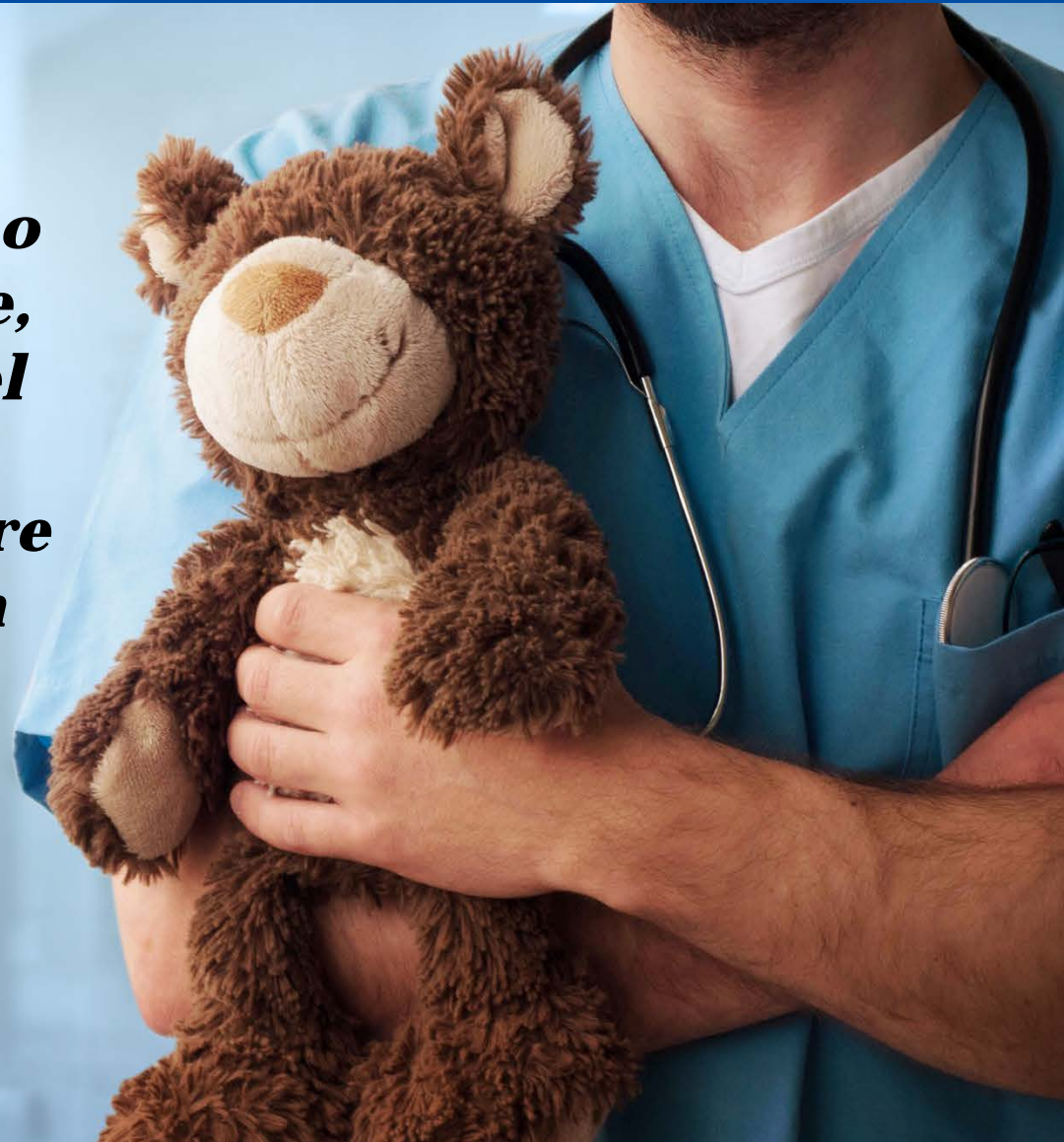


CT EMSC Advisory Committee 6-11-18

Every ill and injured child in Connecticut, no matter where they live, attend school or travel receives appropriate emergency medical care across the continuum



Agenda

9:00-9:30

Welcome

Introductions & Patient Stories

Working group updates

Always Ready for Children

Pediatric Readiness Quality Collaborative

9:30-11:00

Dr. Robert Luten

E-Broselow Training Session

Question & Answer Session

11:00-11:15

Dr. Luten Wrap-Up

11:15-11:45

Report out from working groups

Welcome & Patient Stories



Always Ready for Children



Connecticut Emergency Department Always Ready for Children Improvement Program

CT ED Readiness for Children:

- 457,149 children (<18y) cared for in annually (18K admitted, 4K transferred, 100-150 deaths)
 - o 90% visits to community hospitals, range 1K-55K children per year across CT EDs
- Pediatric Readiness Score- developed by ACEP, ENA, and AAP to define readiness (pedaready.org)
 - o Six domains: QI, policies/procedures, safety, staffing, equipment, leadership
- 2016 all CT EDs completed an online tool and received an ED Pediatric Readiness Score (PRS)
 - o CT readiness: mean 70% (range of 43-100)
 - o Domain Scores: QI 38%, Policy 61%, Safety 78%, Staff 42%, Equip 92%, Leadership 54%

What is the Always Ready for Children (ARC) Program?

- A program that aims to improve pediatric readiness of all EDs in CT through the development of a community of practice involving pediatric champions from CT EDs.
- All CT EDs can achieve ANY of the above recognition categories- there is no requirement for pediatric specialists, in-patient care or minimum volume of patients.
- A process to recognize pediatric improvement efforts:
 - ARC Pediatric Engaged ED: designated pediatric champion + readiness survey (any score)
 - ARC Pediatric Ready ED: engaged + PRS >70%
 - ARC Pediatric Innovator ED: engaged + PRS > 80% + sharing programs with other EDs

What is the process to participate in ARC?

1. Review ARC requirements with leadership and determine intent to participate.
 2. Complete online application + designate pediatric champion(s) + upload a signed letter of intent.
 3. Peer-to-peer site visit scheduled with local pediatric champion and champion from other ED in state.
Goal of visit: identify target areas/action plan/timeline for improvement + build relationships.
 4. Concurrent announcement of recognition status at quarterly ARC meeting- valid for three-years.
EMSC to provide plaque/info for dissemination.
- Timeline: start enrollment fall/winter 2017
 - NOTE: all pediatric champions will have access to community of practice resources including educational modules, policies/procedures, quality improvement modules, safety practices

What is a Pediatric Champion?

- Designated staff member working to improve pediatric care as part of CT community of practice.
- Liaison between CT EMSC and ED Medical Director, ED Nurse Manager/Director.
- Requirements: RN, MD, DO, PA, APRN, medic who maintains competency in pediatric care
- Time commitment: quarterly one-hour in person meetings of pediatric champions + one-hour per week focused on local efforts improving pediatric readiness (suggested minimum for all EDs).



Always Ready for Children

Endorsement: AAP, ENA

Working to explore collaboration: CHA/ACEP

Letters from:

- Bradley Memorial (HCC)
- Bridgeport Hospital
- Bristol Hospital
- Charlotte Hungerford
- CCMC
- Danbury/Norwalk/New Milford
- Greenwich
- Hartford
- Lawrence and Memorial
- Middlesex Hospital
- MidState Medical Center
- New Britain (HCC)
- New Milford
- St Mary's/Trinity
- St Raphael's Campus
- St. Vincent's Medical Center
- Stamford
- YNHCH

Awaiting Letters From:

Backus, Day Kimball, Griffin, John Dempsey, Johnson, Manchester Memorial, Milford, Pequot, Rockville, Sharon, St Francis, Waterbury, Windham/Backus



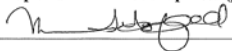
V7.2017

TO: CT Emergency Medical Services for Children
Marc Auerbach, MD

FROM: Marianne Hatfield, MSN, RN, CENP
Vice President of Patient Services, Yale New Haven Children's Hospital and Women's Services

SUBJECT: Yale New Haven Children's Hospital
Hospital Commitment Letter
Request to Participate in the Always Ready for Children

The Connecticut Emergency Medical Services for Children (CT-EMSC) is organizing a collaborative improvement project, Always Ready for Children (ARC). This project is an opportunity for our hospital to collaborate with EMSC on a program that will ensure that we are prepared to care for ill and injured children. We as an organization are committed to providing appropriate time and resources for our team to participate in collaborative webinars, in-person conferences, team meetings and data collection activities.

Hospital name: Yale New Haven Children's Hospital
Hospital pediatric emergency care champion(s): PED SLE
Hospital Emergency Medicine Medical Director: Dr. Karen Santucci
Hospital Emergency Medicine Nurse Director/Manager: Kristen Clark, Patient Services Manager Children's ED
Hospital senior executive sponsor (please sign below): 

Respectfully submitted,



Marianne Hatfield, MSN, RN, CENP
Vice President of Patient Services, Yale New Haven Children's Hospital and Women's Services
Marianne.hatfield@vnhh.org
203-688-4382



Increasing and Implementing PECC Participation

Goals for increasing and implementing PECC participation:

- ❖ Meet with current PECC's to discuss what their role entails
- ❖ Reach out to chiefs of service at those companies interested in adding or planning to add a PECC.
- ❖ Work together with the PECC's to develop a PECC program that does not overwhelm, but that compliments and empowers agencies to provide exceptional pediatric emergency care
- ❖ Reach out to those agencies without a PECC, and have an open dialogue to increase feasibility of having someone assist with our efforts

Pediatric Champions

Potential roles of this individual would include:

- ❖ Promotion of continuing education opportunities
- ❖ Ensuring availability of pediatric medication, equipment, and supplies
- ❖ Advocating for a pediatric perspective on any policies, protocols, or guidelines

Voiced concerns/barriers and potential solutions

- ❖ Budget - especially an issue in municipalities and union positions - continue to offer low to no cost training, short shift change skills checks or information sharing, reading a quick pediatric topic or tips at roll call and posting for later view.
- ❖ Small departments with few to no pediatric calls - offer education and assistance, reach out to neighboring PECC or agency for assistance.
- ❖ Volunteers - already giving so much of their time and talent. Work with these PECC's to ensure ease of program while maintaining national goals.

EMSC Resources

Supports and Resources EMSC can offer:

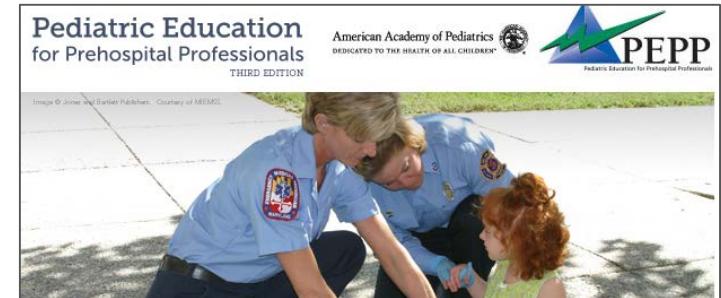
PEPP training/certification for all pediatric champions

Providing free, online continuing education in pediatric EMS care

PEPP simulation sessions

A pilot EMS neonatal resuscitation course – currently identifying 2 paramedics from each region to participate and act as a future educator/resource on this topic/skill

Assistance in coordinating speakers



Other resources

- Tip of the week
- Website
- Social Media
- Directory of hospitals
- Simulation train-the trainer
- Educational Resources
- QI Resources
- Equipment

Vital signs cards

Age	Weight(kg)	Pulse	Resp	Systolic BP*
Newborn	3	100-180	30-60	60-70
6 mos	7	100-160	30-60	70-80
1 yr	10	100-140	24-40	72-107
2	12	80-130	24-40	74-110
3	15	80-130	24-40	76-113
4	16	80-120	22-34	78-115
5	18	80-120	22-34	80-116
6	20	70-110	18-30	82-117
8	25	70-110	18-30	86-120
10	35	60-100	16-24	90-123
12	40	60-100	16-24	90-127
14	50	60-100	16-24	90-132
15+	55+	60-100	14-20	90-135



www.ctemsc.com

* BP in children is a late and unreliable indicator of shock

Age	Cuffed ET Size (mm) **	Isotonic Fluid Bolus	Maintenance (mL/hr)	Dextrose (ml of D10)	OG/NG (fr)	Foley Cath (fr)
Newborn	3.0	30	12	15	8	5-6
6 mos	3.5	140	28	35	8	5-6
1 yr	3.5	200	40	50	10	5-6
2	4.0	240	44	60	10	6
3	4.5	280	48	75	10	6
4	4.5	320	52	80	10-12	8-10
5	5.0	360	56	90	10-12	8-10
6	5.0	400	60	100	12-14	8-10
8	6.0	500	65	125	12-14	8-10
10	6.5	600-700	70-75	175	14-18	8-10
12	7.0	800	80	200	14-18	8-10
14	7.5	1000	90	250	14-18	10-12
15+	7.5-8.0	1000	90-100	300	14-18	10-12

** If no cuffed tubes go up 0.5 size, depth at lip 3X tube size, use cont end tidal to confirm



Are We Ready to Take Care of Children?



Pediatric Readiness Quality Collaborative

The EMSC Innovation and Improvement Center is spearheading a quality improvement effort, which will be ongoing for the next two years. The initiative will work towards ensuring that emergency departments have the appropriate resources and staff to be able to provide quality emergency care to children.

Orientation:
Host introductory meetings; compiling team profiles, stakeholder engagement, assessing ED's Pediatric Readiness

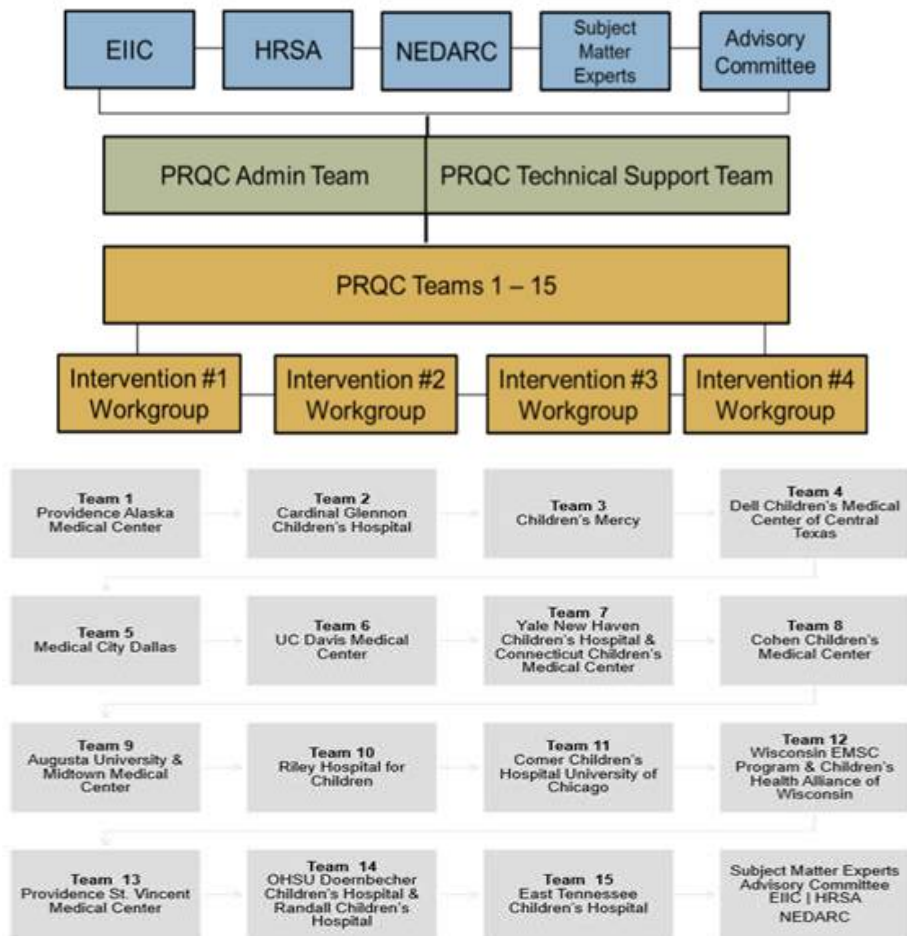
Mobilization:
Exposure to QI education, extensive education, convening local QI teams, developing plans for implementation, data collection and submission

Implementation:
Declare site-specific aims, roll-out interventions from targeted bundle, measure performance, provide feedback to care teams regarding progress.

Sustainability & Spread:
Locking in the progress that hospitals have made already and continually building upon it.

Actively disseminating best practice and knowledge about every available care setting.

PRQC Team Structure



TEAM SEVEN –

Trainers:

Dr. Mariann Nocera, Dr. Michael Goldman, Dr. Marc Auerbach, Victoria Barnes and Tom Martin.

Administrative Support:

Cristina Carusone-Biceglia

Sites:

State	Hospital Name	Role in PRQC
Connecticut	Connecticut Children's Medical Center	Training Site
Connecticut	Yale New Haven Children's Hospital	Training Site
Connecticut	Greenwich Hospital	Affiliate Site
Connecticut	Hospital of Central Connecticut	Affiliate Site
Connecticut	Saint Mary's Hospital	Affiliate Site
Connecticut	Saint Raphael Campus	Affiliate Site
Connecticut	Stamford Hospital	Affiliate Site
Connecticut	The Charlotte Hungerford Hospital	Affiliate Site
Vermont	Springfield Hospital	Affiliate Site