Pediatric Facility Recognition Collaborative

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JULY 2016 – DECEMBER 2017

ACKNOWLEDGEMENTS

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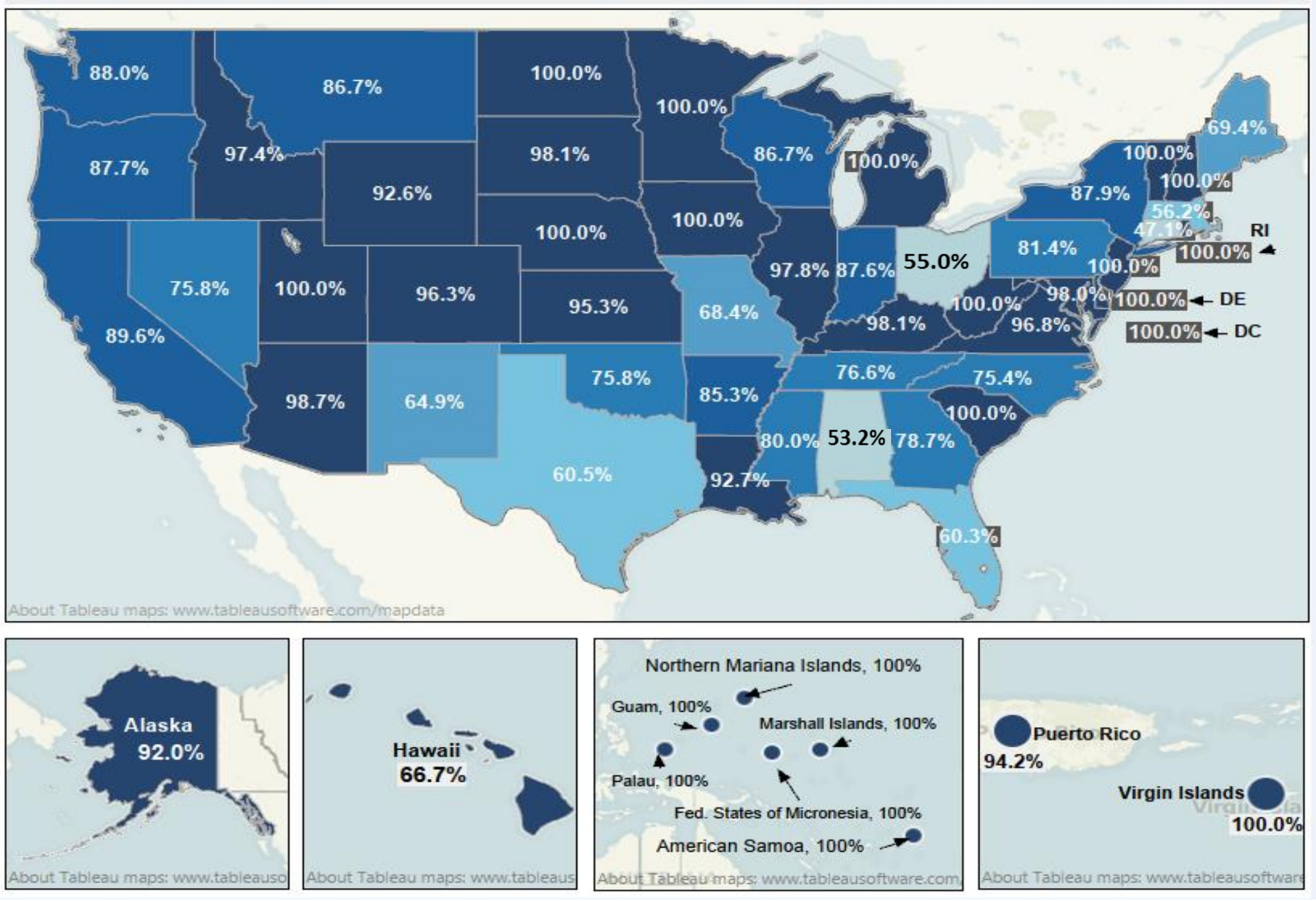


Of the 5,017 assessments sent - 4,149 **(82.7%)** ED Managers responded.

National Assessment of Pediatric Readiness of Emergency Departments

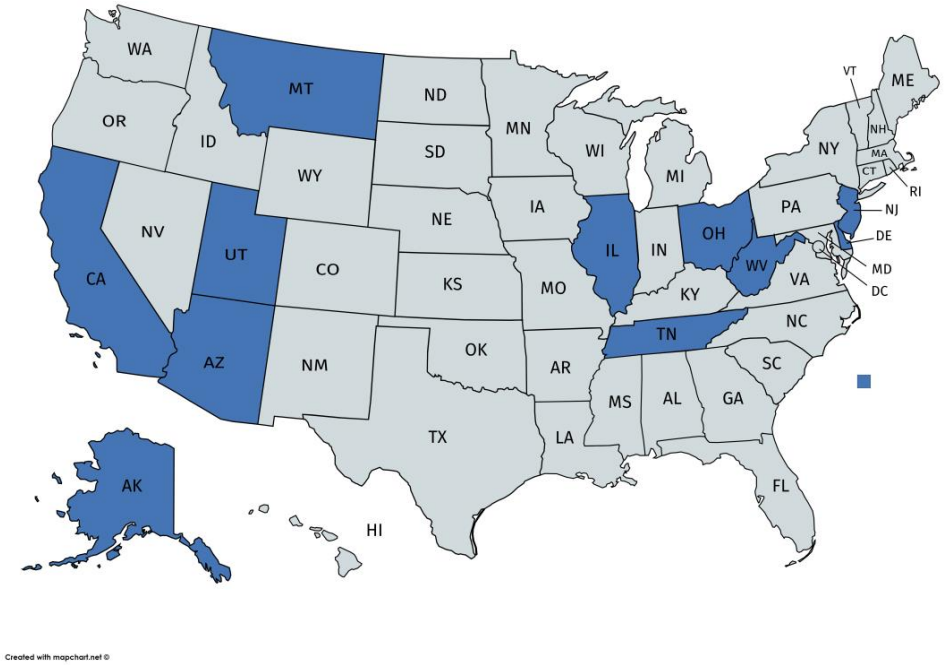
	All Hospitals	Low	Medium	Medium High	High
Pediatric Readiness Median (IQR)	68.9 (56.1, 83.6)	61.4 (49.5, 73.6)	69.3 (57.9, 81.8)	74.6 (60.9, 87.9)	89.8 (74.7, 97.2)

p<0.0001

- **Low** pediatric volume (<1800 pediatric visits per year)
- **Medium** volume (1800-4999 visits per year)
- **Medium high** volume (5000-9999 visits per year)
- **High** volume (10,000+ visits per year)

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

Overview of Pediatric Facility Recognition Programs



- Recognition criteria based on the 2009 "Guidelines for Care of Children in the Emergency Department"
- 11 states with pediatric facility recognition programs
  - Alaska, Arizona, California, Delaware, Illinois, Montana, New Jersey, Ohio, Tennessee, Utah, and West Virginia
- Majority are voluntary programs
- Host institution varies

Participating Sites in Pediatric Medical Recognition Programs

	No	Yes
	(N = 460)	(N = 370)
Tennessee	0 (0.0%)	95 (100.0%)
New Jersey	0 (0.0%)	70 (100.0%)
Delaware	2 (20.0%)	8 (80.0%)
Illinois	79 (43.6%)	102 (56.4%)
Utah	26 (56.5%)	20 (43.5%)
California	246 (82.0%)	54 (18.0%)
West Virginia	42 (82.4%)	9 (17.6%)
Arizona	65 (84.4%)	12 (15.6%)

Impact of Pediatric Facility Recognition

		Located in State with Recognition Program		
Weighted Pediatric Readiness Score	**Overall (N = 4083)**	**No (N = 3253)**	**Yes (N = 830)**	**P-value**
State Mean (SD)	**69.3 (17.72)**	**67.9 (17.54)**	**74.8 (17.34)**	**<.001**

Whitfill T, Remick K, Olson L, et al. Statewide Pediatric Facility Recognition Programs and Their Association with Pediatric Readiness in Emergency Departments in the United States. J Pediatr. *Accepted*

Impact of Pediatric Facility Recognition Programs on Pediatric Readiness in Emergency Departments

Improved Readiness

Pediatric Verified EDs (n=51)	Non-Verified EDs (n=218)	
89.6 [IQR 84.1, 94.1]	65.5 [IQR 55.5, 76.3]	p<0.0001

Decreased pediatric mortality rates

AZ PREPARED EMERGENCY CARE PROGRAM	Participating Facilities	Non-Participating Facilities
Mortality rates ***before*** PFRP per 100,000 visits	40	35.8
Mortality rates ***after*** PFRP per 100,000 visits	25.8	34.4

Remick K, et al. Ann Emerg Med. (2016)
Rice, et al. JEMS (2017)

Impact of Trauma Verification

Trauma Center Verification Status	WPRS
Level I/II (n=48)	87.4 [IQR 69.4, 93.8]
Level III/IV (n=19)	64.8 [IQR 53.1, 82.9]
Non-trauma Center (n=233)	68.1 [IQR 56.7, 82.2]

p<0.0001

When controlling for pediatric readiness verification and annual pediatric patient volume, trauma center designation is NOT predictive of greater readiness (p=0.06)

Remick K, et al. Pediatric Readiness: A Best Practice for Pediatric Trauma Resuscitation. TCAA 2014 annual meeting

Pediatric Readiness Among US Trauma Hospitals

Pediatric Readiness Score by Trauma Hospital Type				
	Children (N = 49)	**EDAP** (N = 110)	**Trauma** (N = 1088)	**Overall** (N = 1247)
Mean, (SD)	96.7, (4.8)	87.0, (12.4)	69.1, (16.8)	71.8, (17.6)
Min, Max	74.4, 100.0	47.1, 100.0	27.3, 100.0	27.3, 100.0

Level 1 Trauma Hospitals vs EDAP Hospitals	
	ARR (95% CI)
Presence of at least one PECC	0.82, (0.73, 0.91)
Agreements	0.80, (0.70, 0.91)
Guidelines	0.93, (0.84, 1.04)
Record weight in kilograms	0.94, (0.84, 1.04)
Pre-calculated drug dosing	0.90, (0.81, 1.01)
ED has patient care-review process	0.70, (0.62, 0.80)
Disaster plan policy	0.80, (0.68, 0.93)

Remick K, Gaines B, Ely M, Richards R, Fendya D, and Edgerton E. *Pediatric Emergency Department Readiness Among US Trauma Hospitals*. J Trauma Acute Care Surg, 12-26-18.

Overview of Pediatric Facility Recognition Collaborative (PFRC)

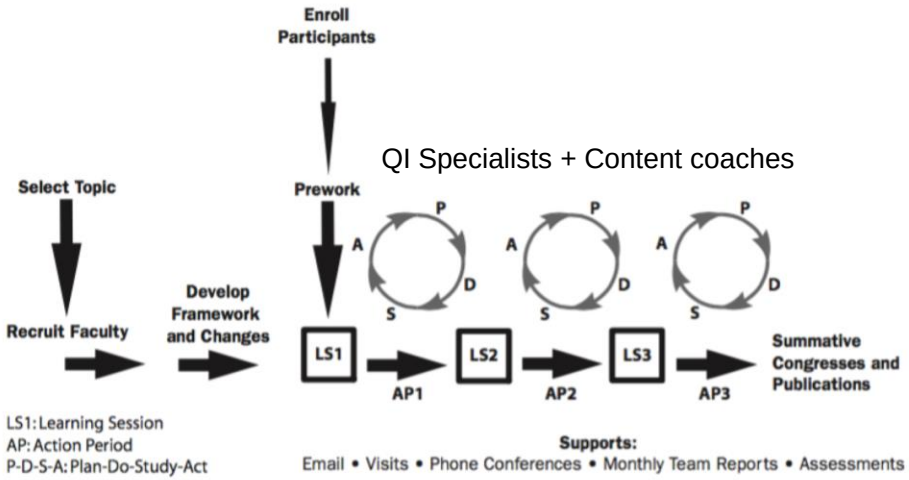
Mission Statement

All children deserve timely access to emergency departments that are ready to provide immediate and appropriate care based on national guidelines for the care of children in emergency departments.

SMART Aim

By December 1, 2017, increase by 50% the number of states that have developed and approved an implementation plan for the recognition of EDs who are ready to stabilize and/or manage children with medical emergencies based on the 2009 Guidelines for Care of Children in the ED.

Key Components of QI Collaboratives



- Networks for shared learning
- Translate research into practice
- Discover new knowledge
- Close quality gaps/improve care and outcomes
- Coaching

- Capabilities Requirements:
  - Evidence informed content
  - Quality improvement science
  - Project management
  - IT infrastructure
  - Data management
  - Analytics
  - Research capabilities/generation of new knowledge

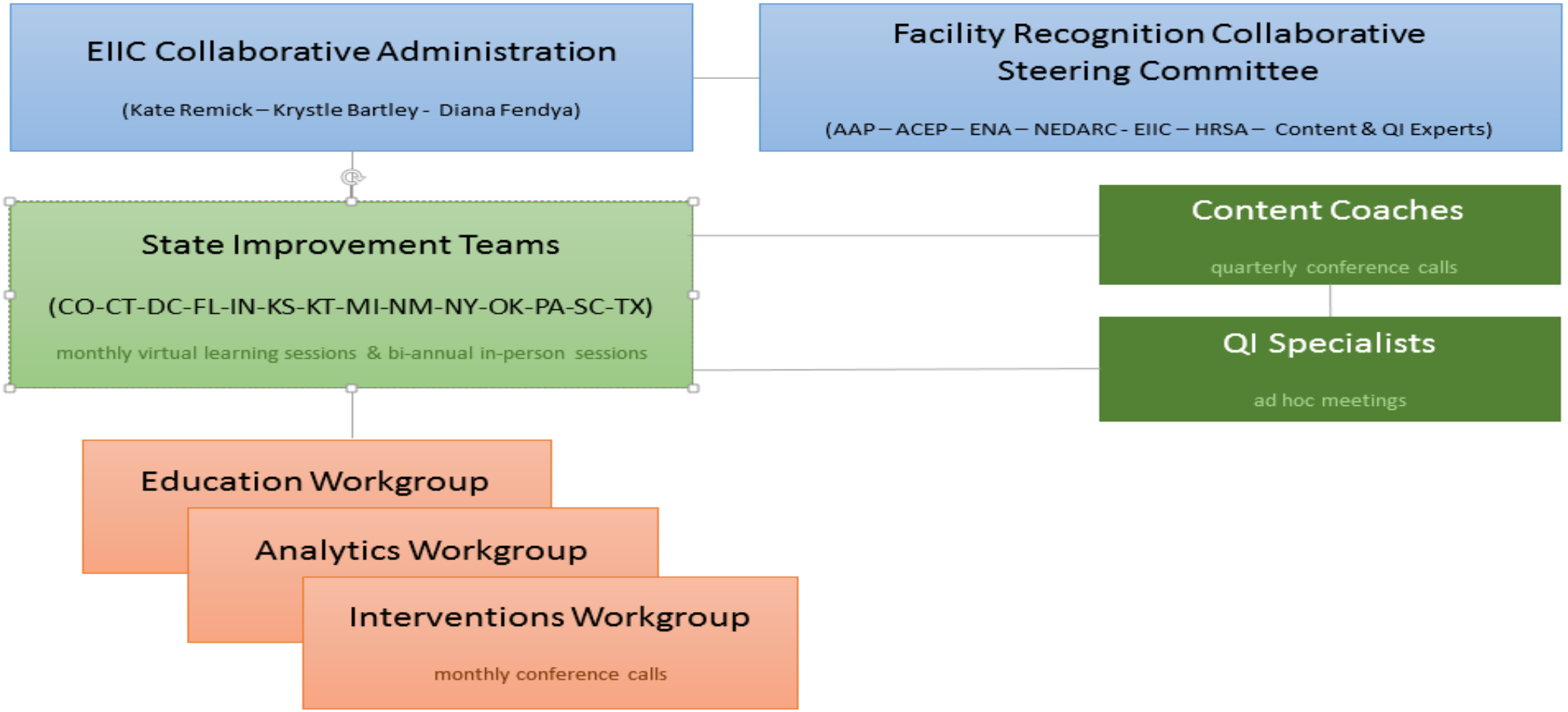
The Breakthrough Series. *IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series white paper. Boston, MA: Institute for Healthcare Improvement; 2003.

Lannon, *Pediatrics* 2013

Pediatric Facility Recognition Collaborative: Phases of Implementation

- Phase I: Understanding Your State's Framework
- Phase II: Research Phase
- Phase III: Stakeholder Agreement
- Phase IV: Development of an Implementation Plan
- Phase V: Piloting and Recognition

Pediatric Facility Recognition Collaborative Design



Stepping Stones for Collaborative Participants…

Sharing Best Practices

- Content Coaches
- Targeted presentations showcasing best practices
- Collate best practices

Quality Improvement Concepts

QI Training

- IHI Modules
- SMART Aims
- Process Maps
- Stakeholder Grids
- Fishbone Diagrams
- QI Specialists

Tools & Resources

Workgroup Activities

- Education to participants and stakeholders
- Tools and Interventions
- Data and Progress measurement

Project Management

Learning Sessions

Foundational Knowledge: NPRP, Pediatric Emergency Care

PFRC Workgroups

Intervention:

- Determine the minimum criteria to recognize an ED as “pediatric ready” based on the 2009 Guidelines/NPRP assessment
- Discuss alternative ways to recognize facilities (i.e Pediatric Engaged or Pediatric Innovators)

Education:

- Brainstorm talking points for the following audiences: family advisory networks, C-suite, and trauma networks
- Develop a strategy to collect success stories

Analytics:

- Discuss questions, elements, and tools that should be included or created for each implementation phase
- Define ways to measure progress/success in each implementation phase

Collaboratives Infrastructure

Marketing
- National stakeholder engagement
- Logo
- Advisory committee

Application
- Letter of intent
- Letter of commitment
- Global aim
- Time Commitment

Website
- Recordings
- Resources
- Contact Information
- FAQs

Implementation guidebook
- Definitions
- Resources
- Goals and timeline

Phases of implementation
- SWOT Analysis
- Barriers and Enablers
- Stepping stones

Metrics
- Global
- Satisfaction
- Phase-specific

Data collection tools
- Monitor progress
- Facilitate project management
- Reporting/interim analysis

Education/Training
- QI education
- Project Management
- Collaborative-specific content

Networking

Learning Session Structure
- Awareness of national activities/support
- Small group huddles with coaches
- Team updates
- Key training: data, analytics, stakeholder engagement, innovation, sustainability planning

Incentives
- CME/CNE/MOC credit
- Letters of gratitude

Evaluations
- Knowledge acquisition
- Participant satisfaction
- Outcomes data

Tools and Resources from FRC

Engagement tool

Key stakeholders

Minimum criteria

Talking points and slides

Letter from Hospital Association

Elevator pitch

Summary of FR programs

Articles

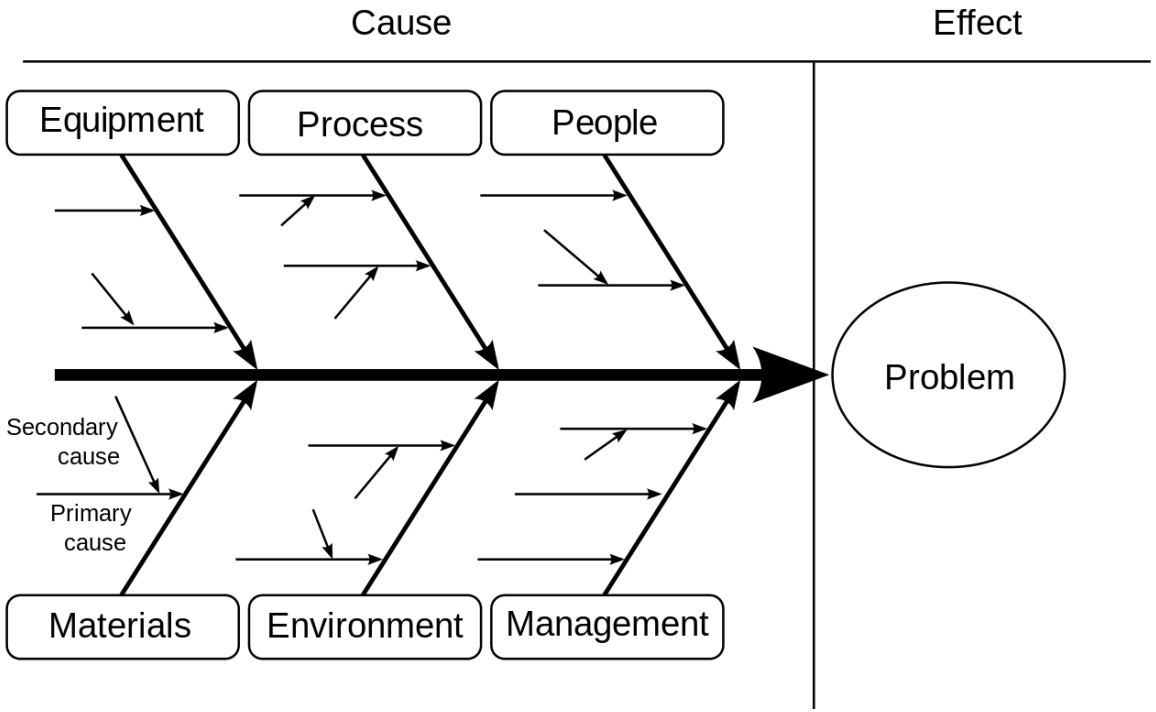
Phases of implementation/implementation guide

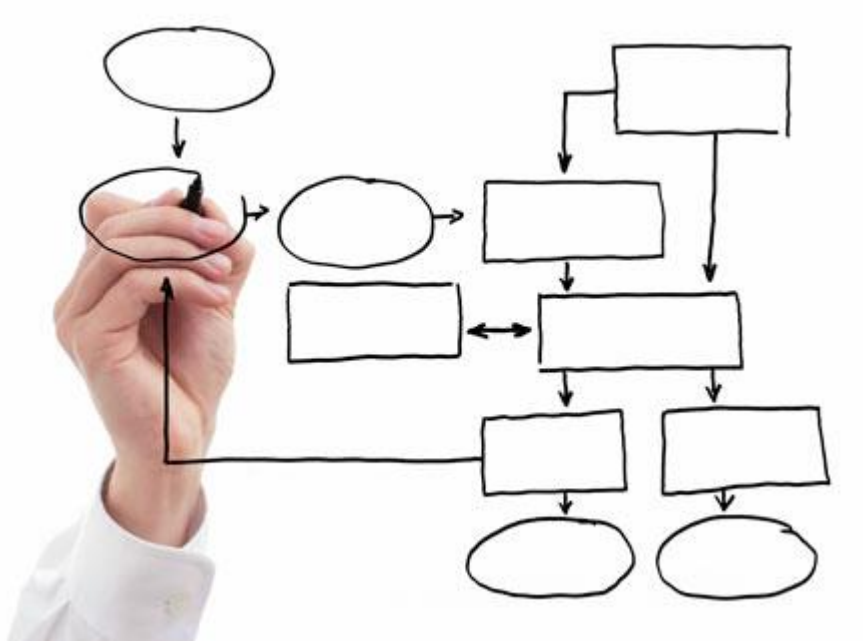
Application/Implementation planning

White Paper

Name of State – Display QI Tools and/or Resources Developed

Stakeholder grids
Fishbone diagrams
Process mapping





Team Name

Name of Team Members
Title

Name of Team Members
Title

Name of Team Members
Title

SMART Aim Statement:

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Accomplishments (since July 2016):

Text Here

Enablers and/or Barriers:

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Strategies Taken to Overcome Barrier or Description of Assistance Needed

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Any Advice for States Starting Recognition Process (e.g., best practices)?

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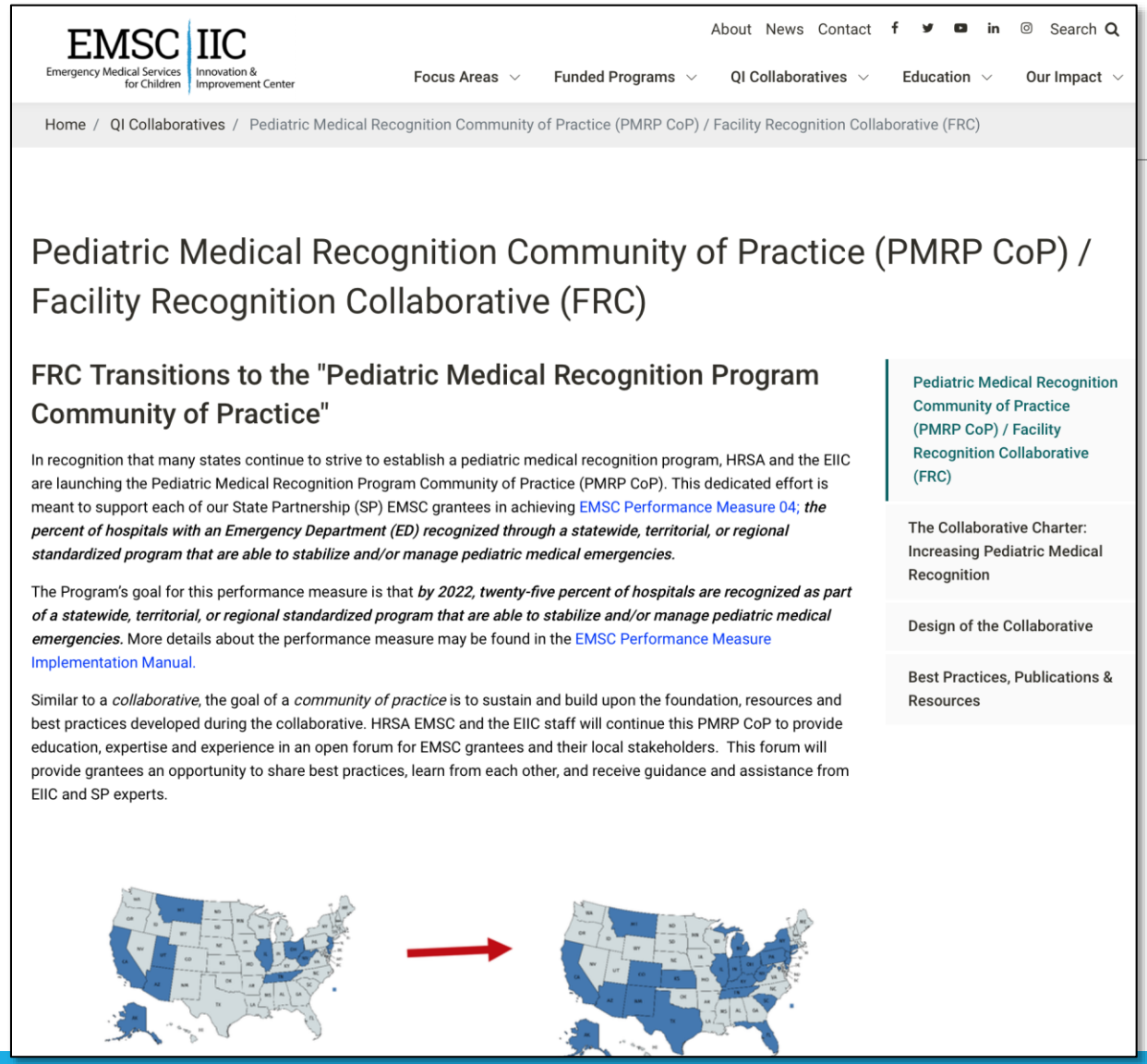
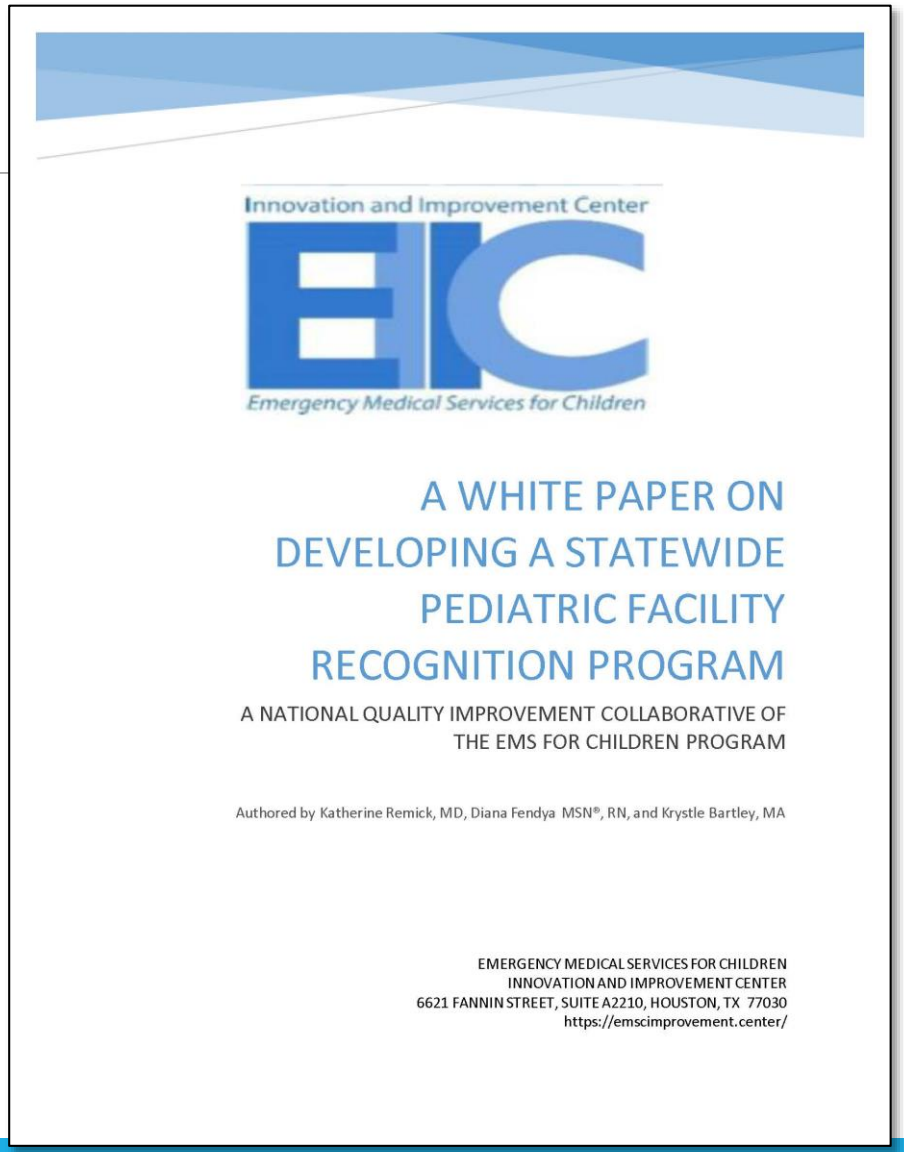
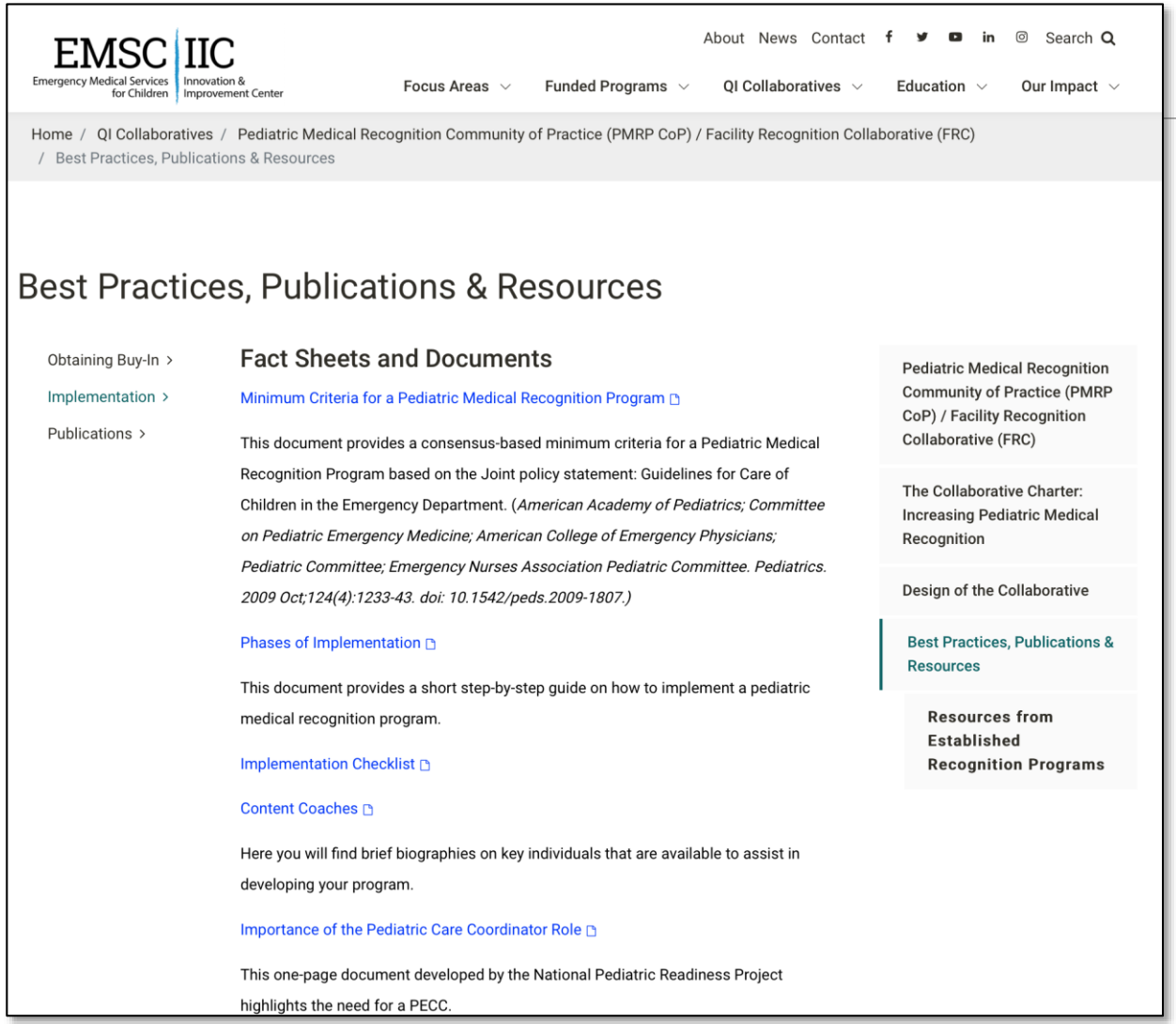
FRC Webpage

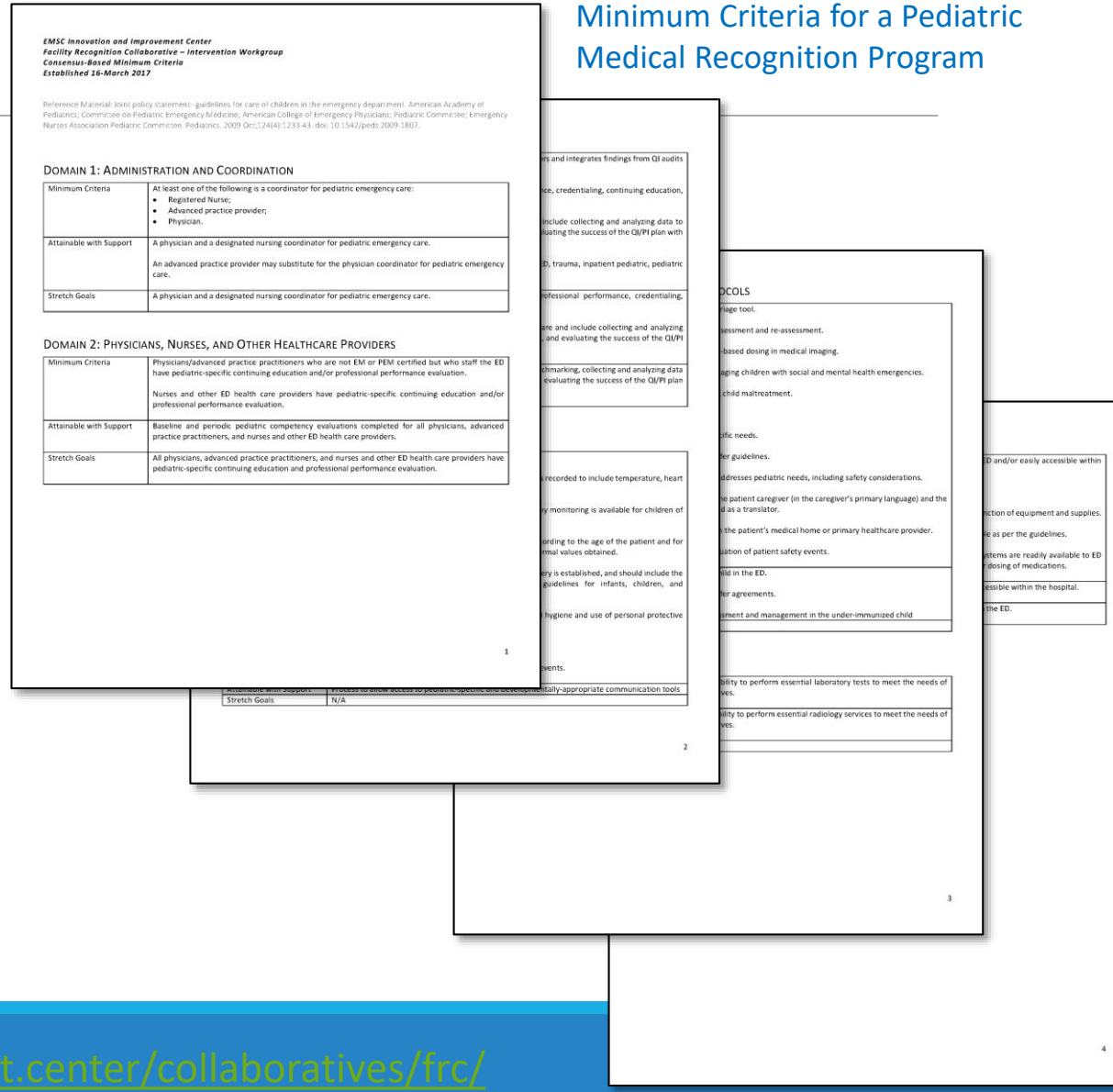




https://emscimprovement.center/collaboratives/frc/

Best Practices, Publications, & Resources





Minimum Criteria for a Pediatric Medical Recognition Program

https://emscimprovement.center/collaboratives/frc/

Resources from Established Programs

EMSC | IIC
Emergency Medical Services for Children | Innovation & Improvement Center

About News Contact Search

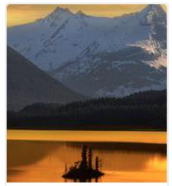
Areas Funded Programs QI Collaboratives Education Our Impact

Home / QI Collaboratives / Pediatric Medical Recognition Community of Practice (PMRP CoP) / Facility Recognition Collaborative (FRC) / Best Practices, Publications & Resources / Resources from Established Recognition Programs

Resources from Established Recognition Programs

Medical Recognition Programs from Across the United States

Several states have established medical recognition programs – these include Alaska, Arizona, California, Delaware, Illinois, Montana, New Jersey, Ohio, Tennessee, Utah, and West Virginia. Please click on each state to access a fact sheet, hyperlinks to their website, or to download helpful materials developed by each state..



Alaska

Alaska Pediatric Facility Recognition Program

Alaska Fact Sheet

Arizona

Arizona Fact Sheet

California

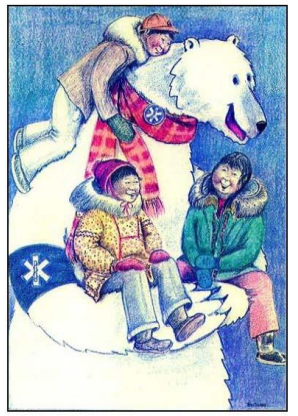
California Fact Sheet

Delaware

Delaware Pediatric Emergency Care Facility Recognition Program

Additional Resources

- Pediatric Medical Recognition Community of Practice (PMRP CoP) / Facility Recognition Collaborative (FRC)
- The Collaborative Charter: Increasing Pediatric Medical Recognition
- Design of the Collaborative
- Best Practices, Publications & Resources
  - **Resources from Established Recognition Programs**



Alaska Emergency Medical Services for Children (EMSC)

Pediatric Facility Recognition Program

Alaska Department of Health and Social Services
Division of Public Health
Section of Emergency Programs
January 2016

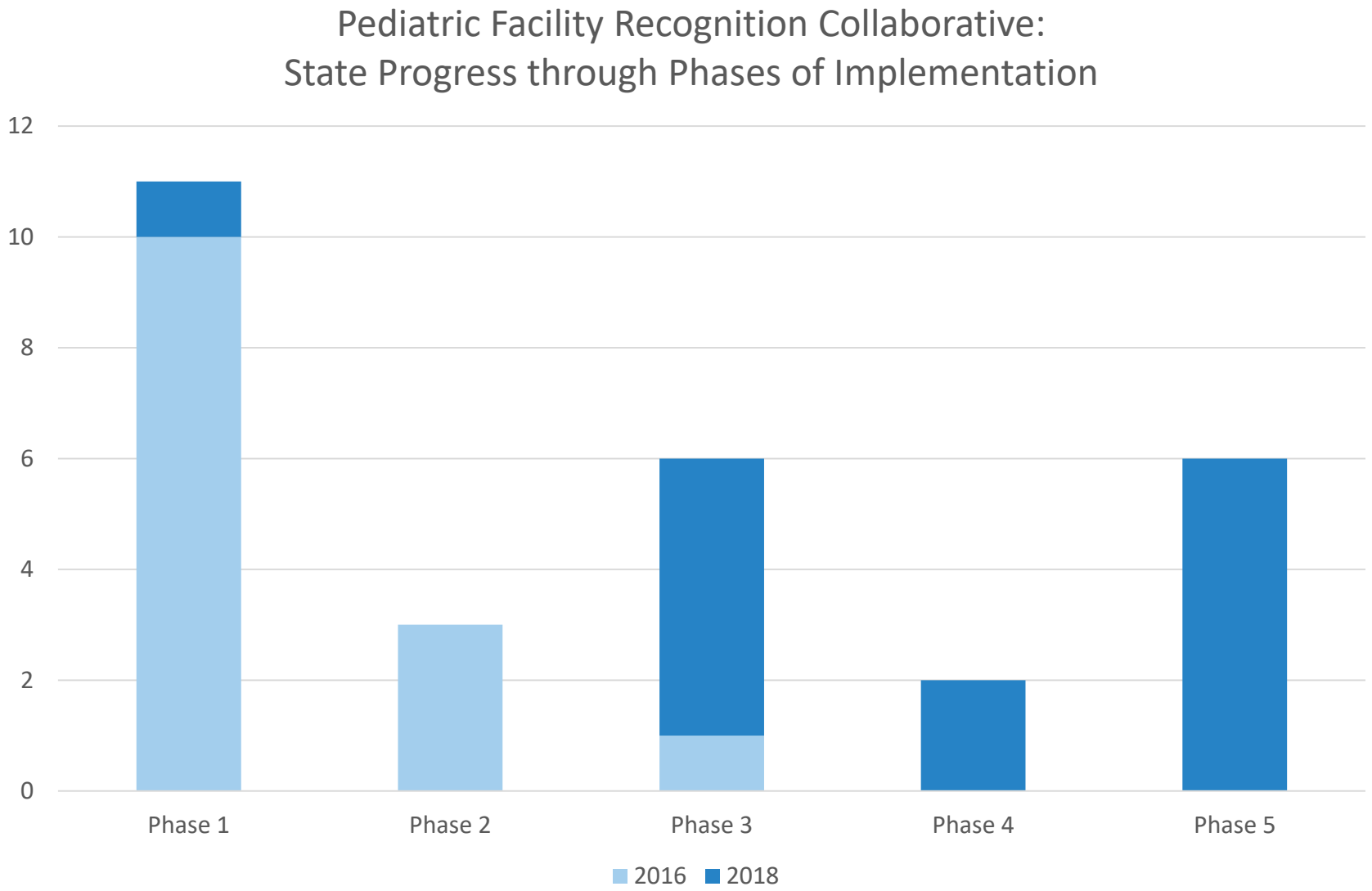
Pediatric Medical Recognition Collaborative: Measures of Success

Short term measures:

- QI knowledge uptake
- Use of improvement science tools
- Participant satisfaction
- Progression through phases of implementation
- Percent change in number of states with PFRPs

Long term measures:

- Number of EDs applying for recognition
- Percent of EDs recognized in state/territory
- Percent change in state median pediatric readiness score


Pediatric Facility Recognition Collaborative:
State Progress through Phases of Implementation
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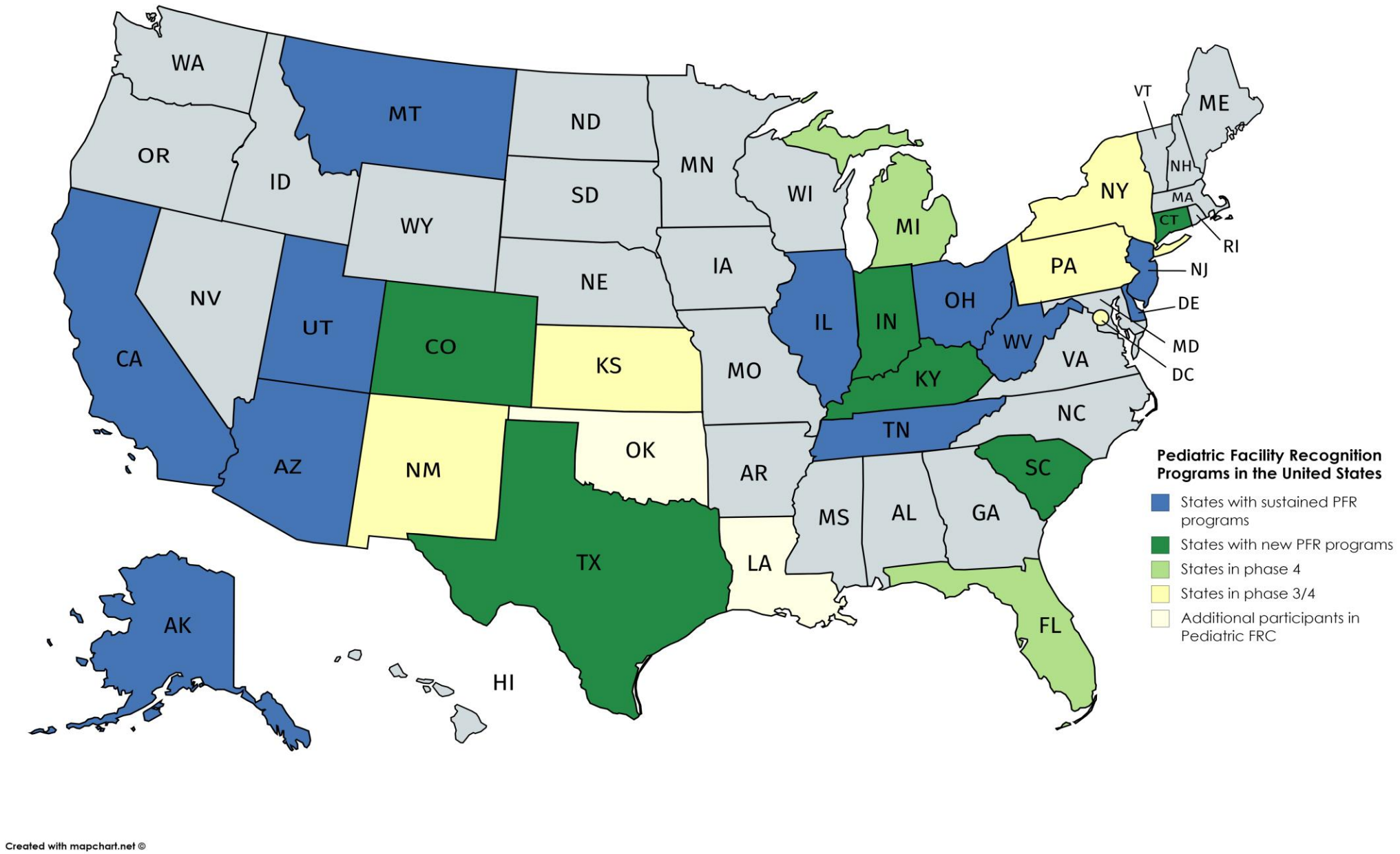
Phase 1
Phase 2
Phase 3
Phase 4
Phase 5
2016
2018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Pediatric Facility Recognition Programs in the United States
States with sustained PFR programs
States with new PFR programs
States in phase 4
States in phase 3/4
Additional participants in Pediatric FRC
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Pediatric Medical Recognition Program Community of Practice

CONTINUED SUPPORT OF ONGOING ACTIVITIES

SHARING OF BEST PRACTICES

TROUBLESHOOTING CHALLENGES

PMRP CoP Quarterly Calls

Next Call: September 25, 2019 12:00-1:30 CDT

JOIN WEBEX MEETING

https://texaschildrens.webex.com/texaschildrens/j.php?MTID=ma6b9e43d02b6ea0170c3c182c1800a19

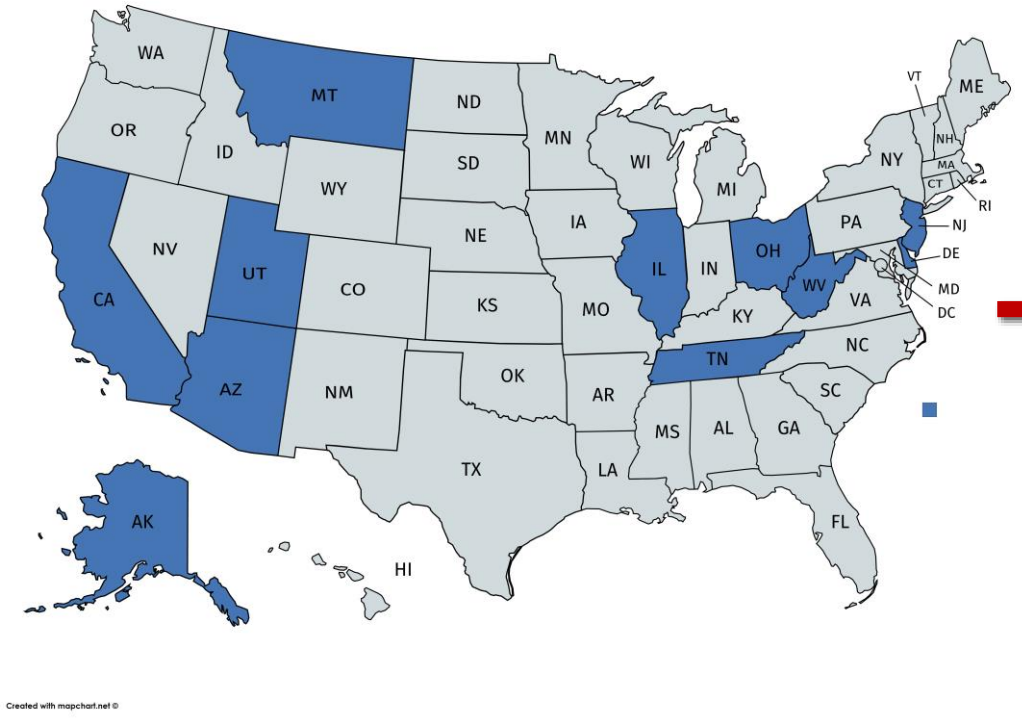
Meeting number (access code): 806 047 277

JOIN BY PHONE

+1-415-655-0002 US Toll

+1-855-797-9485 US Toll free

Access code: 806 047 277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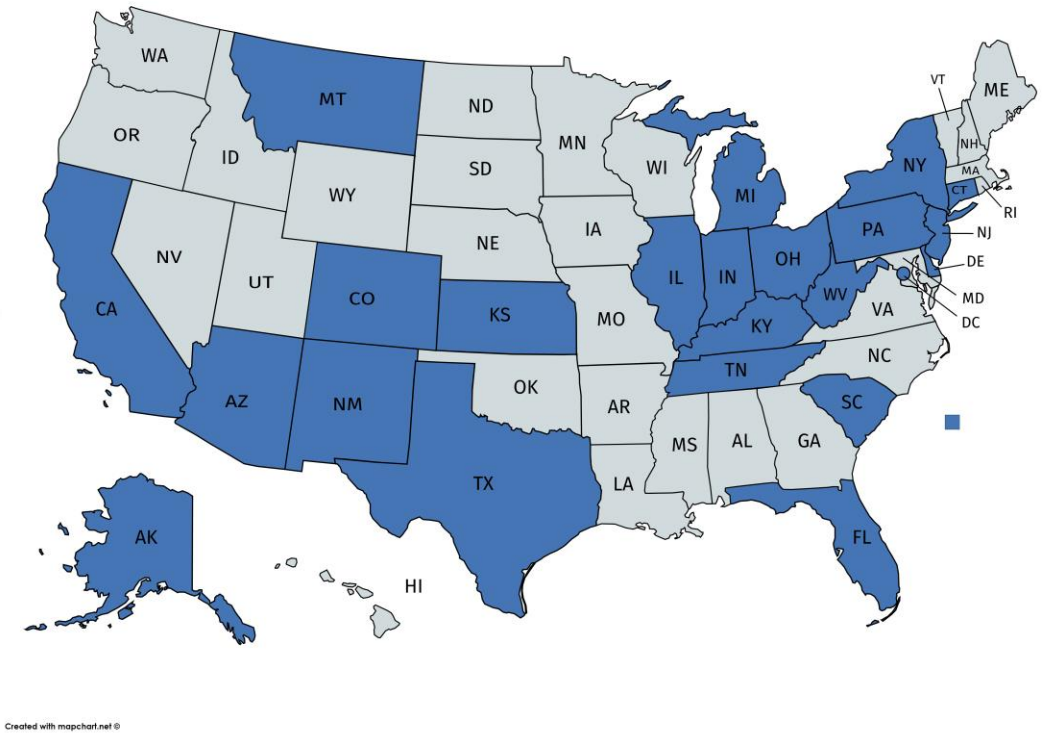
PFRC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Questions or Comments?

Email contact: qeca@texaschildrens.org