



Pediatric Readiness and Facility Recognition - A Natural Link

An Update on the EIIC Pediatric Facility Recognition Collaborative

The Emergency Medical Services for Children (EMSC) Program’s mission is to reduce pediatric mortality and morbidity. To accomplish this mission, enhancing the pediatric readiness of all emergency departments to optimize the emergency care provided to children and improve outcomes is a major program objective. With support and input from collaborative partnerships with the (American Academy of Pediatrics [AAP], American College of Emergency Physicians [ACEP], Emergency Nurses Association [ENA] and the Health Resources and Services Administration [HRSA]) EMSC Program, fourteen states are participating in the EMSC Innovation and Improvement Center’s (EIIC) first Quality Improvement

Collaborative. They are: Colorado, Connecticut, Washington DC, Florida, Indiana, Kansas, Kentucky, Michigan, New Mexico, New York, Oklahoma, Pennsylvania, South Carolina, and Texas. The goal of the collaborative is to improve and facilitate pediatric readiness through the development of resources for hospitals to participate in statewide pediatric medical facility recognition programs. The collaborative learning sessions began in April 2016 and will run through December 2017. Through collaboration and support from the other participants, each state team is working through various phases of implementation

[Continued on page 4](#)

February 23, 2017

IN THIS ISSUE

[Pediatric Readiness and Facility Recognition](#) 1

[Improving Collaboration: HPP & EMSC](#) 1

[Resources to Support Implementation of New EMSC Performance Measures](#) 2

[QI Tools and Education Now Available of EIIC Website](#) 2

[Blazing Trails in Prehospital Care through Targeted Issues Grants Webinar Still Available](#) 2

IN EVERY ISSUE

- ✓ SAVE THE DATES
- ✓ WELCOME TO EMSC
- ✓ EMSC PUBLICATIONS
- ✓ JOB OPPORTUNITIES
- ✓ SHARING GOOD RESOURCES

EMSC All Grantee Program Meeting | Arlington VA | August 15-17, 2017

Improving Collaboration: Hospital Preparedness Program and EMSC

In early February, the Office of the Assistant Secretary for Preparedness and Response (ASPR) released a [Funding Opportunity Announcement](#) (FOA) for Hospital Preparedness Programs (HPP). This collaboration is an important step towards advancing both the HPP and the EMSC programs and ensuring that all children have access to appropriate and quality emergency care.

The FOA includes requirements that HPP awardees **must** collaborate with the EMSC Program in order to better meet the needs of children receiving emergency medical care. Specifically, the announcement requires:

- HPP awardees and the EMSC program awardees within their jurisdictions **must** provide a joint letter of support indicating that EMSC and HPP are linked at the awardee level. HPP awardees must provide the initial letter of support with their funding applications at the beginning of each budget period throughout the five-year project period.
- HPP awardees must work with HCCs and EMSC to ensure that all hospitals are

[Continued on page 2](#)

EMSC*Pulse* is published about every 4 weeks by the EMSC Innovation & Improvement Center, 1102 Bates Avenue, Suite 1850, Houston TX 77030. (Email)

EMSCInnovation@TexasChildrens.org (Web)

<http://EMSCImprovement.Center>

Subscriptions are free. Subscribe: <http://emscimprovement.center/resources/publications/emsc-pulse/>

The EMSC Innovation & Improvement Center (EIIC) is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) Maternal and Child Health Bureau Emergency Medical Services for Children grant number U07MC29829. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

New Publications

- Moler FW, Silverstein FS, Holubkov R, Slomine BS, Christensen JR, Nadkarni VM, Meert KL, Browning B, Pemberton VL, Page K, Gildea MR. Therapeutic Hypothermia after In-Hospital Cardiac Arrest in Children. *New England Journal of Medicine*. 2017 Jan 26;376(4):318-29.

This was the largest pediatric clinical trial conducted to study temperature management after cardiac arrest. The design of this study began in the early 2000s and enrollment occurred 2009-2015. The trial was terminated because of futility and the conclusion that among comatose children who survived in-hospital cardiac arrest, therapeutic hypothermia, as compared with therapeutic normothermia, did not confer a significant benefit in survival with a favorable functional outcome at 1 year.

Resources to Support Implementation of New EMSC Performance Measures

The EIIC has published a list of resources designed to support State Partnership managers to implement the new EMS-focused performance measures ([EMSC Measures 01-03](#)). The list includes links to standard performance measures for quality improvement, resources on clinical guidelines, simulation scenarios and training resources, as well as additional education materials on safety and family-centered care. If you identify additional gaps that the EIIC should address or to suggest additional resources, please contact the EIIC at dxalqusa@texaschildrens.org. To access the resources, [click here](#), or from the main Center site <http://EMSCImprovement.Center>, type "Resources for implementation" in the search box at the upper right hand corner.

QI Tools and Education Now Available on EIIC Website

There are multiple websites dedicated to Quality Improvement (QI) and QI tools within healthcare such as the Institute for Healthcare Improvement and the Quality Improvement Hub. Those are excellent resources that contain description and templates for most common QI tools. On the EIIC site, you will also find selected tools with EMSC specific examples for contextualization and easier adaption to the EMSC scope of work. <https://emscimprovement.center/categories/qi-tools-and-education/>

Improving Collaboration *continued from Page 1*

prepared to receive, stabilize, and manage pediatric patients. At the end of each budget period, HRSA EMSC will provide ASPR HPP with the data reported on this performance measure by each EMSC grantee via the HRSA Electronic Handbook to support joint efforts to measure trends and progress toward achieving this newly adopted performance measure by ASPR.

HPP awardees will be required to report on the percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies. Note that this mirrors [EMSC Performance Measure 04](#), "Hospital recognition for pediatric medical emergencies." Submissions are due by 5 pm ET on April 3, 2017.



You may still access the taped webinar: [Blazing Trails in Prehospital Care through Targeted Issues Grants: The Center for Rural Emergency Services and Trauma \(CREST\) Network for EMS Providers and Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States \(PEGASUS\)](#)

Continuing education credits are not available at this time, but will be in the future.

Objective include: As a result of having participated in this webinar, attendees will be able to:

- Identify challenges of instituting an EMS educational network for rural agencies and strategies to overcome those challenges.
- Understand the process of establishing an educational curriculum utilizing multiple educational modalities, including high fidelity simulation, to focus on out of hospital pediatric care.
- Understand how to select stakeholders to ensure successful development of evidence-based prehospital guidelines
- Identify issues to consider when implementing multiple protocol changes in an EMS system
- Name several factors necessary to study outcomes related to prehospital protocol implementation necessary to study outcomes related to prehospital protocol implementation

Save the Dates!

- **Introducing Stop the Bleed to the EMSC Community**—A webinar presentation by Drs. Mary Fallat, Lenworth Jacobs, and Richard Hunt.

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff and launched by the White House in October 2015. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public.

All EMSC personnel are encouraged to participate in order to meet the following objectives: Following this activity, participants should be able to:

1. Describe the need for the Stop the Bleed Program.
2. Understand who should take the course.
3. Describe how the average citizen can be prepared to help if the occasion arises.
4. Describe why the EMSC Community should be involved in teaching the Stop the Bleed Program.
5. Understand how to access the materials and learn how to teach the course.

Live event -- March 29, 2017, 3-4pm ET. Registration will not be required for this webinar. The first 500 participants will be able to see the webinar live by logging on here <https://hrsa.connectsolutions.com/emsccommunity>. The audio conference will be 888-989-7591 with Participant Code 3551924

This webinar will be recorded and posted on this site for those who are not able to attend the live broadcast.

- American Academy of Pediatrics **hosts the 2017, Leadership Development Conference. April 7-9, 2017** in St. Petersburg, FL. This Conference is for ALL current and future Pediatric Emergency Medicine and Pediatric Hospital Medicine providers and others, including those from community and children's hospital settings, experienced leaders and leaders-in-the-making, and learners of all levels of training. It will provide a unique conference experience: cutting edge education, stimulating faculty-audience discussions, and leadership lessons for strategy building in collaborative environments as well as opportunities to network! [Registration now open!](#) Early bird registration closes March 9.
- **EMSC All Grantee Program Meeting** will be held in Arlington VA on **August 15-17, 2017**. More details and meeting dates by program will be released soon.
- Join safe sleep experts in Pittsburgh, PA, **April 25-28, 2017** for the **5th National Cribs for Kids® Infant Safe Sleep Conference: "Beyond the Safe Sleep Message – Cultivating Community Collaborations"**. This conference addresses the need to further reduce infant mortality rates locally and nationally by: targeting and utilizing existing program resources; creating partnerships through community leadership collaborations; providing organizations with the tools needed for a unified infant safe sleep effort. Register [here](#).

Resources Available

[EMS Workforce Safety Webinar](#) – During a recent webinar, leaders share local and national efforts designed to improve EMS workplace safety and injury reduction. Archived [here](#).

[NEMSAC Summary](#) – Find a [summary](#) of the recent National EMS Advisory Council meeting, first discussed in the [Jan 5 EMSCPulse](#).

[Protecting Youth from Bullying](#) It is important for health care providers to be prepared to screen and counsel children for bullying during exams. See [blog posting](#) or www.stopbullying.gov.

Welcome to the EMSC Program

Are you, or do you know of any new EMSC personnel? If so, please forward name, position, and contact information to

EMSCInnovation@texaschildrens.org

Job Opportunity

New Hampshire is seeking a new **EMSC Program Manager**. To view the position description / submit an application, click [here](#) and use 'EMSC' as the key word.

Improving Collaboration *continued from page 1*

that include team building and stakeholder engagement. Such activities rely heavily on iterative cycles and key principles of quality improvement that include a focus on systems of care, patients, a team-based approach, and data.

Recognizing the importance of stakeholder engagement, each participating state has developed a core team of at least 8 -12 members representing key partners and organizations. More recently, several state teams have successfully created statewide coalitions with as many as 90 participants joining to strategize on pediatric readiness and the development of facility recognition programs. Stakeholders and coalition members include state leadership (EMSC grantees, trauma program representatives, EMS directors, etc.), EMSC advisory committee members, representatives from state AAP, ACEP and ENA chapters, state Hospital Association representatives, hospital administrators and providers (both physicians and nurses), data experts, state disaster planning representatives and others. These coalitions provide additional support, a wide range of expertise and experience across various domains, and allows for an open forum to develop creative solutions.

To assist with the development of recognition programs, participants are evaluating the design and attributes of the eleven states that have established facility recognition programs. State teams research the characteristics of these recognition programs (e.g. voluntary versus mandatory, single versus multi-tiered) to identify a best

fit and feasibility for their state. Such research facilitates development of an implementation plan that includes an application and approval process, recognition criteria, and incentives for participation.

State teams collaborate monthly on EIIIC lead interactive virtual Learning Sessions. The Learning Sessions serve as a forum for attendees to learn best practices, offer support to those colleagues that are experiencing challenges, and help identify next steps. Additionally, core members participate in one of three workgroups (Education, Interventions, or Analytics). The workgroups provide an opportunity for collaboration across states to develop specific tools and resources that support common activities. Resources include presentation templates, key talking points for differing stakeholder groups, suggested criteria for pediatric readiness based on the 2009 Guidelines, as well as management tools and metrics to guide individual state progress. During these workgroup calls attendees critically think about barriers and enablers, develop creative solutions, and provide updates to help identify best practices. These many forums provide opportunities to discuss strategies for overcoming challenges and identify next steps. Between Learning Sessions, the work of each state, in conjunction with their pre-identified content coach, continues.

At every other Learning Session, collaborative members hear firsthand experiences from a content expert. Last fall, Vicki Hildreth, EMSC Coordinator for West Virginia (WV),

presented an overview of the WV recognition program, *Always Ready for Kids (ARK)*. On February 28, Tomi St. Mars, Chief of Injury Control for Arizona (AR), will present on the AR facility recognition program which will focus on bringing the right people to the table.

The EIIIC hosted an in-person Learning Session for the QI Collaborative at Baylor College of Medicine in Houston in November 2016. During the meeting participants learned about quality improvement science from speakers and QI specialists from the Texas Children's Hospital Quality & Patient Safety Department and participated in small group sessions using [quality improvement tools](#). Teams were given hands on QI training in how to utilize key tools such as fishbone diagrams, process maps and stakeholder grids to direct change. The in-person session also allowed for networking, coaching, and ongoing collaboration between teams to promote pediatric readiness through the development of resources for statewide facility recognition programs.

All of the aforementioned presentations and tools are available to all teams via a participant site and will soon be available to all states via the EIIIC website. A second in-person meeting is planned for mid-March in Rockville, Maryland and will continue to build upon QI knowledge while working on strategies and tools to further support development of resources for pediatric readiness and statewide facility recognition programs.