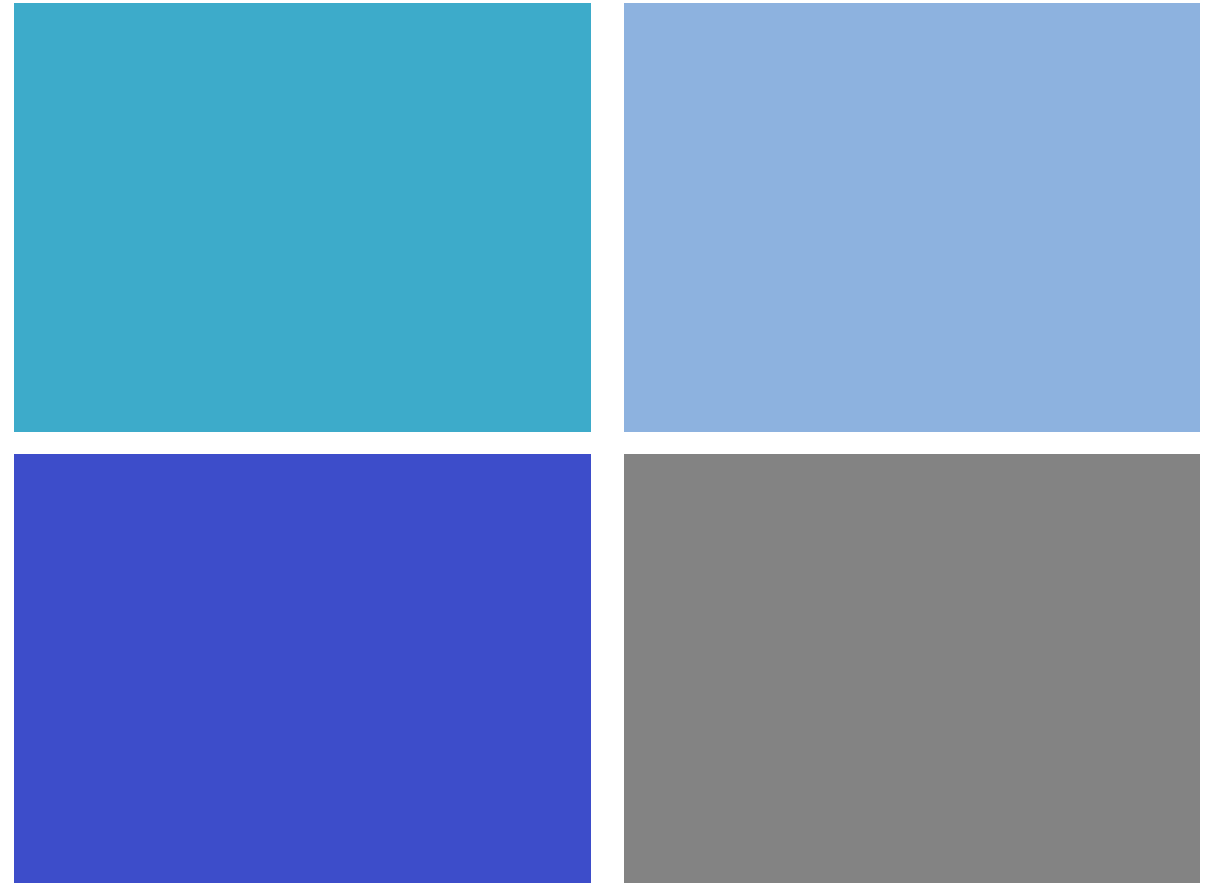


Innovation and Improvement Center



Emergency Medical Services for Children



Prehospital Pediatric Emergency Care Coordinator Learning Collaborative Lessons Learned

August 21, 2019

Acknowledgement



- The Health Resources and Services Administration (HRSA), Maternal Child Health Bureau (MCHB), EMS for Children (EMSC) Program's EIIC is supported in part by the 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.

Background

EMERGENCY CARE FOR CHILDREN GROWING PAINS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

RESOURCE DOCUMENT: COORDINATION OF PEDIATRIC EMERGENCY CARE IN EMS SYSTEMS

Katherine Remick, MD, Toni Gross, MD, MPH, Kathleen Adelgais, MD, MPH,
Manish I. Shah, MD, MS, Julie C. Leonard, MD, MPH, Marianne Gausche-Hill, MD

ABSTRACT

Background: Citing numerous pediatric-specific deficiencies within Emergency Medical Services (EMS) systems, the Institute of Medicine (IOM) recommended that EMS systems appoint a pediatric emergency care coordinator (PECC) to provide oversight of EMS activities related to care of children, to promote the integration of pediatric elements into day-to-day services as well as local and/or regional disaster planning, and to promote pediatric education

across all levels of EMS providers. **Methods:** A systematic review of the literature was undertaken to describe the evidence for pediatric coordination across the emergency care continuum. The search strategy was developed by the investigators in consultation with a medical librarian and conducted in OVID, Medline, PubMed, Embase, Web of Science, and CINAHL databases from January 1, 1983 to January 1, 2016. All research articles that measured a patient-related or system-related outcome associated with pediatric coordination in the setting of emergency care, trauma, or disaster were included. Opinion articles, commentaries, and letters to the editors were excluded. Three investigators independently screened citations in a hierarchical manner and abstracted data. **Results:** Of 149 identified titles, nine were included in the systematic review. The nine articles included one interventional study, five surveys, and three consensus documents. All articles favored the presence of pediatric coordination. The interventional study demonstrated improved documentation, clinical management, and staff awareness of high priority pediatric areas. **Conclusion:** The current literature supports the identification of pediatric coordination to facilitate the optimal care of children within EMS systems. In order for EMS systems to provide high quality care to children, pediatric components must be integrated into all aspects of care including day-to-day operations, policies, protocols, available equipment and medications, quality improvement efforts, and disaster planning. This systematic review and resource document serves as the basis for the National Association of EMS Physicians position statement entitled "Physician Oversight of Pediatric Care in Emergency Medical Systems." **Key words:** emergency medical services (EMS) systems; pediatrics; EMS for children; administration; quality improvement

PRED-HOSPITAL EMERGENCY CARE 2016; Early Online: 1-9

INTRODUCTION

Providing high-quality emergency medical services (EMS) to children requires an infrastructure designed to support the care of pediatric patients. Unfortunately, the 2006 Institute of Medicine (IOM) report on the Future of Emergency Care in the United States Health System described multiple challenges facing EMS systems when it comes to meeting the needs of children.¹ Gaps exist in both the clinical and administrative arenas. EMS providers face challenges related to infrequent encounters with children, particularly the critically ill, and maintenance of pediatric skills. Furthermore, there is a paucity of research on best

PHYSICIAN OVERSIGHT OF PEDIATRIC CARE IN EMERGENCY MEDICAL SERVICES

The National Association of EMS Physicians® believes:

- EMS is a multi-faceted, multidisciplinary field that serves diverse populations.
 - A physician serving the role of EMS medical director must recognize the diverse patient population their EMS program serves. If the EMS medical director has knowledge or experience gaps pertaining to a specific subset of patients in the program's population, the physician should actively engage subject matter experts and other resources to ensure the EMS-related healthcare needs of those groups are appropriately and reasonably reflected in the clinical operations of the EMS program.
 - There is significant value in the EMS medical director establishing relationships with other partners in patient care including healthcare facilities, medical specialty organizations, and government and non-governmental supported entities that advocate for or support efforts to provide medical care to special populations.
- Pediatric patients have unique needs that every EMS program must ensure are appropriately and reasonably met.
- If the EMS medical director does not inherently possess knowledge and experience in pediatric-related EMS healthcare needs, they should engage with stakeholders that can provide EMS-appropriate guidance related to pediatric EMS healthcare needs.
- Ensuring pediatric EMS healthcare needs are represented in the planning of an EMS system will

improve the care of children and can be accomplished by working collaboratively with the pediatric healthcare stakeholders to:

- Identify gaps and ensure available resources to care for children,
- Maintain a relationship with state EMS for Children infrastructure,
- Establish and maintain pediatric specific EMS protocols, and
- Establish quality improvement plans with pediatric specific indicators.
- Some jurisdictions may choose to develop an EMS Pediatric Emergency Care Coordinator or an EMS System Pediatric Advisory Committee, based on EMS program or system needs and resources, in order to augment and advise the EMS medical director(s) for the system or for individual EMS programs.
- If designated by the EMS medical director, the role of the Pediatric Emergency Care Coordinator may be met either by integrating the responsibilities of the role into an existing position, or by establishing a dedicated position, based on jurisdictional needs and resources, e.g. a shared role within a single agency or a shared resource among multiple agencies within a region.
- If formed, an EMS System Pediatric Advisory Committee should be composed of a diverse group of local EMS, emergency medicine, and pediatric stakeholders. The purpose of the committee is to be advisory to the oversight body for the EMS System, and support the EMS medical director(s) in the EMS system or jurisdiction.

Approved by the NAEEMSP Board of Directors June 29, 2016.
doi: 10.1080/10903127.2016.1228526



EMSC 02 PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

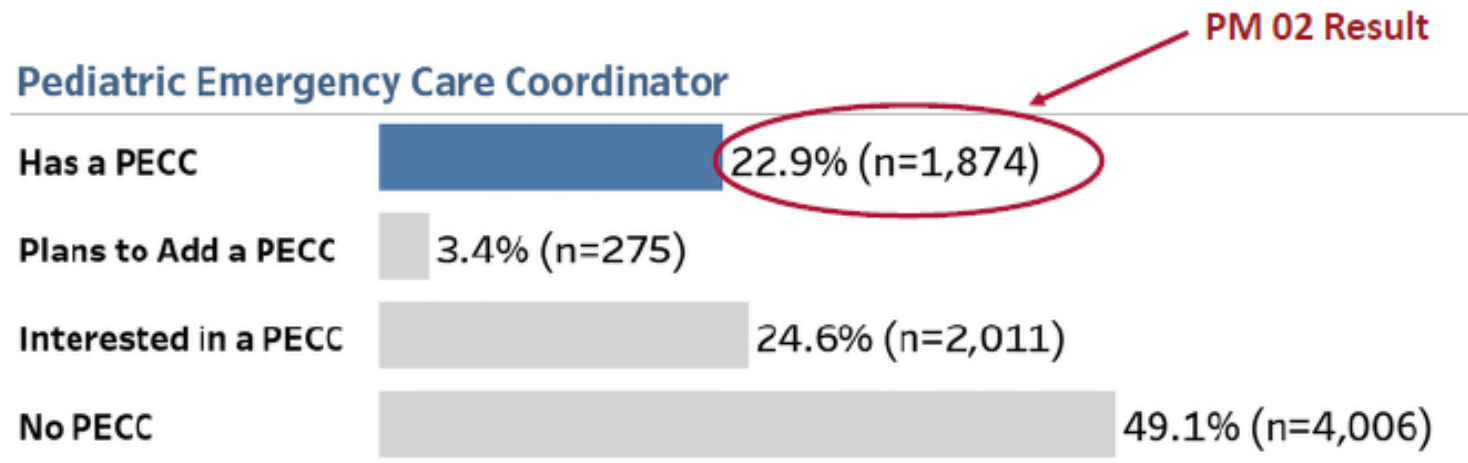
The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

Goal for this measure is that by 2026:

Ninety percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

EMS for Children Performance Measure 02

- *The percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care*





EMS FOR CHILDREN

PECC

Prehospital Pediatric Emergency Care Coordinator

LEARNING COLLABORATIVE

Introductions: Project Team



Sarah O'Donnell
Project Officer



Sam Vance, MHA, LP



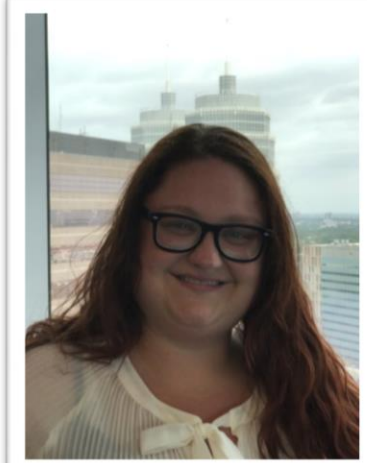
Charles Macias,
MD, MPH



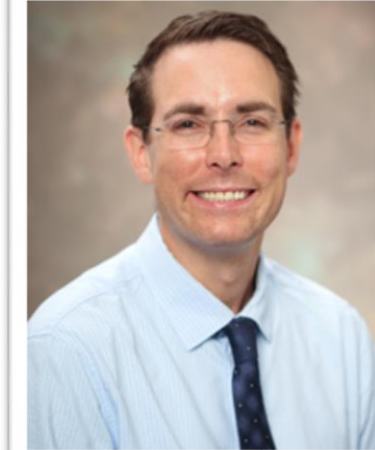
Terry Fisher, MPH, PMP



Rachael Alter, BA, QAS



Cassidy Penn, MEd



Marc Auerbach, MD, FAAP,
MSc

Advisory Committee

- American Academy of Pediatrics (AAP)
- American College of Emergency Physicians (ACEP)
- EMSC State Partnership Representatives
- Emergency Nurse Association (ENA)
- Health Resources and Services Administration (HRSA)
- International Association of Fire Chiefs (IAFC)
- National Association of EMS Physicians (NAEMSP)
- National Association of EMTs (NAEMT)
- National Association of State EMS Officials (NASEMSO)
- National Registry of EMTs (NREMT)



Subject Matter Experts

Brian Moore, MD

Greg Faris, MD

Toni Gross, MD

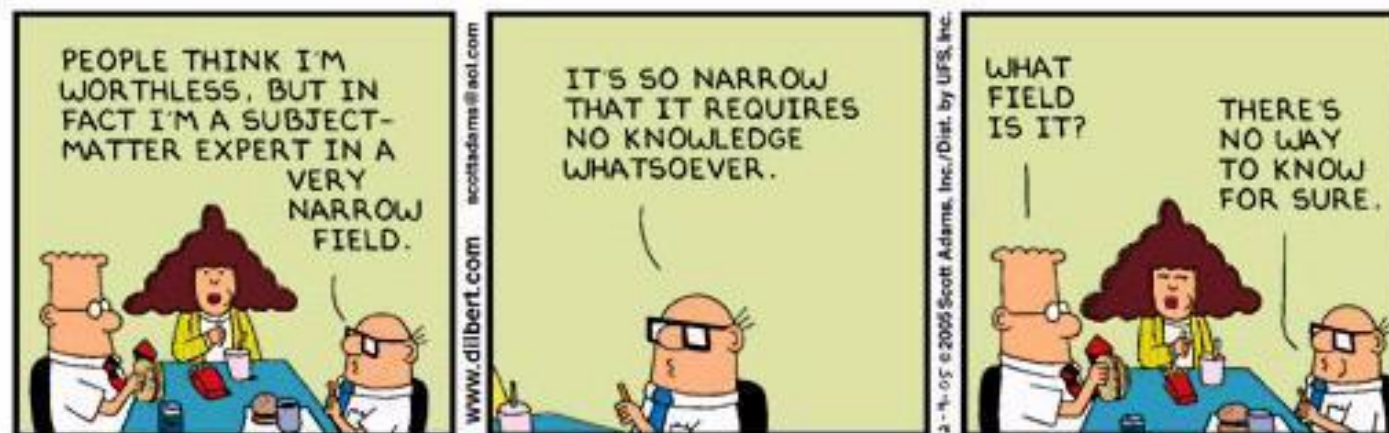
Kathleen Adelgais, MD, MPH

Julie Leonard, MD, MPH

Lorin Browne, DO

Travis Adams, NRP, CCRN

Kathleen Brown, MD



Objective



To form a cohort of EMSC State Partnership Grant recipients to participate in a learning collaborative that will demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC.

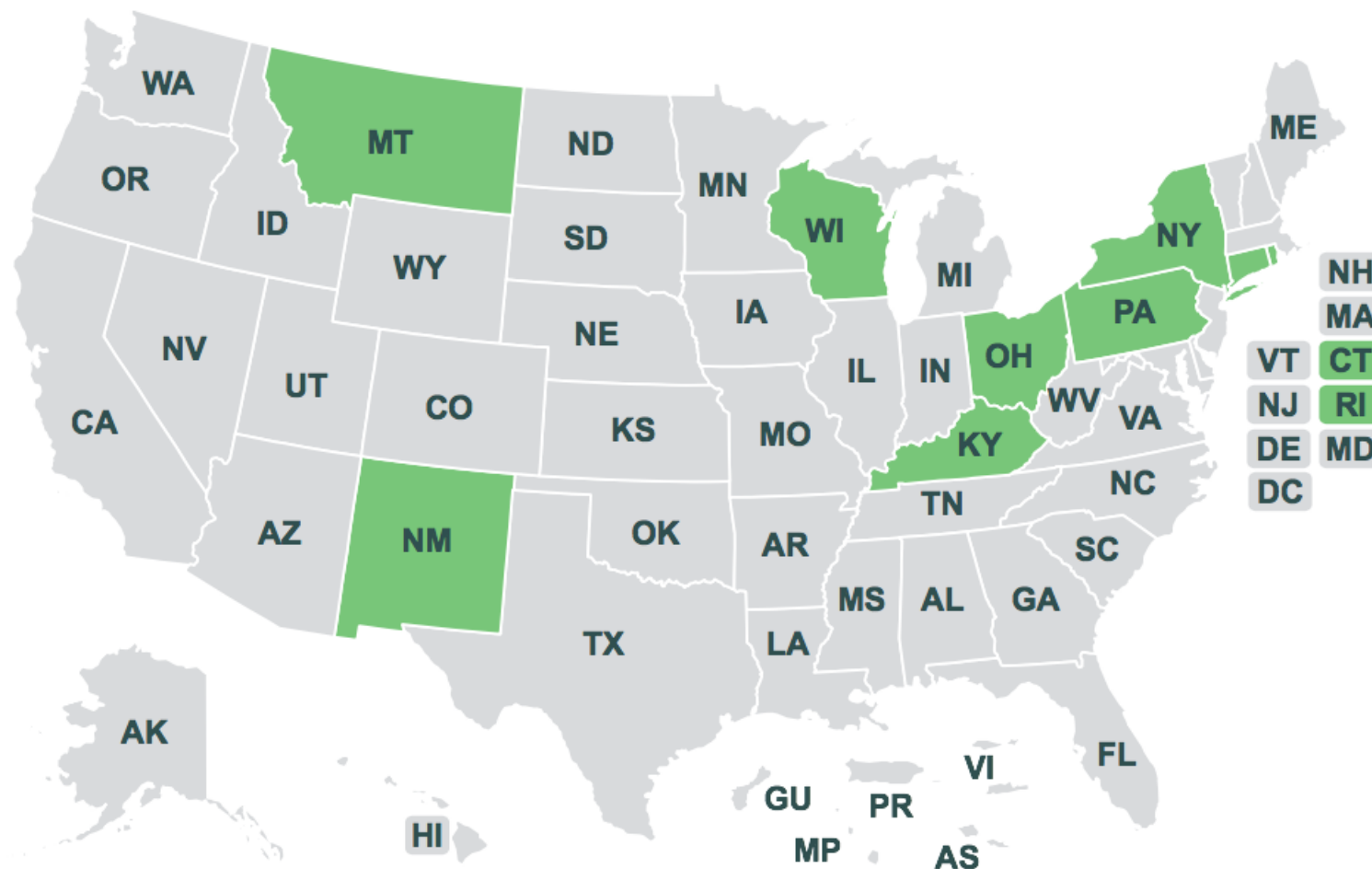
Focused Aim



By March 31, 2019, 9 participating states will have established a PECC in > 50% of local EMS agencies that indicated an interest in adding this role on the 2017 – 2018 National EMSC Survey.

State Partnership Teams

- Connecticut
- Kentucky
- Montana
- New Mexico
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Wisconsin



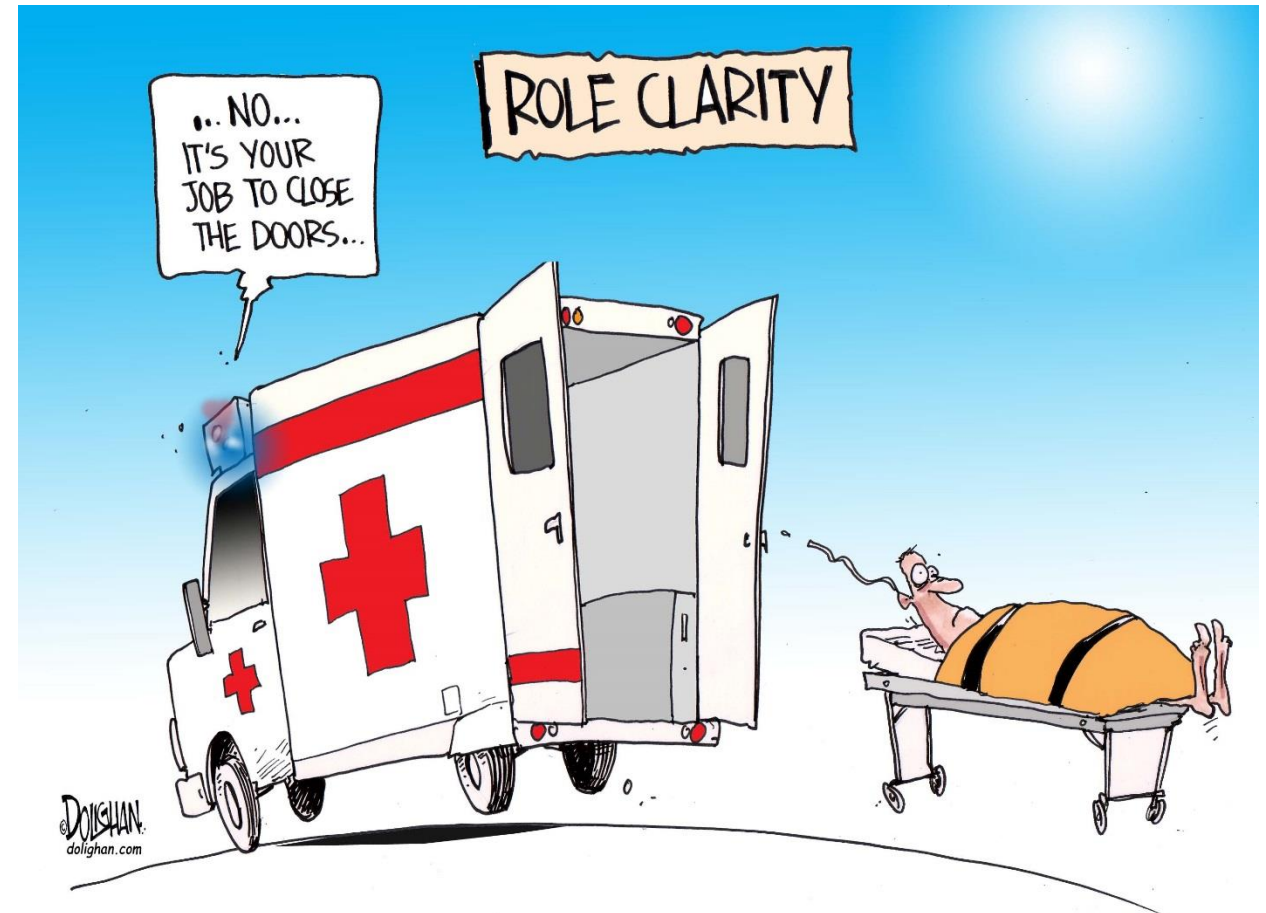
Participating states represent 10% of EMS agencies in the US.

Definition of a Prehospital PECC

An individual(s) who is responsible for coordinating pediatric specific activities. A designated individual(s) who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual(s) already in place who assumes this role as part of their existing duties. The individual(s) may be a member of your agency, or work at a county or regional level and serve more than one agency.

Roles of a Prehospital PECC: Certifications

- EMT
- Paramedic
- Registered Nurse
- Advanced Practice Nurse
- Physician Assistant
- MD



Responsibilities of a Prehospital PECC

- Ensures that the pediatric perspective is included in the development of EMS protocols.
- Ensures that fellow EMS providers follow pediatric clinical practice guidelines.
- Promotes pediatric continuing-education opportunities.
- Oversees the pediatric-process improvement.
- Ensures the availability of pediatric medications, equipment, and supplies.

Responsibilities of a Prehospital PECC

- Promotes agency participation in pediatric-prevention programs.
- Promotes agency participation in pediatric-research efforts.
- Liaises with the emergency department pediatric emergency care coordinator. Help close the feedback loop with hospitals.
- Promotes family-centered care at the agency.

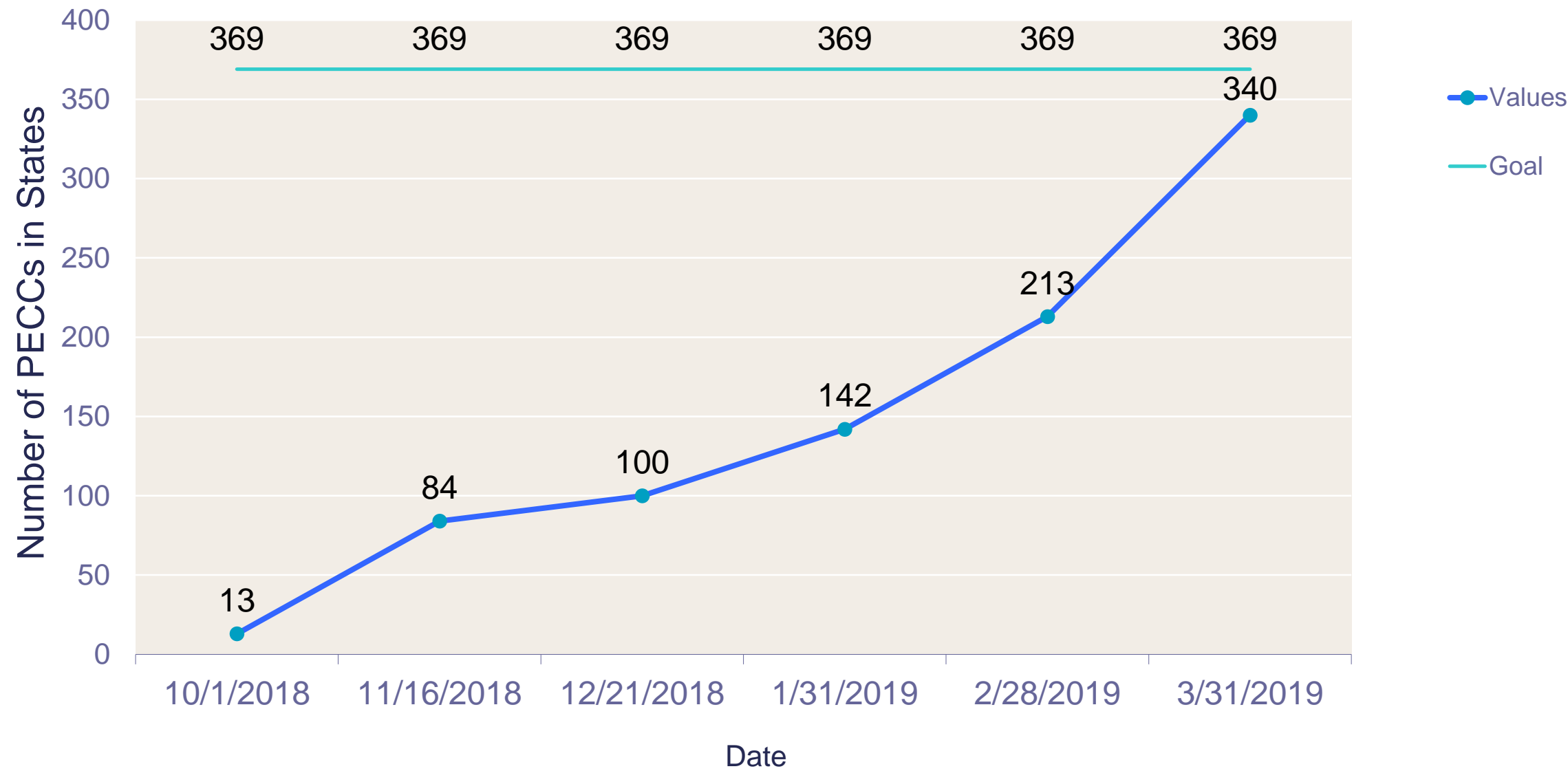
Main Ideas Learned

- Need robust, well developed tool kit: educational resources, assemble project templates, QI/PI templates – core measures to match with performance measures and pediatric protocols
- PECCs should be partners across the continuum and at the leadership level

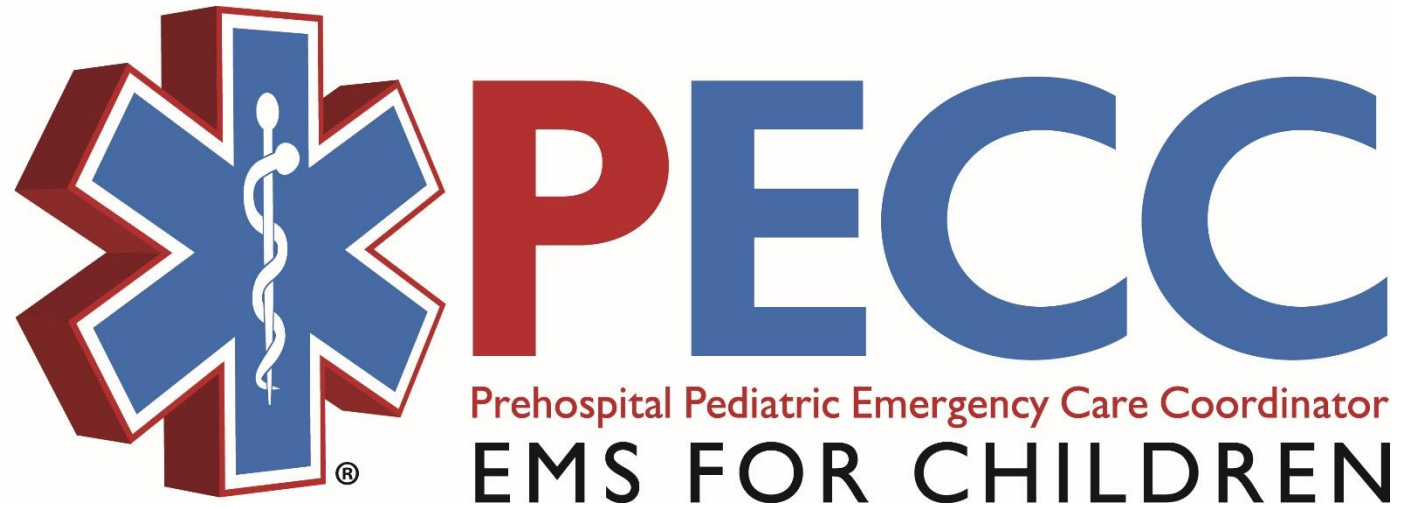
Main Ideas Learned

- PECC role – can be accomplished by any level of care, including the volunteer level. As long as they have an interest in improving pediatric care
- Dissemination involves the EMSC program managers: social media, recognition programs, and public relations

New PECCs Established



Next Steps



- Community of Practice
- Resources available on EICC website
- Prehospital Pediatric Readiness Steering Committee



Emergency Medical Services
EMSC
for Children



CONNECTICUT

Pediatric Emergency Care Coordinator
Learning Collaborative

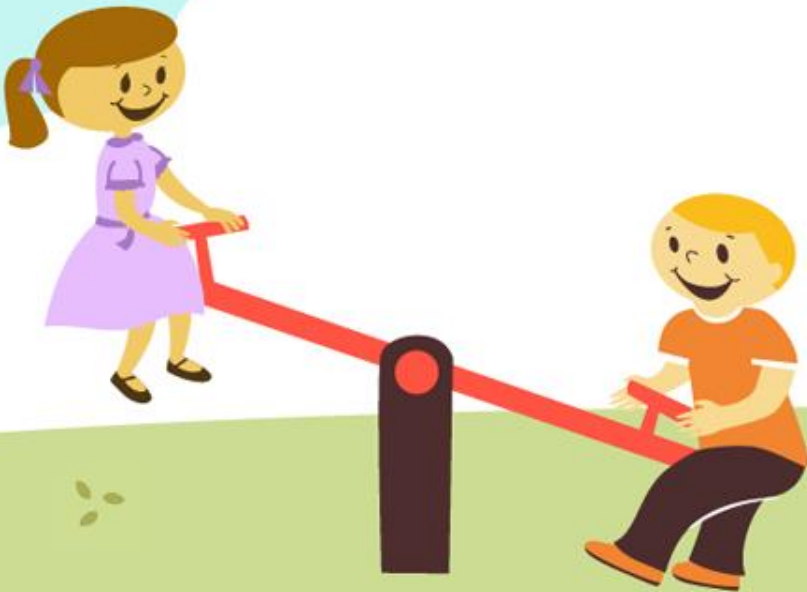


2017/2018 CT EMS Agency Survey Results:

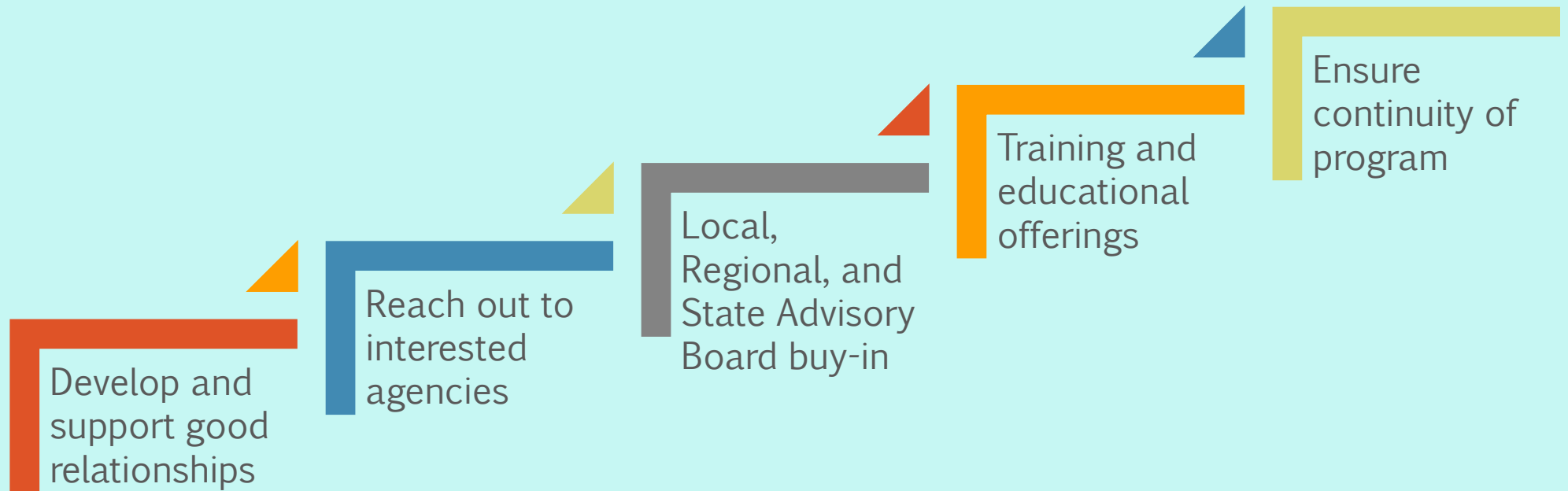
22 reported having a PECC (15%)
26 reported interest in a PECC (18%)
3 planned to add a PECC (2%)
96 did not plan to add a PECC (65%)

CT's initial goal was to establish a PECC in all 29 interested and planning to add a PECC EMS agencies

We are happy to report that we surpassed our goal - 50 new PECC's were added during the project period (10/1/18-3/31/19)



Connecticut EMS PECC Step by Step Progress



Some Hills to Climb:

Response

Time

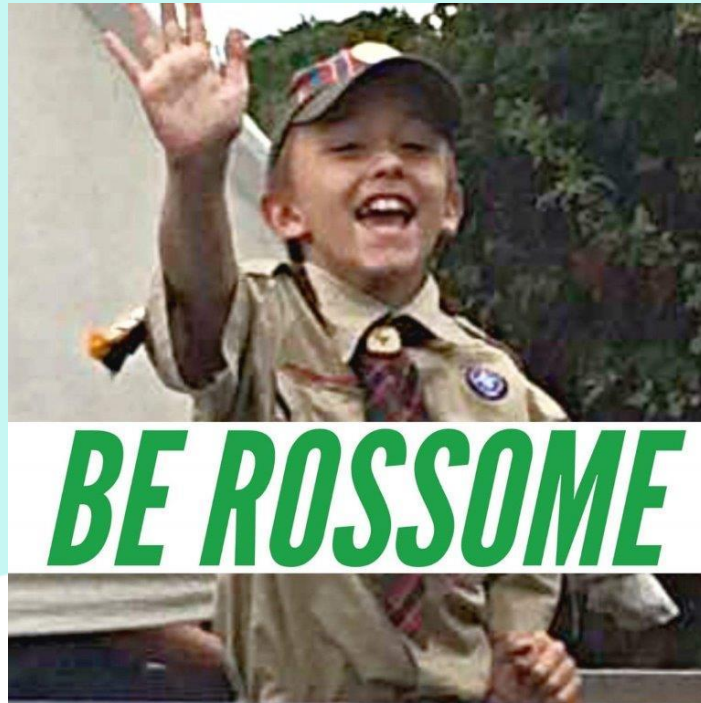
Low Pediatric Call Volume - Mindset

\$\$\$

Diminishing Volunteer Base



Pat's Story: Ross's Responders



Don't give up!
Be flexible!
Meet agencies at their level!
This is why we do what we do!



PECC Training and Education

PEPP, NRP for EMS, Simulations



“We had to extricate a child with a broken femur due to an MVC during a snowstorm. Having just taken the PEPP course, I felt so much more comfortable and knew exactly what to do”

“I took the NRP course 3 weeks ago and today had to intubate a 40 day old preemie. On arrival at the hospital the baby’s O2 sat was 99% and he was perfusing well”

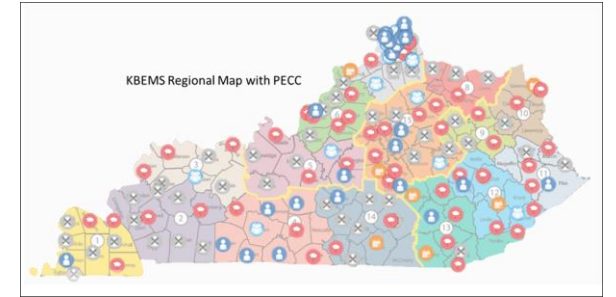
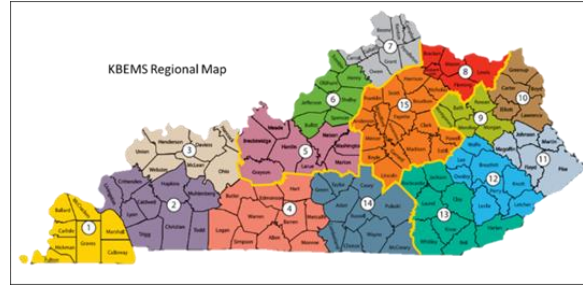
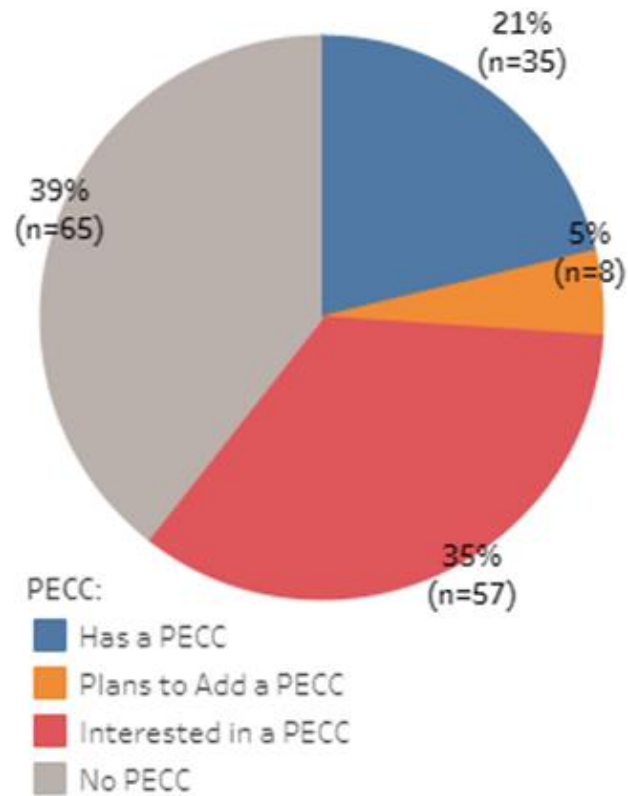
**“It does
not matter
how slowly
you go as
long as you
do not stop.”**

CONFUCIUS
KUSHANDWIZDOM

7/20/19 - 5 PECC agencies responded to a 2 car (minivan) crash involving 13 victims, 6 of which were children

“Though the outcome wasn’t what we had hoped for, testing our system during the recent drowning simulation helped in our multi agency response operations and communications, giving the patient the best possible chance for rescue and survival”

Pediatric Emergency Care Coordinator



Kentucky

Organize Collaborative and State PECC teams

- Primary Learning Team
 - Morgan Scaggs
 - Dr. Mary Fallat
 - Chad Wheet (EMS agency PECC)
- State Project Team
 - 17 agency PECCs
 - Geographically distributed among the 15 regions
 - Services - 12 county, 1 hospital, 3 private, 1 fire

Outreach and Education

- Email from Program Manager to 4 groups of agencies, based on 2017 survey response.
- Included “Fast Facts” handout
- Webinars and conference calls with State Project Team
- Regional meetings

KBEMS Field Inspectors

- Provide information during annual EMS agency inspections
- Encourage PECC designation

Our Plan

State Team Activities

- Online meetings
- In-person regional meetings ongoing
- Planning educational opportunities
 - Hold PEPP provider class for state team members as step toward instructor
 - PEPP, PALS, PEARS classes
 - Regular PECC meetings (state and regional)
 - Annual PECC symposium
- Webpage continuing to evolve

PREHOSPITAL PECC

What is a Pediatric Emergency Care Coordinator?

41%
of KY ground EMS agencies
currently have a PECC
as of 5/5/2019

A Pediatric Emergency Care Coordinator (PECC) is an individual or individuals who are responsible for coordinating pediatric-specific activities.

The PECC does not make commitments or decisions on behalf of the agency.

This designated individual need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties.

Individuals serving as the PECC will have opportunities to collaborate with the KYEMSC Program, pediatric subject matter experts, and other agency PECCs in order to aid their agency's operational and clinical leadership with pediatric quality improvement efforts.

The individual may be a member of your agency, or work at a county or region level and serve more than one agency.

The PECC may be responsible for:

- Being the initial point of contact between the KYEMSC Program and the agency;
- Promoting and sharing pediatric continuing education opportunities;
- Advocating for the availability of pediatric medications, equipment, and supplies;
- Encouraging pediatric simulations/hands-on pediatric skills assessments;
- Promoting agency participation in prevention efforts and community outreach;
- Collaborating with other ED and EMS PECCs; and
- Engaging in quality improvement activities

We can connect you with other PECCs in your region. To find your regional representative on the PECC State Team, go to <https://bit.ly/2KXq3J5>



KYEMSC is a grant funded program of the Kentucky Board of EMS

Kentucky EMS for Children
Morgan Scaggs,
KYEMSC Project Director
morgan.scaggs@kctcs.edu

Initial Challenges and Lessons

Challenges

- Mismatch in plan for Collaborative team membership and actual function of team
- Uneven response in state team applications
- Delays with Memorandum of Agreements and other “red tape”
- Lack of time/competition with other projects
- Poor response to email from agencies who claimed to “have a PECC”
- Scheduling meetings for large groups

Lessons/Solutions

- Reorganization of Collaborative Team
- Loosen regional boundaries
- Better understanding of internal processes
- Application requirements
- MOA extended project time
- Self reported data may be unreliable
- Record webinars and online meetings for later viewing

PECCLC Progress Chart							
2017 Survey		2018 Recognition Program	PECCLC State Team	1st Email	2nd Email	Recruited by rep/staff	Current Total Confirmed
Has PECC	35	3	2	8	5	3	21
Plan to add PECC	8	2	0	0	0	0	2
Interested in PECC	57	2	7	2	1	2	14
No PECC	66	1	7	7	9	7	31
Total	166	8	16	17	15	12	68

Remove	Primary	Name	Positions	Actions	Agency Cert Number
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	WHEET, JOSEPH CHAD ()			

Save Roster

= TEI Administrator
 = PEC Coordinator
 = TEI Coordinator
 = TEI CoAEMSP Director
 = Primary Contact
 = Operations Officer
 = Medical Director Online
 = Medical Director Offline
 = Assistant Service Director
 = Service Representative
 = Primary QA Contact
 = Infection Control Officer

Tracking Progress

Vol EMS Peds Recognition

PECCLC Project Team

Responded to 1st email 11-20-2018

Responded to 2nd email 11-30-2018

Resp. 1st email to noPECC group 11-30-18

Resp. 2nd email to noPECC group 12-17

After heads up email regional reps

Recruited by Regional Rep

A	B	C	G	U	V
Reg	county	agencyPortalName	PECCLC 2017 Survey	PECCLC	2018 Confirmed PECCLC Info
14	ADAIR	ADAIR COUNTY AMBULANCE SERVICE	noPECC	✓	Joseph Chad Wheet (joseph.wheet@adair.org)
7	CAMPBELL	ALEXANDRIA FIRE DEPARTMENT	Interested in APECC	✓	Jacob See (jsee@a
4	ALLEN	ALLEN COUNTY AMBULANCE SERVICE	hasPECC		
12	OWSLEY	ALLEN'S AMBULANCE SERVICE, INC.	hasPECC	✓	Richard "Michael" M (michael@ow
13	LAUREL	AMBULANCE INC. OF LAUREL COUNTY	hasPECC	✓	Tracy Sizemore (tracy31
15	FAYETTE	AMERICAN MEDICAL RESPONSE - LEXINGTON	noPECC		
6	JEFFERSON	AMERICAN MEDICAL RESPONSE - LOUISVILLE	Interested in APECC		
7	KENTON	AMERICAN MEDICAL RESPONSE - NORTH	noPECC		
6	JEFFERSON	ANCHORAGE AMBULANCE DISTRICT	noPECC		
15	ANDERSON	ANDERSON COUNTY EMS	Interested in APECC		
11	PIKE	APPALACHIAN 1ST RESPONSE EMERGENCY	noPECC	✓	Cameron Tackett (camero
12	BREATHIT	ARROW-MED AMBULANCE SERVICE 1672	Interested in APECC		
1	BALLARD	BALLARD COUNTY AMBULANCE SERVICE	noPECC		
4	BARRREN	BARRREN-METCALFE COUNTY AMBULANCE	Interested in APECC		
9	BATH	BATH COUNTY AMBULANCE SERVICE	noPECC		
13	BELL	BELL COUNTY EMERGENCY AMBULANCE SERVICE	noPECC		
7	BOONE	BELLEVUE-MCVILLE FIRE PROTECTION DISTRICT	noPECC		
10	BOYD	BOYD COUNTY EMERGENCY AMBULANCE	Interested in APECC	✓	Michael Walters (michael
15	BOYLE	BOYLE COUNTY EMS	plan to Add PECC	✓	Mike Rogers (mroger
8	BRACKEN	BRACKEN COUNTY EMS	noPECC		

Service PEC Coordinators							
Service Name	Service License Number	Service Shipping Street 1	Service Shipping Street 2	Service Shipping Municipality	Service State	Service Shipping Postal Code	Service Position Name
ADAIR CO. AMBULANCE SERVICE	1466	PO BOX 549		COLUMBIA	KY	42728	PEC Coordinator
ALEXANDRIA FIRE DEPARTMENT	1558	7951 ALEXANDRIA PIKE		ALEXANDRIA	KY	41001	PEC Coordinator
ALLEN'S AMBULANCE SERVICE, INC.	1302	PO BOX 83		BOONEVILLE	KY	41314	PEC Coordinator

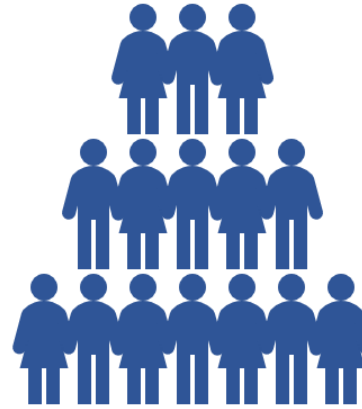
Make it achievable



On our website immediately after the lists of responsibilities and qualifications:

These are suggestions and should not deter agencies or individuals from participating out of fear of not checking all of the boxes. The most important factor for a successful PEC Coordinator is the desire to improve pediatric care and a willingness to engage in information sharing. Start with the first steps and we will work toward improvement together!

Find your audience



Reach out beyond the agency director.

- Training Officers
- Front line personnel

Go to them...

- Conferences
- Symposiums
- Training Weekends
- Newsletters
- Social Media

Promote the program



Let people know how you can support them. Sometimes, competition is a good thing...

Kentucky Board of Emergency Medical Services
Published by Greg Hiles [?] · Yesterday at 11:31 AM · 🌐

We are very thankful this Tuesday for our Kentucky EMSC program, which does so much to help better the lives and health of children across the Commonwealth.

Did you know? On April 19, the KYEMSC program shipped Broselow tapes, Ferno Pedi-Mate Plus devices and Ferno Neo-Mate devices to 20 KY EMS agencies to help improve safety during the delivery of emergency care to the most vulnerable patients.

A request form and notification that equipment was available was sent to the 58 g... [See More](#)

KBEMS.KCTCS.EDU
EMSC
The KYEMSC Program works to decrease pediatric mortality and morbidit...

Original Goal = 48 new PECCs

As of June 15, 2019 = 47 new PECCs

PECCLC Progress Chart							
2017 Survey		2018 Recognition Program	PECCLC State Team	1st Email	2nd Email	Recruited by rep/staff	Current Total Confirmed
Has PECC	35	3	2	8	5	3	21
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Interested in PECC	57	2	7	2	1	2	14
No PECC	66	1	7	7	9	7	31
Total	166	8	16	17	15	12	68

2017 EMS agency survey = 21% had a PECC
 Current % confirmed agencies with a PECC = 41%

NM EMS for Children PECC Learning Collaborative HRSA Grantees Meeting August 2019



SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE



Engaging Communities to Prepare for Emergencies in Children

NM EMSC PECC Background

- **NM EMSC PECC Learning Collaborative**

- Goal 1: **Improve** the EMS survey response rate regarding pediatric emergency care coordinators **by 10%** over the responding agencies in the NM 2017-18 EMSC Survey by March 2019 through focus groups, dissemination of pediatric education regarding implementation of PECC and implementing EMS EMS pediatric champions.
- Goal 2: By **January 2019, have an approved template** of a NM EMSC-Child Ready guideline for the pediatric emergency care coordinator roles for EMS services services available for dissemination through the Regional Trauma Advisory Advisory Councils ReTrACs within the state.



SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

Introduction to HRSA Pediatric Emergency Care Coordinator Learning Collaborative Grant



New Mexico EMS for Children Program 2017-18 EMS Agency Survey Results

Number of Respondents: **224**
Number Surveyed: **267**
Response Rate: **83.9%**

Agencies that Do Not Respond to 911 Calls: **16***
Total Number of Records Used for this Report: **208***

**NOTE: Agencies that do not respond to 911 calls were excluded from the questions in the survey; thus they have been subtracted from the overall number of respondents.*



Performance Measure Exclusions:

Indian Health Services or Tribal Agencies Participating: **21***

Military Facilities Participating: **0***; Other (State Choice): **0***

**NOTE: The agencies listed above are excluded from any final calculations related to the Performance Measures (see below). However, some states and/or territories wanted to survey these agencies; thus, we included their information in all other data points.*

Pediatric Emergency Care Coordinator: Performance Measure 02

24.1%
(45/187)*

* IHS, Tribal, Military, and/or Other Removed
(see above)

A respondent needed to answer YES to "Having a designated individual who coordinates pediatric emergency care" in the survey to meet this measure.

Use of Pediatric-Specific Equipment: Performance Measure 03

27.8%
(52/187)*

* IHS, Tribal, Military, and/or Other Removed
(see above)

See pg. 35 in the "EMSC for Children Performance Measures, Implementation Manual for State Partnership Grantees, Effective March 1st, 2017" for an explanation of the scoring. You will also learn more about the scoring on the following tabs.



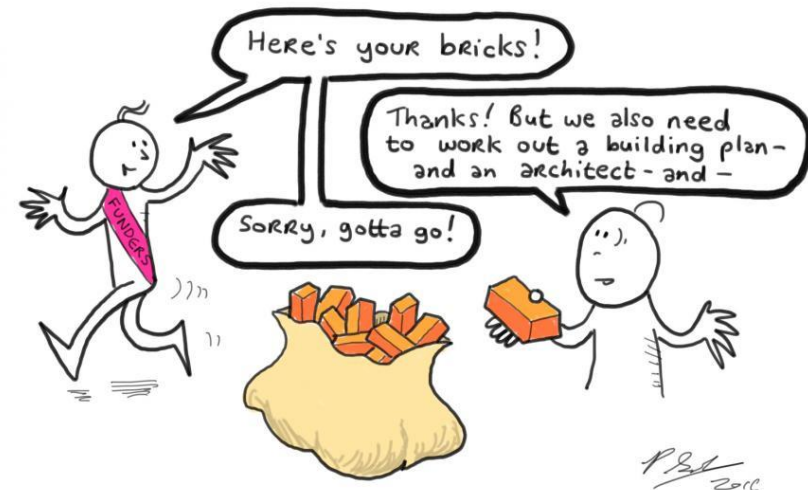
Engaging Communities to Prepare for Emergencies in Children

Laying the Groundwork

- PECC Confirmations
- Conferences
- Webinars
- Surveys
 - Recruitment
- Meetings
- Focused Conversation

What we're trying to
avoid!

BUILDING THE GROUNDWORK...

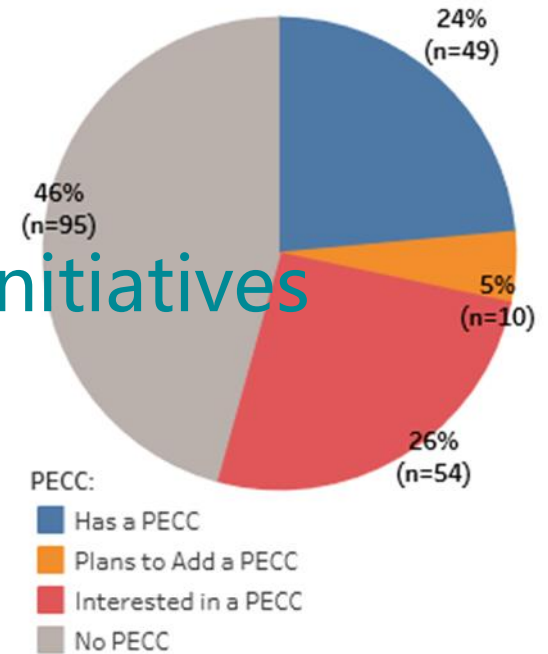


SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

How NM will Develop PECC?

- Bottom Up Programs
- Involve State and Regional EMS
- Create "Champions" to Disseminate EMSC initiatives
- Provide Incentives and Resources
- Integrate into State Programs
 - Trauma Systems, EMS Reporting, ReTrACs, etc.

Pediatric Emergency Care Coordinator



SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

Focus Group Success/ “Super-Pediatric Champions”



- *New EMS Recognition System (Online/Hard-Copy)
- *New Resource Documents (Some unique, some shared)
 - Online education * Interfacility Transfer Guidelines * Safe Transport Guidelines * Low Fidelity Pediatric Scenario Training *
 - Regionalized approach with hospital recognition/designation
- *New enthusiasm for pediatric-specific focus

What “We” Are Still Developing...

- Increasing “Has PECC” confirmations and New PECCs added
- Working with NM EMS Bureau to use annual service reports to collect PECC data beginning Sept/Oct 2019.
- Improving Partnerships with Health Care Preparedness and Resiliency Initiatives.



SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

What “We” Are Still Developing...



NM EMS for Children: Pediatric Emergency Care Coordinator (PECC) - FOR TESTING PURPOSES ONLY

Please complete the following information below for your service/agency.

Page 1 of 4

Our Purpose

On average, only 7% of our EMS calls or hospital ER visits in New Mexico are pediatric-related. Treating sick or injured children can make even skilled health care providers more anxious, especially if they haven't experienced many pediatric patients or have limited hands-on training. The New Mexico EMS for Children/Child Ready Program is working with the Department of Health EMS Bureau and Trauma Program to improve pediatric emergency care across the state. New performance measures from the Health Resources and Services Administration (HRSA) EMS for Children program nationally focus on local delivery of care, including the development of a pediatric emergency care coordinator (PECC) to ensure quality pediatric care from every EMS agency and hospital.

What is a PECC?

A Pediatric Emergency Care Coordinator (PECC), also known as a "Pediatric Champion," is an individual (or more than one individual) who is responsible for coordinating pediatric-specific activities. This can be one or more people within your agency, outside your agency, your community, or a Program Agency representative serving a region as the PECC.

Our Focus

New Mexico EMS for Children is focusing on implementing "Pediatric Champions" at our EMS agencies, hospitals, and communities to help advocate for the needs of the injured or ill children through emergency services in the continuum of care and to improve pediatric outcomes. As part of this process, New Mexico EMS for Children is moving forward with hospital and EMS recognition programs for New Mexico. This new tiered system will have three self-designation levels: Bronze - Pediatric Engaged, Silver - Pediatric Ready, and Gold - Pediatric Innovator. All three levels will identify a Pediatric Champion for their entity and choose to advance their system in one or all three of the core programs: Pediatric Emergency Care Coordination, Improving Pediatric Care, and Advocating for Children.

Identifying a Pediatric Champion/PECC

Have you identified one or more Pediatric Champions in your service/agency?

* must provide value

☐ Yes ☐ No

reset

- Designing and integrating a tiered “self-designation” system for EMS and hospitals based on focus group building blocks for PECC, Peds Skills, and community Child Ready initiatives.
- Working on dissemination and implementation plan for 2019-2020 grant cycle as PECC is part of our goals and objects for next 4 years! 😊

CREATING A VISION FOR NM EMSC PEDIATRIC EMERGENCY CARE COORDINATOR

How do you see the Pediatric Emergency Care Coordinator evolving in New Mexico, including?

- ◆ Role
- ◆ Responsibilities
- ◆ Oversight

CORE VALUES

Improving Pediatric Care			Be A Champion			Advocacy		
Networking	Education	Leadership	Information	Structure	Financial Resources	PBP	Outreach	PC
Liaison With Other Agency	Constant Training	Show Progress & Improvement	Data Collection	Create Framework – Foundation	Banker & Grants	Peds Before Politics	Community Outreach	Political Champion
Identify & Network With Stakeholders	Education: Families & Providers	Balancing Current Roles & Requirements With Future Goals	Sharing Information	Bottom Up Process	Funding	Advocacy	Hospital Feedback & Collaboration	
Sharing & Networking	Pepp Instructor	Care Continuum	Research	Tiered System	Incentives	Buy In	Prevention & Outreach	
Networking Guru	Education & Training	Demonstrate Improvement In Outcomes	Quality Improvement		Funding Resources	Be A Champion	Opportunities To Interact With Kids	
Communicate Regionally	Quality Assurance	Improve Care	Research For Pecc			Keep Up With Best Practices To Update Protocols, Training & Equipment		
Networking Statewide	Pipeline							
Regional Networking For Equipment, Training & Funding	Provider Training Initial & Continue Instill Confidence							



Part 1 of 3

Facilitated by: Christie McAuley & Norman J. Cooley

Child Ready Team: Robert Sapien, Katherine Schafer, Scott Oglesbee, Amy Pottenger, Joan Caldwell, Leticia Otero, Chad Kim, Ann Bellows, Rebekkah Varjabedian, Kory Sillivent, & Colleen Fabian

CREATING A VISION FOR NMEMSC PEDIATRIC SKILLS TRAINING AND CURRICULUM DEVELOPMENT

What are the essential pediatric skills and equipment?

Skills & Equipment

Safe Transport	Assessment	MED admen	Respiratory Ventilation	Vascular Access	Communication	Additional Resources	Equipment
<div>Transport Restraint</div> <div>Safe Transport Options All Sizes</div> <div>Proper Pediatric Restraint Systems</div> <div>Transport: How To, What Device</div> <div>Tx Equipment</div>	<div>Appropriate Assessment Skills For Ages</div> <div>Good Assessment</div> <div>Good Pediatric Assessment Skill</div> <div>Assessment: Vital Norms How To Obtain Activity Norms</div> <div>Appropriately Sized Assessment Tools</div>	<div>Proper Pediatric Medication Knowledge</div> <div>Getting Comfortable with Meds.</div> <div>Broselow™ Med Calculation Tape or Equipment</div> <div>Medication: Dose & Administration</div>	<div>Respiratory: Assessment, Equipment, Airway Mangement</div> <div>BVM – Airway Peds.</div> <div>Airway Adjuncts</div> <div>Airway Management (Pediatric)</div>	<div>Vascular Access</div> <div>Buretrols</div> <div>IVs - Tubing & Equipment IOs</div>	<div>Exposure to Special Needs Children</div> <div>Confidence</div> <div>Calm Therapeutic Communication</div> <div>Communication: Non Verbal & How To</div>	<div>Medical Direction</div> <div>Phone A Friend</div>	<div>Meters – Gluco & Thermos</div> <div>Practicing With Own Equipment</div> <div>Proper Equipment For Training, Examples: Mannequin, Broselow™ Tape, Etc.</div>



CREATING A VISION FOR NM EMSC PEDIATRIC PROCESS DEVELOPMENT

What processes can we use to assess
correct use of pediatric equipment?

Process					
Competency	QA/QI	Experienced Based Education	Research	Education	Communication
Checklist – Skill Sheet	QA/QI Follow-up	Supervises Live Patient Encounter	Evidence Based	Assessment	Phone A Friend Telemedicine
Skills Labs	Quality Assurance/Quality Improvement	Collaboration: Medical Director, Larger Volume Services	Research For Equipment	Baseline Education: Evaluation, Assessment	
Pediatric Skill Checklists	Training on QA/QI	Live Demonstration When Applicable			
Simulation	Quality Assurance	Utilize Vendors: Education, Recommendations			
Low vs High Fidelity Evaluation	QI Debriefing	Experienced Based Training			
Competencies	Outcomes				
Frequent Use or Practice	Hospital Feedback				
Skills: • Training • Medical Director Involvement • Identify Gaps					





Closing Remarks



- Still much work to be done!
- More recruiting “Pediatric Champions” to move their services or communities forward.
- Staying involved and find new avenues and new partners!



SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE



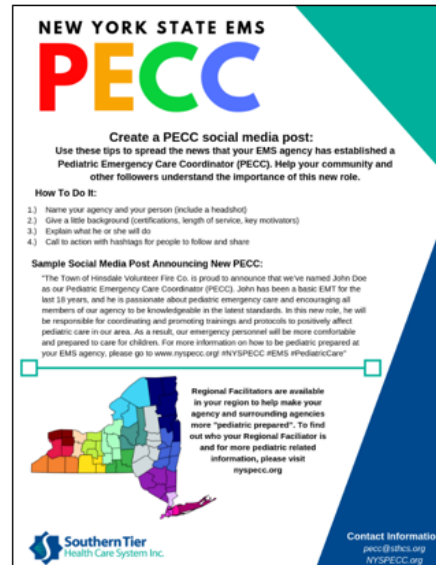
Department
of Health

New York – Pediatric Emergency Care Coordinator (PECC) Program

Ryan P. Greenberg, MBA, FACPE, NRP, EMD

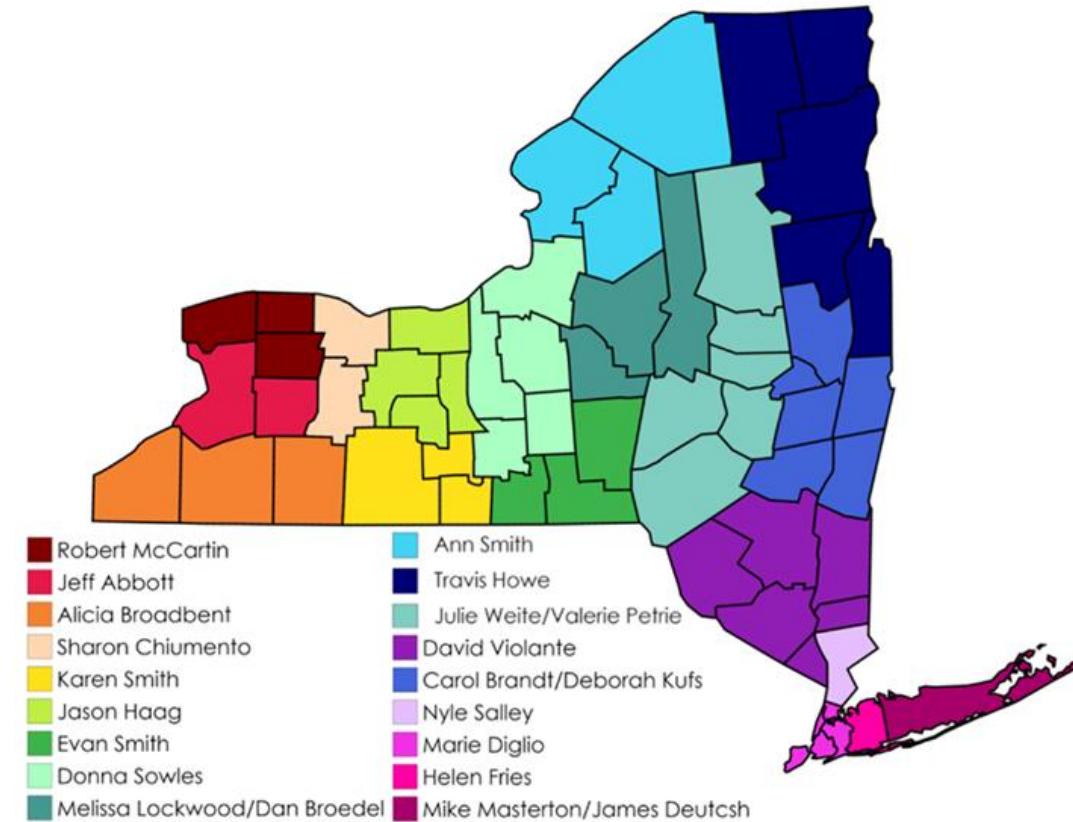
Recruitment of PECCs

- PECC program team
- Website created: ***NYSPECC.org***
- Facebook presence
- Emails with PECC newsletters



Recruitment of PECCs

- 18 PECC Regional Facilitators
- Department/EMS Inspection Staff
- Presentations at EMS Stakeholder Meetings
- EMS Agency Recognition Program



Successes and Challenges

Sustainability Plan

NY EMS Agency “Standards of Excellence”



- **PECC** – Has an identified individual who serves as a PECC
- **Pediatric Prepared** – Agency has a PECC and meets the standards of “Pediatric Prepared”
- **EMS Agency Standard of Excellence** – Agency has a PECC, meets the standards of “Pediatric Prepared”, and meets NY Standards of Excellence

Successes and Challenges

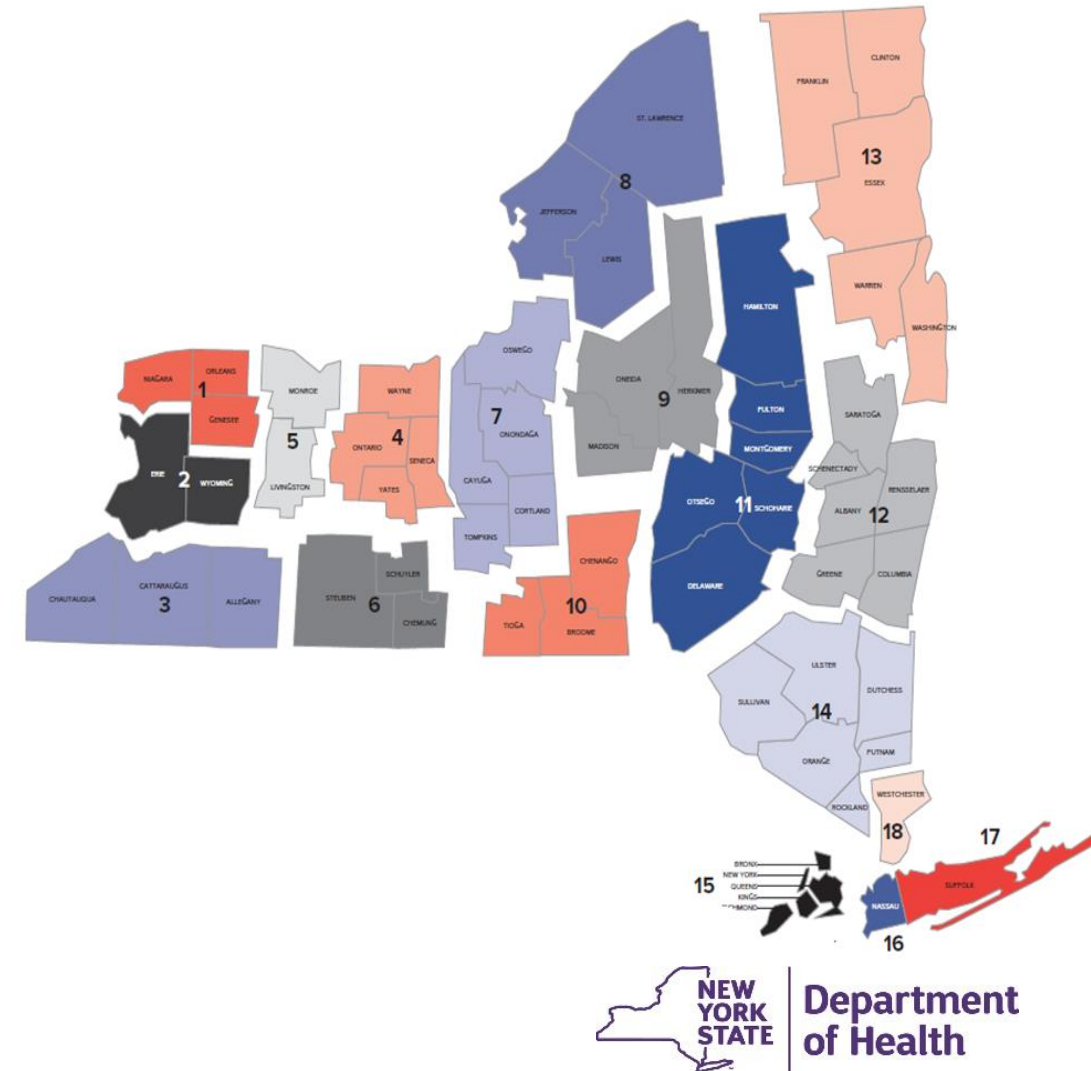
Successes

- All regions have a Regional Facilitator
- 117 of the 1500 NYS EMS agencies have a PECC
- Agencies are publicizing their PECCs

Successes and Challenges

PECC Challenges

- Large State with 18 EMS Regions
 - ~1,100 EMS Agencies (regulated)
 - Additional ~400 BLS-FR (not regulated)
- No state mandate for agency PECC
- Perception of increased workload



Questions

