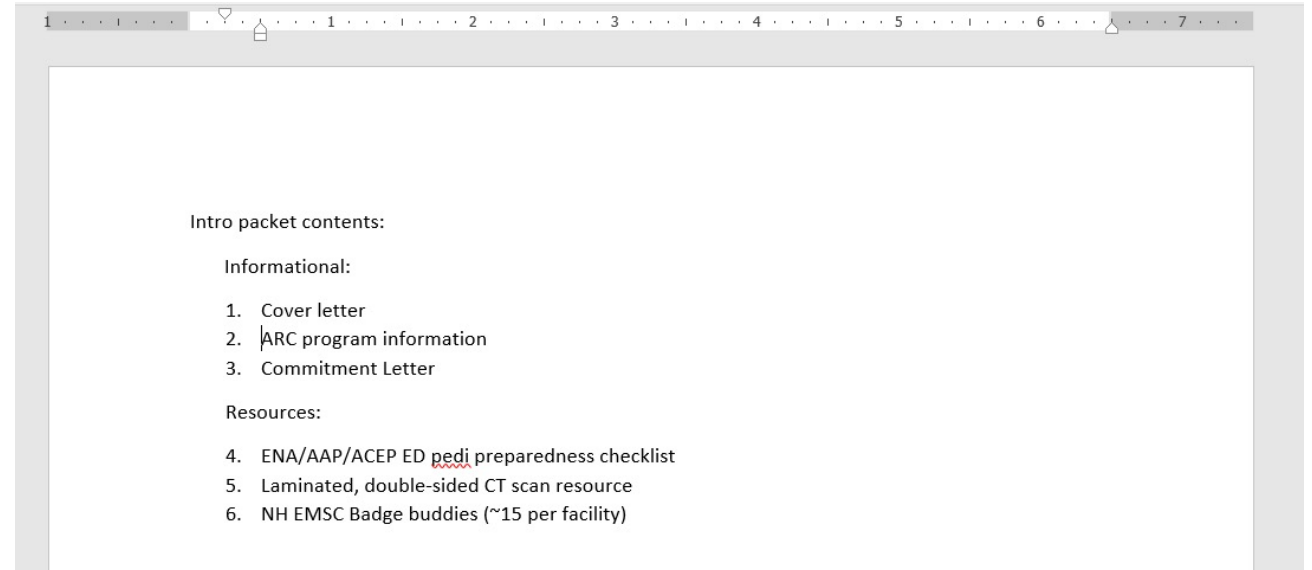
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Timeline



Introduction Packet - Contents

- Cover Letter
- Introduction to the Program
 - Need
 - Purpose
 - Framework
 - Where to send questions
- Commitment Letter
- Resource “Carrots”



Introduction Packet – Cover Letter



Introduction Packet – Introduction



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ARC Program Introduction

The Always Ready for Children program (ARC) is a collaborative project to set up a state and region-wide recognition system for emergency departments best prepared to care for pediatric emergencies. The program is being created by the region's EMS for Children State Partnership Programs (EMSC), with support from the Health Resources and Services Administration and the EMSC Innovation and Improvement Center.

The regional ARC program was created by the area's EMSC programs to improve care across our states, which vary greatly in demographics and access to pediatric emergency care. The variance in availability and access to care often leads pediatric patients to cross state borders for continued, higher level or specialized care. This regional structure requires a more unified approach to pediatric preparedness to ensure standards for pediatric care are met.

Per the 2006 Institute of Medicine "Emergency Care for Children: Growing Pains" report, different geographic regions show varying levels of pediatric emergency care. Data collected by the National Pediatric Readiness Project showed that hospitals recognized as being "pediatric ready" by a recognition program scored higher on the National Pediatric Readiness Assessment (NPRA) (Remick et al, 2016), and the establishment of such recognition programs demonstrated a decrease in pediatric mortality rates (Rice et al, 2017).

The ARC program is voluntary and FREE! Benefits to your facility will include a framed certificate and promotional materials to announce your achievement and commitment to pediatric care, statewide acknowledgment through NH EMSC announcements and internet presence, ongoing assessment and support in your improvement efforts, announcements at NH medical board meetings and additional resources as they become available.

Your facility will be enrolled in the ARC program upon submission of a completed ARC Commitment Letter.

Note: Some New Hampshire facilities have participated in the InFACTS (Improving Pediatric Acute Care Through Simulation) program. This program requires the assignment of a Pediatric Emergency Care Coordinator (PECC) and completion of the NPRA at several intervals. Please ensure that your PECC is still acting in this role. The NPRA will need to be taken again during the May-July 2021 nationwide assessment.

ARC Categories:



Always Ready for Children
★ ENGAGED ★

Criteria:

- Assigned PECC (nurse and/or physician)
- Participation in NPRA with any score



Always Ready for Children
★ READY ★

Criteria:

- Assigned PECC (nurse and/or physician)
- Participation in NPRA with a score of >80



Always Ready for Children
★ INNOVATOR ★

Criteria:

- Assigned PECC (nurse and/or physician)
- Participation in NPRA with a score of >80
- Willingness to share pediatric policies

More information on criteria:

- PECC
 - Pediatric Emergency Care Coordinator can be a nurse and/or physician. For more information on the role navigate to www.nhpediatricEMs.org/PECC or <https://www.masspediatrictoolkit.com/pediatric-care-coordinator-role/>
- National Pediatric Readiness Project assessment (NPRA)
 - A nationwide survey will be held between June 2020-September 2020 during which you must participate by submitting the survey. It will be found at www.PEDSready.org
- Sharing Policies
 - Final process of how policies are shared/accessed is TBD.

How to participate:

- Submit completed Commitment Letter to Anna Sessa at Anna.K.Sessa@hitchcock.org
- Prior to the NPRA assessment starting in May 2021 your facility can assign a PECC. Currently 85% of New Hampshire's hospital emergency departments have an assigned PECC. If you're unsure of your facility's PECC status or who your PECC is please reach out to NH EMSC program manager Anna Sessa at Anna.K.Sessa@hitchcock.org
- Watch your postal box for the announcement of the NPRA if it hasn't already arrived. You can also navigate to www.PEDSready.org to access an electronic version of the survey. Complete the survey while it is open between May and July then review the results to find ways you can start improving your pediatric readiness and care.



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Introduction Packet – Introduction



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Always Ready for Children
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Introduction Packet – Framework



Always Ready for Children

★ ENGAGED ★

- ✓ PECC assigned
- ✓ NPRA taken



Always Ready for Children

★ READY ★

- ✓ PECC assigned
- ✓ NPRA score >70



Always Ready for Children

★ INNOVATOR ★

- ✓ PECC assigned
- ✓ NPRA score >80
- ✓ Pediatric policy sharing



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Introduction Packet – Commitment Letter



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Memorandum (Please fill out and submit)

TO: NH Emergency Medical Services for Children
Anna Sessa, Program Manager
Anna.K.Sessa@hitchcock.org

FROM:
(Emergency Department Leader's Name and Title)

SUBJECT: Hospital Commitment Letter
Participation in the Always Ready for Children Program

We join Emergency Medical Services for Children (EMSC) in New Hampshire and the region in participating in the Always Ready for Children (ARC) improvement project. This project is an opportunity for our hospital to collaborate with EMSC and other regional institutions on a program that will help ensure we are prepared to care for ill and injured children.

We as an organization are committed to providing appropriate time and resources for our Emergency Department team to assess and improve our pediatric readiness, including participation in quality improvement initiatives such as the assignment of a Pediatric Emergency Care Coordinator and data collection activities.

Hospital name:	<input type="text"/>
Emergency Department PECC (Pediatric Emergency Care Coordinator):	<input type="text"/>
Emergency Department Medical Director:	<input type="text"/>
Emergency Department Nurse Director/Manager:	<input type="text"/>

Respectfully submitted,

(Signature of authorizing leader)

Title within organization:

Email:

Phone:



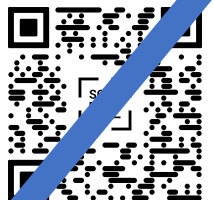
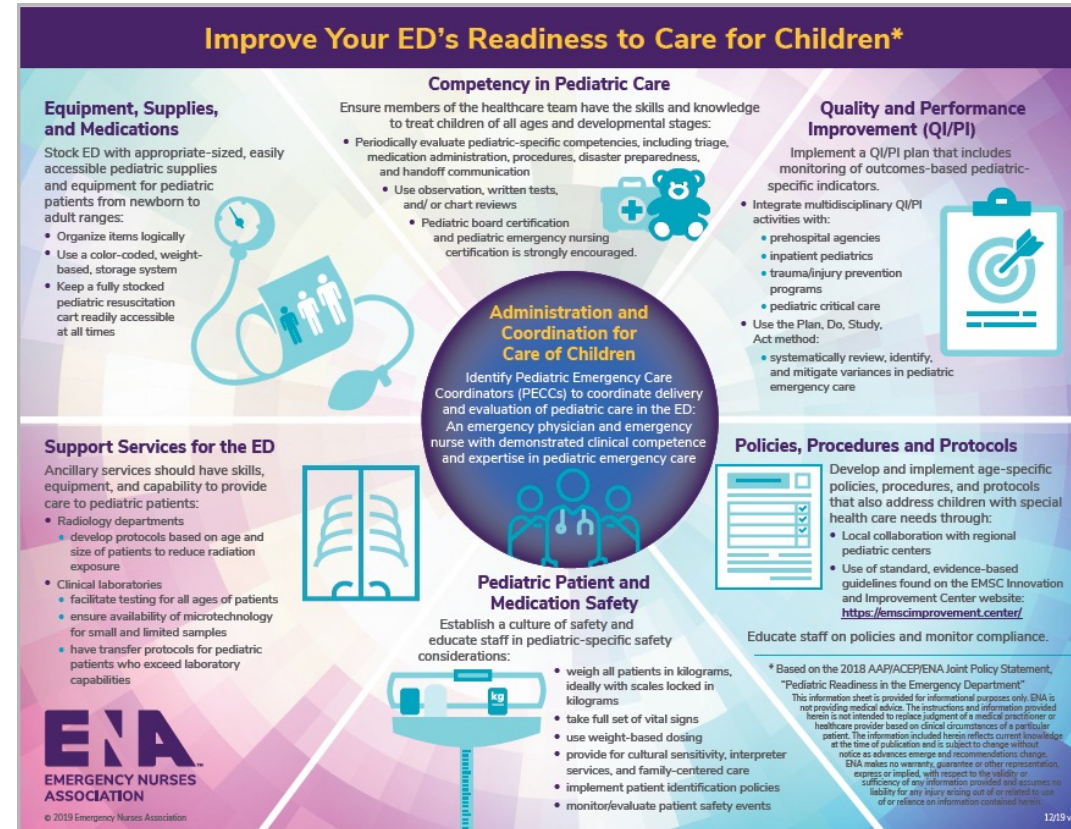
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Introduction Packet – Carrots

- ENA Pediatric Preparedness
 - Other similar options available



Introduction Packet – Carrots

- Badge Buddy
 - 3.375" x 2.125"
 - 30-mil

Age	Weight(kg)	Pulse	Resp	Systolic BP*
Newborn	3	100-180	30-60	60-70
6 mos	7	100-160	30-60	70-80
1 yr	10	100-140	24-40	72-107
2	12	80-130	24-40	74-110
3	15	80-130	24-40	76-113
4	16	80-120	22-34	78-115
5	18	80-120	22-34	80-116
6	20	70-110	18-30	82-117
8	25	70-110	18-30	86-120
10	35	60-100	16-24	90-123
12	40	60-100	16-24	90-127
14	50	60-100	16-24	90-132
15+	55+	60-100	14-20	90-135



www.NHpediatricEMS.org

* BP in children is a late and unreliable indicator of shock.

Age	Cuffed ET Size (mm) **	Isotonic Fluid Bolus	Maintenance (mL/hr)	Dextrose (ml of D10)	OG/NG (fr)	Foley Cath (fr)
Newborn	3.0	30	12	15	8	5-6
6 mos	3.5	140	28	35	8	5-6
1 yr	3.5	200	40	50	10	5-6
2	4.0	240	44	60	10	6
3	4.5	280	48	75	10	6
4	4.5	320	52	80	10-12	8-10
5	5.0	360	56	90	10-12	8-10
6	5.0	400	60	100	12-14	8-10
8	6.0	500	65	125	12-14	8-10
10	6.5	600-700	70-75	175	14-18	8-10
12	7.0	800	80	200	14-18	8-10
14	7.5	1000	90	250	14-18	10-12
15+	7.5-8.0	1000	90-100	300	14-18	10-12

** If no cuffed tubes go up 0.5 size, depth at lip 3X tube size, use cont end tidal to confirm



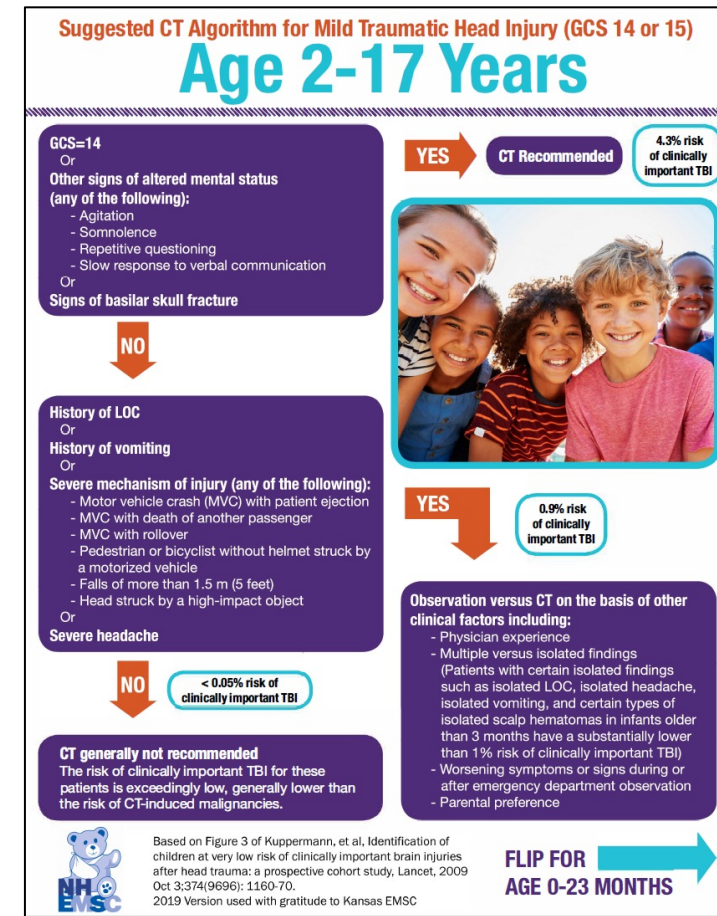
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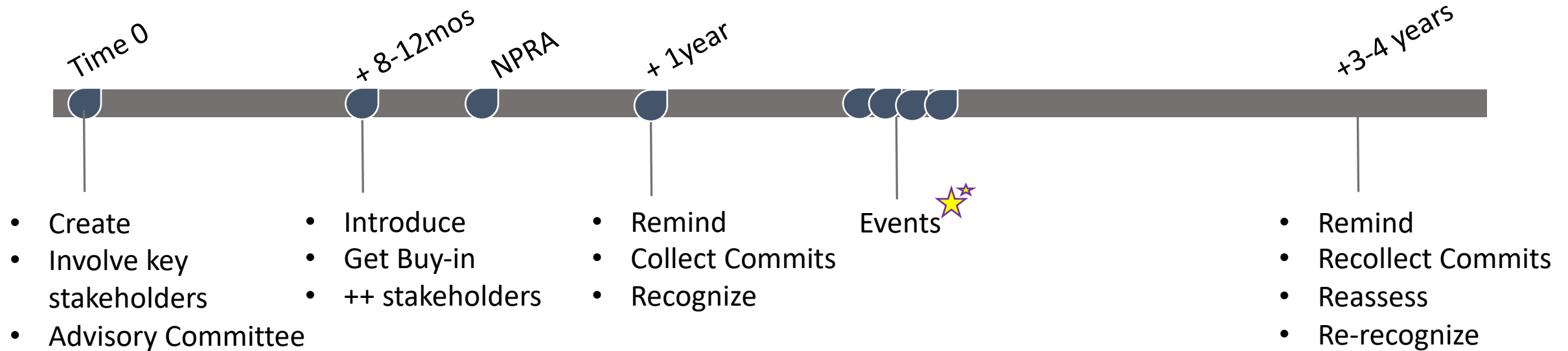


Introduction Packet – Carrots

- CT Resource
 - Available in Spanish



Timeline



Always Ready for Children – growing pains

- Unknowns
 - Duration of recognition
 - Ceiling effect
 - Details remain different between states (logo, application, introduction, state's logo)
 - Stability

Questions?





TN EMSC – Path to Legislation

Natasha Kurth, MBA, MHA

Executive Director, Children's Emergency Care Alliance

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Adapting AND
FORGING NEW *Paths*



Committee on Pediatric Emergency Care (COPEC)

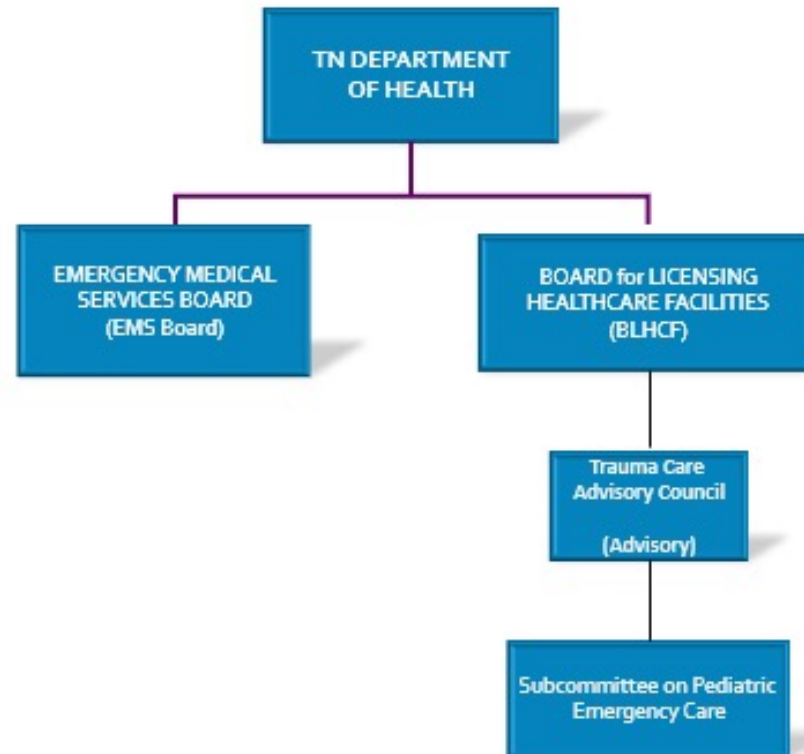
- An advisory committee of the Board for Licensing Health Care Facilities and the EMS Board
- Application Process - The hospital shall self designate the classification of Pediatric Emergency Care Facility it will maintain and the level of care it will provide
 - Basic
 - Primary
 - General
 - Proposed 2020: General with PICU
 - CRPC
- Added PECC to legislation proposal submitted in 2020
- No expenses associated with designation program
- Marketing & Fundraising: Children's Emergency Care Alliance; non-profit
- Submit pediatric undertakings from previous year to the Department of Health in the joint annual report

Membership Includes

Tennessee Hospital Association
Tennessee Chapter of the American Academy of Pediatrics
Tennessee Chapter of the American College of Surgeons
Tennessee Chapter of the American College of Emergency Physicians
Tennessee Chapter of the American Academy of Family Physicians
Tennessee Emergency Nurses Association
Tennessee Ambulance Service Association
Rural Health Association of Tennessee
Tennessee Congress of Parents and Teachers (PTA)
Tennessee Emergency Medical Services Education Association (TEMSEA)
Comprehensive Regional Pediatric Centers
Tennessee Emergency Medical Services for Children (EMSC)
Tennessee Association of School Nurses
EMS Director Association Regional Coordinators
Family Voices
Tennessee Highway Traffic Safety Administration
Tennessee Association of EMTs

Path to Legislation

1994-1998



Creation of COPEC

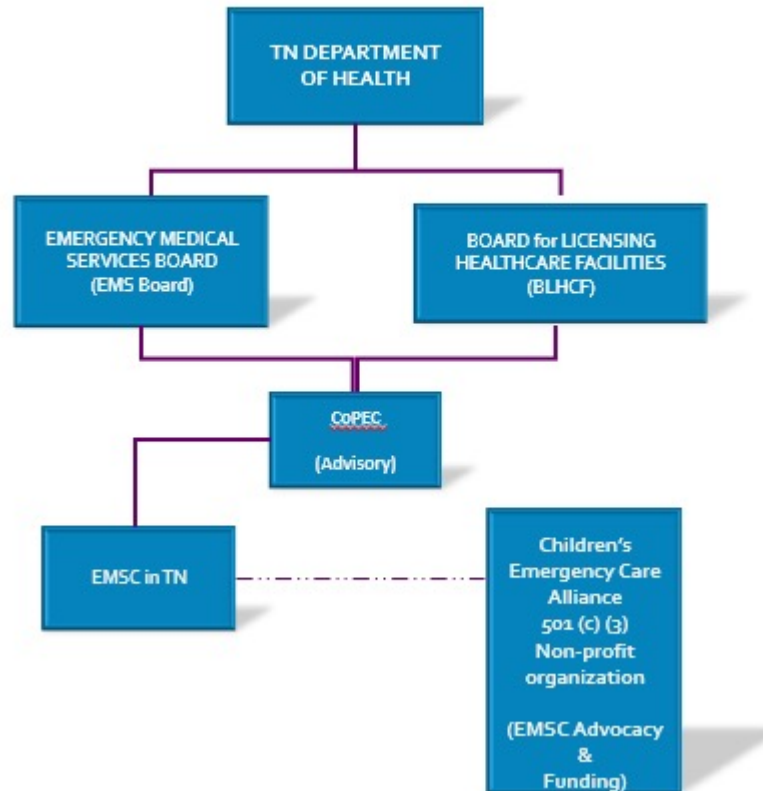
June 1998

EMSC Law

- On or before July 1, 1999...Shall promulgate regulatory standards to ensure the adequacy of emergency medical services for children.
- The rules shall ensure the adequacy of emergency medical care for children, both in-hospital and pre-hospital, relative to:
 - equipment
 - qualifications of personnel
 - continuing professional education.

Creation of CoPEC cont.

SINCE July 1998



2006 Expansion of CoPEC

a) The board for licensing health care facilities shall promulgate rules and regulations pursuant to the Uniform Administrative Procedures Act, compiled in Title 4, Chapter 5, to provide optimal emergency medical and surgical services for pediatric patients in facilities it licenses and shall have the authority, ...In developing, updating and implementing rules and regulations and providing services and equipment, the board shall be guided by national standards and shall collaborate with the emergency medical services division and its board and the committee on pediatric emergency care created pursuant to subsection (e).

2006 Expansion of CoPEC

a) (b) It is the intent of this section that the entire spectrum of emergency pediatric medical and critical care services, including primary prevention of illness and injury, a statewide pediatric trauma system, disaster planning and management, acute care, data analysis, evaluation of potential standards of care, and rehabilitation be incorporated into the rules and into any services and equipment provided or required to be furnished pursuant to this section or any grant or contract awarded hereunder.



Contact

E-mail: natasha.d.kurth@vumc.org or
cecatn@vumc.org

Website: www.cecatn.org



Children's Emergency Care Alliance of Tennessee



CECATN



[@cecatn](https://twitter.com/cecatn)



Children's Emergency Care Alliance of Tennessee

Thank You for Joining Us Today!!

Questions?



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