



3-2-1 Lift-off!

The Pediatric Readiness Quality Collaborative Launches!!

On January 30, 2018 the EMS for Children Innovation and Improvement Center (EIIC) launched its second national quality improvement collaborative, the **Pediatric Readiness Quality Collaborative (PRQC)**. Trainers from 18 training sites, subject matter experts, Emergency Medicine for Children (EMSC) state program managers, EMSC Program leaders, colleagues from the National EMSC Data Analysis Resource Center (NEDARC), the Health Resources and Services Administration (HRSA), and EIIC Collaborative Leaders participated in the event. The launch served as an opportunity for trainers and those leading and providing support to the PRQC to meet one another. The virtual session provided information on the EMSC Program, the National Pediatric Readiness Project (NPRP), the Collaborative design and reviewed the work calendar and important milestones teams would be working toward during the collaborative.

The PRQC is a two-year, grassroots initiative, focused on frontline providers in participating emergency departments. The collaborative will run through Dec. 2019. Fifteen teams consisting of 120 hospitals* will collaborate to improve their pediatric readiness and overall capacity to provide pediatric emergency care. Teams consist of a training site (Comprehensive Medical Center or Children’s Hospital) and a group of affiliate sites representing urban, suburban, rural and frontier emergency departments. The collaborative teams are geographically spread across the United States and include hospitals in each of the following states: AK, CA, CT, GA, IL, IN, MO, KS, NJ, NY, OR, TN, TX, VT, WA, and WI. Champions from the participating emergency departments will be provided resources, tools, quality improvement education, strategies, and metrics that will assist in improving pediatric readiness in their respective emergency departments. Participating facilities will work on any of four interventions based on gaps identified during the 2013 National Pediatric Readiness Assessment:

1. Developing a process that assures children are weighed and weight is recorded in kilograms;
2. Developing a notification process for abnormal vital signs;
3. Ensuring the presence of pediatric inter-facility transfer guidelines; and
4. Ensuring hospital disaster plans include pediatric-specific priorities.



The EMSC Program, the EMS for Children Innovation and Improvement Center and the National EMSC Data Analysis Resource Center are excited to work with and support a diverse group of emergency departments. We all look forward to collaborating to help ensure high quality pediatric emergency care is available to all of America’s children.

* A list of all participating facilities in the PRQC can be found at <https://emscimprovement.center/collaboratives/PRQuality-collaborative/about-PQRC/Part-hsop/>

February 22, 2018

IN THIS ISSUE

PRQC LAUNCH	1
MORE NEDARC RESOURCES AVAILABLE	2
REGIONAL PEDIATRIC TABLETOP EXERCISE	3
NEW ADDITIONS TO THE EMSC FAMILY	3
CSA Z1630 COMMUNITY PARAMEDICINE STANDARD AVAILABLE	4
UPDATE ON STATE PARTNERSHIP DOMAIN DIRECTOR	4
2018 MEETING	5
INNOVATION IN EMERGENCY CARE: MICHIGAN COLLABORATIVE	5

IN EVERY ISSUE

- ✓ SAVE THE DATES
- ✓ WELCOME TO EMSC
- ✓ EMSC PUBLICATIONS
- ✓ JOB OPPORTUNITIES
- ✓ SHARING GOOD RESOURCES

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EMSCInnovation@TexasChildrens.org
 (Web)

<http://EMSCImprovement.Center>

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Save the Dates!

The EIC website now has an [Events page](#) that includes a list of upcoming events and activities pertinent to the EMSC community. Please bookmark and visit often.

- Recording Now Available! ASPR TRACIE Webinar: Pediatric Issues in Disasters.**
On February 13, 2018, the first webinar of 2018 focused on pediatric issues in disasters was presented. A distinguished panel discussed how local, regional, state, and federal level entities are incorporating pediatric issues into their planning efforts. The PowerPoint, recording, and speaker bios are now available [HERE](#). Please enter your name and email address prior to accessing the recording. A redacted Q&A document will be posted when complete.
- Details for the **EMSC 2018 Meeting (April 30th – May 2nd) “Moving EMSC Forward: Championing Quality and Collaboration”** are complete. A tentative agenda, to assist in travel planning, is on the EIC website. Please bookmark this site <<https://emscimprovement.center/events/eiic-and-emsc-meetings/430-522018-emsc-2018-meeting/>>. Expected attendees are: State Partnership Managers, one FAN Representative per State Partnership and PRQC trainers. The site will continue to be updated with new information as it is available.
- The **Emergency Nurses Association** has launched a new **“Pediatric Readiness Improvement Award”** to recognize a nurse who has demonstrated *outstanding efforts to improve readiness in caring for children, as defined in the Guidelines for the Care of Children in the Emergency Department*. Nominees for the award must be ENA members. The application deadline is Monday, February 26, 2018. For more information, visit the ENA Awards web page: <https://www.ena.org/about/awards-recognition/achievement>
- The **EMS Agenda 2050** document will guide the direction of EMS in the US moving forward and regional meetings are an opportunity for stakeholders to participate in the process. As pediatric advocates for enhancing quality in EMS, please consider attending the final public meeting where attendees will meet and discuss the future of EMS with the project's Technical Expert Panel, a group of 10 individuals with wide-ranging and diverse experiences within EMS systems and healthcare organizations. The **final meeting will be held on March 1 in Dallas, TX. Pre-registration is required**. The second version of the Straw Man document is available [here](#).



Resources Available

Please be sure to watch for items of interest to the EMSC Community including **national projects, webinars, and opportunities to support EMS for Children** on the [EIC Facebook page](#) and [Twitter](#).

We use these channels to announce items on short notice.

The most recent edition of the **Assistant Secretary for Preparedness and Response (ASPR) Technical Resources | Assistance Center | Information Exchange (TRACIE)** newsletter, **The Exchange**, was recently released. This issue includes accounts from authors in the private sector and federal, regional, and local levels share lessons learned from their recent evacuation experiences related to the many natural disasters of the end of 2017.



EMSCPulse welcomes articles about people, programs, and initiatives related to emergency medical services for children. Sub Performance Measure Help & Tools to EMSCInnovation@TexasChildrens.org

NEDARC Produces More Resources

NEDARC continues to produce resources regarding EMSC Performance Measures. In early February, NEDARC released a video overview of EMSC Measure 03 (Use of Pediatric-Specific Equipment) featuring interviews from EMSC Program Managers Tom Winkler (formerly PA), Eric Hicken (NJ) and Morgan Scaggs (KY). Find that video and other Performance Measure resources on the [NEDARC Performance Measure Help & Tools page](#).



Addressing Children's Needs in Disasters: A Regional Pediatric Tabletop Exercise

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) recently collaborated to conduct two tabletop exercises. The 2016 Pediatric and Public Health Tabletop Exercise brought together state teams in five states within federal Region VI (Arkansas, Louisiana, Oklahoma, New Mexico, and Texas). The 2017 Pediatric and Public Health Virtual Tabletop Exercise (VTTX) connected exercise facilitators (at CDC offices in Atlanta) with state teams who met in state-specific locations using virtual meeting technology. The purpose of both exercises was to improve pediatric preparedness through increased communications and decision-making among pediatricians and public health professionals relevant to a public health emergency related to an infectious disease threat.

An article, published in the *Disaster Medicine and Public Health Preparedness Journal* titled, "[Addressing Children's Needs in Disasters: A Regional Pediatric Tabletop Exercise](#)" summarizes key results from the 2016 AAP/CDC Pediatric and Public Health Tabletop Exercise and encourages state-specific stakeholders to take action, such as to:

- **Partner in Advance.** It is important for each group (state teams) to work together and share experiences across states to discuss best practices.
- **Meet in Person.** Meeting face-to-face can help pediatricians and public health experts understand each other's assets and expertise.
- **Implement Strategies to Address Gaps.** Building partnerships between public health officials and pediatricians at the state and local level is important to identify gaps and strategies in operational planning for a pediatric-specific event.

Also see the AAP Pediatric and Public Health Tabletop Exercise [Web page](#). A 5-minute [video](#) is also available that highlights the 2017 Pediatric and Public Health Virtual Tabletop Exercise. An article summarizing this event is being prepared for potential publication as well. For more information, please contact the AAP by emailing bsmith@aap.org.

New Additions to the EMSC Family

Eddie Zamora Joins NEDARC



Eddie Zamora joined the NEDARC team in January 2018. He graduated from the University of California, Los Angeles with a Master of Public Health. Eddie has training in program planning and evaluation and has many years of experience supporting improved

pediatric patient care through family-centered and culturally appropriate approaches. He most recently served as an epidemiologist/program evaluator at the State of Utah supporting statewide efforts in diabetes and prediabetes. He will be working with NEDARC staff in providing technical assistance to the EMSC state partnership grantees. He is also a caregiver to a child with a medically complex condition.

Welcome Terry Fisher to the EIIC

The EMS for Children Innovation and Improvement Center (EIIC) is pleased to introduce Terry Fisher. Originally from Virginia, she worked as an insurance arson and fraud investigator traveling to disaster sites across the United States before marrying and settling down in Vermont. There

she recognized her passion in public health and worked toward her MPH in Public Health Leadership from the University of North Carolina-Chapel Hill. She has worked with the Global Health Council and managed a \$1M Gates Award for Global Health. Later, she managed the Palliative and Critical Care Sections at Dartmouth-Hitchcock Medical Center in New Hampshire before moving to Houston with her husband.



Terry was fortunate to survive being burned in effigy while working as an arson investigator. She has traveled extensively with notable individuals such as Melinda Gates, Koffi Anan, Robert Siegel, Michael Specter, Paula Zahn and Bill Foege and still loves to travel.

Terry will serve as the Executive Operations Director (assuming the EIIC primary contact role and many of the day to day administrative responsibilities from Project Coordinator, Krisanne Graves) and Project Specialist for the Disaster Preparedness & Recovery and Research Domains. She is excited to be returning to a post with more of a public health impact.

CSA Z1630 Community Paramedicine Standard Available (revised)

The Canadian Standards Association recently released their ANSI Community Paramedicine standard. CSA briefly made it available world-wide for free and accessible here:

<http://shop.csa.ca/en/canada/emergency-preparedness-and-management/z1630-17/inv/27041972017> They have now returned to the normal \$75 charge.

This is the first edition of the CSA Z1630, *Community Paramedicine: Framework for Program Development*. The Standard provides a framework for the planning, implementation and evaluation of a community paramedicine program. The Standard was developed to **provide guidance to understand the context, key considerations, and essential elements for community paramedicine program development**. The Standard provides a framework and a

systematic approach for paramedic services and their partners wishing to establish these programs.

This Standard includes the following elements of a program development framework:

- a. Guiding principles;
- b. Competency, education and training;
- c. Models of care; planning, including
 1. Identifying partners;
 2. Community and stakeholder engagement;
 3. Community needs and service gap assessment; and
 4. Communications;
- d. Implementation; and
- e. Evaluation and continuous improvement.

EMSC Articles of Interest

- [Access to High Pediatric-Readiness Emergency Care in the United States](#). *J Pediatr*. 2018.
- [Addressing Children's Needs in Disasters: A Regional Pediatric Tabletop Exercise](#). *Disaster medicine and public health preparedness*. 2018:1-5.
- [Implementation of a Prehospital Protocol Change for Asthmatic Children](#). *Prehosp Emerg Care*. 2018:1-9.
- [Improving Prehospital Protocol Adherence Using Bundled Educational Interventions](#). *Prehosp Emerg Care*. 2018:1-9.

Update on Part-time State Partnership Domain Director

The EIIC received several applications for the Part-Time State Partnership Domain Director discussed in last month's **EMSCPulse**. Panel interview scheduling is underway. The virtual interviews will take place in the coming weeks. The EIIC plans to select a candidate by March 1, 2018.



2018 Moving EMSC Forward: Championing Quality and Collaboration

Will be in Austin Texas, April 30 – May 2, 2018. Plan your travel now!

Travel Agenda is [posted](#). Topics and presenters are subject to change, but required attendees: State Partnership Manager, one FAN representative from each State Partnership, and PQRC trainers are required to attend.

Be sure to register for BOTH the meeting and the hotel.

Innovation in Emergency Care: The Michigan Emergency Department Improvement Collaborative

The Michigan Emergency Department Improvement Collaborative (MEDIC) advances the science & delivery of emergency care across the state of Michigan. It is an integrated adult and pediatric, emergency physician-led, hospital-based Collaborative Quality Initiative that yields improvements in the quality and cost-efficiency of emergency care in the state of Michigan (<http://www.medicqi.org>).



MEDIC encompasses the full spectrum of care across many types of emergency department settings, including general and children's emergency departments. It is dedicated to measuring, evaluating, & enhancing the quality and outcomes of patients seeking care in emergency departments and is the first in the Blue Cross Blue Shield of Michigan Value Partnerships Program (<http://www.valuepartnerships.com/about-us>) to include children.

There are currently 17 hospitals enrolled in the MEDIC network representing about 1.2 million ED visits annually or approximately 30% of all ED visits in Michigan. Data from all emergency department visits at participating hospitals are captured electronically in an all-payer, secure clinical registry. Additional data elements are collected by manual chart abstraction for specific quality initiatives.

MEDIC hosts regular consortium-wide meetings with clinical champions from each site to review measures of processes of care and patient outcomes, develop strategies to change care delivery, and implement best practices for quality improvement. The collaborative leverages participants' shared knowledge and experience with timely feedback on quality measure performance to improve the care of patients. Currently, MEDIC has established several initiatives for improvement of pediatric care including:

1. Computerized Axial Tomography (CT) scan utilization for adults & children with minor head injuries
2. Chest X-ray utilization for evaluation in the common respiratory illnesses of asthma, bronchiolitis, & croup
3. Computerized Axial Tomography (CT) scan overuse in children with headache not related to injury
4. Recording of weight in kilograms for all emergency department visits for children
5. Computerized Axial Tomography (CT) scan utilization to evaluate for suspected pulmonary embolism in adults
6. Computerized Axial Tomography (CT) scan overuse in adults with syncope
7. Program on Alternatives to Hospitalization (MEDIC-PATH). This initiative improves the quality and value of admission decisions by establishing care pathways from the emergency department that offer safe and more cost-effective alternatives to hospitalization.

Some early lessons learned include:

- About 12% of Computerized Axial Tomography (CT) scans performed on children with minor head injuries are overused.
- As high as 40% of all children with the diagnoses of asthma, bronchiolitis, and croup receive a chest x-ray in the emergency department, a rate that likely can be decreased.

About the Coordinating Center

Michigan Medicine serves as the coordinating center for MEDIC. We are responsible for collecting and analyzing comprehensive clinical data from participating hospitals analyzing data to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The coordinating center supports participants in establishing quality improvement goals and assists them in implementing best practices.



Keith Kocher, MD, MPH, serves as project director.



Michele Nypaver, serves as project co-director for pediatrics.

New Infographic - EMS Providers: How to Stay Safe on the Job

EMS providers are critical to public health and safety. They are also at high risk for injuries at work, especially sprains, strains, falls, and exposures to body fluids. The National Institute for Occupational Safety and Health (NIOSH) just released an [infographic](#) that aims to prevent these kinds of injuries and exposures to protect EMS providers, so they can help keep the public safe.



Why does your safety matter?

As an EMS provider, you are critical to public health and safety. You are also at high risk for injuries and exposures at work. **More than 22,000 EMS providers visited emergency departments each year for all types of work-related injuries from 2010-2014.***



! You are most at risk for:

✓ Protect yourself:



Sprains and strains

Practice safe lifting. Use equipment, ask for help, and use good body mechanics.



Exposures to blood and body fluids

Use personal protective equipment (PPE) and follow standard precautions.



Falls

Wear slip-resistant footwear, don't rush, and choose the best walkways.



*Reichard et al. (2017). Occupational injuries and exposures among emergency medical services workers. Prehospital Emergency Care.



Access EMS injury data and prevention resources:
www.cdc.gov/niosh/topics/ems



Learn about Federal initiatives related to EMS: www.ems.gov