Pediatric Emergency Care Coordinator Workforce Development Collaborative (PWDC) Kickoff Session

September 2, 2021





Acknowledgement & Disclaimer

The Emergency Medical Services for Children Innovation and Improvement Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$3M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

The planners and presenters of this course have no conflicts of interest to disclose.

This session is being recorded. A recording of this session will be posted to the PWDC website.





Agenda



Who are we?

- **≻**EMSC
- **≻**PWDC







Why are we here?

➤ Current state of pediatric emergency care





What are we trying to accomplish?

- **≻**Purpose
- **≻**Overview



Nuts & Bolts

- **≻**Calendar
- Resources
- **≻**Communications



Housekeeping & Reminders

> Continuing education credit







The EMSC program and PWDC





Emergency Medical Services for Children Program

Mission: to reduce childhood morbidity and mortality due to severe illness or trauma.

- Administered by the Health Resources and Services Administration (HRSA), within the Department of Health and Human Services
- Authorized by Congress in 1984
- Focus on enhancing the pediatric capability of existing EMS systems





HRSA-EMSC Programs

EMSC Innovation and Improvement Center (EIIC)



Emergency Medical Services for Children Innovation and Improvement Center



National EMSC Data Analysis Resource Center (NEDARC)











Pediatric Emergency Care
Applied Research Network
(PECARN)

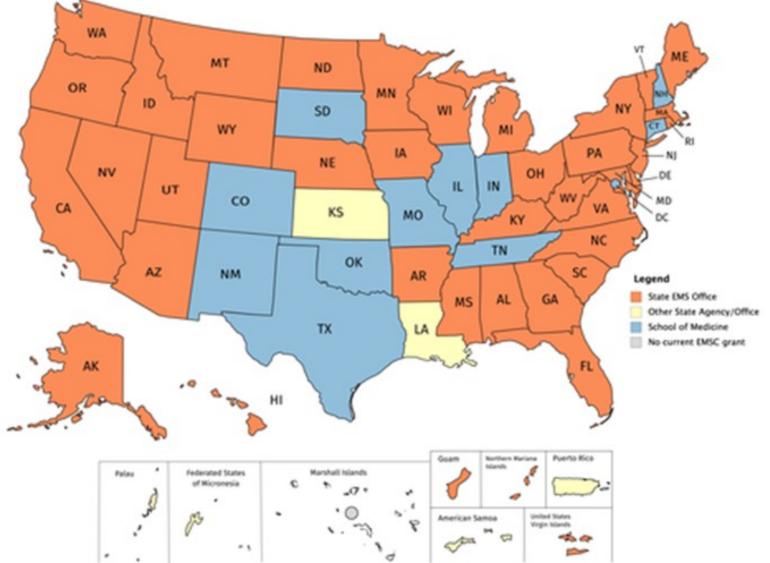






EMS for Children State Partnerships

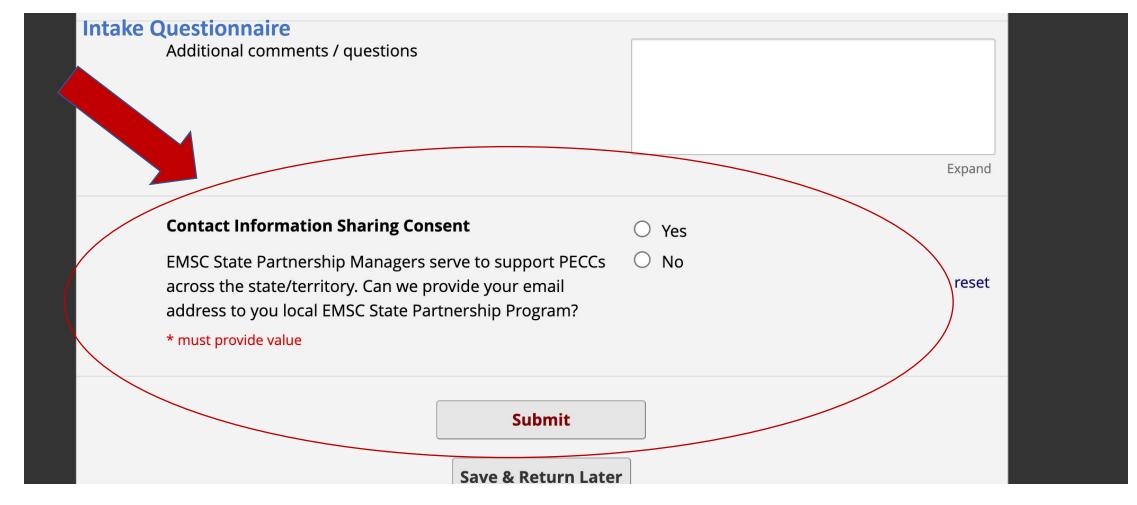
State Partnership grants were first introduced in 1996 to help states improve, refine, and integrate pediatric care within the state EMS system.







Connecting with your EMSC State Partnership Program Manager







HRSA-EMSC Programs

EMSC Innovation and Improvement Center (EIIC)



Emergency Medical Services for Children Innovation and Improvement Center



National EMSC Data Analysis Resource Center (NEDARC)



Pediatric Emergency Care (PECARN)



















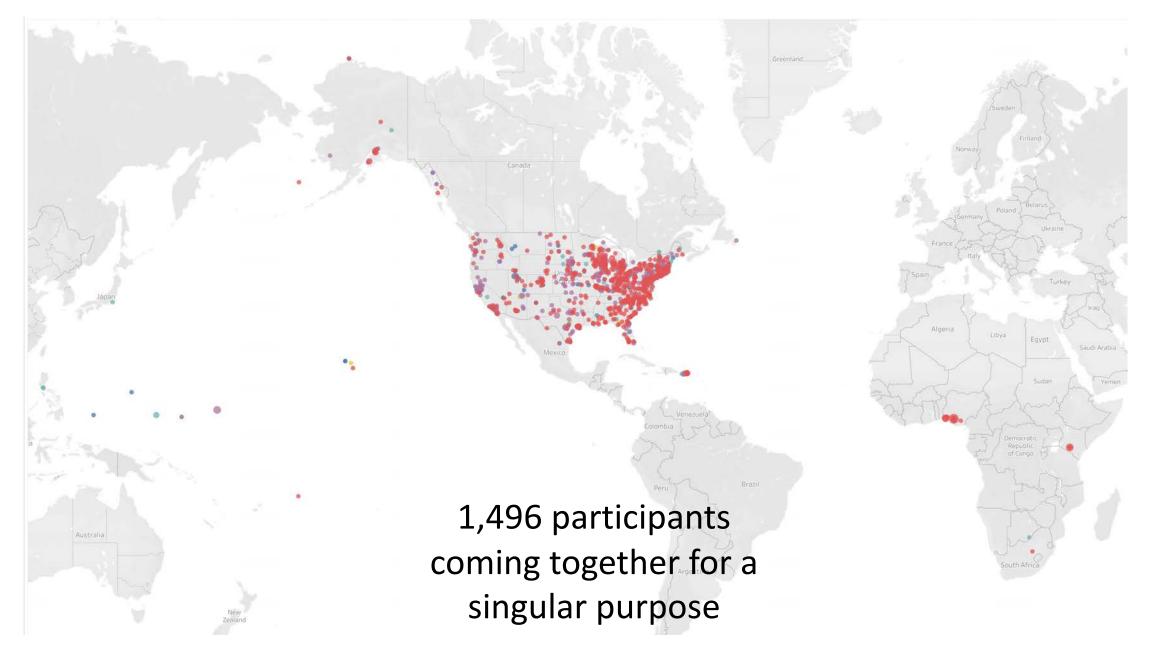
EMS for Children Innovation and Improvement Center



- Mission: Accelerate improvements in quality of care and outcomes for children who are in need of emergency care
- Use a quality improvement science-based model
- Link resources, efforts, and entities to decrease child mortality and morbidity due to illness or injury



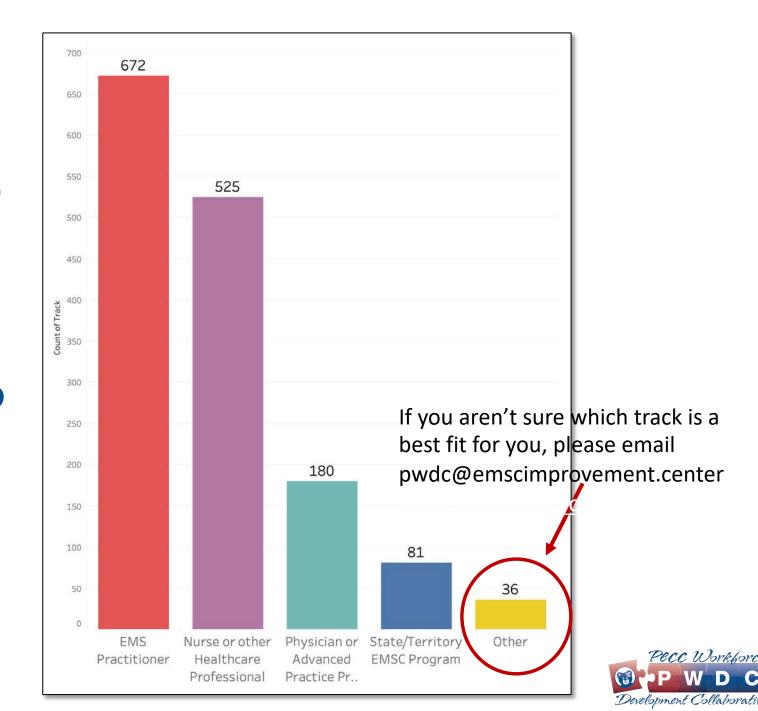






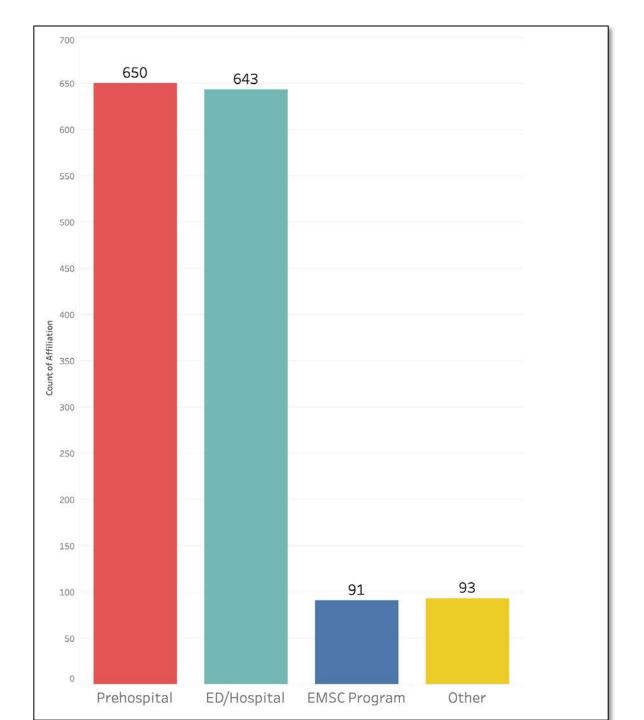


With which of the following tracks do you most identify?



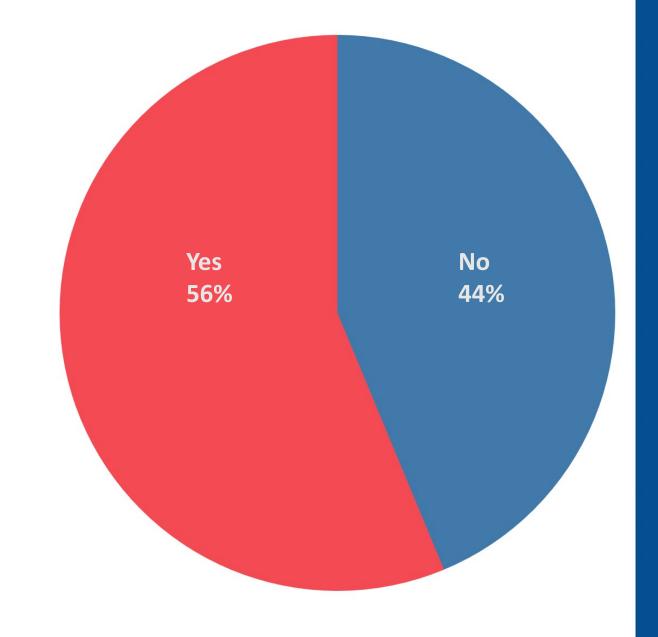


Of the following, which is your primary affiliation?





Do you consider yourself a pediatric champion or a PECC within your organization?





"If you are asking who the PECC is in your organization, it's you."

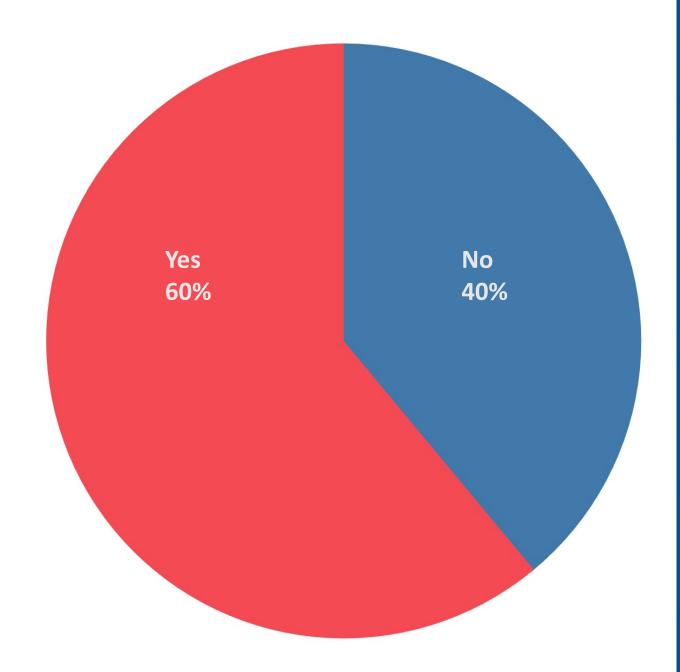
Mike Ryan EMS Division Chief Duncanville Fire Department Duncanville, TX





Do you have any specialized training in pediatric care?

Specialized pediatric emergency care training is <u>not</u> a requirement to serve as a PECC.







Why are we here?

Improve the current state of pediatric emergency care

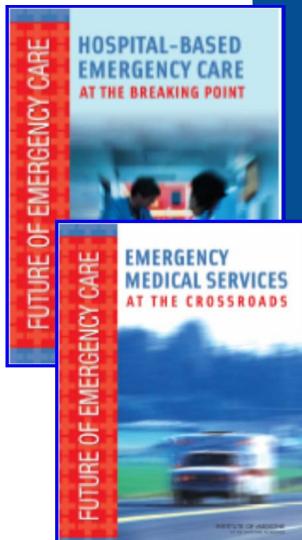




The Current State of our Emergency Care System

- 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



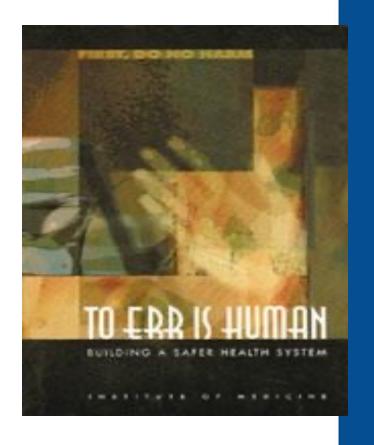




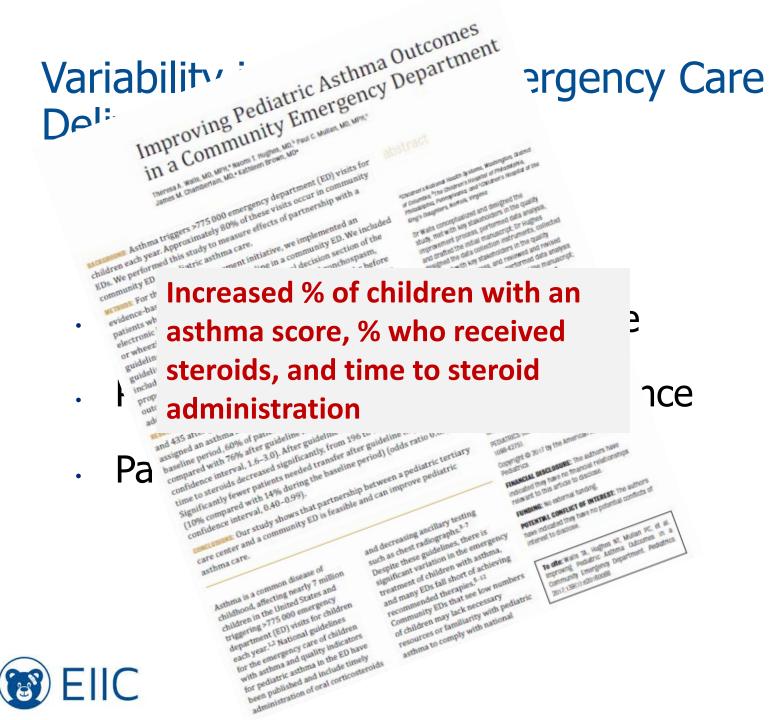
The State of Emergency Care for Children



- >80% of pediatric visits are to general EDs
- Known gaps in day-to-day readiness
 - Unique pediatric characteristics and needs
- Lags in translation of pediatric evidence base







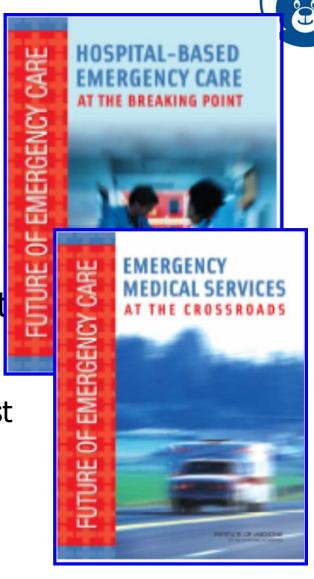




Auerbach et al. JAMA Pediatr. 2016 Knapp et al. Pediatrics 2013 Li et al. Ped Emerg Care. 2017 Michelson et al. Pediatrics. 2018 Niles et al. Pediatrics. 2017

Epidemiology of Pediatric Prehospital Emergency Care

- >6 million EMS transports per year
 - Children account for ~10%
 - <1% critically ill (pediatric arrests)</p>
- Most EMS agencies (>80%) see < 8 children/mont
- Variability in care across agencies:
 - trauma/pain, seizures, respiratory distress, cardiac arrest
- Most providers report <3 pediatric calls/mo





The State of Prehospital Emergency Care for Children

- >80% EMS agencies see < 8 children/month
- Known gaps in day-to-day readiness
 - Written pediatric protocols
 - Pediatric equipment
 - Pediatric education requirements for licensing (82%)
 - Lags in translation of pediatric evidence base

Annual 911 Pediatric Call Volume			
NONE: No pediatric calls in the last year	2.8% n=236		
LOW: 12 or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	40.8% n=3,478		
MEDIUM: Between 13-100 pediatric calls in the last year (1-8 pediatric calls per month	37.2 % n=3,169		
MEDIUM-HIGH: Between 101-600 pediatric calls in the last year (8-50 pediatric calls per month)	14.9% n=1,267		
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	4.0% n=337		

POLICY STATEMENT

Equipment for Ground Ambulances



AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA, EMERGENCY MEDICAL SERVICES FOR CHILDREN, EMERGENCY NURSES ASSOCIATION, NATIONAL ASSOCIATION OF EMS PHYSICIANS, AND NATIONAL ASSOCIATION OF STATE EMS OFFICIALS

EMERGENCY CARE

FUTURE



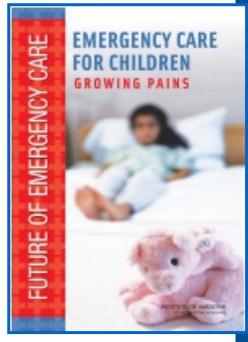
Carlson JN, et al. Pediatric Critical Care Medicine. 2015;16:e260-e267. Shah MN, et al. Prehosp Emerg Care. 2008;12:269-276. Federal Interagency Committee on Emergency Medical Services. 2011. www.ems.gov

Institute of Medicine: Call to Action



 EDs and EMS agencies should appoint a pediatric emergency care coordinator (PECC)

- Ensure skills and knowledge
- Oversee pediatric QI initiatives
- Ensure availability of pediatric medications/equipment
- Pediatric protocols and procedures
- More training and guidelines is <u>not</u> sufficient





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



American College of Emergency Physicians®

DEDICATED TO THE HEALTH OF ALL CHILDREN*

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, s.h Kathleen Brown, MD, FAAP, FACEP, Sally K. Snow, BSN, RN, CPEN, Joseph L. Wright, MD, MPH, FAAP, s.h 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





The National Pediatric Readiness Project (NPRP)

Goal: Ensure high quality emergency care for all children

- Phase 1: 2013 National Self-Assessment (www.pedsready.org)
- Phase 2: Improvement efforts (<u>www.pediatricreadiness.org</u>)
- Phase 3: 2021 National Re-Assessment









ADVANCING EMERGENCY CARE______

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EDICATED TO THE HEALTH OF 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 <i>,</i> 73.6)	69.3 (57.9 <i>,</i> 81.8)	74.6 (60.9, 87.9)	89.8 (74.7, 97.2)

p<0.0001

Gausche-Hill et al. JAMA Pediatr. 2015

- 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)





The presence of a PECC significantly improves pediatric readiness

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





Emergency Department Pediatric

Readiness and Mortality in Critically
Ill Children

Stefanie G. Ames, MD, MS,* Billie S. Davis, PhD,* Jennifer R. Marin, MD, MSc,* Ericka L. Fink, MD, MS,* Lenora M. Olson, PhD, MA,* Marianne Gausche-Hill, MD,* Jeremy M. Kahn, MD, MS*.

Pediatric Readiness	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Score	30-59	60-74	75-88	89-100
Adjusted Odds Ratio (In-hospital Mortality)		0.52 (0.3-0.9)	0.36 (0.2-0.6)	0.25 (0.2-0.4)

P<0.001



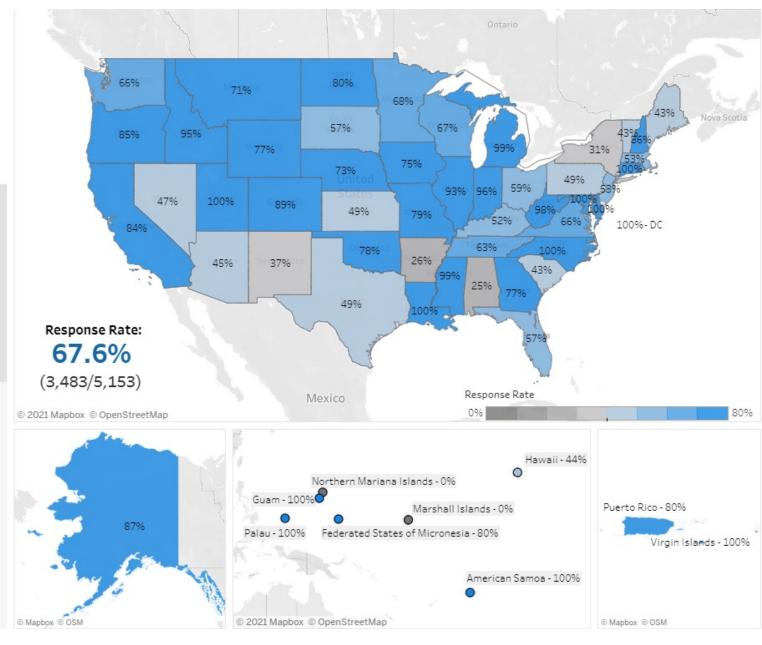




2021 National Pediatric Readiness Assessment Response Rates

8/30/2021 4:25:42 PM (Updated weekday's after 4pm MST)

State Name	Numerator	Denominator	Response Ra
Alabama	24	95	25.3%
Alaska	20	23	87.0%
American Samoa	1	1	100.0%
Arizona	39	86	45.396
Arkansas	19	73	26.0%
California	280	334	83.8%
Colorado	78	88	88.6%
Connecticut	36	36	100.096
Delaware	10	10	100.0%
District of Columbia	7	7	100.0%
Federated States of Mic	4	5	80.0%
Florida	168	294	57.1%
Georgia	105	136	77.2%
Guam	2	2	100.096
Hawaii	11	25	44.096
Idaho	38	40	95.0%
Illinois	171	184	92.9%
Indiana	129	134	96.3%
Iowa	88	118	74.696
Kansas	69	140	49.3%
Kentucky	52	100	52.0%
Louisiana	109	109	100.0%
Maine	15	35	42.9%
Marshall Islands	0	2	0.096
Maryland	49	49	100.0%
Massachusetts	35	66	53.0%
Michigan	127	138	00 206





2020: Pediatric Readiness in Emergency Medical Services Systems

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 Emergency Medical Services Systems

Brian Moore, MD, FAAP,^a Manish I. Shah, MD, MS, FAAP,^b Sylvia Owusu-Ansah, MD, MPH, FAAP,^c Toni Gross, MD, MPH, FAAP,^d Kathleen Brown, MD, FAAP,^{af} Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,^g Katherine Remick, MD, FACEP, FAAP, FAEMS,^{h,i,j} Kathleen Adelgais, MD, MPH, FAAP,^k John Lyng, MD, FAEMS, FACEP, NRP,^l Lara Rappaport, MD, MPH, FAAP,^m Sally Snow, RN, BSN, CPEN, FAEN,ⁿ Cynthia Wright-Johnson, MSN, RNC,^{aft} Julie C. Leonard, MD, MPH, FAAP,^{aft} and the AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE AND SECTION ON EMERGENCY MEDICINE EMS SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS EMERGENCY MEDICAL SERVICES COMMITTEE, EMERGENCY NURSES ASSOCIATION PEDIATRIC COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES PHYSICIANS STANDARDS AND CLINICAL PRACTICE COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMERGENCY PEDIATRIC CARE COMMITTEE



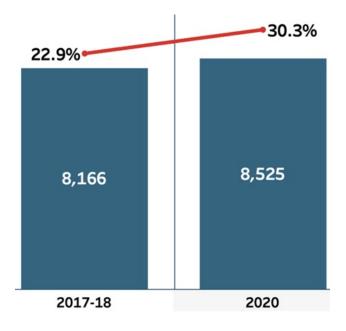


Prehospital Pediatric Readiness Project

- Launched in 2019
- Collaborative effort 25 national professional organizations and federal partners
- National prehospital pediatric readiness assessment (2024)
- Prehospital pediatric readiness toolkit

Prehospital Pediatric Readiness Project
Ensuring Emergency Care for All Children

Growing presence of PECCs within EMS agencies





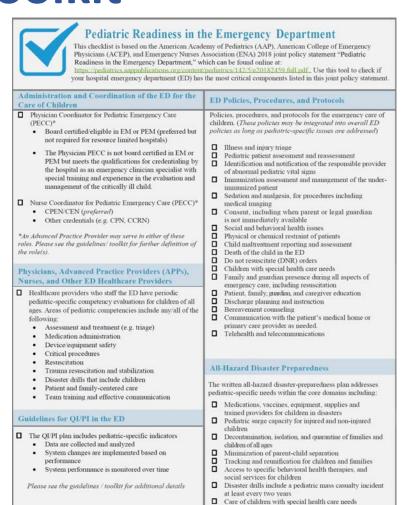


National Pediatric Readiness Project: Checklist and Toolkit



 Updated checklist based on 2018 guidelines, revised in 2020







Administration and Coordination of the ED for the Care of Children

This section contains resources regarding the qualifications and responsibilities for the physician and nursing Pediatric emergency care coodinator (PECC) staffing your emergency department (ED).

Close ^

- Importance of the Pediatric Care Coordinator
 ☐
- Role Responsibilities of a MD ED Coordinator □
- Role Responsibilities of a Nursing ED Coordinator
- Is Your ED Ready for Children? Pediatric Emergency Care
 Coordinators Lead the Way to Readiness! This webinar
 shares data supporting the need for pediatric emergency
 care coordinators (PECC), as well as strategies
 employed to identify and assure availability of PECCs in
 the EDs of a large hospital system.



Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers

This section contains resources regarding the necessary skills, knowledge, and training in emergency evaluation and treatment of children of all ages among staff in your emergency department (ED).

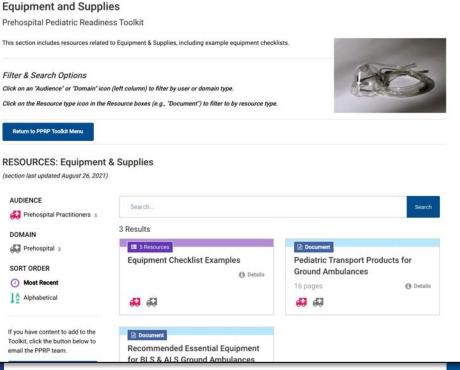
Expand ~



National Prehospital Pediatric Readiness Project Toolkit & Checklist Equipment and Supplies















What are we trying to accomplish?

What is a QI collaborative, and how will it help me?











Empower pediatric champions from across the emergency care continuum to drive pediatric readiness efforts.

- Coaching by experts in pediatric readiness efforts
- Networking opportunities
- Shared learning
- Drive best evidence into practice

- Resources, tools, & best practices
- Structured environmental scan to help prioritize areas of focus
- CAPCE/CNE/MOC Part 4 credit for all participants at no cost

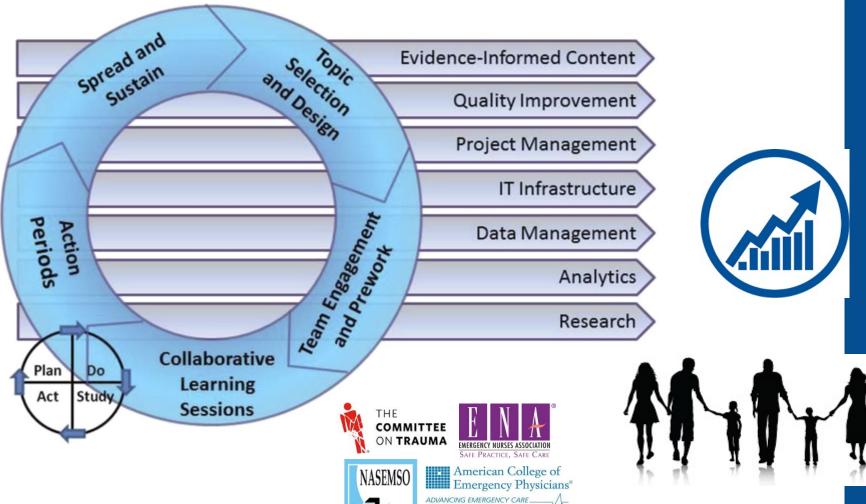




Quality Improvement Collaborative







American Academy of Pediatrics

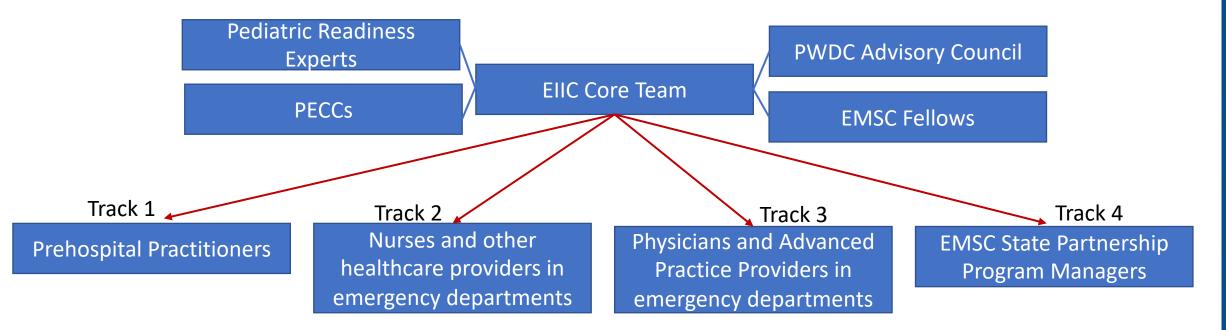








Collaborative Structure





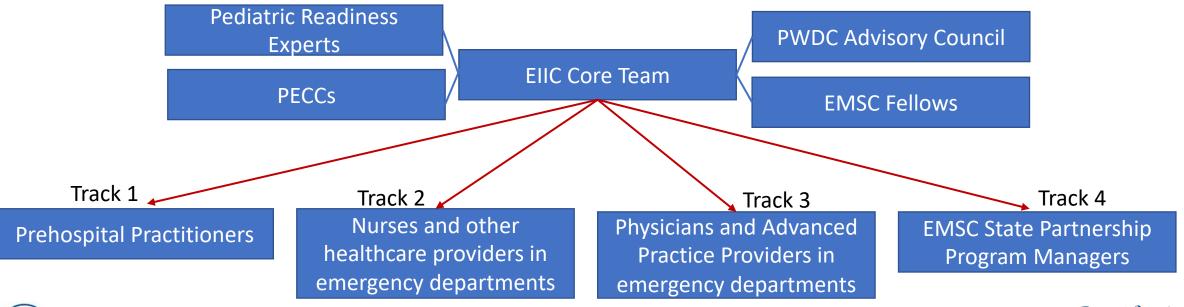








SMART Aim: By March 2021, 100% of participants will have identified at least one strategy to improve pediatric readiness within their organization.







Core EIIC Team



Kate Remick, MD

Executive Lead, EIIC

Associate Professor, Pediatrics, Dell
Medical School at The University of
Texas at Austin
Medical director, San Marcos/Hays
County EMS System



Louis Gonzales, LP, MPH, CPHQ, CPPS
Director of Operations, EIIC



Lisa Gray, MHA, BSN, RN, CPN, TCRN Hospital Domain Co-Lead, EIIC Trauma Domain Co-Lead, EIIC



Rachael Alter, BS,EMT, QAS
Prehospital Domain Co-Lead, EIIC
State Partnership Domain Co-Lead, EIIC
Program Manager, NASEMSO



RN, CPN
Hospital Domain Co-Lead, EIIC
Coordinator Rainbow Community
Pediatric Emergency Services
University Hospitals, Rainbow
Babies & Children's Hospital

Michelle Moegling, BSN,



Meredith Rodriguez, PhD
Senior Project Manager, EIIC
Collaboratives Domain Lead, EIIC





PWDC Advisory Council

AAP -American Academy of Pediatrics

ACEP - American College of Emergency Physicians

ACS -American College of Surgeons

AAFP - American Academy of Family Physicians

AAA - American Ambulance Association

ENA - Emergency Nurses Association

FAN - Family Advisory Network

HRSA -Health Resources and Services Administration

IHS -Indian Health Services

IAEMSC - International Association of EMS Chiefs

IAFC - International Association of Fire Chiefs

NAEMSP - National Association of EMS Physicians

NAEMT - National Association of Emergency Medical

Technicians

NASEMSO - National Association of State EMS Officials

NRHA - National Rural Health Association

PTS - Pediatric Trauma Society

State Partnership Programs

STN - Society of Trauma Nurses

Targeted Issues Grantees Leading PECC Initiatives





Collaborative Overview



Tracks

- Prehospital practitioners
- Nurses & other healthcare professionals
- Physicians & advanced practice providers
- EMSC State Partnership program managers

Phase 1

- September 2021-March 2022
- Monthly deep-dives into 1 of 7 pediatric readiness focus areas (1hr)
- Track-specific breakout discussions (1hr)
- Focus Area Guide and Environmental Scan worksheet

Phase 2

- March June 2022
- Implementation project
- Multidisciplinary approach

Phase 1 of Implementation

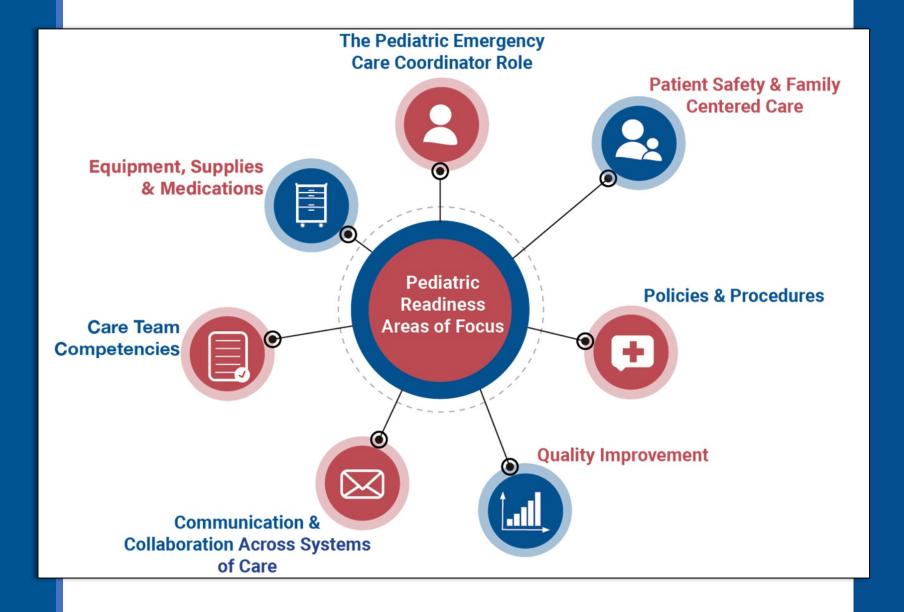
- Identify priority areas of pediatric readiness for improvement
- Understand <u>how</u> best to implement pediatric readiness efforts within your organization
- Learn about best practices
- Network and identify "go to" colleagues for support and collaboration



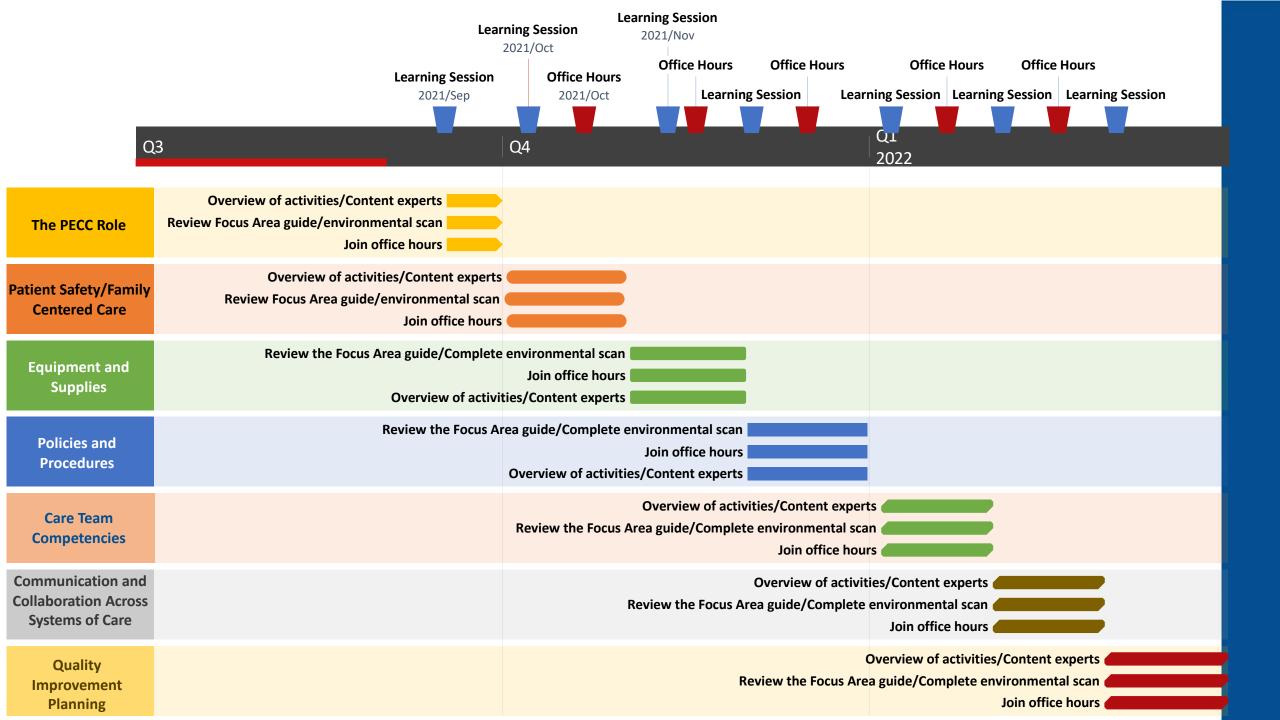


Phase 1
Sept 2021 – March 2022



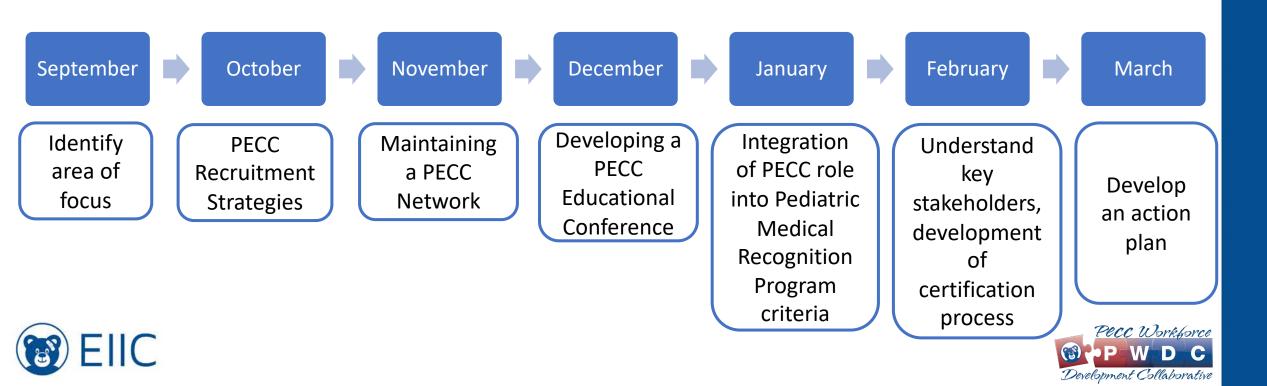


Goal: *How* to utilize these areas to drive improvement in Pediatric Readiness



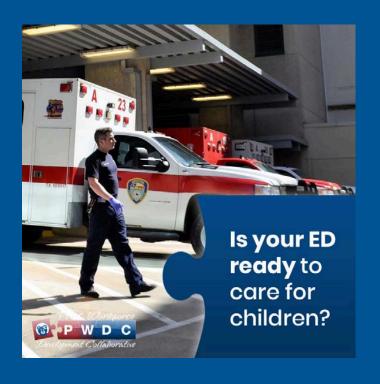
State Partnership Track: Breakout Sessions

- Join learning sessions to better understand how pediatric readiness is implemented on the frontlines
- Each breakout covers a key potential area of focus



Phase 2

March 2022 - June 2022

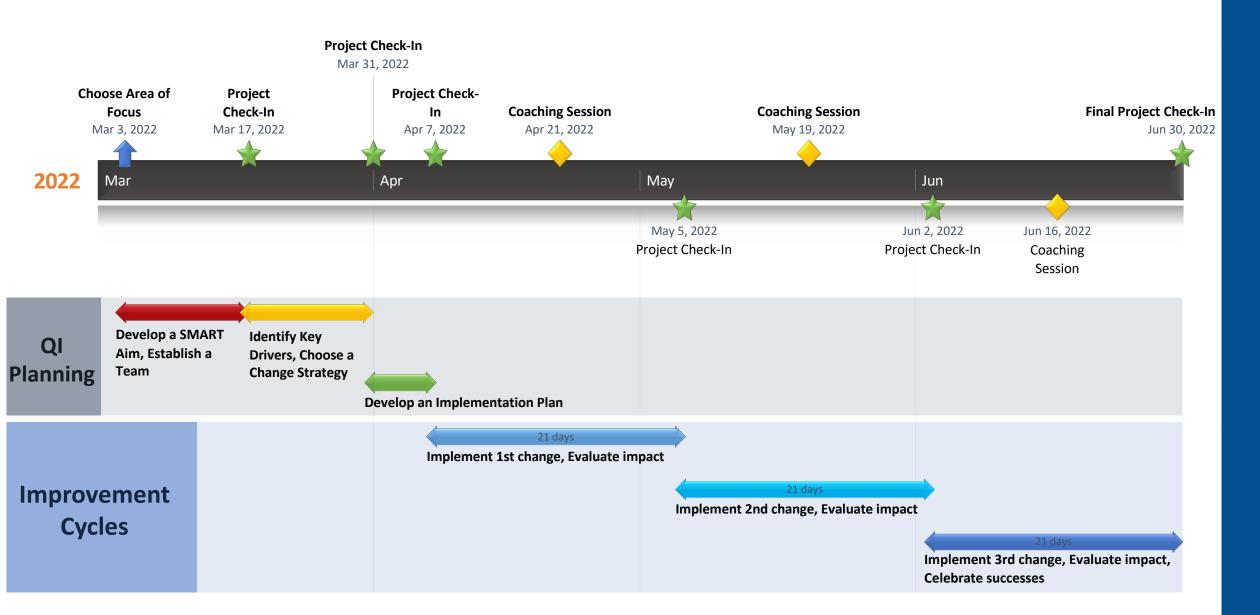


Develop an improvement project within one of the following areas:

- Formalizing the role of the PECC
- 2. Create a process to ensure essential pediatric equipment, supplies or medications
- Establish a pediatric competency program to support the larger care team
- 4. Create a policy, protocol, pathway, or decision support tool

Participation in this phase is required for MOC Part 4 credit (25 points)

Phase 2 Timeline: March-June 2022



X Nuts & Bolts





Calendar of Events



https://conference.globalcastmd.com/pwdc#



IMPORTANT DATES

SEPTEMBER	OCTOBER
MTWTFSS	MTWTFSS
1 2 3 4 5	1 2 3
6 7 8 9 10 11 12	4 5 6 7 8 9 10
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NOVEMBER	DECEMBER

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Collaborative Kickoff

12:30pm - 1:30pm CT

2-Sep-21 Collaborative Kickoff

LEARNING SESSIONS (Phase 1)

12:00pm - 2:00pm CT

16-Sep-21 The Pediatric Emergency Care Coordinator

7-Oct-21 Patient Safety & Family-Centered Care

11-Nov-21 Equipment, Supplies & Medications

2-Dec-21 Policies & Procedures

6-Jan-22 Care Team Competencies

3-Feb-22 Communication & Collaboration Across

Systems of Care

3-Mar-22 Quality Improvement Methodology

IMPLEMENTATION PROJECT

CHECK-INS (Phase 2) 12:00pm - 1:30pm CT

COACHING SESSIONS (optional)

12:00pm - 1:00pm CT







nent.center/collaboratives/pwdc/

Learning Sessions & Breakout Rooms



1 – The Pediatric Emergency Care Coordinator

September 16, 2021 | 1:00 ET / 12:00 CT https://conference.globalcastmd.com/pwdc#

	AGENDA			
	Main Session			
1:00pm –1:50pm ET	The Pediatric Emergency Care Coordinator Welcome Overview Building A Team Key Drivers How to Begin	Speakers: Rachael Alter, BS, QAS Michelle Moegling, BSN, RN, CP		
	Housekeeping Items	Meredith Rodriguez, PhD		
	10 Minute Break			
	Breakout Sessions			
2:00pm – 3:00pm ET	1 - Prehospital Practitioners Mike Ryan, LP, NREMT-P, BS EMS Division Chief Duncanville Fire Department (Duncanville, TX) 2 - Nurses & Other Healthcare Providers Robin Goodman, MSN, RN, CPEN Affiliate member, Pediatric Liaison Nurses Los Angeles County Project Manger, The Lundquist Institute at Harbor-UCLA Medical Center (Torrance, CA)	Moderator(s): Louis Gonzales, LP, MPH, CPHQ, CPPS Meredith Rodriguez, PhD, CCRC Moderator(s): Lisa Gray, MHA, BSN, RN, CPN, TCRN Michelle Moegling, BSN, RN, CPN Rosemary Thuss, MA, RN		
	3 - Physicians & Advanced Practice Providers Sujit Iyer, MD Pediatric Emergency Medicine UT Dell Medical School (Austin, TX)	Moderator(s): Kate Remick, MD Sujit Iyer, MD Jason Crellin, MD		
	4 - State/Territory EMSC Programs In lieu of a guest speaker, we will be presenting the specifics of the EMSC	Moderator(s): Rachael Alter, BS, QAS		

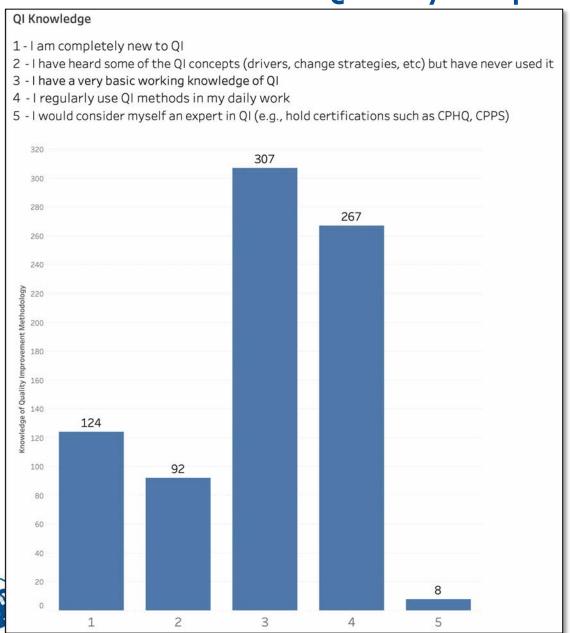
- · All Teach, All Learn
- · Support One Another
- · Active Participation
- · Ask Questions
- Improvement = Success
- Celebrate Successes







A brief note about Quality Improvement Methodology



Model for Improvement

What are we trying to accomplish?

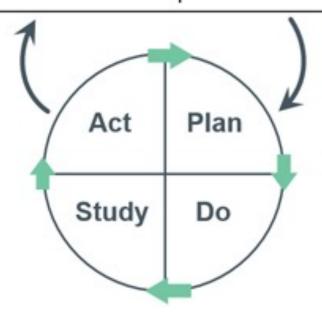
Aim Statement

How will we know that a change is an improvement?

Environmental Scan

What change can we make that will result in improvement?

Key Drivers & Change Strategies





Focus Area Guides

Emailed on the 1st of each month

PURPOSE STATEMENT

Explore the roles, responsibilities, and s your EMS agency, emergency departme

BACKGROUND

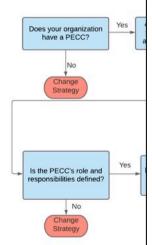
The concept of a Pediatric Eme been around for some time. Since 1983 has required that these emergency depi focus on the importance of the role is c Academy of Medicine) report: Emergence emergency care system's capacity to mato identify qualified coordinators of pediand Services Administration (HRSA) E Performance Measure that by 2026, 903

It is increasingly being demonst of—if not the—strongest driver of impro National Pediatric Readiness Assessme pediatric readiness, independent of oth shown to be associated with decreased designation.⁵⁶ It is expected that EMS at

The purpose of a PECC is to el counterparts. While EMS, ED, or hospita role is likely to have a greater, long-st

FLOW DIAGRAM

This flow diagram is designed to help one think in this flow diagram align with the environmental



ENVIRONMENTAL SCAN WORKSHEET



Instructions

The purpose of these questions is to help you do hospital and identify areas for improvement strengths/barriers questions in REDCap. The "K "Possible Change Strategies" sections are not reapture best practices shared during learning remember that there is an individual lincollaboratives@emscimprovement.center for ass

Is there a PECC, pediatric champion, or responsibilities for coordinating pedia

Key Elements / Considerations	
How was the role assigned?	What
How long has the PECC been in the role?	ED/hos
Is there a process for turnover?	How o
If no, why isn't there a PECC within your organization?	
Has there been efforts to establish a PECC before? Why or why not?	

2) Does the PECC carry a formal title relat

Key Elements / Considerations	
What is the title?	Whata
How is it integrated into the agency or organizational structure?	Does to
Does it carry any weight or decision- making authority?	
If no, why doesn't this person have a title? How are their efforts recognized?	

KEY DRIVERS & CHANGE STRATEGIES

1. ADVOCACY & COMMUNICATION

Note: Focus Area 6 will specifically focus on communic of change strategies is specifically focused on advocati

Crosscutting Change Strategies

- 1.1. Identify an individual with expertise and/or i
- Perform a stakeholder analysis of your EMS in need support from and keep informed for the
- 1.3. Survey staff (formally or informally) on thei levels. This can be done with a specific empt experiences. Communicate findings back to focus on pediatric skills training.
- 1.4. Raise awareness of the importance of high-q
 Estimate your annual pediatric volume. W
- this compare to the number of children in
- How many pediatric cases result in a safet
 Obtain your organization's score on the Pediatric Readiness Assessment (hospital) local averages.

2. EDUCATION

Crosscutting Change Strategies

- Pursue additional education in pediatric em competency training and testing).
 - <u>Prehospital</u>: Pediatric Advanced Life Su Emergency Pediatric Care (EPC), AAP-Pe Emergency Assessment, Recognition and
- <u>Hospital</u>: Pediatric Advanced Life Suppor Pediatric Course (ENPC), Emergency Nur other nurse certification (CCRN, CPN).
- Develop a system to ensure the PECC can ade hinder successfully achieving duties.

EMSC State Partnership Programs

- Regularly communicate pediatric training op state/territory.
- 2.4. Provide resources that will support the varied
- 2.5. Work with the EMSC Advisory Committee to

RESOURCES

TOOLS

- 1. Example Elevator Pitch
- PEM Playbook Podcast, "Zen and the Art of Pediatric Readiness." https://pemplaybook.libsyn.com/zen-and-the-art-of-pediatric-readiness
- 3. Resources for Agency PECCs. https://emscimprovement.center/collaboratives/pecclc/resources/agency-peccs/
- PECC Community of Practice website (Program Managers).
 https://emscimprovement.center/collaboratives/pecclc/resources/program-managers/
- NASEMSO EMS Education Toolkit for Pediatrics. https://nasemso.org/councils/pediatric-emergency-care/ems-education-toolkit-for-pediatrics/.
- NASEMSO Support for Pediatric Emergency Care Coordinators in Emergency Medical Services Agencies.https://nasemso.org/wp-content/uploads/2019-01-Resolution-PECC.pdf
- 7. Is Your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness!
- 8. Prehospital PECC Resource Binder (Rhode Island EMSC)
- 9. Prehospital Pediatric Readiness Project Toolkit
- 10. National Pediatric Readiness Project Toolkit

TEMPLATES

- 1. PECC Role Description Guide (Louisiana EMSC)
- 2. Sample PECC Job Description (Maine EMSC)
- 3. What is a PECC? (Pennsylvania EMSC)
- 4. Sample PECC Activities (Ohio EMSC)
- 5. Role Responsibilities: Physician Coordinator for Pediatric Emergency Care
- 6. Role Responsibilities: Nursing Coordinator for Pediatric Emergency Care

FURTHER READING

- Ames, S.G., et al., Emergency Department Pediatric Readiness and Mortality in Critically III Children. Pediatrics, 2019. 144(3): p. e20190568 https://www.ncbi.nlm.nih.gov/pubmed/31444254
- Institute of Medicine, C.o.t.F.o.E.C.i.t.U.S.H.S., Emergency Care for Children: Growing Pains. 2007, Washington, DC: The National Academies Press. 360 https://www.nap.edu/catalog/11655/emergency-care-for-children-growing-pains
- Moore, B., et al., Pediatric Readiness in Emergency Medical services systems. Annals of Emergency Medicine, 2020. 75(1): p. e1-e6 https://doi.org/10.1016/j.annemergmed.2019.09.012
- NAEMSP, Physician Oversight of Pediatric Care in Emergency Medical Services. Prehosp Emerg Care, 2017. 21(1): p. 88 https://www.tandfonline.com/doi/abs/10.1080/10903127.2016.1229826?journalCode=ipec20



¹ Pediatric Liaison Nurses. (2021, June 4). Pe

² Committee on the Future of Emergency Car Washington, DC: The National Academies Pr

³ Health Resources and Services Administra Manual for State Partnership Grantee https://www.nedarc.org/performanceMeas

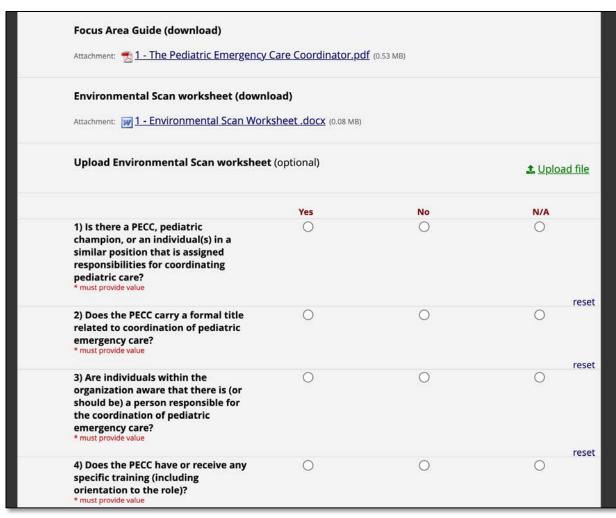
⁴ Gausche-Hill, M. E. (2015). A National Asse

⁵ Ames, S. G.-H. (2019). Emergency Departm ⁶ Remick K. G. (2019). Padiatric emergency.

⁶ Remick, K. G. (2019). Pediatric emergency Surgery, 803-809.

REDCap Database System

- A link will be sent to you on the first of every month
- Download the focus area guide and environmental scan worksheet (also find these on the website)
- These are automatic emails. If you no longer are able to participate in the collaborative, please email pwdc@emscimprovement.center







REDCap Dashboard

- Personal dashboard only visible to you
- Track Review your answers & progress through the collaborative
- Goal: source for Phase 2
 Implementation Project

Your PWDC Dashboard

Welcome Meredith!

As you complete each focus area, your answers will appear below. This dashboard will track your identified enablers, barriers, and change strategies for each focus area. You can reference this dashboard at any time through this link. Please remember, this link is unique to you. Only those with which you share this link will be able to see your responses.

Please email Meredith at <u>pwdc@emscimprovment.center</u> if youhave any questions.

2 - Patient Safety & Family-Centered Care	Your Response
Does your organization promote a culture of pediatric patient safety?	Yes
Does your organization promote family-centered care in all aspects of care delivery?	No
3) Does your organization have policy or policies for pediatric patient safety that include key elements?	Yes
4) Is there a mechanism to educate staff on these key elements of pediatric patient safety and family-centered care?	No
5) Is there a mechanism in place to monitor and track pediatric patient safety events?	Yes
6) Is there a mechanism to evaluate the event and implement improvements?	No
7) What are the organization's strengths as it relates to pediatric patient safety and family-centered care?	





Communications

Constant Contact



August 17, 2021

Upcoming Events

September 2nd 1:30 ET / 12:30 CT Collaborative Kickoff

September 16th 1:00 ET / 12:00 CT The Pediatric Emergency Care Coordinator

October 7th 1:00 ET / 12:00 CT Patient Safety & Family-Centered Care

*Calendar invitations for the virtual sessions will be coming soon from pwdc@emscimprovemen t.center

<u>Download the calendar</u> <u>here (PDF)</u>

Action Items

- Complete Intake
 Questionnaire
 (check your email
 for your link)
- Join our

Welcome!

We are almost two weeks away from the launch of the PECC Workforce Development Collaborative and we have lots in store for you! Over the past several months we have worked with national experts in pediatric emergency medicine and with pediatric champions just like yourself to develop a great program. We're excited to start sharing this with you.

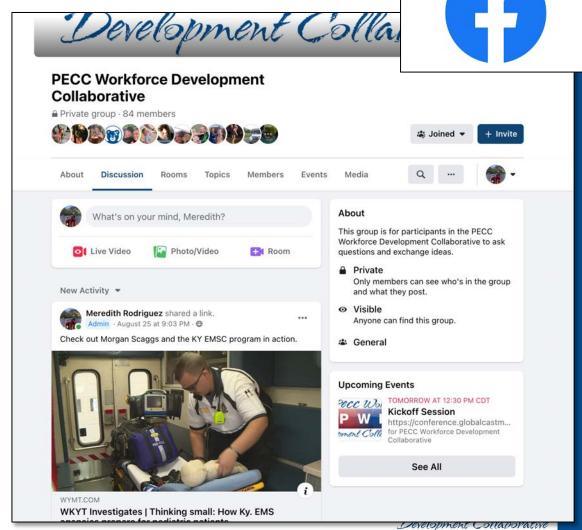
Kickoff Session

The collaborative kickoff session is **September 2nd at 1:30 ET/12:30 CT**. During this 1-hour session, we will introduce ourselves, go over what to expect from the collaborative and much more. We realize some of you may not be able to attend on this day. The **session will be recorded and posted to the PWDC website**. Our virtual sessions will be hosted by GlobalCastMD, a virtual conferencing company. You will be sent a link to our PWDC page on their site soon. You will use this same link to join all PWDC virtual sessions and will simply enter the email address that you registered to login.

Intake Questionnaire

We're are looking forward to getting to know each of you a bit better and learn what you hope to get out of this collaborative. To do this, we ask that you complete the intake questionnaire. To avoid having you re-enter any information that you already provided, each of you will receive an individual link to your intake questionnaire by this Friday,

Join our Facebook Group!





FREE Continuing Education Credit







What do you have to do?

- Attend the live session
- Complete the evaluation
- Complete the online version of the environmental scan each month
- MOC Part 4 must complete phase 2







Thank you!

• PWDC Website: https://emscimprovement.center/collaboratives/pwdc/

• Questions: pwdc@emscimprovement.center



