

EMSC Update: Pediatric Facility Recognition & New Pediatric Initiatives in EMS

Elizabeth Weinstein, MD
Associate Professor of Clinical Pediatrics and
Emergency Medicine
IU School of Medicine
Director Indiana EMSC



Indiana – Emergency Medical Services for Children

EMSC

Federal Program to *reduce pediatric morbidity and mortality as a result of serious injury and illness.*



Indiana – Emergency Medical Services for Children

EMSC

Integrate pediatric preparedness:

- Skills
- Equipment
- Resources
- Planning

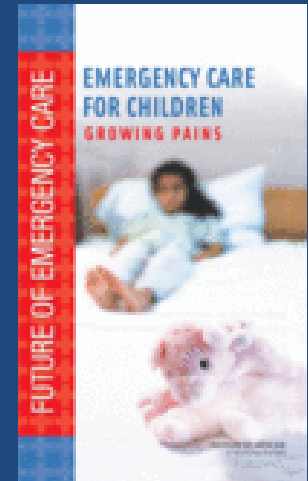
into our existing infrastructures.



Indiana – Emergency Medical Services for Children

2006 Report “Growing Pains”

“Unfortunately, although children make up 27 percent of all visits to the ED, many hospitals and EMS agencies are not well equipped to handle these patients.”



Indiana – Emergency Medical Services for Children

Consider...

- 83% of children are seen in community hospitals
- 69% of hospitals see < 15 kids/day
- ~10% of EMS calls
- The FEWER kids you see, the MORE READY you need to be!



Indiana – Emergency Medical Services for Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

Joint Policy Statement—Guidelines for Care of Children in the Emergency Department

AMERICAN ACADEMY OF PEDIATRICS
COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
PEDIATRIC COMMITTEE
EMERGENCY NURSES ASSOCIATION
PEDIATRIC COMMITTEE

abstract

Children who require emergency care have unique needs, especially when emergencies are serious or life-threatening. The majority of ill and injured children are brought to community hospital emergency departments

2009 Policy Statement



Indiana – Emergency Medical Services for Children

2009 Guidelines for Care of Children in the Emergency Department

1. Administration and Coordination
2. Physicians, Nurses, and Other Healthcare Providers
3. Quality Improvement
4. Patient Safety
5. Policies, Procedures, and Protocols
6. Support Services
7. Equipment, Supplies, and Medications



Indiana – Emergency Medical Services for Children

Pediatric Readiness Project

- Coordinated effort to benchmark and improve pediatric care for children nationally
- Combined effort ENA/ACEP/AAP/EMSC



Indiana – Emergency Medical Services for Children

2013 National Survey

- Coordinated through EMSC programs
- Comprehensive web-based assessment
- Compliance with 2009 guidelines
- 5107 hospitals, 83% response rate!
(87.6% in Indiana)
- Weighted scale 0-100



Indiana – Emergency Medical Services for Children

Assessment Tool

- 189 Items on the assessment
- 82 Items Scored for *“Pediatric Readiness”*
- **Perfect Score = 100**
- 6 Major Sections
 - Coordination (19 pts)
 - Staffing (10 pts)
 - QI/PI (7 pts)
 - Safety (14 pts)
 - Policies (17 pts)
 - Equipment (33 points)



Indiana – Emergency Medical Services for Children

Indiana Results (INFLATED)

Number of Hospital Respondents: 106
Number of Hospitals Assessed: 121
Response Rate: 87.6%

STATE SCORE AND COMPARATIVE SCORES:

66

STATE AVERAGE
HOSPITAL SCORE
OUT OF 100

67

STATE MEDIAN
HOSPITAL SCORE
OUT OF 100

69

n = 4,143
NATIONAL MEDIAN OF
PARTICIPATING HOSPITALS



Indiana – Emergency Medical Services for Children

National Pediatric Readiness Project: Overall Results

Key Guidelines Recommendations	All EDs
Pediatric QI Process	1867 (45.1%)
Pediatric Disaster Plan	1938 (46.8%)
Interfacility Transfer Guidelines	1952 (50.0%)
Interfacility Transfer Agreements	2595 (66.5%)
Weigh only in Kg	2802 (67.7%)
Physician PECC	1966 (47.5%)
Nurse PECC	2455 (59.3%)



Indiana – Emergency Medical Services for Children

The Big Secret



Indiana – Emergency Medical Services for Children

Where do we fall short?



Indiana – Emergency Medical Services for Children

Uh huh, Big Deal...

- Most **COMMON** and **PREVENTABLE** cause of harm in pediatric patients are medication errors.
- Pediatric meds are **DOSED** in **KG**

Emergency Nurses Association. Weighing Pediatric Patients in Kilograms. 2012 Position Statement
Hughes, R., and Edgerton, E. (2005). First, do no harm. American Journal of Nursing. 105; 5, 79-84.



Indiana – Emergency Medical Services for Children

Uh huh, Big Deal...

“A 2009 analysis of 479 medication errors involving wrong weights discovered that over 25% were due to ‘confusion between pounds and kilograms.’”

Emergency Nurses Association. Weighing Pediatric Patients in Kilograms. 2012 Position Statement.
Pennsylvania Patient Safety Authority (2009). Medication errors: significance of accurate patient weights.
Pennsylvania Patient Safety Advisory, 6:1, 10-15



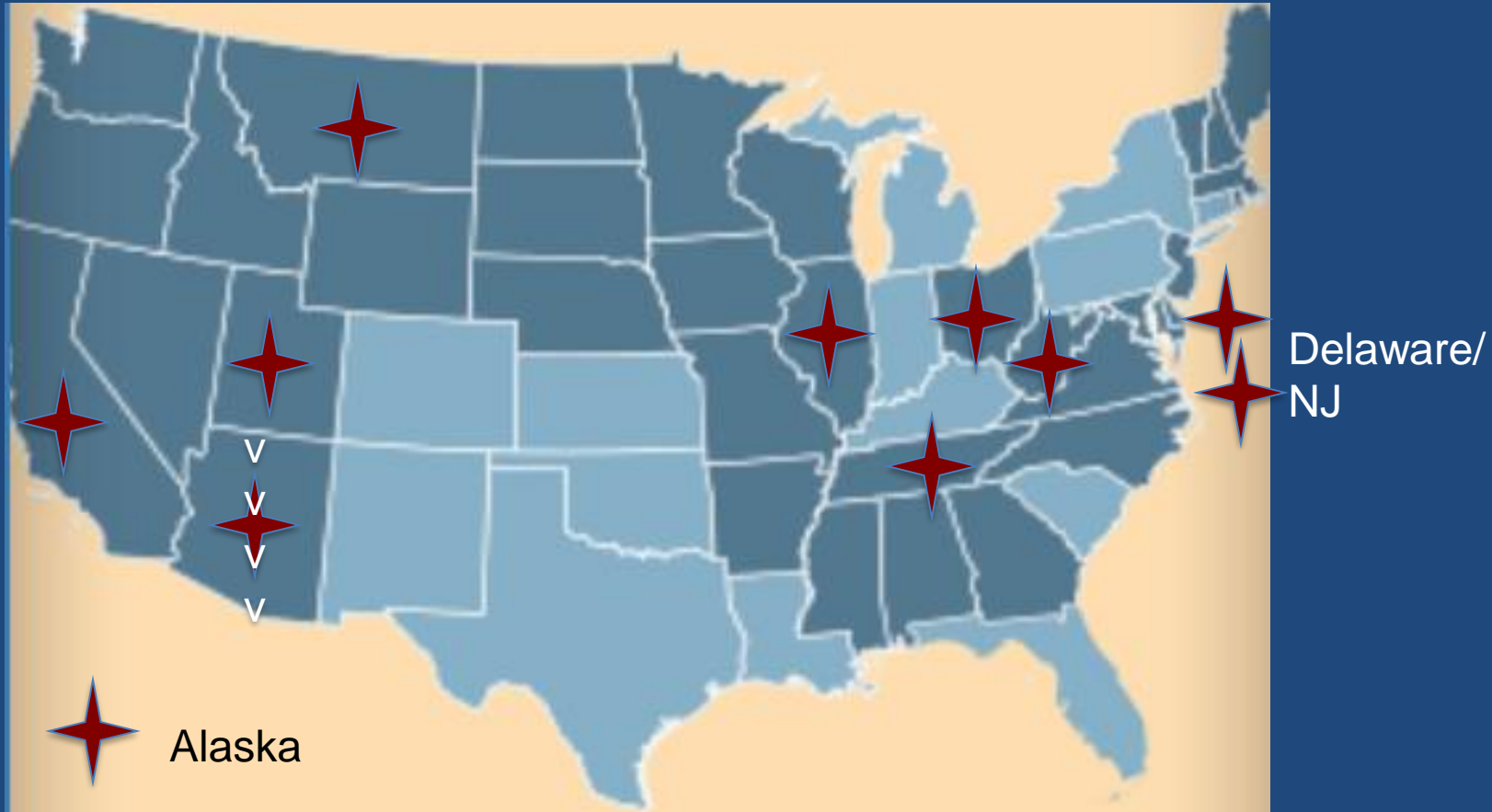
Indiana – Emergency Medical Services for Children

Pediatric Readiness & Facility Recognition



Indiana – Emergency Medical Services for Children

Facility Recognition



Indiana – Emergency Medical Services for Children

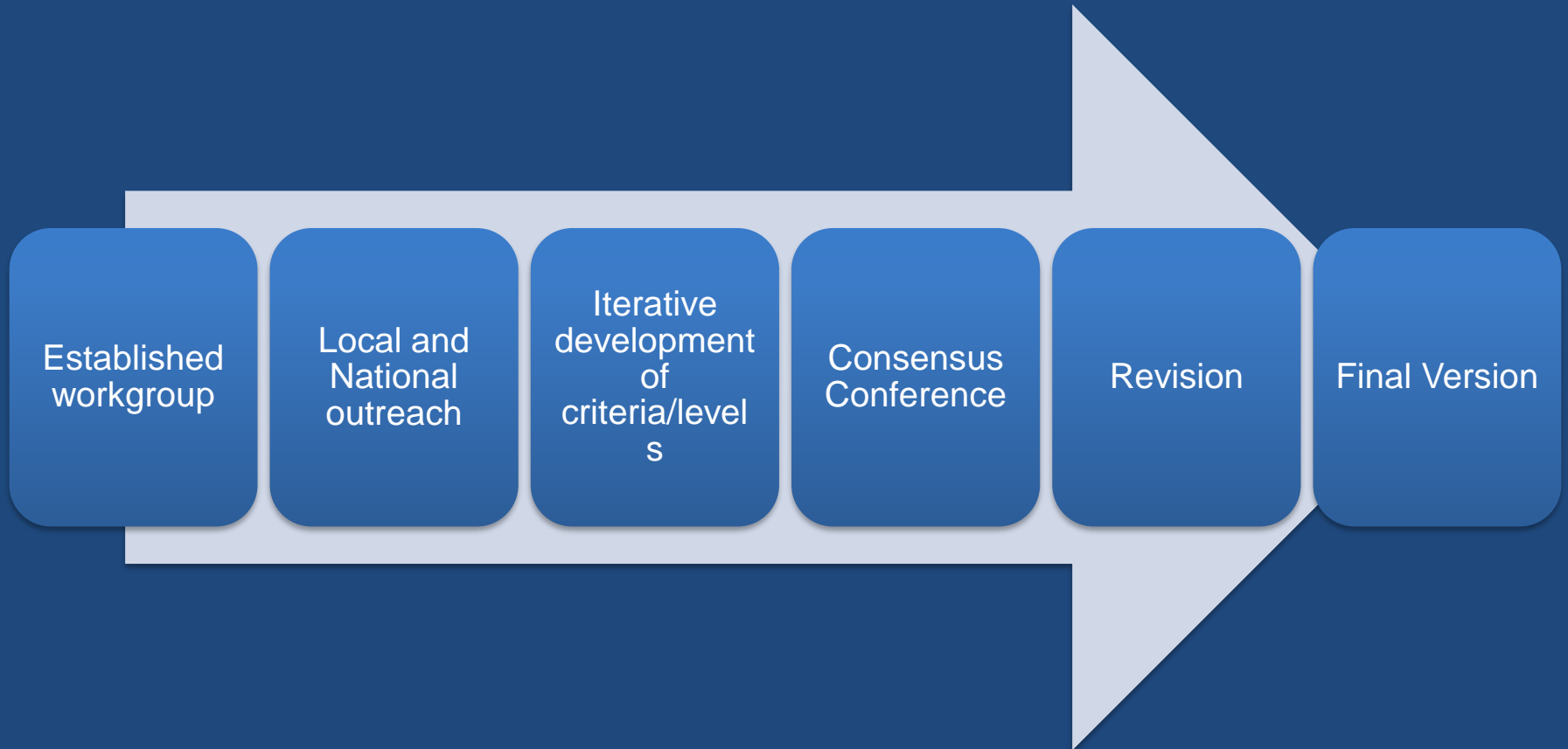
FRC Nationally

- Wide variation in # levels
- High degree of agreement of individual criteria



Indiana – Emergency Medical Services for Children

Indiana's Process



Indiana – Emergency Medical Services for Children

Indiana's Facility Recognition Work Group

- ISDH
- IRHA
- IHA
- ACEP
- AAP
- Indianapolis Patient Safety Coalition
- ENA
- Pediatric Intensivists
- Pediatric Hospitalists
- Pediatric EM

National working group partnerships;
18 month iterative process



Indiana – Emergency Medical Services for Children

Facility Recognition Indiana

- 2-Tiered Process*
 - Pediatric Ready
 - Minimal preparedness to treat, stabilize and transfer as needed
 - Pediatric Advanced
 - Pediatric Ready with additional resources to care for children
- * Development of 3rd Tier under consideration



Indiana – Emergency Medical Services for Children

Facility Recognition Indiana

- Organized in 7 Domains
- VOLUNTARY
- Reverification every 3 to 4 years



Indiana – Emergency Medical Services for Children

New Pediatric Initiatives in EMS



Indiana – Emergency Medical Services for Children

PM 01: Submission of NEMESIS Compliant Version 3.x- Data

By 2021, 80 percent of EMS agencies in the state or territory submit NEMESIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.



Indiana – Emergency Medical Services for Children

PM 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.



Indiana – Emergency Medical Services for Children

PM 03: Use of Pediatric-Specific Equipment

The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.



Indiana – Emergency Medical Services for Children

Questions?
elweinst@iu.edu



Indiana – Emergency Medical Services for Children

Resources

- EMSC Newsletter/PECC Community
- www.pediatricreadiness.org
- <https://www.ena.org/SiteCollectionDocuments/Position%20Statements/WeighingPedsPtsinKG.pdf>



Indiana – Emergency Medical Services for Children

Site Verification Process

1. Hospital expresses interest, receives application
2. Hospital completes and submits application
3. Application is reviewed by 2 team members
4. Written feedback, including gaps provided within 90 days of submission. If meets criteria, scheduled for site visit.
5. 1/2 day site visit
6. Formal written feedback within 60 days
7. Hospital given 90 days to address any deficiencies



Indiana – Emergency Medical Services for Children