National Pediatric Readiness Project: Ensuring Readiness of Your ED to Care for Kids

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- University of Nebraska Medical Center
- Children’s Hospital & Medical Center, Omaha, Nebraska

Acknowledgements:

- We would like to acknowledge the expertise of the National Pediatric Readiness Steering Committee with representatives from the three major professional organizations which co-authored the 2009 "Guidelines for Care of Children in Emergency Departments":
  - American Academy of Pediatrics (AAP)
  - American College of Emergency Physicians (ACEP)
  - Emergency Nurses Association (ENA).
- We would also like to acknowledge state's and territories' EMS for Children (EMSC) program managers, whose local outreach and awareness efforts greatly enhanced response to the national assessment.

A National Assessment of Pediatric Readiness of Emergency Departments

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A National Assessment of Pediatric Readiness of Emergency Departments

- *Importance*:
  - This comprehensive web-based assessment of over 4,000 US emergency departments (EDs) is the first to evaluate national compliance with the 2009 "Guidelines for Care of Children in EDs" *(Guidelines)* (also called pediatric readiness).
  - Provides a national snapshot of pediatric readiness in EDs in US states and territories.

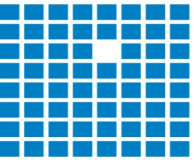
Building the Team: National Steering Committee

A National Steering Committee was formed to plan and implement this project

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

EMSC Emergency Medical Services for Children



American College of Emergency Physicians®

HCA Hospital Corporation of America®

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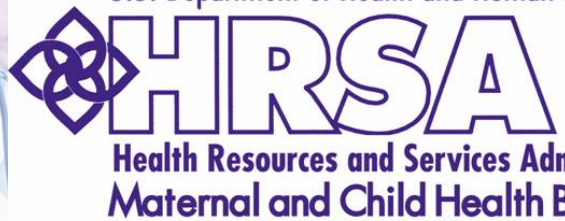

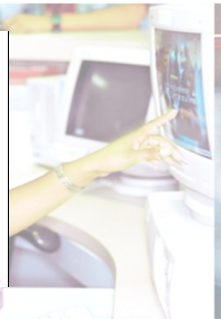

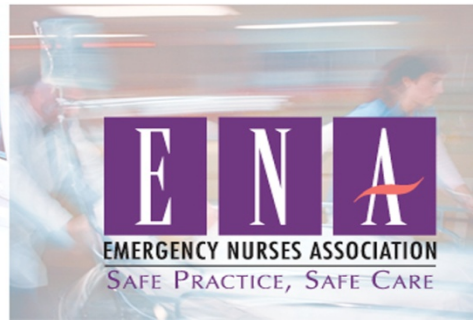

A National Assessment of Pediatric Readiness of Emergency Departments

- *Objectives:*
  - To assess all US states and territories' EDs for pediatric readiness.
  - To evaluate the effect of the presence of a physician and nurse pediatric emergency care coordinator (PECC) on pediatric readiness.
  - To identify gaps/areas of focus, including quality improvement and training, that may be targeted by a national, state and regional coalitions for future quality initiatives.

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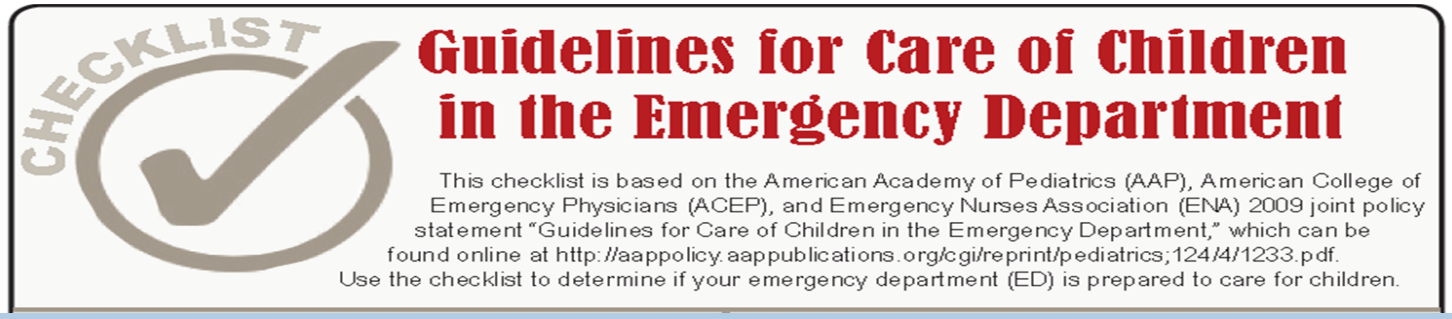
A National Assessment of Pediatric Readiness of Emergency Departments

- *Key issues:*
  - ED manager identification (ED nurse manager, ED medical director and CEO of 5,017 EDs in US and territories)
  - Creation of the web-based assessment instrument based on 2009 *Guidelines*
  - Assessment implementation

The Assessment

National Assessment of Pediatric Readiness of Emergency Departments

- *Creation of the Assessment Instrument:*
  - The assessment covered six areas (administration, staffing, polices and procedures, quality improvement, patient safety, equipment and supplies) of the 2009 *Guidelines for Care of Children in EDs*.
  - Questions were weighted using a modified Delphi method by a national expert panel to generate a weighted pediatric readiness score (WPRS).

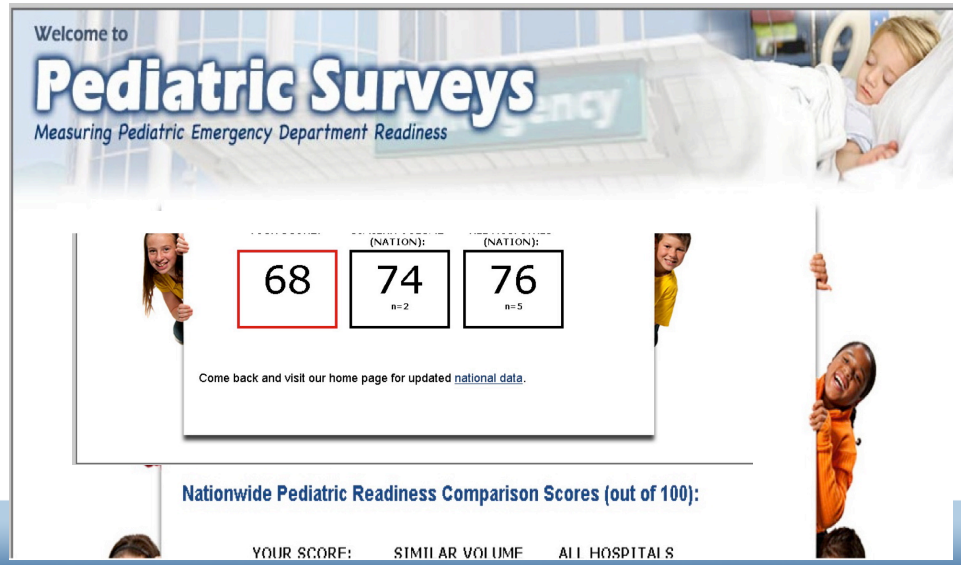


National Assessment of Pediatric Readiness of Emergency Departments

- *Design, Setting and Participants:*
  - All 5,017 ED managers, excluding hospitals without an ED 24/7, were sent a 55-question web-based assessment (www.pedsready.org).
- *Main Outcomes and Measures:*
  - The weighted pediatric readiness score (WPRS).
    - An adjusted WPRS was calculated excluding the points received for presence of PECCs.

National Assessment of Pediatric Readiness of Emergency Departments

- *Participation Incentives*
  - Immediate feedback with comparison to similar hospitals
  - Live statewide/national results
  - Gap analysis to assist with meeting readiness goals
  - One year subscription to PEMSoft



PEMSoft

Benchmarking

Average Pediatric Readiness Scores

Low Volume (<1800 patients)	Medium Volume (1800-4999 patients)	Medium to High Volume (5000-9999)	High Volume (>=10000)	All Participating Hospitals
62	70	74	84	69
n = 1629	n = 1248	n = 708	n = 561	n = 4146

Project Roll Out

National Assessment of Pediatric Readiness of Emergency Departments

- California served as pilot state to test assessment and tools and implementation process

California PRP

Pediatric Readiness Project

Ensuring Emergency Care for All Children

Incentives: Gap Analyses

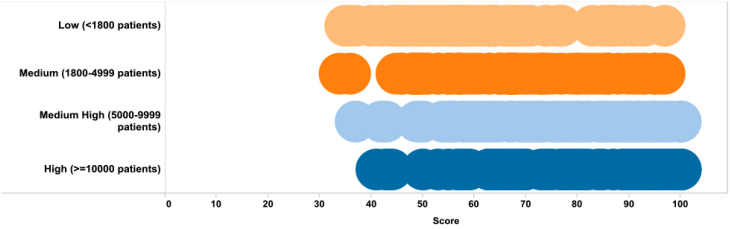
State Name: California
Report Date: May 3, 2013*
Number of Hospitals Assessed: 335
Response Rate: 89.6% (300/335)

YOUR SCORE AND COMPARATIVE SCORES:

71	70*
YOUR AVG STATE HOSPITAL SCORE OUT OF 100	n=2521 NATIONAL AVERAGE OF PARTICIPATING HOSPITALS

**The assessment is still open so the national numbers on this report are subject to change.*

DISTRIBUTION OF *STATE* SCORES FOR EACH VOLUME TYPE:



BREAKDOWN OF *STATE* SCORES FOR EACH VOLUME TYPE:

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	67	62.3	61	35	97
Medium (1800-4999 patients)	78	67.4	67	34	97
Medium High (5000-9999 patients)	77	75.1	76	37	100
High (>=10000 patients)	75	79.9	81.0	41	100
Not Recorded	3	N/A*	N/A*	N/A*	N/A*
Grand Total	**300**	**71.3**	**70.0**	**34**	**100**

** Fewer than 5 hospitals*

Hospital Name: Some Sample Hospital

Hospital Volume: 5,041 Pediatric Patients Last Year

Date of Report: 6/21/2012

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

This score represents the essential components needed to establish a foundation for pediatric readiness. Not all of the questions on the assessment are scored. The score is in no way inclusive of all the components recommended for pediatric readiness; it represents a suggested starting point for hospitals. The scoring criteria was developed by a group of clinical experts thru a modified-delphi process.

Your state participates in a pediatric recognition program for hospitals. We encourage you to contact your State EMSC Program Manager, NAME, at CONTACT INFO to learn more about this program.

67	55	62
	n = 58	n = 300
YOUR HOSPITAL SCORE	Average Score of Similar Pediatric ED Volume	Average Score of All Participating Hospitals

ANALYSIS OF YOUR SCORE:

Guidelines for Administration and Coordination of the ED for the Care of Children — YOUR SCORE: 9.5 out of 19

You indicated that your hospital DOES NOT have a nurse coordinator who has been assigned the responsibility of coordinating the administrative aspects of pediatric emergency care in the emergency department? (This person may have additional administrative roles in the ED.)

IMPORTANCE: This individual is important to.....

IMPROVEMENT: For information on how to setup a nurse coordinator for your hospital please refer to the "Nurse Administration/Coordination" section on pediatricreadiness.org.

Guidelines for Physician and Other Practitioners Staffing the ED — YOUR SCORE: 5 out of 10

You indicated that your hospital DOES NOT require specific competency evaluations of physicians staffing the ED (e.g., sedation and analgesia).

IMPORTANCE: Competency evaluations ensure.....

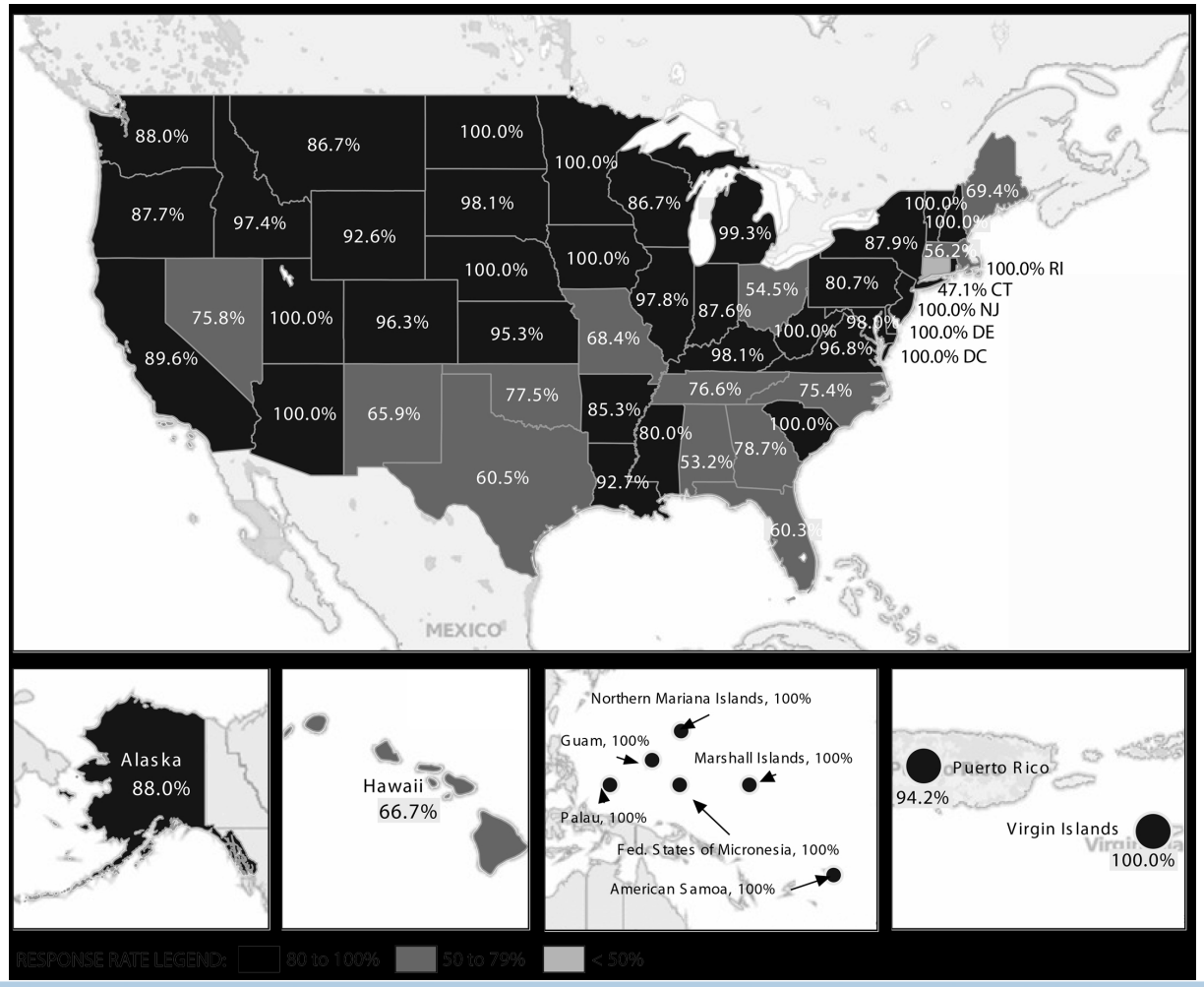
IMPROVEMENT: For information on how other hospitals have setup competency evaluations for.....

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

Staggered Roll Out: Jan –August 2013

National Results

Of the 5,017 assessments sent - 4,149 **(82.7%)** ED Managers responded.
4,137 hospitals were included in the data analysis.



National Assessment of Pediatric Readiness of Emergency Departments

- *Results:*
  - The assessment of EDs represents approximately 24 million pediatric visits
  - Nearly 83% of children are seen in non-children's hospitals
  - 69% of EDs see < 15 children per day.
  - Almost a third of hospitals are located in rural or remote areas.

National Assessment of Pediatric Readiness of Emergency Departments Main Outcome:

	All Hospitals	Low	Medium	Medium High	High
WPRS Median (IQR)	68.9 (56.1, 83.6)	61.4 (49.5, 73.6)	69.3 (57.9, 81.8)	74.6 (60.9, 87.9)	89.8 (74.7, 97.2)

$p<0.0001$

- **Low** pediatric volume (<1800 pediatric visits)
- **Medium** volume (1800-4999 visits)
- **Medium high** volume (5000-9999 visits)
- **High** volume (10,000+ visits)

National Assessment of Pediatric Readiness of Emergency Departments

Table: Median Adjusted WPRS by Volume and Presence of PECC

	No PECC	Nurse PECC Only	Physician PECC Only	Both	P-Value
All Hospitals Median [Q1, Q3]	66.5 [56.0, 76.9]	69.7 [58.9, 80.9]	75.3 [64.4, 85.6]	82.2 [69.7, 92.5]	<.0001
Low Volume	60.6 [51.0, 71.9]	63.2 [54.1, 73.6]	66.6 [55.0, 80.2]	70.6 [59.7, 81.0]	<.0001
Medium Volume	69.2 [60.5, 77.5]	73.8 [64.4, 83.4]	76.5 [70.4, 82.4]	81.4 [70.7, 90.4]	<.0001
Medium High Volume	71.4 [62.1, 80.0]	78.1 [69.2, 84.4]	81.3 [71.0, 88.3]	86.0 [76.7, 93.3]	<.0001
High Volume	74.3 [63.5, 80.7]	82.4 [71.9, 89.7]	77.4 [68.7, 88.1]	93.8 [86.7, 98.3]	<.0001

National Assessment of Pediatric Readiness of Emergency Departments Results:

Table: Adjusted Relative Risk and 95% CI of having all 'Yes' responses to a scored section given the presence of at least one PECC

Section	ARR: 95% CI
Physicians, Nurses, and Other Health Care Providers Who Staff the ED	1.53 (1.38, 1.70)
Guidelines QI/PI in the ED	4.31 (3.47, 5.35)
Guidelines for Improving Pediatric Patient Safety in the ED	1.44 (1.29, 1.60)
Guidelines for Policies, Procedures, and Protocols for the ED	2.68 (2.11, 3.40)
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED	1.44 (1.23, 1.68)

*Relative Risks adjusted for Pediatric Patient Volume, Hospital Configuration, and Geo Location.

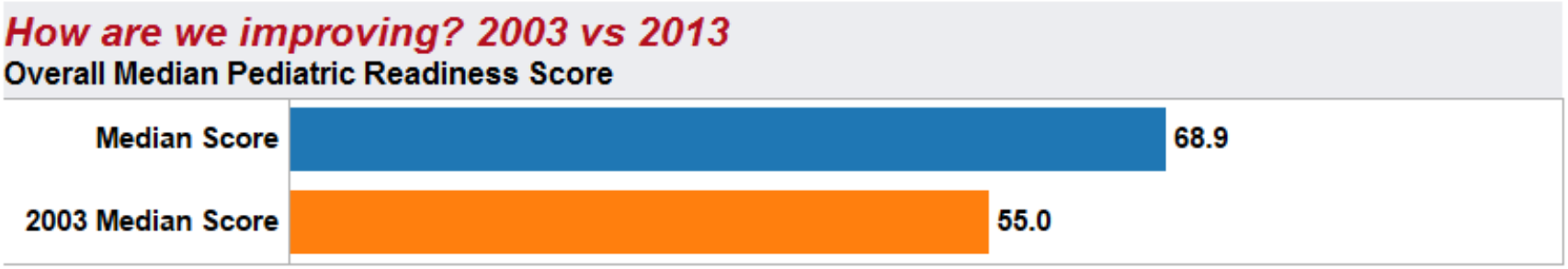
National Assessment of Pediatric Readiness of Emergency Departments Results:

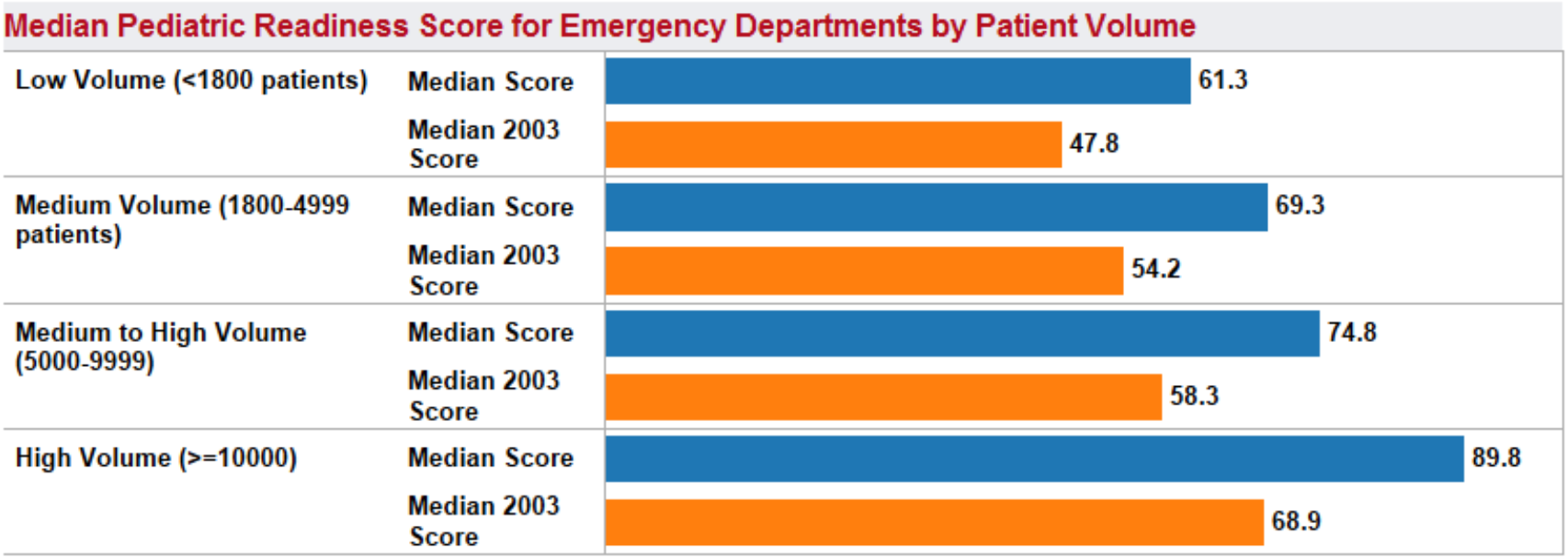
Table : Barriers by Pediatric Volume

Barriers were reported in 81% of EDs

		By Pediatric Patient Volume			
Barrier	Overall (N = 4137)	Low (N = 1626)	Medium (N = 1244)	Medium High (N = 706)	High (N = 561)
Cost of training personnel	2250 (54.4%)	999 (61.4%)	684 (55.0%)	355 (50.3%)	212 (37.8%)
Lack of educational resources	2026 (49.0%)	989 (60.8%)	609 (49.0%)	286 (40.5%)	142 (25.3%)
Lack of a Quality Improvement/ Performance Improvement plan for children	2005 (48.5%)	927 (57.0%)	636 (51.1%)	306 (43.3%)	136 (24.2%)
Lack of policies for pediatric emergency care	1961 (47.4%)	950 (58.4%)	591 (47.5%)	284 (40.2%)	136 (24.2%)
Unaware that national guidelines existed and/or unfamiliar with national guidelines	1766 (42.7%)	895 (55.0%)	540 (43.4%)	226 (32.0%)	105 (18.7%)
Lack of a disaster plan for children	1723 (41.6%)	790 (48.6%)	540 (43.4%)	248 (35.1%)	145 (25.8%)
Lack of appropriately trained nurses	1703 (41.2%)	822 (50.6%)	497 (40.0%)	247 (35.0%)	137 (24.4%)
Lack of appropriately trained physicians	1657 (40.1%)	810 (49.8%)	500 (40.2%)	225 (31.9%)	122 (21.7%)
Cost of personnel	1655 (40.0%)	717 (44.1%)	506 (40.7%)	263 (37.3%)	169 (30.1%)
Lack of administrative support	847 (20.5%)	382 (23.5%)	247 (19.9%)	128 (18.1%)	90 (16.0%)
Lack of interest in meeting the guidelines	513 (12.4%)	264 (16.2%)	143 (11.5%)	67 (9.5%)	39 (7.0%)
No Barriers Reported	795 (19.2%)	200 (12.3%)	211 (17.0%)	161 (22.8%)	223 (39.8%)

Improvement is Happening





Conclusions

A National Assessment of Pediatric Readiness of Emergency Departments

- *Conclusions and Relevance:*
  - The compliance of EDs with pediatric readiness guidelines has improved since the last data were reported in 2007.
  - The assignment of a PECC improves compliance with national guidelines across all ED patient volume categories, ED configuration, and geographic locations.
  - Barriers were commonly reported and may be targeted for future initiatives.
  - The NPRP is a successful implementation of a public health initiative by a national coalition that achieved a high response rate and is poised for further engagement with the goal to ensure day-to-day pediatric readiness of our nation's EDs.

The University of Texas at Austin
Dell Medical School

Impact of Pediatric Verification Programs on Pediatric Readiness in Emergency Departments

Katherine Remick, MD
Associate Medical Director, Austin-Travis County EMS System
Trauma Liaison, Emergency Department, Dell Children's Medical Center
Faculty, Pediatric Emergency Medicine Fellowship, Dell Medical School, University of Texas

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

dell children's
medical center of central texas
A member of the Seton Family of Hospitals

Local, Regional, and State Efforts to Improve Pediatric Emergency Care

- 2009 *Guidelines for Care of Children in the Emergency Department* - awareness campaigns
- EMS Recognition Programs
- Pediatric Facility Recognition Programs
- EMS for Children Performance Measures

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The University of Texas at Austin
Dell Medical School

Office of the Medical Director
City of Austin/Travis County EMS System

Federal EMS for Children Performance Measures

Performance Measure	Objective
71	Availability of on-line pediatric medical direction
72	Availability of off-line pediatric medical direction
73	Availability of essential pediatric equipment and supplies on ambulances
74	Hospitals capable of stabilizing/managing pediatric medical emergencies
75	Hospitals capable of stabilizing/managing pediatric traumatic emergencies
76	Presence of inter-facility transfer guidelines that cover pediatric patients
77	Presence of inter-facility transfer agreements that cover pediatric patients
78	State requirements for pediatric education for BLS and ALS providers
79	Permanence of EMSC in state EMS system
80	EMSC priorities in state statutes and/or regulations

Pediatric Facility Recognition Programs

- 14 states/regions
- Voluntary and mandatory programs
- 2-, 3- and 4-tier systems for pediatric capabilities
- Host institution varies
  - State EMS for Children Program
  - Department of Health
  - State chapters of professional organizations
  - Local EMS agencies

A Statewide Model Program to Improve Emergency Department Readiness for Pediatric Care

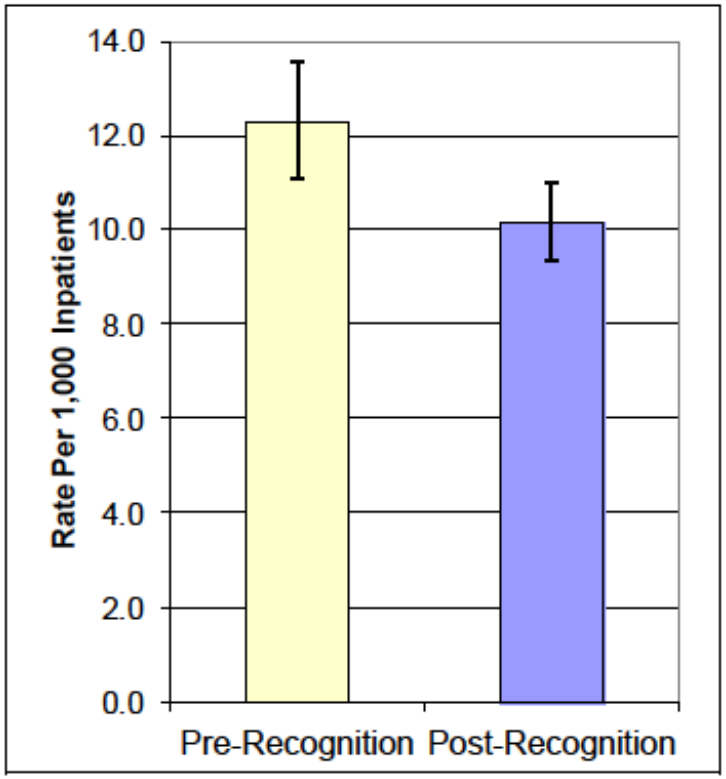
Cichon M, Lyons E, Fuchs S, Leonard D

- Hospital facility recognition process for pediatric emergency care
  - Based on 2001 AAP/ACEP guidelines
    - ✓ ED staffing & training, equipment/medications, P&P, QI/PI, etc
    - ✓ 3 tiers: PCCC, EDAP, SEDAP
    - ✓ Voluntary program managed by Illinois EMSC and IDPH
  - Implemented 1999: 107 of 190 hospitals participate
  - Associated with improved patient outcomes

LOYOLA MEDICINE
Loyola University Health System
Illinois Emergency Medical Services for Children
Illinois Department of PUBLIC HEALTH

Mortality Rates per 1,000 Inpatient Injury-Related Admissions 0-15 Year Olds, 1994-2013

- Post- facility recognition mortality rate: 10.1 per 1,000
- Pre-facility recognition mortality rate: 12.2 per 1,000 ($p < 0.05$)
- Increased awareness and attention to pediatric emergency care needs



Pre-Recognition			Post-Recognition		
Patients	Deaths	Rate	Patients	Deaths	Rate
31,935	391	12.2	55,600	564	10.1

Sources: Illinois EMSC & Illinois Hospital Assn.

Los Angeles County EDAP Verification Program: Effect on Pediatric Readiness in Emergency Departments

EDAP (n=43)	Non-EDAP (n=29)
91.8 [IQR 88.1-95.7]	68.3 [IQR 49.2-73.5]

$p<0.0001$

California Pediatric Readiness Project

- Pilot for NPRP
- 300 participating EDs
  - 51 participate in EDAP process with formal verification
  - 31 participate in regular assessments
- Median WPRS = 69 [IQR 57.7, 85.9]
- Areas for Improvement
  - PECC – 53% of EDs
    - (+) WPRS 85 [IQR 75, 93.1]
    - (-) WPRS 58 [IQR 50.1, 66.9]
  - QI Process – 43% of EDs
    - (+) WPRS 88 [IQR 76.7, 95]
    - (-) WPRS 62 [IQR 51.2, 68.7]

California PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

Weighted Pediatric Readiness Score (WPRS) by Annual Pediatric Volume and Verification Status

Annual Pediatric Volume (n=300)	Median WPRS [IQR]
<1,800 (n=70)	**61.5 [52.1, 70.0]**
Verified (n=3)	85.8 [69.3, 91.6]
Assessed (n=4)	67.1 [61.9, 69.6]
Non-Assessed (n=63)	60.0 [51.6, 69.2]
1,800-4,999 (n=78)	**67.0 [54.6, 80.3]**
Verified (n=12)	85.8 [77.7, 91.1]
Assessed (n=10)	67.0 [59.1, 78.3]
Non-assessed (n=56)	65.4 [51.1, 73.0]
5,000-9,999 (n=77)	**76.0 [63.1, 89.3]**
Verified (n=17)	91.8 [88.1, 95]
Assessed (n=13)	79.5 [59.6, 89.3]
Non-assessed (n=47)	69.6 [58.5, 77.0]
>10,000 (n=75)	**81.3 [65.5, 95.0]**
Verified (n=19)	92.8 [89.1, 95.7]
Assessed (n=4)	95.0 [80.7, 100]
Non-assessed (n=52)	74.5 [63.6, 89.7]

California PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

Median Weighted Pediatric Readiness Score (WPRS) and Subsection Scores by Verification

All Hospitals Median [IQR]	Verified (n=51)	Assessed (n = 31)	Non-Assessed (n= 218)
Overall Median WPRS (100pts)	**89.6 [84.1, 94.1]**	**70.7 [57.4, 88.9]**	**65.5 [55.5, 76.3]**
Administration (19pts)	19.0 [19.0, 19.0]	0.0 [0.0, 19.0]	0.0 [0.0, 9.5]
Staffing (10pts)	5.0 [5.0, 10.0]	10.0 [5.0, 10.0]	5.0 [5.0, 10.0]
Quality Improvement (7 pts)	7.0 [7.0, 7.0]	0 [0.0, 7.0]	0.0 [0.0, 5.5]
Safety (14pts)	14.0 [12.6, 14.0]	14.0 [12.6, 14.0]	14.0 [12.6, 14.0]
Policies and Procedures (17pts)	14.8 [10.6, 17.0]	10.6 [8.5, 14.8]	10.6 [6.4, 12.7]
Equipment and Supplies (33pts)	30.9 [28.8, 31.9]	31.4 [29.2, 31.9]	30.1 [27.6, 31.9]
General (3pts)	3.0 [3.0, 3.0]	3.0 [3.0, 3.0]	3.0 [3.0, 3.0]
Monitoring Equipment (3.3 pts)	3.3 [2.8, 3.3]	3.3 [2.8, 3.3]	3.3 [2.8, 3.3]
Fluid Equipment (3.3pts)	3.3 [3.3, 3.3]	3.3 [3.3, 3.3]	3.3 [2.8, 3.3]
Respiratory Equipment (23.4pts)	21.8 [19.6, 22.3]	22.3 [19.6, 22.3]	21.3 [19.1, 22.3]

Benefits of Pediatric Verification Programs

- Establish minimal standards for pediatric emergency care
- Potential for improved clinical outcomes and minimize patient safety events
- Address regional gaps in resources
- Establish partnerships – "right care, right place, right time"
- Backbone of disaster planning

Improving Pediatric Readiness in a Rural State

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University of Nebraska Medical Center
Associate Medical Director, Emergency Department
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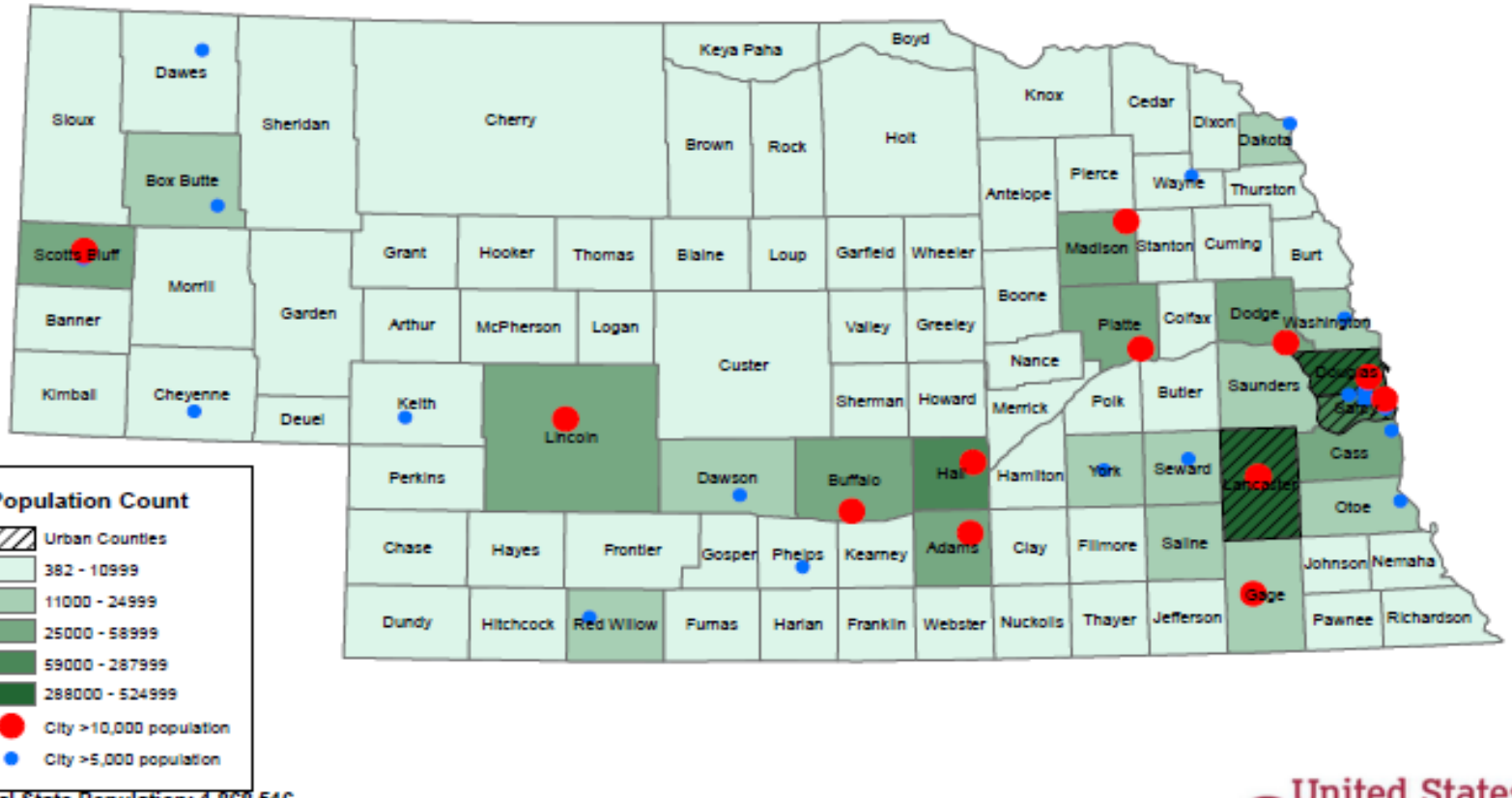
Nebraska - 2009-2013 Census Estimates
Total Population by County



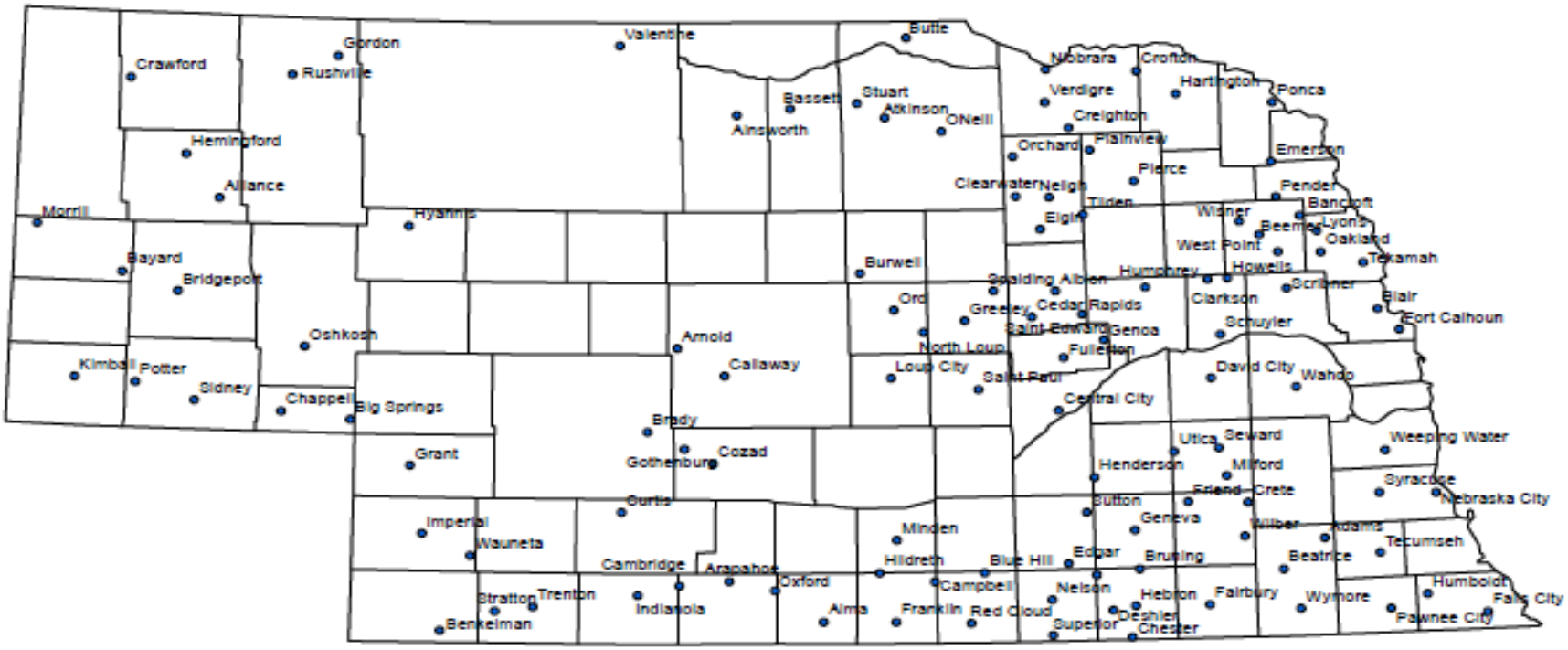
Total State Population: 1,868,516

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS
Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates

United States Census Bureau

Rural Health Clinics 2015

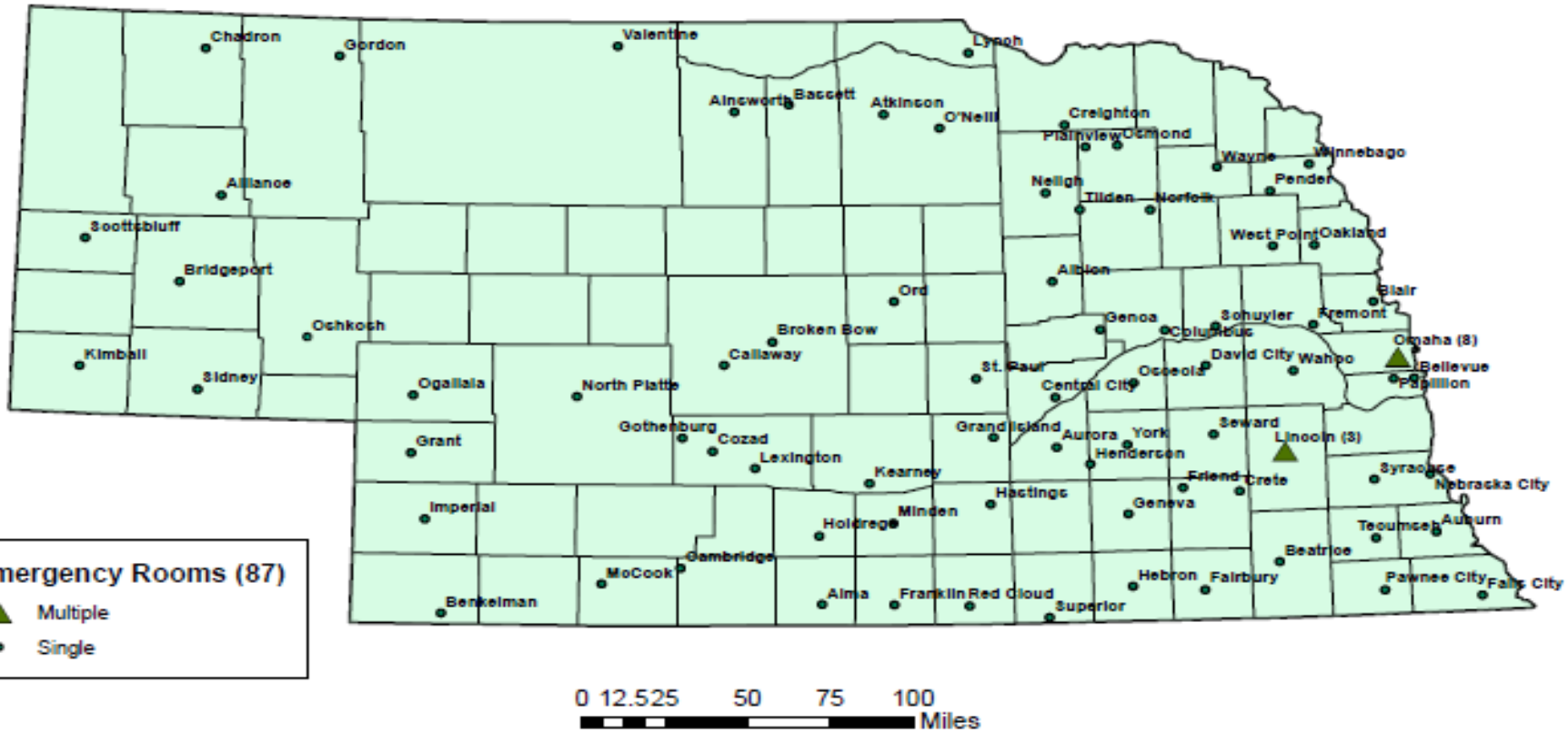
Nebraska



Source: Health Professions Tracking Service
DHHS - Office of Rural Health
Last Updated: Janurary 2015
Location: K: RURAL_HEALTH > Rural Health Intern > Rural Health Clinics > RHC_2015 > MapFiles_Geodatabases

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

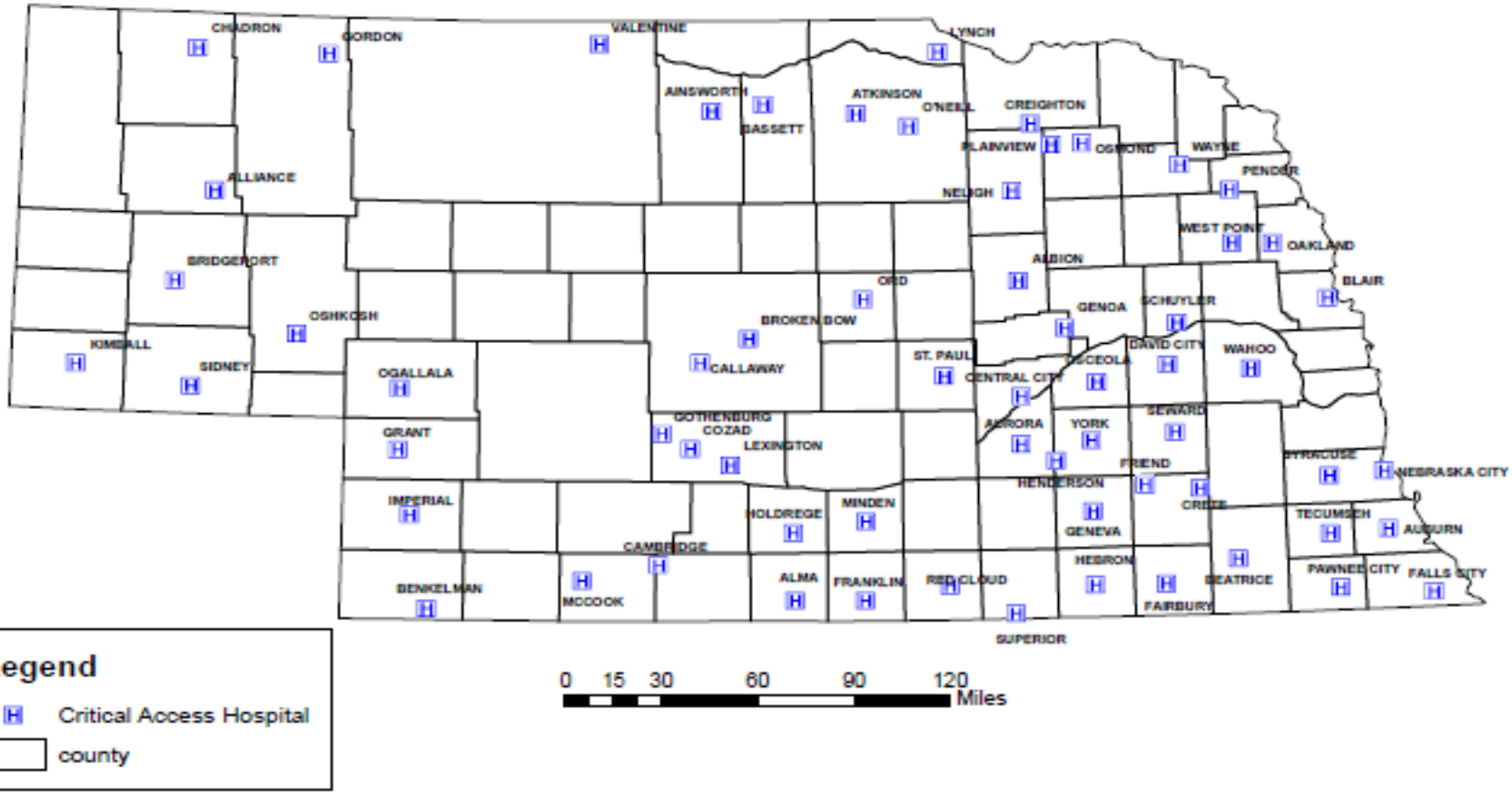
Nebraska Hospitals with an Emergency Room 2015



Source: Health Professions Tracking Service
| Office of Community and Rural Health |
Date: February 2015
Location: K: RURAL_HEALTH > Rural Health Intern > EMS > mxd_gdb

Cartography: Clark Sintek | Community & Regional Planning Intern | DHHS
For: Thomas Rauner | Primary Care Office Director
thomas.rauner@nebraska.gov | 402-471-0148

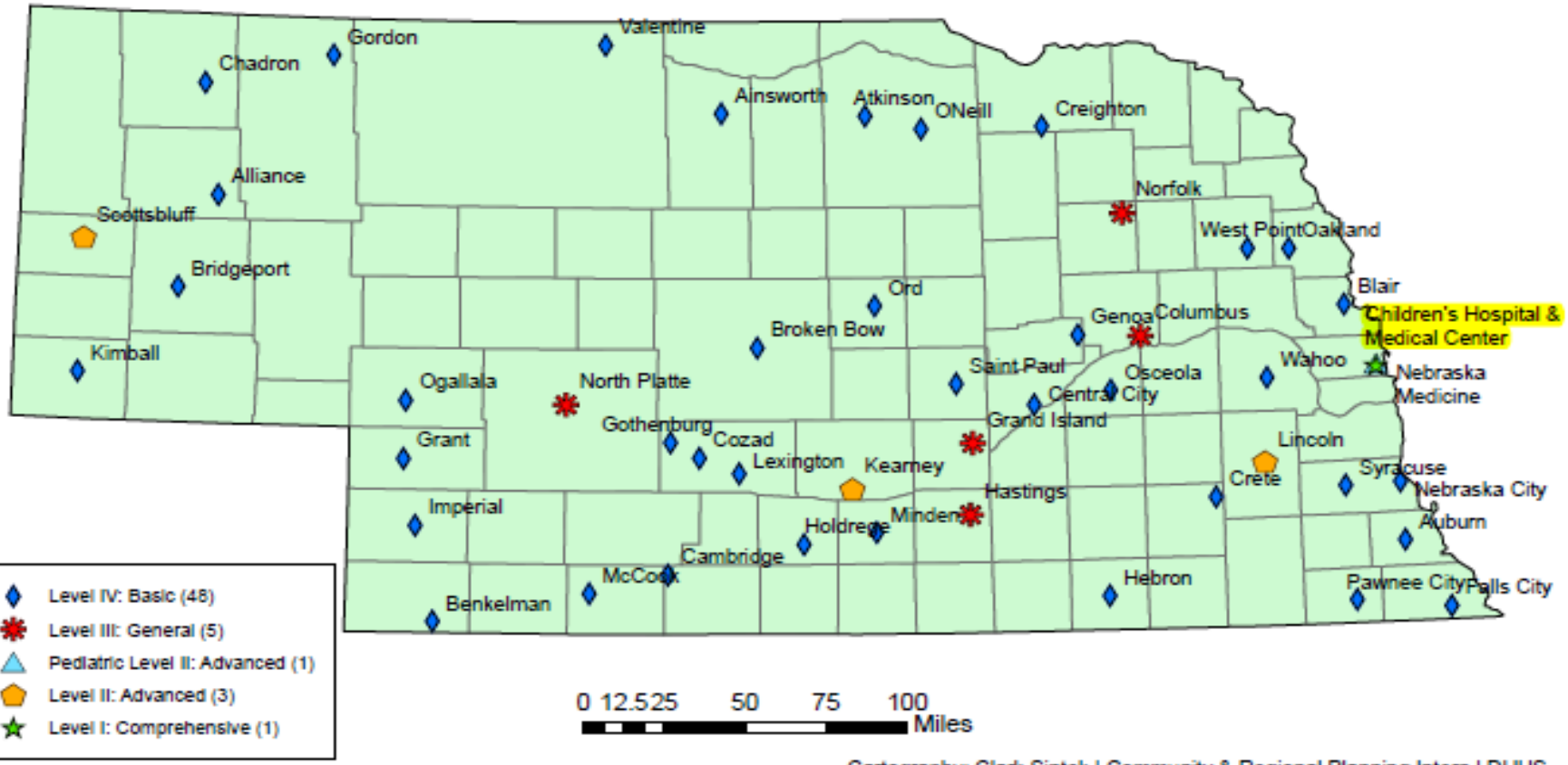
Nebraska Critical Access Hospitals 64 as of September 2014



Source: Nebraska Department of Health & Human Services, Acute Care Facilities Section, September 2014.

Cartography: Thomas Rauner, DHHS, Office of Community and Rural Health, (402) 471-0148, thomas.rauner@nebraska.gov

Nebraska Hospital Trauma Centers



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Rural State Challenges

- Distance from Pediatric Referral Center and Academic Resource
  - Multi-facility transfers
  - Long transport times
  - Education and training
- Critically ill or injured child is RARE event
  - Maintenance of skills
  - Expiration of equipment and medications

Equipment and Supplies

- Even if skilled provider, suboptimal care if not 100% compliant w/ recommendations
- Continued feedback and ongoing surveys
- Cost sharing
- Software for EMS Agencies
  - Tracking use and expiration/near expiration

Equipment and Supplies

- NE Trauma Designation System (58/87 EDs)
  - Current Pediatric Equipment requirements
  - Clearly Define Pediatric Equipment, Supplies and Medications using NPRP Tool Box
  - Nebraska State Trauma Advisory Board

Quality Improvement and Patient Safety

- Survey data
- Weight in KG's ONLY
- Normal Vital Signs for Age wall chart in every hospital ED Triage area

Outreach Education

- Pediatric Education Through Simulation (PETS)
  - Train-the-Trainer
  - 16 yo Status Asthmaticus
  - 2 mo w/ Tachypnea (Respiratory)
  - 3 yo MVC
  - 2 yo Unresponsive Ingestion
  - 4 yo Drowning
  - 10 mo Unresponsive (NAT)

Outreach Education

- 971 total participants at 50 hospitals
  - 711 RN's
  - 66 LPN's
  - 290 EMT's
  - 30 Other

Outreach Education

- Tele-Health Presentations by Pediatric Subspecialists
  - Asthma and Anaphylaxis
    - 152 Participants, 27 Hospitals
  - Concussions
    - 184 Participants, 41 Hospitals
  - Child abuse
    - 136 Participants, 25 Hospitals
  - Burns
    - 389 Participants, 43 Hospitals

Is your ED "Pediatric Ready"

- Nebraska Chapter AAP
- Nebraska Chapter ACEP

- Present Survey Data, Recommendations/Tool Box
- Establish "Buy-In" of ED Providers and Community Pediatricians

ED Recognition and Community Awareness

Next Steps

Next Steps

Having one or more coordinators can ensure:

- Ongoing education and skills in Pediatric ED care
- Polices and procedures are in place for children
- Quality Improvement Plan and Disaster Plan is in place for Pediatric Patients
- Appropriate medication is stocked
- Pediatric care is included in staff orientation

Next Steps

- Work with stakeholders to continue making pediatric readiness a high priority.
- Develop strategies to regionalize efforts through collaborations based on models that work such as the Emergency Department Approved for Pediatrics (EDAP) model.
- Learn what works in your setting and ongoing need for assessment!

Pediatric Readiness Toolkit

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

Project Support Provided by:
EMS for Children Program, MCHB/HRSA
American Academy of Pediatrics
American College of Emergency Physicians
Emergency Nurses Association

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Welcome to the National
Pediatric Readiness Project
Ensuring Emergency Care for All Children

A 5-year-old child chokes on a small rubber ball, and is rushed to their local emergency department (ED) in respiratory arrest. If the child arrived at your ED or the ED in your community, would it be ready to provide appropriate pediatric care?

DID YOU KNOW? One in four ED visits involve children. For just 18 cents per visit, your facility can ensure that their ED is pediatric ready.

Multimedia Presentations from HRSA/MCHB

To learn more about the National Pediatric Readiness Project click on the MCHB.com webcast above.
(Note that the audio may take up to 5 seconds to upload.)

Connect With Us...

Questions?

Pediatric Readiness Project

Ensuring Emergency Care for All Children