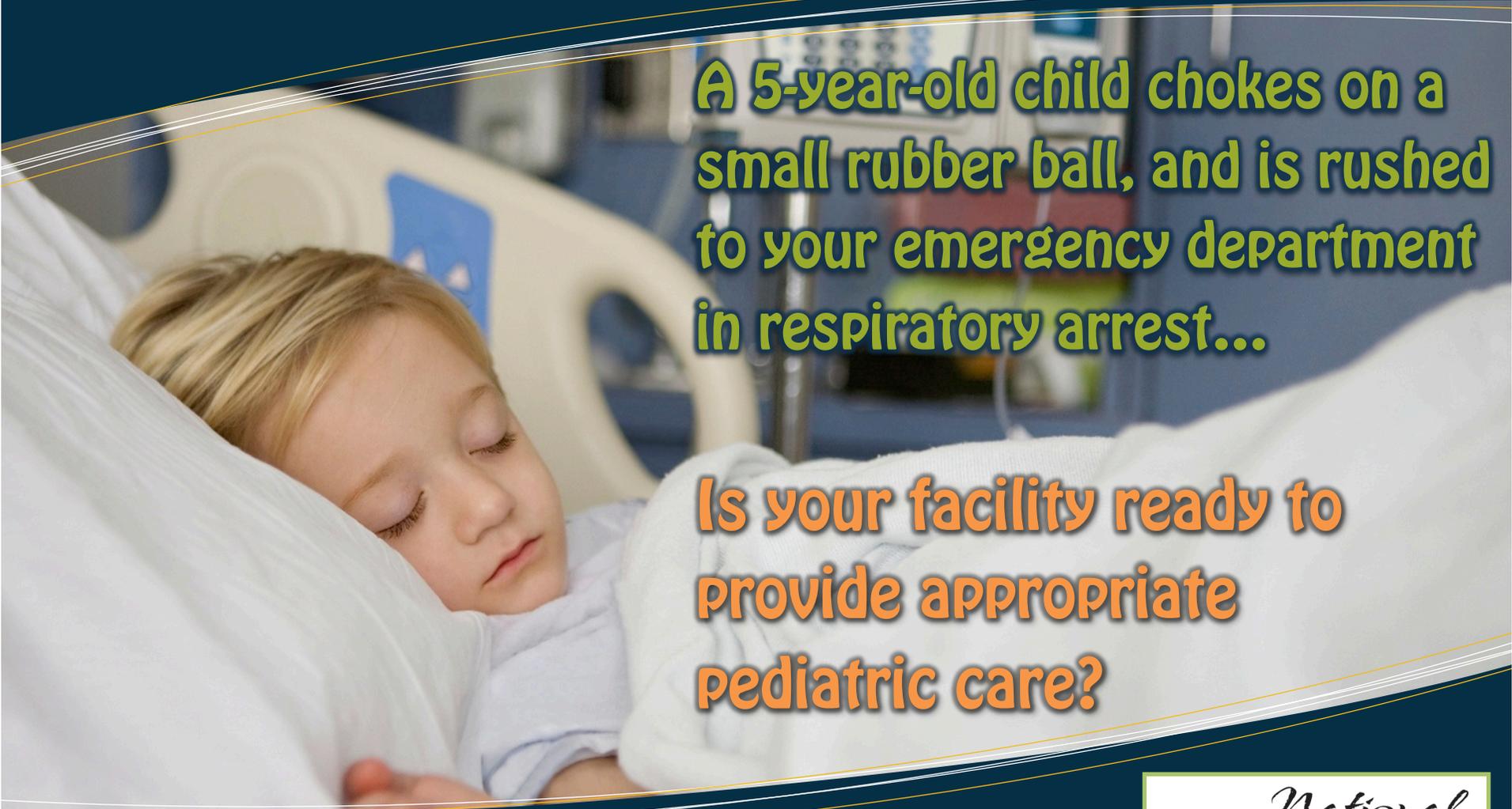


The National Pediatric Readiness Project  
<http://www.PediatricReadiness.org>



**A 5-year-old child chokes on a small rubber ball, and is rushed to your emergency department in respiratory arrest...**

**Is your facility ready to provide appropriate pediatric care?**



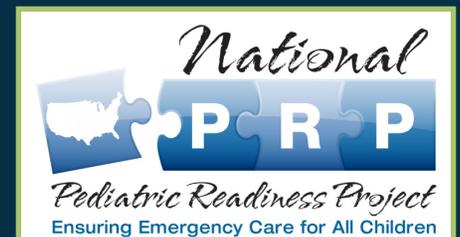
# Pediatric Readiness

Pediatric Readiness is the capability of an emergency department to provide the right resources and the right care at the right time to an ill or injured child.



# Background

- Previous national surveys indicated many EDs did not have **ALL** the recommended supplies and equipment to care for pediatric patients
- Both surveys
  - Paper-based
  - Received 30% response rate



# What We Learned...

Hospitals with a higher level of readiness had these characteristics:

- Urban
- High pediatric volume
- Separate care area for pediatric patients
- Physician and nursing coordinator for the ED



# What We Learned...

- The majority of children are seen in community hospitals (non-children's hospital)
- 50% of the nation's EDs see **fewer than 10** pediatric patients per day



# What We Learned...



It will cost less than **\$5 million** to ensure every ED in the U.S. has appropriate pediatric equipment; or 18 cents per pediatric visit.

*Pediatrics* Vol. 124 No. 4 October 2009, pp. 1233-1243



# 2009



- Guidelines for the Care of Children in the Emergency Department, published in the October issues of *Pediatrics* and *Annals of Emergency Medicine*
- Collaborators include AAP, ACEP, and ENA

*Pediatrics* Vol. 124 No. 4 October 2009, pp. 1233-1243  
*Annals of Emergency Medicine* Vol. 54, Issue 4 , pp.  
543-552



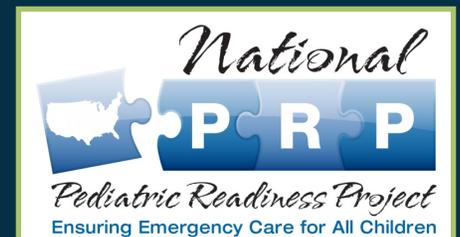
# Why Another National Assessment?

- Updated guidelines identify equipment and resources needed to provide emergency care to children
- Strong partnership among AAP, ACEP, ENA, and EMSC



# Why Another National Assessment?

- Opportunity to assess the nation's ED capacity based on the 2009 Guidelines
- Opportunity to make this an ongoing quality improvement project that lives beyond the first assessment



# 2010 - 2011

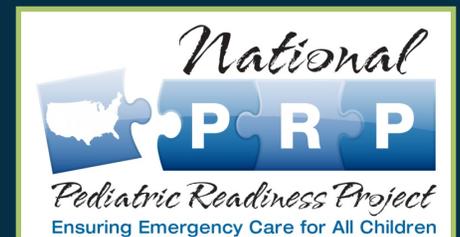
- EMSC convened a working group to serve as an expert panel on the national project
- Electronic assessment developed
- Pilot assessment in California
  - 330+ EDs were assessed with 90% response rate
  - Pediatric readiness improved from 55 to 70 (median scores)



# National Pediatric Readiness Project

A collaborative quality improvement initiative to ensure that **ALL**\* emergency departments are ready to care for children

\*Excludes Veteran hospitals and EDs not open 24 hours





## Key Partners

- EMS for Children (EMSC) Program
- American Academy of Pediatricians (AAP)
- American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)

## Supporting Organizations

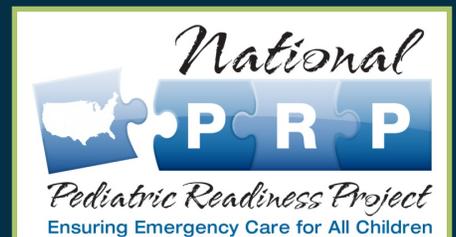
- Joint Commission
- Hospital Corporation of America



# Pediatric Readiness Project Elements



- 2009 Guidelines
- National assessment
- Assessment feedback
- Quality improvement resources



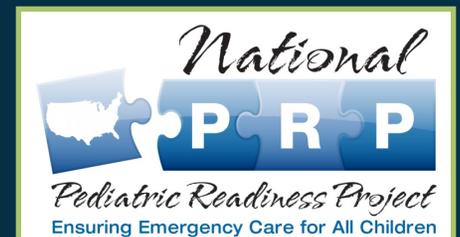
# Incentives for Participation

- An **immediate** Pediatric Readiness score for individual hospital
- Online dynamic national report
- Benchmark against hospitals with similar pediatric patient ED volume
- Link to a web-based toolkit for performance improvement
- One year online subscription to PEMSoft



# Assessment Deployment

- Secure web-based assessment
- 3 Months to complete
- **Goal: 80%+** response rate



# Assessment Deployment

## Field Test

- 3 states/territory
  - Minnesota – large # of hospitals and IHS hospitals
  - Maryland – medium # of hospitals
  - Guam – small # of hospitals and territory
- November 2012 to January 2013



# Assessment Deployment

- 5 Cohort Groups
  - 9 to 13 states/territories per group
  - Approximately equal number of hospitals per group
- Staggered Rollout
  - January to July 2013
  - One cohort launched each month



November Field Test	Group 1	Group 2	Group 3	Group 4	Group 5
Minnesota Maryland Guam	Arizona CNMI District of Columbia Nebraska Nevada Oregon Texas Utah Washington	Colorado Florida Hawaii Kentucky Michigan Mississippi Oklahoma Rhode Island Virginia West Virginia	Alabama Connecticut Georgia Indiana Iowa Massachusetts Montana New Jersey New Mexico New York Virgin Islands Wyoming	Alaska American Samoa Arkansas Idaho Illinois Missouri North Carolina Pennsylvania South Dakota Tennessee Vermont	Delaware Kansas Louisiana Maine New Hampshire North Dakota Ohio Puerto Rico South Carolina Wisconsin Palau Marshall Islands Fed States of Micronesia

**(California Group)**

California (Completed)



# Staggered Deployment Timeline

	2012		2013						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Field Test									
Group 1									
Group 2									
Group 3									
Group 4									
Group 5									



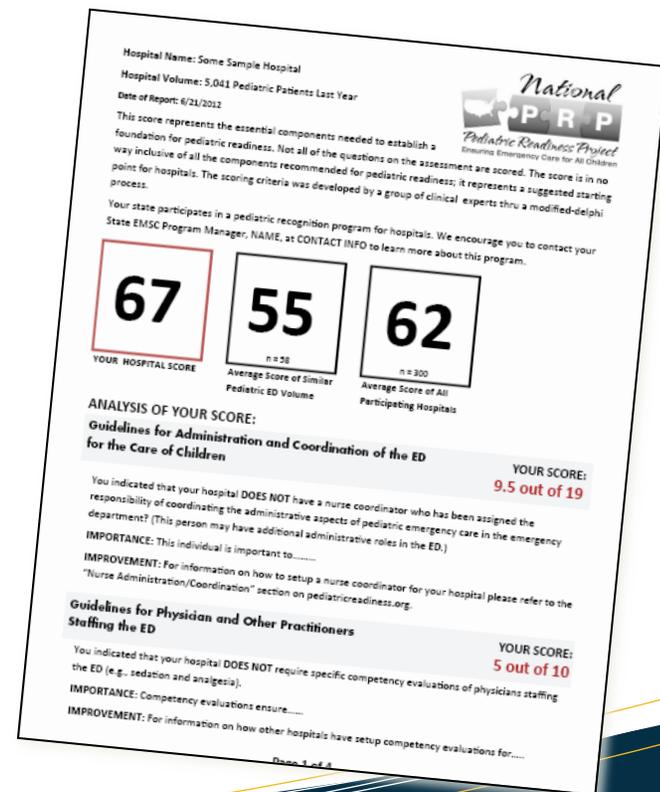
# Project Leadership and Support

- Project Champion Marianne Gausche-Hill, MD
- Federal EMS for Children (EMSC) Program
- EMS for Children National Resource Center (NRC)
- National EMSC Data Analysis Resource Center (NEDARC)



# Readiness Score and Gap Analysis

- Maximum score: 100
- Highlights performance
  - Physician Coordination and Administration
  - Nurse Administration and Coordination
  - Personnel
  - Quality Improvement
  - Patient Safety
  - Policies and Procedures
  - Equipment and Supplies



# Who Will Receive the Data?

- Raw national data\*
  - NEDARC
- Raw state data\*
  - State EMSC Program

\* National and state data will be reported on aggregate level



# Who Will Receive the Peds Ready Score?

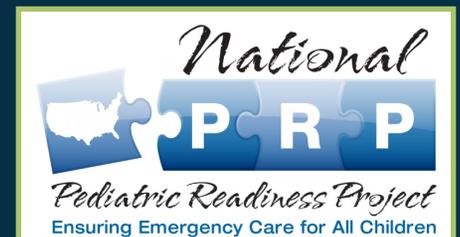
- Hospital specific score
  - Hospital personnel who submits assessment
- Average statewide score
  - On the [www.PediatricReadiness.org](http://www.PediatricReadiness.org) website\*

\* In aggregate only; no hospital specific scores listed



# Quality Improvement Resources

- Dedicated website [www.PediatricReadiness.org](http://www.PediatricReadiness.org)
- Web-based toolkit to align with the 2009 Guidelines
- Resources designed to help EDs address areas of weakness



# Steps to Improve A Facility's Readiness

- Take the assessment
- Access the free online resources
- Develop an ED performance improvement plan based on the online gap analysis



# Steps to Improve A Facility's Readiness

Prioritize implementing key areas of the Guidelines

- Staff – designate a nurse and physician coordinator to oversee ED pediatric quality improvement, patient safety, and clinical care activities
- Policies – implement child-friendly policies and procedures
- Equipment – ensure that all recommended equipment, supplies, and medication for children of all ages are available



# Benefits of Pediatric Readiness

- Global level: reduces the unevenness of pediatric emergency care by creating a foundation for all EDs
- State level: disaster preparedness
  - Day-to-day readiness of an ED increases the likelihood that it will be prepared for a disaster
  - Provides an opportunity for children to be better integrated into overall state disaster plans
  - The assessment will ask if the facility's disaster plan addresses issues specific to the care of children
  - Online toolkit will have example ED disaster preparedness policies that incorporate the needs of children



# Benefits of Pediatric Readiness

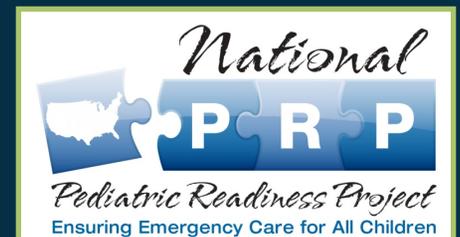
## State level: Patient Safety

- Creates consistency among all EDs with obtaining and documenting weights of children in the ED
- Provides education on the use of different systems (i.e. length-based tape or software) to ensure proper sizing of resuscitation equipment and dosing of medications
- Provides standards for inter-facility transfer agreements and guidelines by incorporating the components of the EMS for Children performance measure into the assessment



# Benefits of Pediatric Readiness

- Direct linkage to the prehospital setting
- EMS agencies can appoint a coordinator focused on pediatric emergency competency, quality improvement, patient safety, etc.



# Benefits of Pediatric Readiness

- Ultimate goal: EMS can transport a child to an ED regardless of geographic location knowing that it will have baseline readiness with medications, equipment, policies, and training to provide effective emergency care to stabilize a child
- Ultimate goal: Facilities that cannot care for critical pediatric patients will be linked to a broader regional system



# For More Information

Visit the Pediatric Readiness website at  
<http://www.PediatricReadiness.org>

