Maine

Always Ready for Children

Pediatric Recognition Program

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ALWAYS READY FOR CHILDREN PROGRAM

The Always Ready for Children program (ARC) is a collaborative project as a state and region-wide recognition system for emergency departments committed to improving their pediatric care. The program was created, managed, and maintained by the region's EMS for Children State Partnership Programs (EMSC), with support from the Health Resources and Services Administration and the EMSC Innovation and Improvement Center.

The regional ARC program was created by the area's EMSC programs to improve care across our states, which vary greatly in demographics and access to high-quality pediatric emergency care. The variance in availability and access to care often leads pediatric patients to cross state borders for continued, higher level or specialized care. This regional structure requires a more unified approach to pediatric preparedness to ensure standards for pediatric care are met.

Per the 2006 Institute of Medicine "Emergency Care for Children: Growing Pains" report, different geographic regions show varying levels of pediatric emergency care. Data collected by the National Pediatric Readiness Project showed that hospitals recognized as being "pediatric ready" by a recognition program scored higher on the National Pediatric Readiness Assessment (NPRA) (Remick et al, 2018), and the establishment of such recognition programs demonstrated a decrease in pediatric mortality rates (Rice et al, 2017).

The ARC program is voluntary and there is no cost! Your hospital will benefit from recognition in your community, the State of Maine, and across the Northeastern United States as one committed to the improvement of pediatric care and readiness to care for patients of all ages. We will include a framed certificate and promotional materials to announce your achievement and commitment to pediatric care, statewide acknowledgment through the Maine State EMS website, social media, as well as statewide announcements. We will share your success and commitment with announcements at Maine EMS medical board and regional meetings. We will also offer support and resources for your ongoing assessments, improvement efforts, and offer additional resources as they become available.

Your facility will be enrolled in the ARC program upon submission and successful review of completed application and supporting materials.

<u>How to participate in the Maine "Always Ready for Children" Program:</u>

1. Ensure that your facility has an active Pediatric Emergency Care Coordinator (PECC) and has completed the National Pediatric Readiness Assessment (NPRA). If you're unsure of your facility's PECC or NPRA status, please reach out to Maine EMS for Children Program Manager Marc Minkler at Marc.A.Minkler@maine.gov
2. Develop an internal readiness improvement plan to address any identified gaps and opportunities within your hospital.
3. Submit an ARC Commitment Letter
4. Submit a Facility Recognition Form
5. Meet with EMS-C Program to review these results, documents, and recognition.
6. Continue improving your pediatric care!

CRITERIA FOR RECOGNITION

PEDIATRIC ENGAGED

1. Participate in the National Pediatric Readiness Project
2. Readiness Score (any score is eligible)
3. Identify a pediatric emergency care coordinator

PEDIATRIC READY

1. Participate in the National Pediatric Readiness Project
2. Score above 70 in the readiness assessment
3. Identify a pediatric emergency care coordinator

PEDIATRIC INNOVATOR

1. Participate in the National Pediatric Readiness Project
2. Scores above 80 in the readiness assessment
3. Identify a pediatric emergency care coordinator
4. Willing to share resources

ARC Commitment Letter

TO: Maine Emergency Medical Services for Children
Marc Minkler, Program Manager
Marc.A.Minkler@maine.gov

FROM: _____
(Emergency Department Leader's Name and Title)

SUBJECT: Hospital Commitment Letter
Participation in the Always Ready for Children Program

We commit to joining Emergency Medical Services for Children (EMSC) in Maine and the region in participating in the Always Ready for Children (ARC) improvement project. This project is an opportunity for our hospital to collaborate with EMSC and other regional institutions on a program that will help ensure we are prepared to care for ill and injured children.

We as an organization are committed to providing appropriate time and resources for our Emergency Department team to assess and improve our pediatric readiness, including participation in quality improvement initiatives such as the assignment of a Pediatric Emergency Care Coordinator and data collection activities.

Hospital Name:	
Emergency Department PECC (Pediatric Emergency Care Coordinator):	Email address:
Emergency Department Medical Director:	Email address:
Emergency Department Nurse Director/Manager:	Email address:

_____ Date:_____
(Signature of authorizing leader)

Printed name:
Title within organization:
Email:
Phone:

Always Ready for Children
Facility Demographic Information

Hospital Information

(Note – if multiple campuses, please submit a form for each campus)

Hospital Name:

Hospital Address:

Hospital Contact Name:

Contact Email Address:

Hospital Readiness Score (if known, contact us for assistance):

Pediatric Emergency Care Coordinator

(if more than 1, please include additional contact info)

Name:

Level of Licensure:

PECC Email Address:

Specify the level of Recognition that your hospital is applying for:

- ☐ Pediatric Engaged
- ☐ Pediatric Ready
- ☐ Pediatric Innovator

Maine Always Ready for Children
Readiness Improvement Plan Suggestions

The goal of a pediatric readiness improvement plan is to provide further insight and efforts to improve overall pediatric preparation and to sustain the answers on the pediatric readiness survey and/or provide a plan for improvement in the areas that the hospital seeks to improve scores in. For example, if the hospital scored 0 in Administration and Coordination for the Care of Children in the ED, then the hospital may wish to focus on a plan on how that will be improved. These suggestions have been developed based on the recommended resources necessary to prepare emergency departments (EDs) to care for pediatric patients.

1. **Administration and Coordination for the Care of Children in the ED**
    A. Identification of a PECC is central to the readiness of any ED that cares for children.
        i. The PECC can be a physician, advanced practice provider, or nurse who is concurrently assigned to other roles in the ED or who oversees more than one program.
        ii. The PECC needs to be qualified by the facility to provide emergency care.
        iii. The roles of the PECC can include efforts to:
            1. Promote adequate skill and knowledge of all ED staff in the emergency care and resuscitation of infants and children.
            2. Assist with the development of the pediatric components of the QI plan and facilitate QI activities related to pediatric emergency care.
            3. Assist with development and periodic review of ED policies and procedures and standards for medications, equipment, and supplies to ensure adequate resources for children of all ages.
            4. Collaborate with emergency medical services (EMS), and emergency preparedness coordinators.
            5. Assist in integration of services along the pediatric care continuum, such as pediatric injury prevention, chronic disease management, and community education programs.
            6. Encourage, assist and/or facilitate pediatric emergency medical and nursing education for ED health care providers and staff.
            7. Assist in the inclusion of pediatric-specific elements in physician and nursing orientation in the ED.
            8. Assist with/facilitate, as needed, competency evaluations for staff that are pertinent to children.
            9. Facilitate integration of pediatric needs in hospital disaster/emergency preparedness plans and promote inclusion of pediatric patients in disaster drills.

10. PECCs should collaborate with ED leadership to enable adequate staffing, medications, equipment, supplies, and other resources for children in the ED.
11. Communicate with ED and hospital leadership on efforts to facilitate pediatric emergency care.

2. Competencies for Physicians, Advanced Practice Providers, Nurses, and Other ED Health Care Providers

A. ED health care providers, based on their level of training and scope of practice, should have the necessary skills, knowledge, and training in the emergency evaluation and treatment of children of all ages, consistent with the services provided by the hospital.

B. Baseline and periodic competency evaluations completed for all ED clinical staff determined by each institution's hospital policy and medical staff privileges as a part of the local credentialing process for all licensed ED staff.

i. Evaluation of such competencies may be achieved through direct observation, chart reviews, practical skills demonstrations, and/or written knowledge tests.

3. **Quality Improvement/Performance Improvement in the ED**

A. Quality is best assured by evaluating each of the 6 domains addressed by the Institute Of Medicine: safe, equitable, patient-centered, timely, efficient, and effective. Performance Improvement processes are essential to evaluating quality of care, and measurement is integral to PI activities. Pediatric-specific metrics should be carefully identified to assess the quality of care throughout each phase of health care delivery across the emergency care continuum.

i. The QI/PI plan of the ED should include pediatric specific indicators. Pediatric emergency care metrics have been identified (see Table 1) and should be strongly considered for inclusion in the overall QI plan. In addition, performance bundles may be used to assess quality of care provided for specific clinical conditions (e.g., pediatric septic shock, pediatric asthma, pediatric closed head injury).

4. Policies, Procedures, and Protocols for the ED

A. Assist with the development, integration, and regular review of hospital pediatric interfacility transfer guidelines and agreements.

B. Assist with the development, integration, and regular review of hospital pediatric policies, procedures, and protocols around pediatric care.

i. Policies, procedures, and protocols for the emergency care of children are age specific and include neonates, infants, children, adolescents, and children with special health care needs. Staff are educated accordingly and monitored for compliance and periodically updated. These include, but are not limited to, the following:

1. Illness and injury triage

2. Pediatric patient assessment and reassessment
3. Documentation of a full set of pediatric vital signs
4. Identification and notification of the responsible provider of abnormal vital signs (age or weight based)
5. Immunization assessment and management (e.g., tetanus and rabies) of the under immunized patient
6. Sedation and analgesia (including nonpharmacologic interventions for comfort) for procedures, including medical imaging
7. Consent (including situations in which a parent or legal guardian is not immediately available)
8. Social and behavioral health issues, including belligerent, impaired, or violent parents and patients
9. Physical or chemical restraint of patients
10. Child maltreatment mandated reporting and assessment (physical and sexual abuse, sexual assault, human trafficking, and neglect)
11. Death of a child in the ED
12. Do-not-resuscitate orders
13. Lack of a medical home
14. Children with special health care needs, including developmental disabilities.
15. Family-centered care
16. Communication with patient's medical home or primary health care provider at the time of the ED visit.
17. Telehealth and telecommunications
18. All-hazard disaster preparedness plans

5. Pediatric Patient and Medication Safety in the ED

The delivery of pediatric care should reflect an awareness of unique pediatric patient safety concerns and should include the following policies or practices:

A. Assist with the development, integration, and regular review of hospital pediatric patient and medication safety plans.
   i. Children should be weighed in kilograms, with the exception of children who require time critical emergency stabilization, and the weight should be recorded in a prominent place on the medical record, preferably with the vital signs.
      1. For children who require resuscitation or emergency stabilization, a standard method for estimating weight in kilograms should be used (e.g., a length-based tape).
   ii. A full set of vital signs should be recorded and reassessed per hospital policy for all children.

iii. Processes for safe medication (including blood products) prescribing, delivery, and disposal should be established.
iv. Establish a culture of safety surrounding pediatric medication administration that encourages reporting of near-miss or adverse medication events that can then be analyzed to feed back into the system in a continuous QI model.
v. Pediatric emergency services should be culturally and linguistically appropriate, and the ED should provide an environment that is safe for children and supports patient- and family-centered care.
vi. Patient-identification policies, consistent with The Joint Commission's national patient safety goals, should be implemented and monitored.
vii. Policies for the timely tracking, reporting, and evaluation of patient safety events and for the disclosure of medical errors or unanticipated outcomes should be implemented and monitored, and education and training in disclosure should be available to care providers who are assigned this responsibility.

6. Support Services for the ED

A. Assist with the development, integration, and regular review of support services for the ED and other partnering departments within the hospital, such as
   i. The radiology department having the skills and capability to provide imaging studies of children and have the equipment necessary to do so and guidelines to reduce radiation exposure that are age and size specific.
   ii. The laboratory having the skills and capability to perform laboratory tests for children of all ages, including obtaining samples, and have available microtechnology for small or limited sample sizes.

7. Equipment, Supplies, and Medications

A. Consider using the "Pediatric Readiness in the ED Checklist" (rev. April 5, 2021) to ensure critical components for pediatric care.
B. Assist with the development, integration, and regular review of procedures to ensure ED staff is aware of equipment, supplies and medication location and availability
C. Medication chart, color-based coding, medical software, or other systems should be readily available to ED staff to ensure proper sizing of resuscitation equipment and proper dosing of medications based on patient weight in kilograms.
D. Resuscitation equipment and supplies should be located in the ED; trays and other items may be housed in other departments (such as the newborn nursery or central supply) with a process to ensure immediate accessibility to ED staff. A mobile or portable appropriately stocked pediatric crash cart should be available in the ED at all times.
E. ED staff are appropriately educated as to the location of all items.

F. The ED has a regular method to verify the proper location and function of equipment and expiration of medications and supplies.

Supporting References

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