The Pediatric Emergency Care Coordinator/Champion (PECC)

Focus Area #1 September 16, 2021





Acknowledgement & Disclaimer

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A recording of this session will be posted to the participants-only section of the website here:

https://emscimprovement.center/collaboratives/pwdc/participants/





Disclosure to Learners

Pediatric Emergency Care Coordinator Workforce Development Collaborative (PWDC)

Learning Sessions

Criteria for successful completion in order to receive contact hours:

- 1. Credit awarded commensurate with participation
- 2. Completion and submission of evaluation

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

The nursing continuing professional development activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Speakers



Rachael Alter, BS

Co-Lead: Prehospital Pediatric Readiness Project

Co-Lead: EIIC State Partnership & Prehospital Domains



Michelle Moegling BSN, RN, CPN

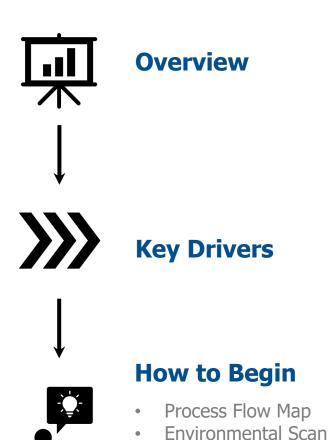
Co-Project Manager: EIIC Disaster Domain

Co-Nurse Lead: EIIC Hospital Domain





Agenda



Measurement



Aim Statement & Building a Team

- Session Evaluation & CE Credit
- Build a Team
- Measurement
- Resources



Housekeeping & Reminders

Session Evaluation & CE Credit



Breakout Sessions

- Track-specific guest speakers
- Group discussion







Poll Everywhere

We will be using Poll Everywhere to ask a few questions during this Learning Session.

Today's Poll Everywhere can be accessed through:

 Your web browser (use QR code or https://pollev.com/ralter226)

OR

The mobile app – enter *ralter226* (Apple Store or Google Play)

OR

Text *ralter226* to 22333





SCAN ME

Choose one famous person from history you want on your team during a zombie apocalypse.





Do you currently serve as a PECC in your agency or hospital?

Yes

No

Purpose Statement

Pediatric Emergency Care Coordinator

Explore the roles, responsibilities, and skill set of an effective PECC, and identify strategies to create and strengthen the role within your EMS agency, emergency department, or hospital.





Overview

Pediatric Emergency Care Coordinator





Background



EMERGENCY CARE FOR CHILDREN

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



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, g.h Kathleen Brown, MD, FAAP, FACEP, Sally K. Snow, BSN, RN, CPEN, Joseph L. Wright, MD, MPH, FAAP, k.l AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Committee





Pediatric Readiness in Emergency Medical Services Systems

Sylvia Owusu-Ansah, MD, MPH, FAAP,^a Brian Moore, MD, FAAP,^b Manish I. Shah, MD, MS, FAAP,^c Toni Gross, MD, MPH, FAAP,^d Kathleen Brown, MD, FAAP,^{e,f} Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,^g Kathlerine Remick, MD, FACEP, FAAP, FAEMS,^{h,i,j} Kathleen Adelgais, MD, MPH, FAAP,^k Lara Rappaport, MD, MPH, FAAP,^l Sally Snow, RN, BSN, CPEN, FAEN,^m Cynthia Wright-Johnson, MSN, RNC,ⁿ Julie C. Leonard, MD, MPH, FAAP,^o John Lyng, MD, FAEMS, FACEP, NRP,^p Mary Fallat, MD, FACS, FAAP,^q COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE, SECTION ON EMERGENCY MEDICINE, EMS SUBCOMMITTEE. SECTION ON SURGERY

idual who coordinates pediatric emergency care.

for this measure is that by 2026:

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

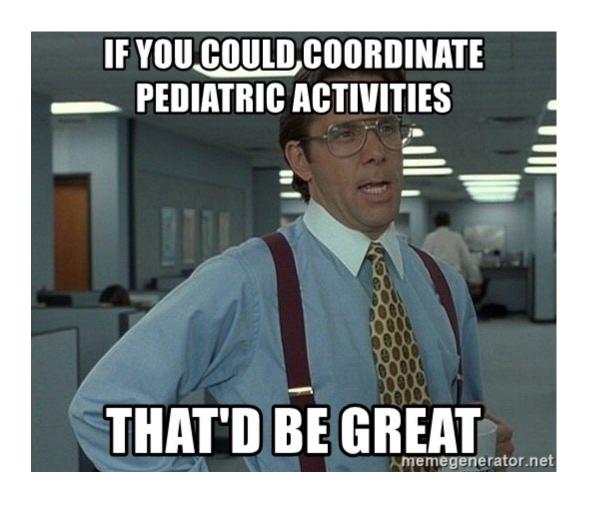






What is a PECC?

An individual(s) who is responsible for coordinating pediatric specific activities.













Do you think having both an EMS agency & ED PECC improved the care of the baby in the scenario?



If this were your EMS agency or ED, would it have gone the same way?

Yes

No

Roles and Responsibilities of PECC





Who can fill this role?









Harm Pharmacist Physician Assistant Nursenus Physician Assistant Nursenus Physician Assistant Nursenus Physician Assistant Nursenus Physician Phys

Passion for kids is all that's required.









Roles and Responsibilities

Prehospital Practitioner

Development & maintenance of protocols

Support use of pediatric protocols and guidelines

Promote pediatric CE

Oversee process improvement

Ensure availability of pediatric medications, equipment, and supplies

Promote participation in injury prevention programs

Liaise with ED PECC

Promote family-centered care





Roles and Responsibilities Physician or Advanced Practice Provider

Maintain competencies in pediatric-specific care

Promote pediatric skills and knowledge of provider team

Participate in pediatric quality improvement

Assist in the development and review of ED specific policies and protocols to ensure inclusion of or specific to children

Advocate for appropriate pediatric specific equipment and supplies





Roles and Responsibilities Nurse

Maintains competency in pediatric emergency care

Facilitates the inclusion of pediatric care in orientation and continuing education

Promote adequate pediatric skills and knowledge of team

Promotes inclusion of pediatric patients in disaster preparedness for the ED and integrate this into the hospital disaster committee





Hospital PECC Collaboration

Promoting skills and knowledge

Participate in the quality improvement development of pediatric outcome metrics

Assist in assuring and reviewing ED policies, procedures and standards to assure pediatric considerations are included

Facilitate the inclusion of pediatric care in orientation and continuing education



The Pediatric Emergency Care Coordinator

Passionate about providing high-quality pediatric emergency care and advocates for pediatric needs in all aspects of care.

Equipment, Supplies and Medications

Ensures pediatric equipment, supplies, and medications are available, easily accessible, labeled, and logically organized.

Patient Safety & Family Centered Care

Aware of the unique pediatric patient safety concerns and ensures family members are included on all care decisions.

Care Team Competencies

Develops processes for delivering comprehensive, ongoing, pediatric specific education and evaluating pediatric-specific psychomotor and cognitive competencies.



Policies & Procedures

Assists with the development of policies and procedures to ensure pediatric patients consistently receive high-quality care.

Communication & Collaboration

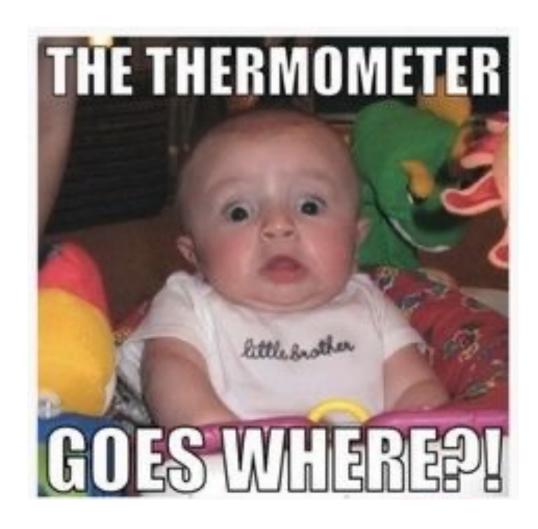
Serves as a liaison and/or coordinator in collaboration with appropriate in-house and external committees, pediatric experts, public health officials and family advocates.

Quality Improvement

Participates in the development of the pediatric components of the QI plan and facilitates QI activities related to pediatric emergency care.







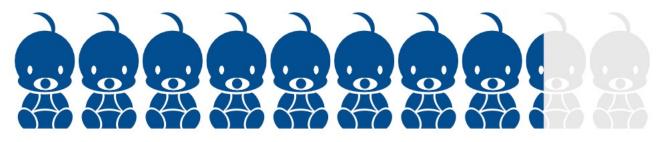
Pediatric patients often provoke discomfort and anxiety among healthcare personnel





Value of the PECC Role Emergency Departments





83%

of children arrive at general EDs

(versus specialized pediatric EDs)



Increased pediatric readiness scores...

...are associated with decreased mortality







Value of the PECC Role Prehospital





<10%

of EMS calls are for pediatric patients

of EMS agencies see fewer than 1 pediatric patient a month (on average)





Why This Role Matters







Additional training opportunities



Improved care



Pediatric Voice





Summary of Benefits

Ensure resources are available

Establish QI plans

Maintain relationships

Equipment & supplies

Disaster preparedness

Hospital and EMS liaisons

Establish/maintain protocols

Family-centered care









Based on the overview just provided, do you serve as a PECC in your organization (even if unofficial)?

Yes

No

Key Drivers





Key Driver 1: Advocacy & Communication

Advocacy & Communication

- Identify experts
- Garner input from the team
- Raise awareness





Advocacy & Communication

What illnesses do

You most often see jume? in children? in children? in children? in children? you most often see different complex care patients, like kids with) trachs and being prepared for those runs and having pre-planned response for kids in the area we know have special or complex medical needs and being aware of their presence in our community level when treating pediatric patients?







Key Driver 2: Education for PECC

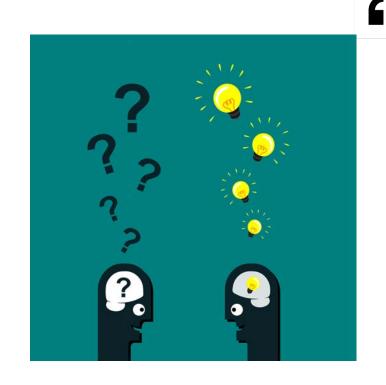
Education

- Identify needs/gaps
- Identify training opportunities





Education



Since I started the PECC program, I became a PALS instructor... that was important. I value teaching a quality PALS class, and not make it a urse that you just have to do and everybody passes Soll'm trying to continuously get better at teaching and presenting the material in different S formats that help other people learn. I think I'm always trying to become a better instructor and the better get at it. Ur about? (e.g., potential codes,

opportunities?



life threatening

situations)

Key Driver 3: Process & Policies

Process & Policies

- Key responsibilities
- Job description
- Protected time





Process & Policies

Does your organization have a PECC job description?

How do you create one? Is the role integrated into your current job description?

timer's duties. So it can be at these full-time, but mostly, it's part-time(whitehrey) reidworking a 24-hour shift, they may put two hours a day into the PECC part Diot. you have protected time for PECC duties?







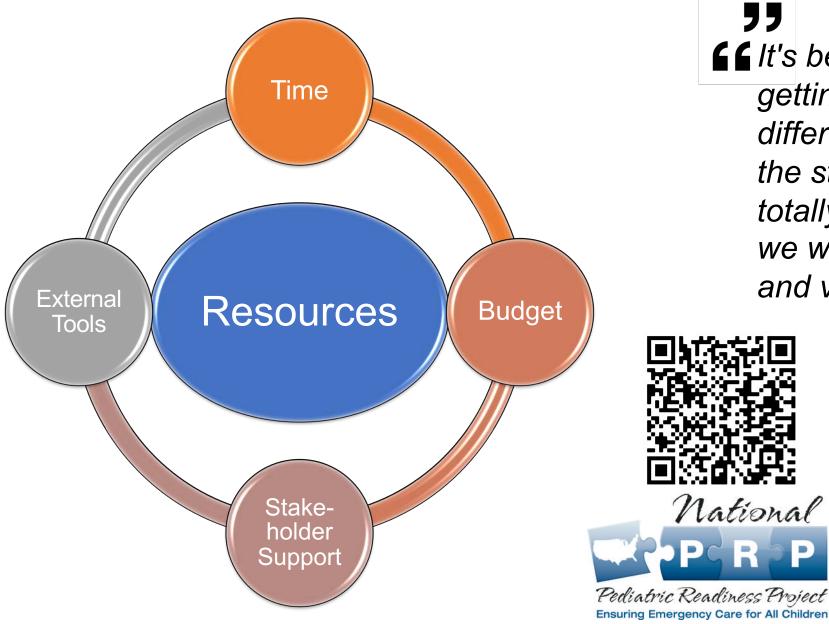
Key Driver 4: Resources

Resources

- Time
- Budget
- Stakeholder Support
- External Tools







L It's been quite eye-opening getting to meet all these different people from all over the state. Some dealing with totally opposite problems that we would never deal with and vice versa.













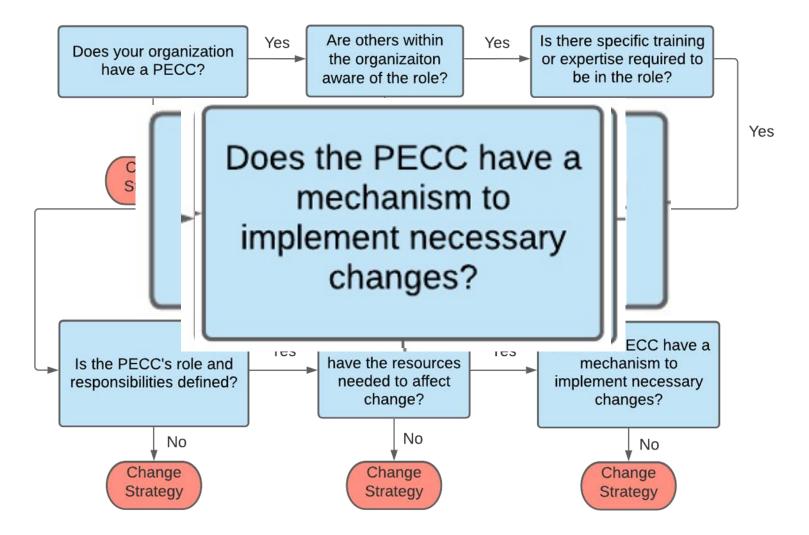
How to Begin

Assessing Your Baseline





Process Flow Map







Environmental Scan



Focus Area 1: The Pediatric Emergency Care Coordinator

Environmental Scan Worksheet

Instructions

The purpose of these questions is to help you explore the current state of the focus area at your EMS agency, ED, or hospital and identify areas for improvement. To be eligible for CE credit, you must answer the Yes/No and strengths/barriers questions in REDCap. The "Key Considerations / Considerations", "Best / Suggested Practices" and "Possible Change Strategies" sections are not required but are designed to help you delve deeper into the question, capture best practices shared during learning sessions, and help strategize on how to improve in this area. Please remember that there is an individual link to each of these forms. Please email Meredith Rodriguez at collaboratives@emscimprovement.center for assistance.

Key Elements / Considerations	Best / Suggested Practices	Possible Change Strategies
low was the role assigned?	What are groups doing around the country	What could be done to improve here?
low long has the PECC been in the	that would work well for your agency or	Relevant Key Driver(s): 1-Advocacy
ole?	ED/hospital?	Communication
	How do others select PECCs and address	
s there a process for turnover?	turnover?	
no, why isn't there a PECC within		
our organization?		





☐ Yes

Pick one thing you can do to improve



First floor

What is a PECC?

Second Floor

What does a PECC do?

Third Floor

What makes the PECC unique?

Forth Floor

What training do you need to be successful?

Rooftop

How does this benefit patient care?





Think about what it will take to make the improvement



https://thesalesmindsetcoach.com/aim-high-but-start-small/





Goal Setting

SMART Aim = defining the change/improvement you want to make <u>Specific:</u>

- What do you want your outcome to be (simple and small)
 Measurable:
 - Get a baseline
 - What do you want the future state to be
 - %, rate, #

Attainable:

- This is not part of your aim statement
- Think about the "HOW"
- Make sure it can be accomplished Relevant/Realistic:
 - o Is it achievable with the resources you have?

Time-Framed:

C ∘ Start small 3-6 month time frame or shorter





SMART Aim Examples

By December 1, 2021, 100% of leadership will be able verbalize the importance of the PECC role.

By December 1, 2021, 100% of ED staff will be able identify who is in the role of the PECC.

By January 30, 2022, the PECC will have completed an ENPC class.

By December 31, 2021, three primary roles of the PECC will be defined.

By May 30, 2022, the PECC will identify one support person necessary to make effective change.





Build the Team

- Depending on project, team may be 1 or it may be many
- Identify your key players







Measurement

- Measurement is how you show improvement
- You cannot change what you cannot measure
- Some is not a number and soon is not a time





Focus on learning, Not perfection

- Gain leadership and team buy in
 - o How will this improve function or workflow?
- Be flexible, you may need to change things up as you go
- Think about the steps to making changes
 - Always start small
 - One item or one part of a process
- Learning will be incremental improvement















Conclusion

"If you always do what you've always done you're going to get what you always got."

~ Henry Ford







Housekeeping & Reminders

- CE Credit
 - You will be emailed a link to the session evaluation. You must complete this to receive credit
- Complete the online version of the Focus Area
 - Email Meredith if you need your link.
 - Automatic reminders go out every Monday
- Next Learning Session
 - Patient Safety & Family-Centered Care
 - Oct 7th @ 1:00 ET
- Questions? <u>pwdc@emscimprovement.center</u>





Breakout Sessions



1 – The Pediatric Emergency Care Coordinator

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

AGENDA				
Main Session				
	Speakers:	The Pediatric Emergency Care Coordinator	1:00pm –1:50pm ET	
	Rachael Alter, BS, QAS	Welcome		
PN	Michelle Moegling, BSN, RN, CF	Overview		
		Building A Team		
		Key Drivers		
		How to Begin		
	Meredith Rodriguez, PhD	Housekeeping Items		
PI	Rachael Alter, BS, QAS Michelle Moegling, BSN, RN, CF	Welcome Overview Building A Team Key Drivers How to Begin	1:00pm –1:50pm ET	

10 Minute Break **Breakout Sessions**

Duncanville Fire Department (Duncanville, TX) 2 - Nurses & Other Healthcare Providers	Moderator(s): Lisa Gray, MHA, BSN, RN, CPN,
Robin Goodman, MSN, RN, CPEN	TCRN
Affiliate member, Pediatric Liaison Nurses	Michelle Moegling, BSN, RN, CPN
Los Angeles County	Rosemary Thuss, MA, RN
Project Manger,The Lundquist Institute at	
Harbor-UCLA Medical Center (Torrance, CA)	

3 - Physicians & Advanced Practice Providers

2:00pm - 3:00pm ET 1 - Prehospital Practitioners

Sujit Iyer, MD Pediatric Emergency Medicine UT Dell Medical School (Austin, TX)

4 - State/Territory EMSC Programs

In lieu of a guest speaker, we will be presenting the specifics of the EMSC program track.

Moderator(s):

Moderator(s):

Kate Remick, MD Sujit Iyer, MD Jason Crellin, MD

Moderator(s):

Rachael Alter, BS, QAS

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







Breakout Sessions

10 Minute Break
(sessions will commence at top of the hour)

1 - Prehospital Practitioners

Guest Speaker:

Mike Ryan, LP, NREMT-P, BS EMS Division Chief Duncanville Fire Department (Duncanville, TX)

3 – Physicians & Advanced Practice Providers (hospital-based)

Guest Speaker:

Sujit Iyer, MD
Pediatric Emergency Medicine
UT Dell Medical School (Austin, TX)

2 – Nurses & Other Healthcare Providers (hospital-based)

Guest Speaker:

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)

4 – State / Territory EMSC Programs

Moderator:

Rachael Alter BA, QAS

Collaborative Structure and Expectations for EMSC Programs