VERMONT
DEPARTMENT OF HEALTH

Always Ready for Children

Hospital Pediatric Recognition Program

The Always Ready for Children program is a Vermont and regional collaborative project that is part of the National Pediatric Readiness Project. This free, voluntary initiative is to empower all emergency departments to provide effective emergency care to children. The project is led by the federally funded Emergency Medical Services for Children (EMSC) Program in partnership with:

- The American Academy of Pediatrics (AAP)
- The American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)
- Health Resources and Services Administration (HRSA)
- The EMSC Innovation and Improvement Center (EIIC)

Research shows that high pediatric readiness – or having pediatric champions, policies, equipment, resources, and competencies required to provide effective pediatric emergency care – is associated with a **four-fold lower** rate of mortality in children.

Vermont hospitals interested in participating meet with the Vermont EMS for Children team to discuss their hospital's pediatric-specific policies, procedures, equipment, and supplies. During this initial meeting and with the assistance from the VT EMSC team, hospitals then complete the National Pediatric Readiness Project assessment through the EMSC Innovation and Improvement Center to gauge their hospital's ED capability to provide high-quality care for children based on their adherence to the latest national guidelines on pediatric emergency care.

Hospitals immediately receive their pediatric readiness score following completion of the survey, and with the VT EMSC team's help, can make small changes or editions in equipment, policies, or personnel to improve their readiness.

Hospitals are publicly recognized with an award ceremony and plaque highlighting their pediatric readiness category based on the score from the national assessment:

Readiness Categories:

- Engaged = any score
- Ready = ≥ 70 points
- Innovator = ≥ 80 points

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EMSC State Partnership Program

Suggestions for Hospitals to be "Pediatric Ready"

The following are strategies to assist hospitals in being "pediatric ready".[1]

Pediatric Emergency Care Coordinator

- A PECC is a "pediatric champion" - someone familiar with their organization, like an emergency department director, nurse manager, or anyone with a passion for children - that has a desire to serve as a PECC. They advocate and coordinate pediatric injury prevention activities and education for their agencies and are a liaison between the State EMS for Children Program and their organization.

- We suggest that hospital emergency department PECCs consist of at least one nurse PECC and one physician PECC who can work collaboratively to address pediatric care concerns. However, creating even one of these roles will go a long way towards improving pediatric care. In addition, a physician assistant or advanced practice registered nurse from your ED might also be considered for these roles.

- Some of the initiatives PECCs work on include:
    - Pediatric disaster planning.
    - Compliance with pediatric clinical guidelines and protocols.
    - Pediatric equipment/resource availability.
    - Promotion and provision of pediatric-specific education.
    - Promotion of family-centered care.
    - Pediatric QA/QI projects.
    - Implementation of evidence-based pediatric guidelines.
    - Advocacy for pediatric inclusion in organizational policies.

Competencies for Emergency Department Health Care Providers

- Health care providers (physicians, advanced practice providers, nurses, etc.) should have the necessary skills, knowledge, and training in the emergency evaluation and treatment of children, consistent with the services provided by the hospital.

- Regular competency evaluations, achieved through direct observation, chart reviews, hands-on skills demonstrations, and/or written competency tests, should be part of a credentialing program for all ED clinical staff. Competencies should be age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs.

Quality Improvement / Performance Improvement in the Emergency Department

- A pediatric patient care review process should be integrated into the QI/PI plan of the ED and should include pediatric-specific indicators.
- Pediatric clinical-competency evaluations should be developed as a part of the local credentialing process for all licensed ED staff (e.g., sedation and analgesia, airway management. Competencies should be age specific and include those for neonates, infants, children, adolescents, and children with special health care needs.
- Mechanisms should be in place to monitor professional performance, credentialing, continuing education, and clinical competencies, including integration of findings from QI audits and case reviews.

Policies, Procedures, and Protocols of Emergency Departments

- Hospitals should have policies, procedures, and protocols for the emergency care of children and staff should be educated accordingly. They should be monitored for compliance and updated as needed. These resources should include, but are not limited to, the following:
  - Illness and injury triage.
  - Pediatric assessment and reassessment.
  - Documentation of pediatric vital signs, abnormal vital signs, and actions to be taken for abnormal vital signs.
  - Immunization assessment and management of the under immunized patient.
  - Sedation and analgesia for procedures.
  - Consent.
  - A plan that minimizes patient separation and includes system tracking of pediatric patients, allowing for the timely reunification of separated children from their families.
  - Access to specific medical and mental health therapies and social services during a disaster.
  - Disaster drills, which should include a pediatric mass casualty event.
  - Care of children with special health care needs.
  - Evacuation of pediatric units and specialty units.
  - Pediatric transport plans.
  - Death notification.
  - Telehealth and telecommunications.

Patient and Medication Safety in the Emergency Department

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

- Children should be weight in kilograms, with the exception of children who require emergent stabilization, and the weight should be recorded in a prominent place on the medical record, such as with the vital signs.
  - For children who require resuscitation or emergency stabilization, a standard method for estimating weight in kilograms should be used (length-based system).
- Infants and children should have a full set of vital signs recorded to include temperature, heart rate, and respiratory rate. Blood pressure and pulse oximetry monitoring should be available for children of all ages on the basis of illness and injury severity.
- A process should exist for identifying abnormal vital signs according to the age of the patient and for notifying the physician of the abnormal vital signs.
- Processes for safe medication storage, prescribing, and delivery should be established.
- Policies for the timely 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.
- Infection control practices should be implemented and monitored.
- Pediatric emergency services should be culturally and linguistically appropriate.
- The ED should provide an environment that is safe for children and supports patient- and family-centered care.
- Patient-identification policies, consistent with the Joint Commission national patient safety goals, should be implemented and monitored.

Support Services for Emergency Departments

- Assist with the development, integration, and regular review of support services for the ED and other partnering departments within the hospital, such as:
  - 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.
  - 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.

Equipment, Supplies, and Medication Guidelines for Emergency Departments

- Pediatric equipment, supplies, and medications should be appropriate for children of all ages and sizes and should be easily accessible, clearly labeled, and safely and logically organized.

- Resuscitation equipment and supplies should be located in the ED. A mobile pediatric crash cart is strongly recommended.
- ED staff should be appropriately educated on the location of all items.
- Each ED should have a method of daily verification of proper location and function of equipment and supplies.
- Medication chart, length-based tape, medical software, or other systems should be readily available to ED staff to ensure proper sizing of resuscitation equipment and proper dosing of medications.

References:

1. American Academy of Pediatrics, Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee. Joint Policy Statement—Guidelines for Care of Children in the Emergency Department. *Pediatrics* (2009) 124 (4): 1233–1243. Retrieved from https://publications.aap.org/pediatrics/article/124/4/1233/71861/Joint-Policy-Statement-Guidelines-for-Care-of