Number of Hospitals Sent Assessment: 504 Number of Hospitals that Responded: 305

Response Rate: 60.5%

71
STATE MEDIAN and
AVERAGE SCORE OUT
of 100

n=4,146
NATIONAL MEDIAN
SCORE of
PARTICIPATING
HOSPITALS

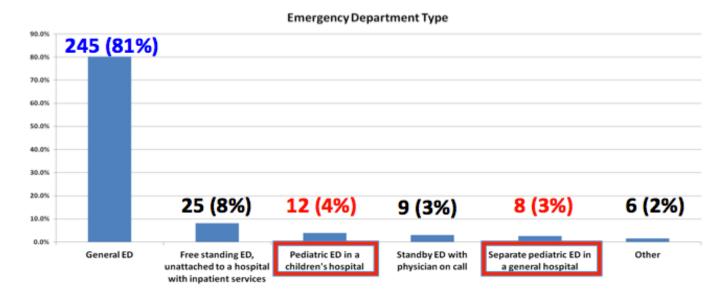
			Median	Min.	
Annual Pediatric Volume	# of Hospitals	Avg. Score	Score	Score	Max. Score
Low (<1800 patients)	118	64.0	63.1	22	99
Medium (1800-4999 patients)	82	70.0	69.6	38	99
Medium High (5000-9999 patients)	54	75.6	75.8	39	99
High (>=10000 patients)	50	81.5	89.5	36	100

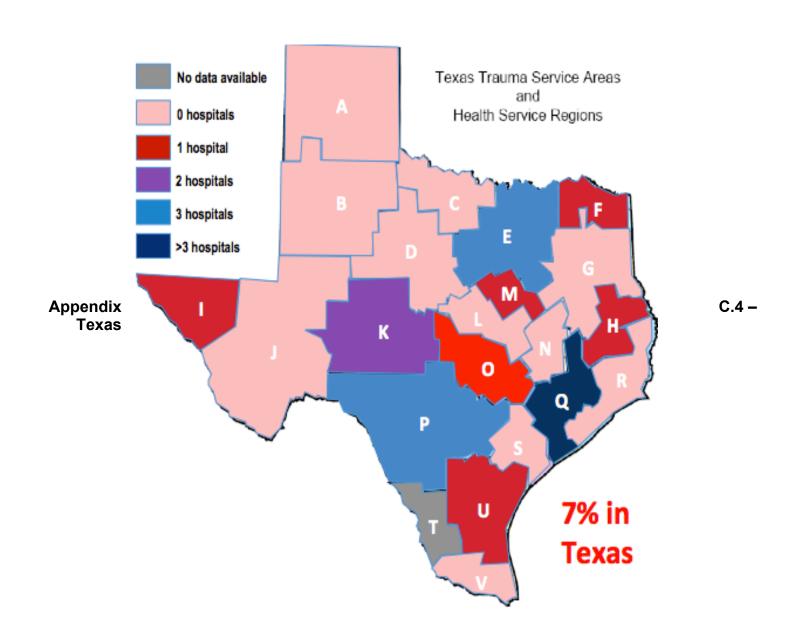
#### **National Results**

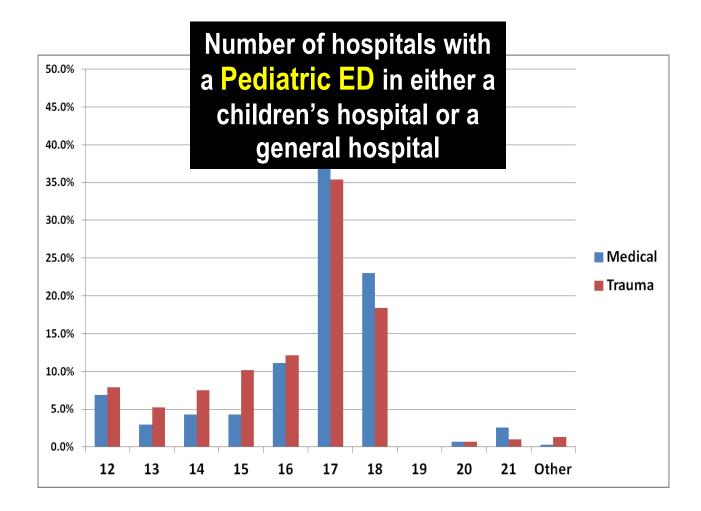
# Average Pediatric Readiness Scores

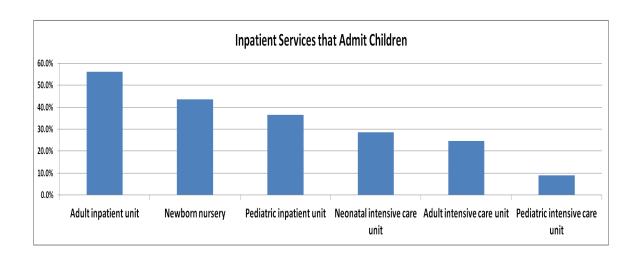
Low Volume (<1800 patients)	Medium Volume (1800-4999 patients)	Medium to High Volume (5000-9999)	High Volume (>=10000)	All Participatir Hospitals
62	70	74	84	69
n = 1629	n = 1248	n = 708	n = 561	n = 4146

articipating Iospitals







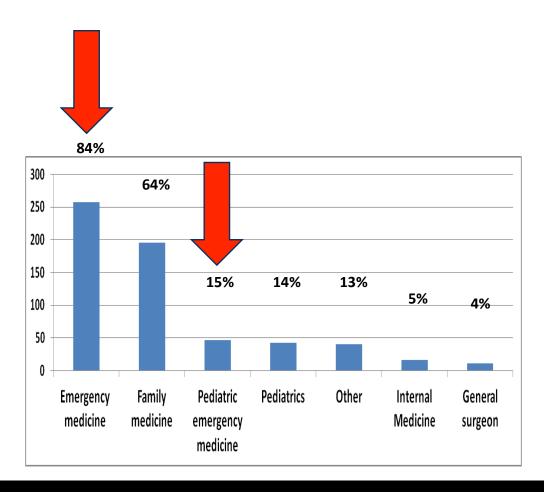


Inpatient Services that Admit Children		
Adult inpatient unit	56.1%	171
Newborn nursery	43.6%	133
Pediatric inpatient unit	36.4%	111
Neonatal intensive care unit	28.5%	87
Adult intensive care unit	24.6%	75
Pediatric intensive care unit	8.9%	27

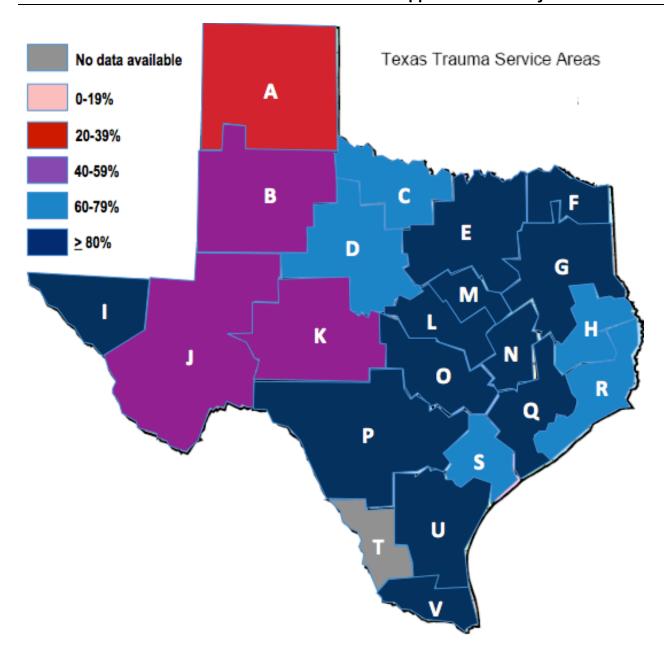
### **IMPORTANCE**

- Guide EMS in regional destination plans
- Avoid unnecessary transfers
- Anticipate surge capabilities in disasters

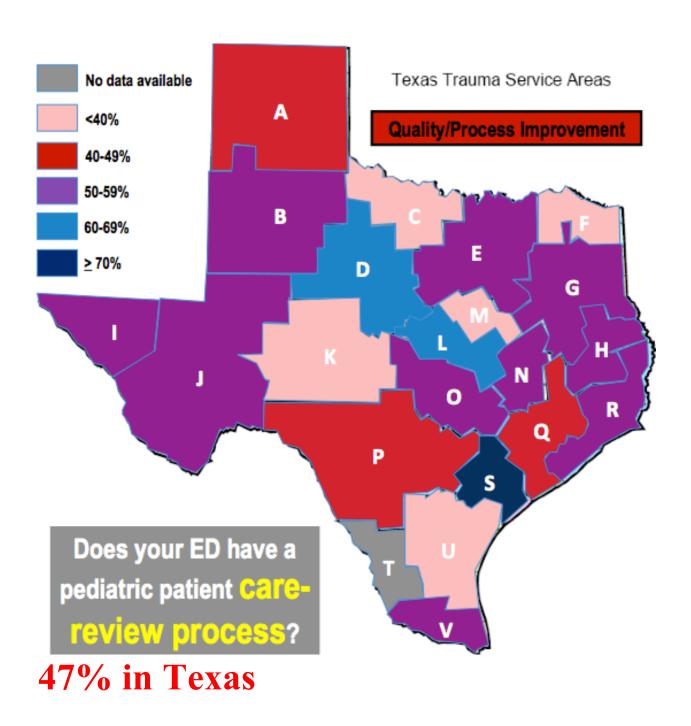
Coordinator	National % (n)	Texas % (n)
Both	41.6% (1,725)	45.2% (138)
Nurse	59.3% (2459)	63.8% (194)
Physician	47.4% (1965)	50% (152)
None	34.9% (1,447)	31.4% (96)



- EM physicians staff most of the EDs in Texas
- Collaboration with EM physicians to improve pediatric readiness in EDs is essential

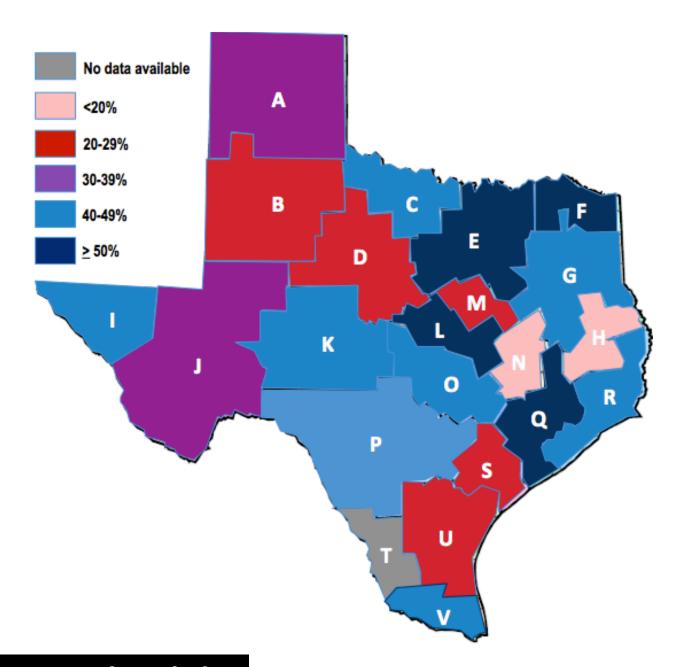


16% require neither in Texas



# How many EDs Weigh and Record Pediatric Patients in Kilograms

- Out of 305 hospitals in our State
  - -51% (155) weigh <u>and</u> record patient weight in kilograms
- Doing this can avoid medication dosing errors



Does your hospital
disaster plan
address issues specific
to the care of children?

41% in Texas

#### Available in <70%

- Umbilical vein catheters (49%)
- Central venous catheters (4-7F: 62%)
- Tracheostomy tubes (3.0, 3.5: 63-65%)
- Laryngeal mask airways (1, 1.5, 2, 2.5; 61-69%)

# TX EDs

- Tracheostomy tubes (4.0; 71%)
- Laryngoscope (straight 00: 76%)
- Supplies/kit for pediatric difficult **airway** (76%)

 All other equipment, supplies, and medications in TX EDs were available in >90% of EDs

#### Available in 70-79 % of Available in 80-90% of TX EDs

- Continuous endtidal CO<sub>2</sub> monitoring (80%)
- **Pediatric Magill forceps** (82%)
- Nasopharyngeal airways (infant/child: 82-88%)
- Non-rebreather masks (infant: 84%)
- Nasal cannula (infant: 86%)

## **Appendix D** – Minimum Data Set

		<del>.</del>
<u>Facility Information</u>		
NPI#		
Tx DOH#		
RAC		
Name		
Address (Full)		
Facility Phone Number		
ER Phone Number		
CEO		
CEO email address		
CNO		
CNO email address		
Adminstration Phone Number		
ER Total Bed Capacity		
ER Pediatric Bed Capacity		
Pediatric Bed Capacity		
IMU (if separate) Bed Capapacity		
PICU Bed Capacity		
	Y/N Value List	Pediatrics, PEM, Gastro, Ortho, Gen Sur, Trauma
Subspecialty Capabilities	1/14 Value List	l l
Dragues Submission		Surg, Neuro, NS, Cards, CTS, ICU
Program Submission  Total Patients (Adult & Padiatric) Seen in El	<u>.</u>	Dodintrinic 417
Total Patients (Adult & Pediatric) Seen in EF		Pediatric is < 17
Total Pediatric Seen in ER	Calculated from Data	
Total Pediatric Transfers Out	Calculated from Data	
Total Pediatric Transfers In	Calculated from Data	
Total Pediatric Deaths	Calculated from Data	
<u>Chart Review</u>	<u>Data Type</u>	
Pediatric Record ID	Text	YYYY-ID#, Serial Increment
Mode of Transport	Text	POV, EMS-Ground, EMS-Air
Facility Point of Entry	Value List	ER, Floor, IMU, ICU
Admission Type	Value List	ER, Direct Admission, Transfer
Admission Status	Value List	Inpatient, Observation
Date & Time of Arrival	Date/Time	
Date & Time of Discharge	Date/Time	
ICD10 Diagnosis Codes	Text	
ICD10 Procedure Codes	Text	
Transferred From	Value List	
Transferred To	Value List	
Chief Complaint / Admitting Diagnosis	Text	
Initial Height (cm)	TEXT	Number 1 decimal
		number 3 decimal
Initial Weight (kg) PCP	V/N	number 3 decimal
	Y/N	
Discharge / Final Diagnosis	Text Value List	Home Transfer HI OC Transfer LTAC Death
Discharge Type	Value List	Home, Transfer HLOC, Transfer LTAC, Death
Highest Level of Care		
Suspected Appendecitis	1 0 1 1 0 1 1 5	<u> </u>
CT Type	w/o Cont, w/w/o Cont, w/Cont	
CT Result		
US Result		
<u>Asthmatic</u>	Y/N	
Steroids w/in 1h arrival to administration	Y/N	
Continuous Albuterol		
Magnesium Sulfate Admin		
PASS Initial Score		
PASS Final Score		
<u>тві</u>		
СТ		
MRI		
Highest GCS		
Lowest GCS		
Behavioral		
	Y/N	
CPS Report Filed Susptected Abuse/Neglect Screening Result		+
	U T / IN	İ
Suicide Risk Assessment Completed	Y/N	

#### **DEFINITIONS**

VPRP Voluntary Pediatric Readiness Program

ED Emergency Department

EMSC Emergency Medical Service for Children

EMS Emergency Medical Service

NPRP National Pediatric Readiness Project

NICU Neonatal Intensive Care Unit
PICU Pediatric Intensive Care Unit
PEM Pediatric Emergency Medicine

GETAC Governor's EMS and Trauma Advisory Council

TCEP Texas College of Emergency Physicians

ENA Emergency Nurses Association

RN Registered Nurse

CPEN Certified Pediatric Emergency Nurse
CHAT Children Hospital Association of Texas

PALS Pediatric Advance Life Support

ENPC Emergency Nurse Practitioner - Certified

QI Quality Improvement

CQI Continuous Quality Improvement

RAC Regional Advisory Councils

TPS Texas Pediatric Society

TORCH Texas Organization of Rural and Community Hospital