The Pony Express

Improving emergency medical care for children all across Texas





Headline News

NPRP to Help Hospitals Prepare for Kids

It is one of those things most of us really don't think about until something bad happens to one of our own children—Is my local hospital staffed and equipped to provide the care my child may need in the event of a major illness or injury? The reality is that children make up about 27% of emergency department visits each year. 1 In 2010 alone there were more than 8 million emergency department visits in Texas, of which nearly 2 million were children under the age of 19.2 Yet to date we really don't have a good picture of how well prepared our hospitals are to handle critically ill or injured kids, although some studies have indicated that few hospitals are appropriately staffed or equipped for children. 3-6 Furthermore, no benchmarks or tool kits currently exist to help hospital administrators and emergency department managers know where their facilities stand on pediatric readiness or how to address gaps once they are identified.

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U. S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children. The primary purpose of NPRP is to establish a composite baseline of the nation's capacity to provide care to children in the ED, create a foundation for EDs to engage in an ongoing quality improvement process that includes implementation of the Guidelines for Care of Children in the Emergency Department, and establish a benchmark that measures an ED's improvement over time. This project is a partnership between the National Emergency Medical Services for Children Program, the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association. Nationally, NPRP has also received the support of such organizations as the Joint Commission and the Healthcare Corporation of America. In Texas, the project has received the endorsement of the Children's Hospital Association of Texas, Texas Emergency Nurses Association, Texas Hospital Association, and Texas Pediatric Society.

Approximately 5000 hospitals will be included in the NPRP assessment making it the largest collaborative effort to date to benchmark pediatric readiness in emergency departments across the United States. Texas boasts the most hospitals of any state in the nation with 450 hospitals to be assessed, including 78 critical access hospitals and hundreds of rural and community hospitals. Military-based hospitals and free-standing emergency departments will also be included in the project. Assuring that every hospital with an emergency department participates in the project is important because, in an emergency, most children will be brought to the closest facility in their community.

Participation in the NPRP assessment will have several advantages for hospitals. Facilities will receive immediate feedback on their current capacity to provide emergency care for children in the form of a pediatric readiness score that they can compare to the average scores of other hospitals with similar pediatric volume and all hospitals nationwide. The readiness score is based on a scale from 0-100 and reflects six key areas of the Joint Policy Statement: Guidelines for Care of Children in the

Best Practices

Pedi-STEPPs a Giant Step for Pediatric Prehospital **Emergency Care Training**

Pediatric emergencies in the prehospital setting are relatively rare, making up about 10% of all EMS calls. Providing care for the most critically ill or injured children among them is rarer still. Therefore, EMS providers have few opportunities to practice high-risk/high impact skills between such calls.

With this in mind, Dr. Paul Sirbaugh, Assistant Medical Director for the Houston Fire Department (HFD) and Section Head of Pediatric **Emergency Medicine at Baylor** College of Medicine, teamed up with Dr. Jennifer Arnold, Medical Director of the Simulation Center at Texas Children's Hospital, and emergency medicine (EM) physicians, Drs. Manish Shah, Cara Doughty, and Nadia Pearson, to create Pediatric Simulation Training for Emergency Prehospital Providers (Pedi-STEPPs). Using state of the art simulation equipment, the Pedi-STEPPs team developed a curriculum focusing on high-risk/low frequency pediatric emergency scenarios and communication/team skills training. This offers the opportunity for EMS providers to practice rarely used skills in a realistic yet safe simulated environment.

What makes simulation training effective is not simply the use of lifelike manikins to run through critical scenarios or practice rarely used skills. The key is effective scenario debriefing, which is being facilitated by HFD and pediatric EM instructors. Using video of the team's performance, the team discusses each scenario reinforcing what is done well and highlighting areas of potential improvement. Scenarios incorporate a wide range of technical skills and may include respiratory emergencies, neonatal care, seizure management, care for children with special health care needs, and /or trauma.

Through a grant from the Cullen Trust for Healthcare, Pedi-STEPPs will be provided to 500 members of Houston Fire Department over two years at the Simulation Center at Texas Children's Hospital.

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EMSC State Partnership, TX

Check out the EMSC State Partnership website at www.bcm.edu/pediatrics/emsc And the NPRP website at www.pediatricreadiness.org

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EMSC

Emergency Department, including (1) administration and coordination, (2) physicians, nurses, and other ED staff, (3) quality/performance improvement in the ED, (4) pediatric patient safety, (5) policies, procedures and protocols, (6) equipment, supplies and medications. Participants will also receive an immediate "Pediatric Readiness Gap Analysis Report" that summarizes the facilities strengths and weaknesses within the key areas of the assessment and will direct facility staff to specific components of the Pediatric Readiness Toolkit. This toolkit will provide the most up-to-date information and resources to help facilities improve their capabilities to provide appropriate pediatric emergency care. Additionally, each facility completing the assessment will receive a free one-year subscription to PEMSoft, an online pediatric decision support tool designed for rapid clinical decision making at the point-of-care.

The <u>Texas EMSC State Partnership</u> at Baylor College of Medicine is coordinating the NPRP efforts in Texas and is reaching out to all hospitals and their surrounding communities to support this important quality improvement project. EMSC Program Manager Tony Gilchrest praises NPRP as "a real and meaningful quality improvement program that will provide effective tools and resources to empower hospitals, especially in the rural and community setting, to better prepare their emergency departments to care for kids on a routine basis or in the event of a disaster." The assessment phase of the project is set to launch in Texas on January 1, 2013. For more information or to help with NPRP in your community or hospital, contact The EMSC State Partnership office at 832-824-6028, or email Tony at anthony gilchrest@bcm.edu.

Pediatric CE Opportunities

Texas EMS Conference Pediatric Workshops and Lectures

It's that time again. The <u>Texas EMS Conference</u> is coming to the Austin Convention Center November 11 - 14, with preconference classes beginning on November 9. This year the conference will include an outstanding variety of pediatric continuing education opportunities.

Preconference courses include Emergency Pediatric Care (EPC), Pediatric Education for Prehospital Professionals (PEPP), and Neonatal Assessment. On Monday and Tuesday, November 12-13, there are 8 pediatric topics scheduled for 2-hour hands-on workshops, including the EMSC and Texas Parent to Parent workshop I'm In Here! Can You See Me? Insights Into EMS Assessment and Communication Skills for Children with Special Health Care Needs Taught by the Kids Themselves. Other workshop titles to look for include A Pediatric Perspective; Pediatric ALS Skills Workshop, All the Procedures You're Scared Of, Plus the Ones that Actually Work; Changin' HOPA (Hands-on Pediatric Assessment); Pediatric Trauma in the Prehospital Setting; Sick and Blue, What Do I Do? Pediatric Airway Management; Jams and Pretzels: Innovative Packaging; and Pediatric Prehospital Skills Stations.

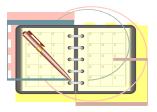
Pediatric emergency care is also well represented in 1-hour lecture sessions with at least 16 titles to choose from. Subjects range from pediatric trauma care to respiratory distress, to special assessment considerations and will be presented by some of the top speakers from Texas and beyond. You can find the pre-conference, lecture, and workshop schedules on the <u>Texas EMS Conference</u> website under "Education." For information about EMSC related workshops and lectures at this year's conference, drop a note in the Mail Pouch.

Final Thought

Education is learning what you didn't even know you didn't know.

Daniel J. Boorstin

Upcoming Events



Mark Your Calendar

• EMSC Advisory Committee

Teleconference November 9, 2012, 10:00-11:00 AM

GETAC Meetings: Austin, November 10-12, 2012.

<u>Texas EMS Conference</u>: Austin Convention Center.
November 11-14, 2012

• For information, drop a note in the Mail Pouch.

¹ The Henry J Kaiser Family Foundation. Texas: Hospital Emergency Room Visits per 1,000 Population, 2010. Available at http://www.statehealthfacts.org/profileind.jsp?cat=8&rgn=45&ind=388. Accessed July 7, 2012.

² Shah, M., Cushman, J., Davis, C., et al. The epidemiology of emergency medical services use by children: An analysis of the National Hospital Ambulatory Care Survey. *Prehospital Emergency Care*; 12(3); 2008.

³ Middleton KR, Burt CW. Availability of pediatric services and equipment in emergency departments: United States, 2002-2003. *Adv Data*. 2006;(367):1-16.

⁴ McGillivray D, Nijssen-Jordan C, Kramer MS, et al. Critical pediatric equipment availability in Canadian hospital emergency departments. *Ann Emerg Med.* 2001;37:371-376.

⁵ Athey J, Dean JM, Ball J, et al. Ability of hospitals to care for pediatric emergency patients. *Pediatr Emerg Care*. 2001;17:170-174.

⁶ Gausche-Hill M, Schmitz C, Lewis RJ. Pediatric preparedness of United States emergency departments: a 2003 survey. *Pediatrics*. 2007;120:1229-1237.