WHO IS YOUR CORE TEAM?

- 1. Carolina Roberts- Santana, MHA EMS for Children Program Manager, Rhode Island Department of Health, Providence, RI.
- 2. John Potvin, NRP Ambulance Service Coordinating Advisory Board Chair, EMSC Vice Chair, East Providence Fire Department Emergency Care Coordinator, East Providence, RI.
- 3. Linda Brown, MD, MSCE EMSC Advisory Chair, Lifespan Simulation Director, Pediatric Emergency Physician, Hasbro Children Hospital, Providence, Rhode Island.
- 4. Tara Townsend-Hayes, CCHW EMSC Family Representative, Family Voices Manager, Rhode Island Parent Information Network, Cranston, Rhode Island.
- 5. Tanya Sutcliffe, MD EMSC Advisory core member, Pediatric Emergency Physician, Hasbro Children's Hospital, Providence, Rhode Island

Why are Prehospital Pediatric Emergency Care Coordinators Important to the Children in Your State?

- Rhode Island is a small state
- Missed opportunities for quality pediatric emergency care.
 - 47,407 pediatric calls from 2014-2017.
 - 13,203 occurred in agencies with PECC, meaning that 34,204 (72%) of calls were responded to by EMS agencies without pediatric coordination.
- Evidence based practice



WHAT DOES THE PREHOSPITAL PECC SYSTEM IN YOUR STATE CURRENTLY LOOK LIKE?

WHERE ARE YOU NOW?

2017 Survey Results

 EMS Agencies that have a PECC: 13 (23%)

 EMS Agencies that plan to add a PECC: 4 (7%)

 EMS Agencies interested in adding a PECC: 14 (25%)

• EMS Agencies that do not have a PECC: 26 (46%)

NATIONAL RHODE ISLAND % of EMS agencies 23% of EMS 23% of EMS with access to a **Pediatric Emergency** Agencies Agencies **Care Coordinator** Of the 23% who have a Pediatric Emergency Care Coordinator, what are the top five duties performed? Ensures the availability of pediatric 100% medications, equipment, and supplies Ensures that fellow providers follow pediatric 100% clinical practice guidelines and/or protocols Promotes pediatric continuing education 92% opportunities Ensures that the pediatric perspective is 92% included in the development of EMS protocols Oversees pediatric process improvement 85% initiatives

• n=57

WHAT DOES THE PREHOSPITAL PECC SYSTEM IN YOUR STATE CURRENTLY LOOK LIKE?
WHERE ARE YOU NOW?

January 2018

• EMS Agencies that have a PECC: 27 (49%)

EMS Agencies that do not have

a PECC: 30 (51%)

• n=55

January 2019

 EMS Agencies that have a PECC: 51 (93%)

EMS Agencies that do not have

a PECC: 4 (7%)

• n=55



WHERE DO YOU WANT TO BE?
WHERE ARE YOU GOING?

By March 2019, 90% of EMS agencies in Rhode Island that reported not having a Pediatric Emergency Care Coordinator will designate one.

Who Are Other Potential Partners to Consider for Your Improvement Team?

- Rhode Island Fireman's League
- Emergency Nurse Association Rhode Island
- American Academy of Pediatric RI Chapter
- Hospital Association of Rhode Island
- Representatives from the Hospital PECCs

How Do You GET THERE?

- Establish the RI EMSC PECC State Team.
 - EMS
 - Hospital
 - Family
 - State
- Recruit EMS Champions within EMS agencies that reported not having a PECC.
- Develop and provide training to designated RI EMS PECCs.
 - PALS
 - PEPP
 - Simulation
 - Family Based Training

How Do You GET THERE?

- Goal 4. Develop and disseminate resources to designated RI EMS PECCs.
 - Resource Binder
 - Online Resource Inbox
 - Resources from the PECCLC
 - Simulation Training DVD
 - PALS and PEPP Resources
 - Skills-based guidelines and processes
 - QI Hotline for PECCs

How Do You GET THERE?

- Future and Throughout the grant period
 - Re-assess the number of EMS agencies in the state with a PECC at the end of the project.
 - Create a plan for sustainability of PECCs at local EMS agencies after this project concludes.
 - Collaborate with the EMS Innovation and Improvement Center (EIIC) to participate in multi-state learning sessions.

CHALLENGES

- Size of the state
- Attrition
- Implementing and promoting family centered care
- Limited time and resources
- Sustainability
- Linking it to outcomes