7.h. GETAC Pediatric Committee

Chair: Christi Thornhill, DNP

Vice-Chair: Belinda Waters, RN

Pediatric Committee

2024 Committee Priority Outcomes

Priority Not Implemented
Priority Activities Recorded
Priority Completed and Monitored

Committee Priorities	Outcomes	Status
Research Sudden Cardiac Arrests/Deaths (SCA/SCD) in pediatrics and ECG opt-out vs opt-in for sports physicals	1. Tabitha Selvester has started research and will be leading this workgroup. 2. Workgroup has held several meetings. 3. Working on a resource toolkit for website	
Pediatric Committee continues to work with the Stroke Committee to develop pediatric stroke guidelines.	1. Reviewing children's hospitals pediatric stroke protocols and reviewing evidence based practice guidelines. 2. Development of a pediatric stroke guideline	
Pediatric Committee continues to collaborate for 2 workgroups (pediatric concussion/head injury and magnet/battery ingestion).	1. Development of pediatric concussion/head injury toolkit 2. Development of pediatric magnet/battery ingestion toolkit.	

Action Item Request and Purpose

- Please provide a **single**, clear and concise statement defining your action item request:
  - Request the 6 simulations approved by the Pediatric Committee be approved by the GETAC Executive Council
  - Requests that the simulation cases are posted to the DSHS website following final formatting.
  - Request that the Head Injury/Concussion Toolkit approved by the Pediatric Committee be approved by the GETAC Council and posted to the DSHS website.
- In **one** clear and concise statement, please explain the purpose for this request:
  - To move forward with publication of pediatric simulation cases
  - To move forward with publication and dissemination of the Head Injury/Concussion Toolkit

Benefit and Timeline

- What is the intended impact or benefit resulting from this request? Please provide a clear and concise response in a single statement.
  - Improving pediatric outcomes through the utilization of pediatric simulation in designated trauma centers in Texas.
  - Creating an educational and resource toolkit for parents, schools, and athletic programs regarding head injuries and concussions.

- Please provide the timeline or relevant deadlines for this request.
  - November 2024

7.h.A. Action Item: Head Injury/Concussion Toolkit

7.h.B. Update: TX Pediatric Readiness Improvement Project

Pediatric Readiness Improvement Project TEXAS

Texas Pediatric Readiness Improvement Project Update

GETAC November 2024

Texas Pediatric Readiness Project

Project Arms:

- Pediatric virtual education series
- 12 standardized pediatric trauma simulations
- Regional pediatric emergency care champions within each of 22 trauma service regions
- Pediatric QI performance measures and dashboards to drive pediatric QI efforts

Supported by:

- Governor's EMS and Trauma Advisory Council
- Texas EMS for Children
- Texas Emergency Nurses Association
- Texas Trauma Coordinators Forum
- Texas EMS and Trauma Acute Care Foundation
- National Pediatric Readiness Quality Initiative

ED Pediatric Readiness Improvement Education Series

- 1-hour virtual sessions held 3rd Thursday every month @7am
- Pediatric-specific topics
- Highlight evidence-based practices and resources for adoption
  - Applicable simulation exercises offered
  - Emphasis on evaluating ED performance using NPRQI platform

- January 18
- February 15
- March 21
- April 18
- May 16
- June 20
- July 18
- August 15
- September 19
- October 17
- November 21
- December 19
- January 16, 2025
- February 20, 2025

Scan to Register

Data from sessions 1-10

Education Series Stats

Session	Topic	Registrants	Webinar Attendees (unique viewers)	CE Awarded
Session 1	Overview of the Texas Pediatric Readiness Improvement Initiative	404	227	247
Session 2	ESI/Pediatric Assessment and Triage	993	351	311
Session 3	Respiratory Distress	1238	312	262
Session 4	Traumatic Brain Injury	1341	312	210
Session 5	Non-Accidental Trauma (Child Maltreatment)	1404	259	183
Session 6	Long-bone Fractures and Pain Management	1468	270	208
Session 7	Pediatric Ingestions	1488	236	212
Session 8	Shock Recognition and Management	1528	240	175
Session 9	Neonatal Resuscitation	1567	219	158
Session 10	Pediatric Resources for EDs	1590	141	N/A

IMPACT on TEXAS HOSPITALS

Find My Regional PECC

https://txena.org/wp-content/uploads/2024/08/Texas-R-PECC-Directory-rev-8.15.24.pdf

- Regional Pediatric Emergency Care Coordinators
  - 30 R-PECCs in 22 RACs
- Hospitals across the State with significant contacts
  - 238 in 22 RACs. All have agreed they are open to Pediatric Readiness.
- Simulations conducted in Emergency Departments
  - 692 sims in 21 RACs (all but 1 RAC has conducted sims)
- Number of staff participants in simulation scenarios
  - **2,649+ people in 21 RACs since early February**.

Texas Pediatric Readiness Project

Evaluation Summary Metrics

Sessions 1 – Sessions 9

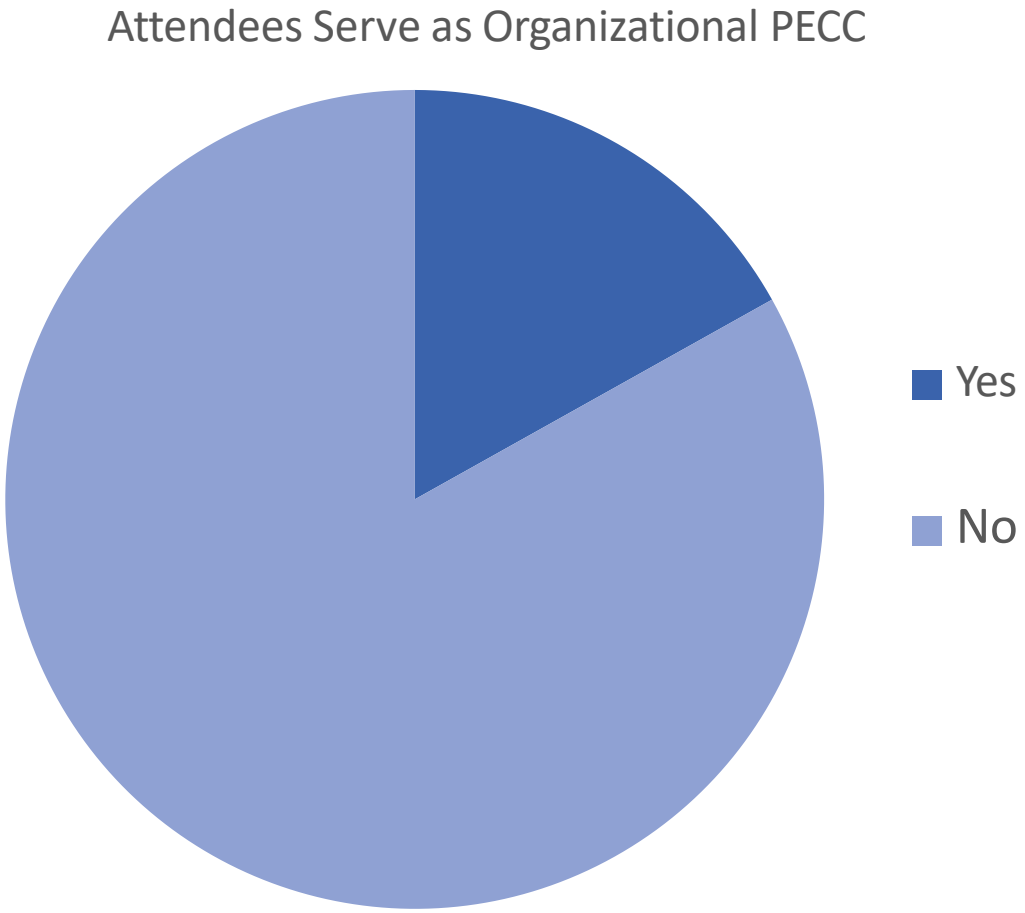
TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

Texas Perinatal Services
A Program of the Texas EMS Trauma & Acute Care Foundation

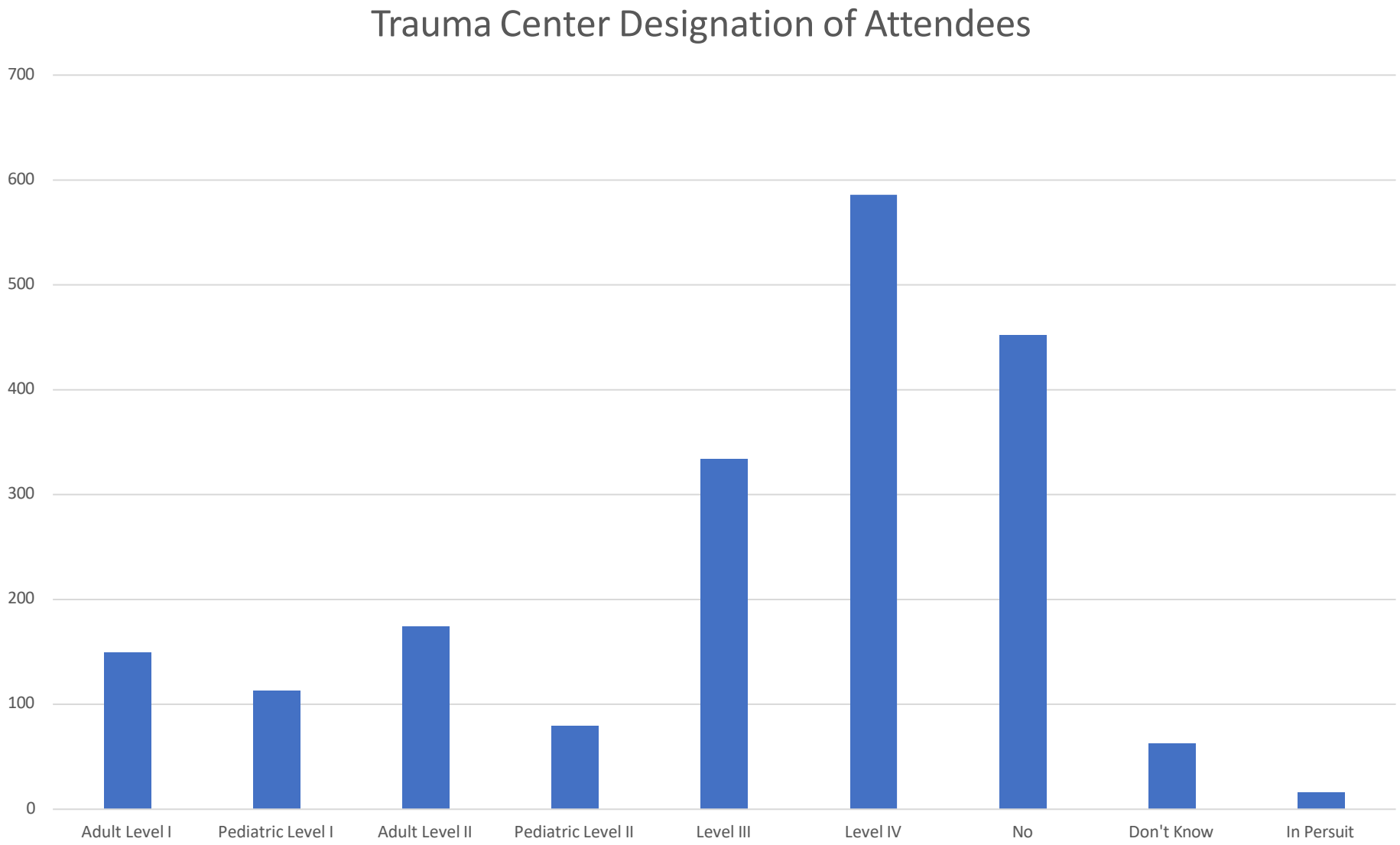
Continuing Professional Development: Summary

	Topic	NCPD Attendance	Average Evaluation Score
Session 1	Pediatric Readiness Initiative	247	4.72
Session 2	Triage & ESI	311	4.80
Session 3	Respiratory	262	4.71
Session 4	TBI	210	4.76
Session 5	Child Maltreatment	183	4.90
Session 6	Long Bone Fractures	208	4.86
Session 7	Ingestions	212	4.84
Session 8	Shock	175	4.82
Session 9	Newborn Resuscitation	158	4.81
Total Continuing Professional Development Hours Awarded		**1966**	**4.80**

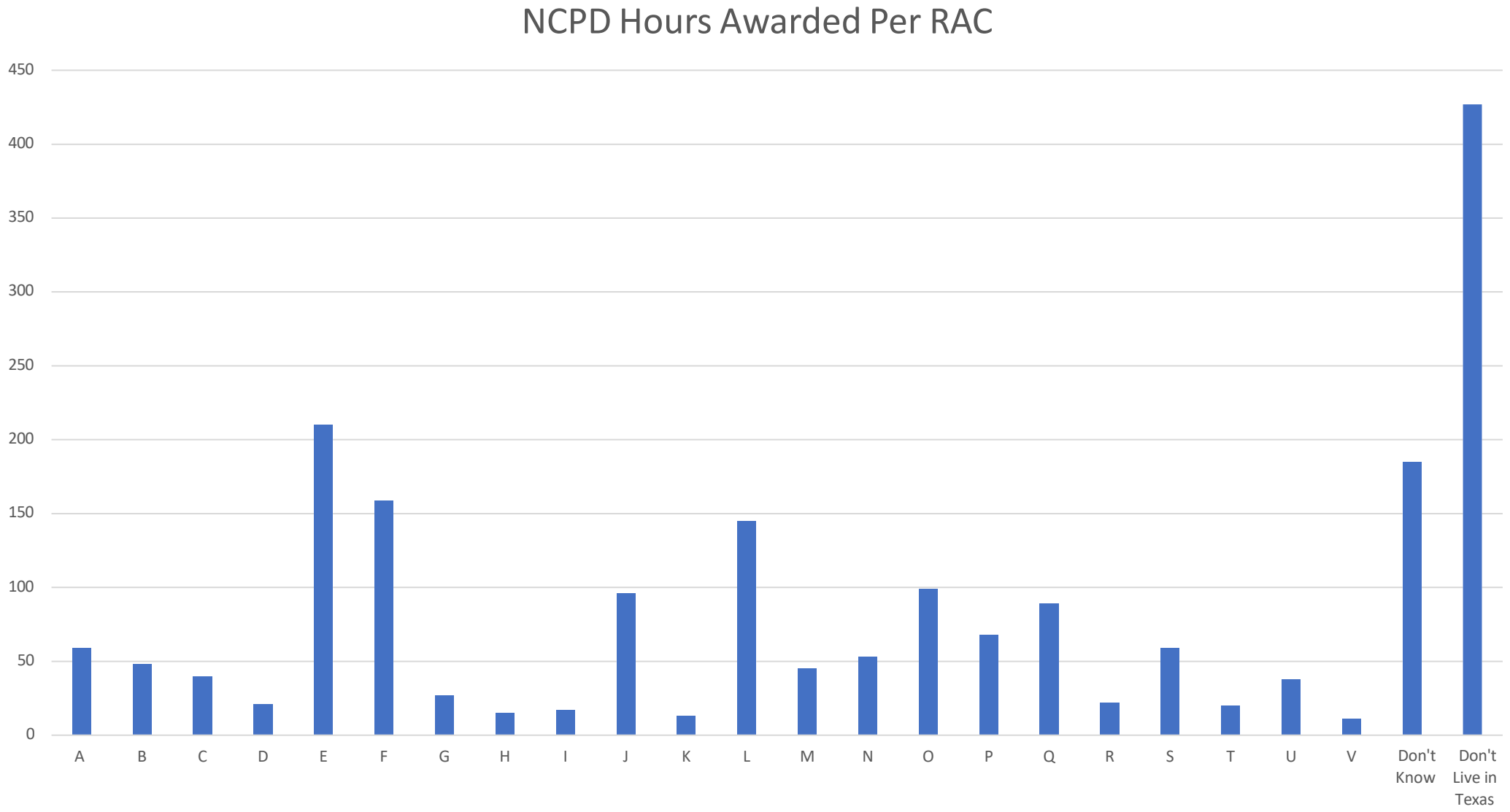
Continuing Professional Development: Summary



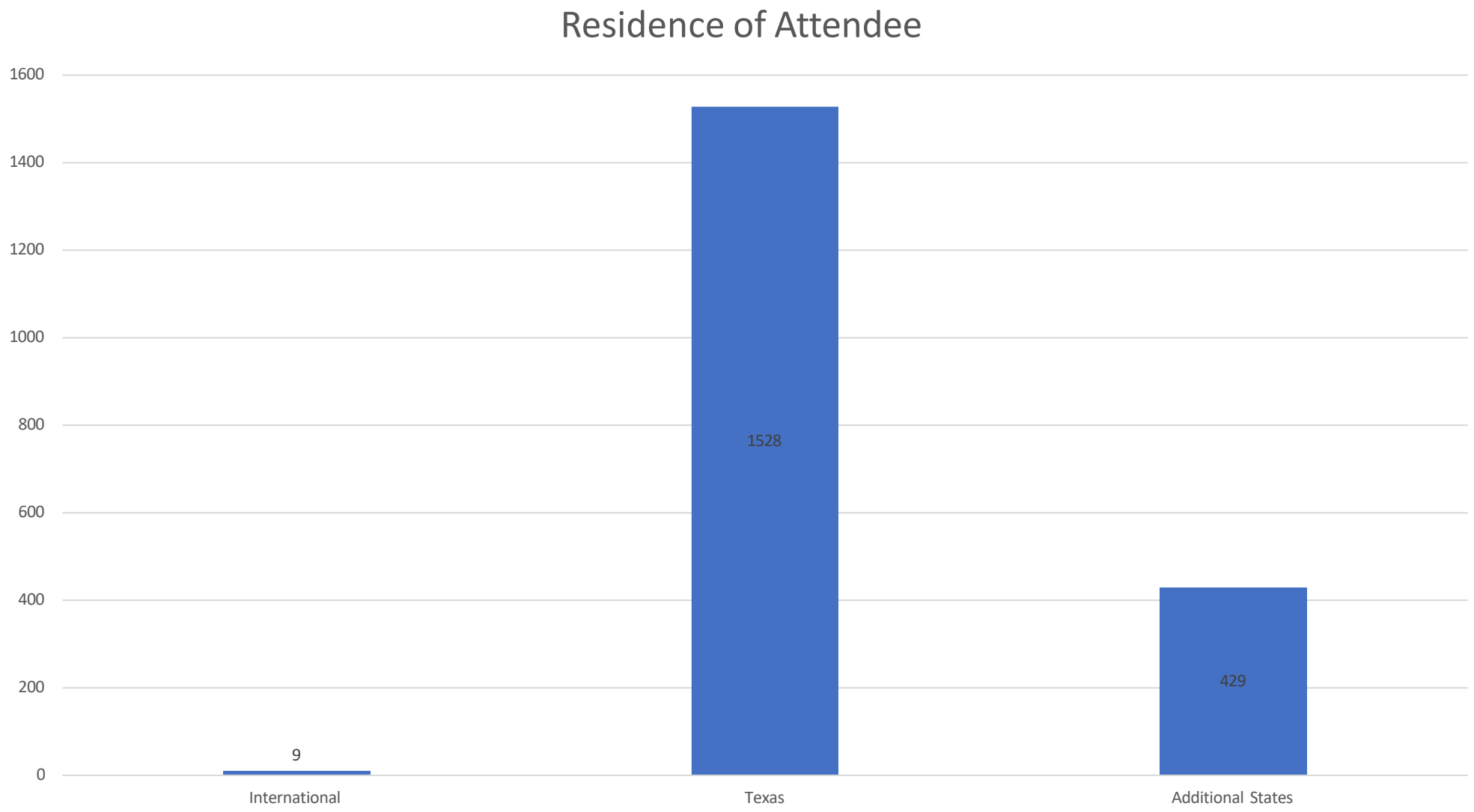
Continuing Professional Development: Summary



Continuing Professional Development: Summary



Continuing Professional Development: Summary

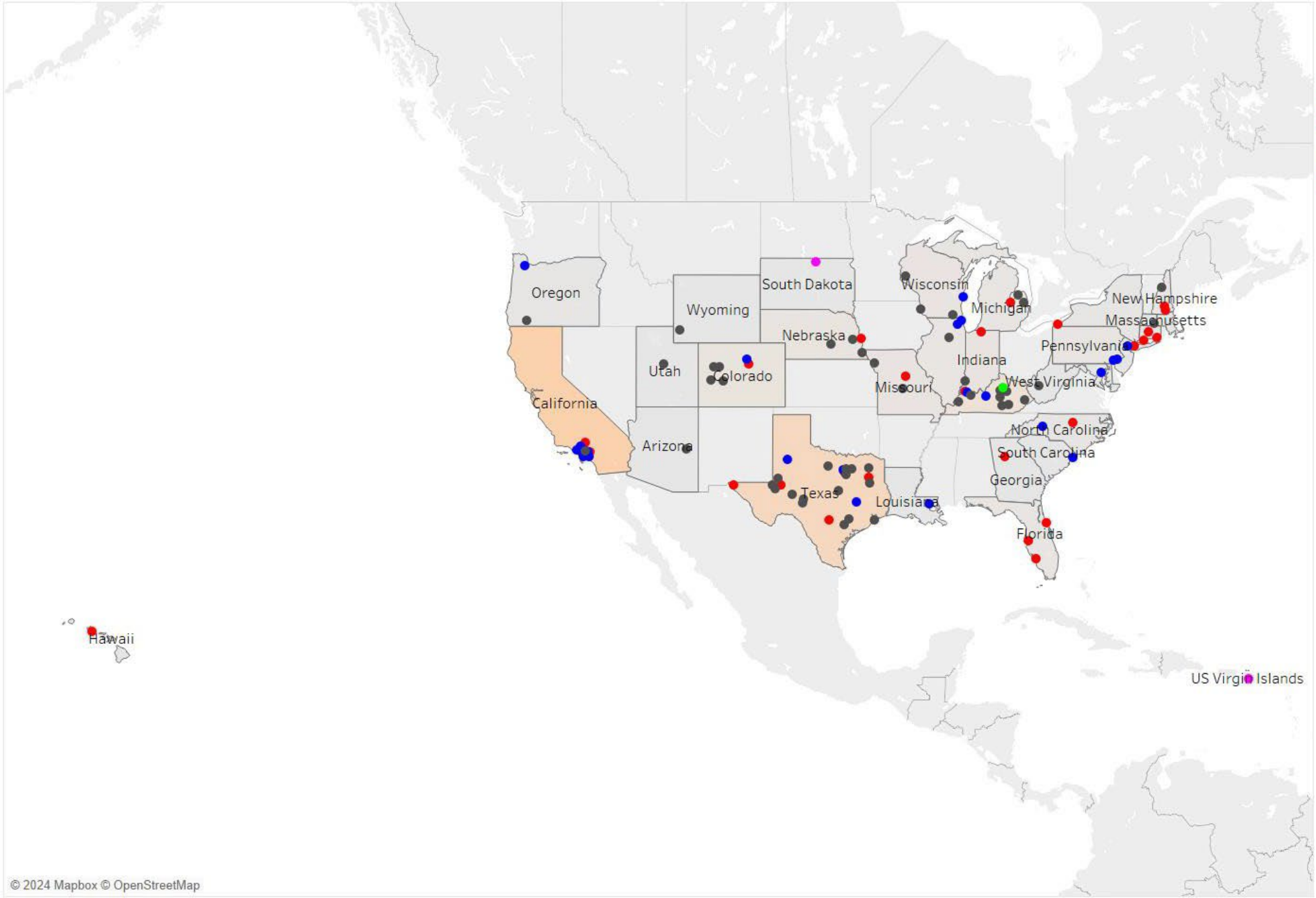


National PRQI

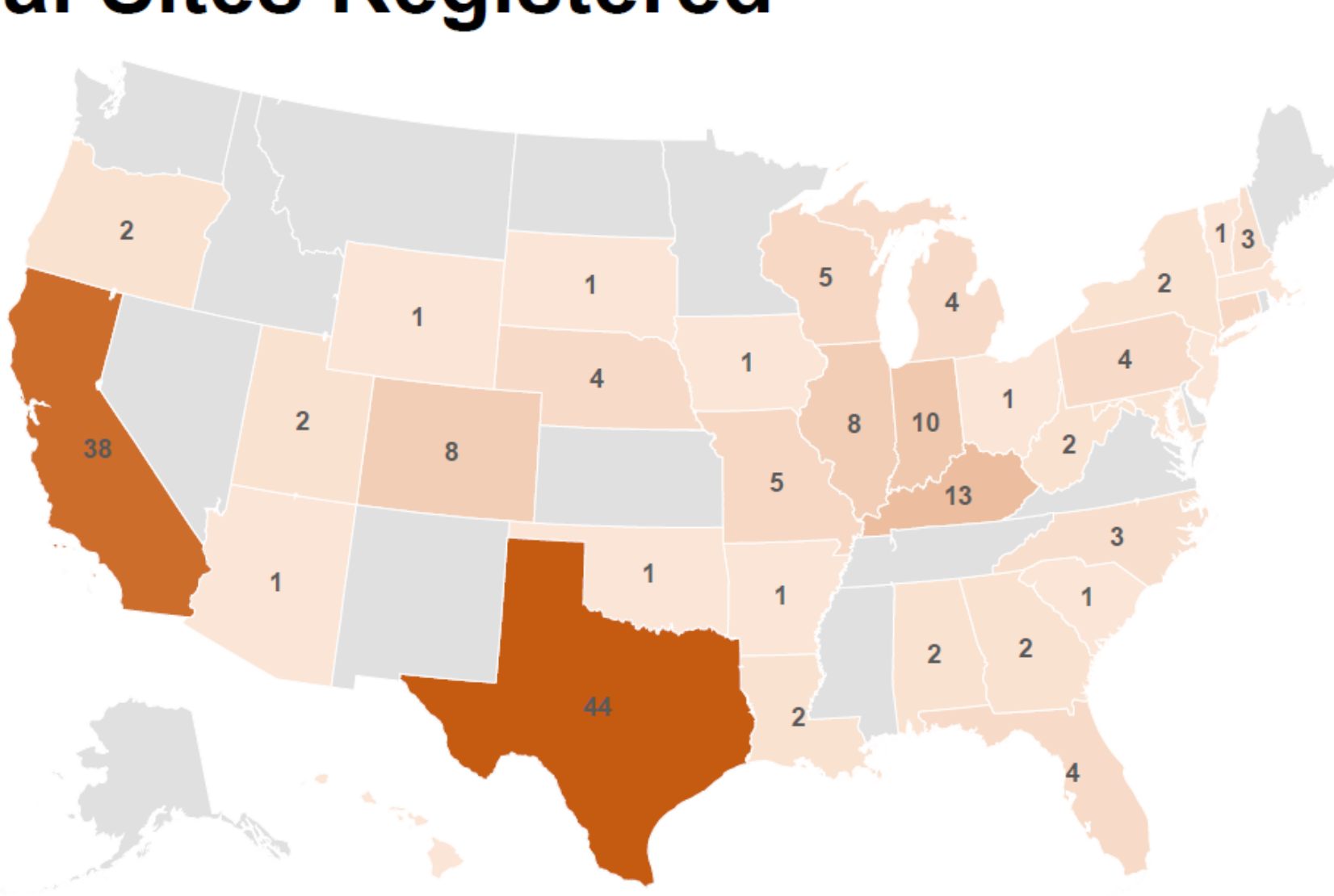
Pediatric Readiness Quality Initiative

Measure • Reflect • Improve

NPRQI Update


Distinct count of Clms Id
1
36
Geographic Location
None of these apply
Remote
Rural
Suburban
Urban
Oregon
Wyoming
South Dakota
Wisconsin
Michigan
New Hampshire
Massachusetts
Nebraska
Pennsylvania
Indiana
Utah
Colorado
Missouri
West Virginia
California
North Carolina
Arizona
South Carolina
Georgia
Texas
Louisiana
Florida
Hawaii
US Virgin Islands
© 2024 Mapbox © OpenStreetMap

National Sites Registered



National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Data from PRQC

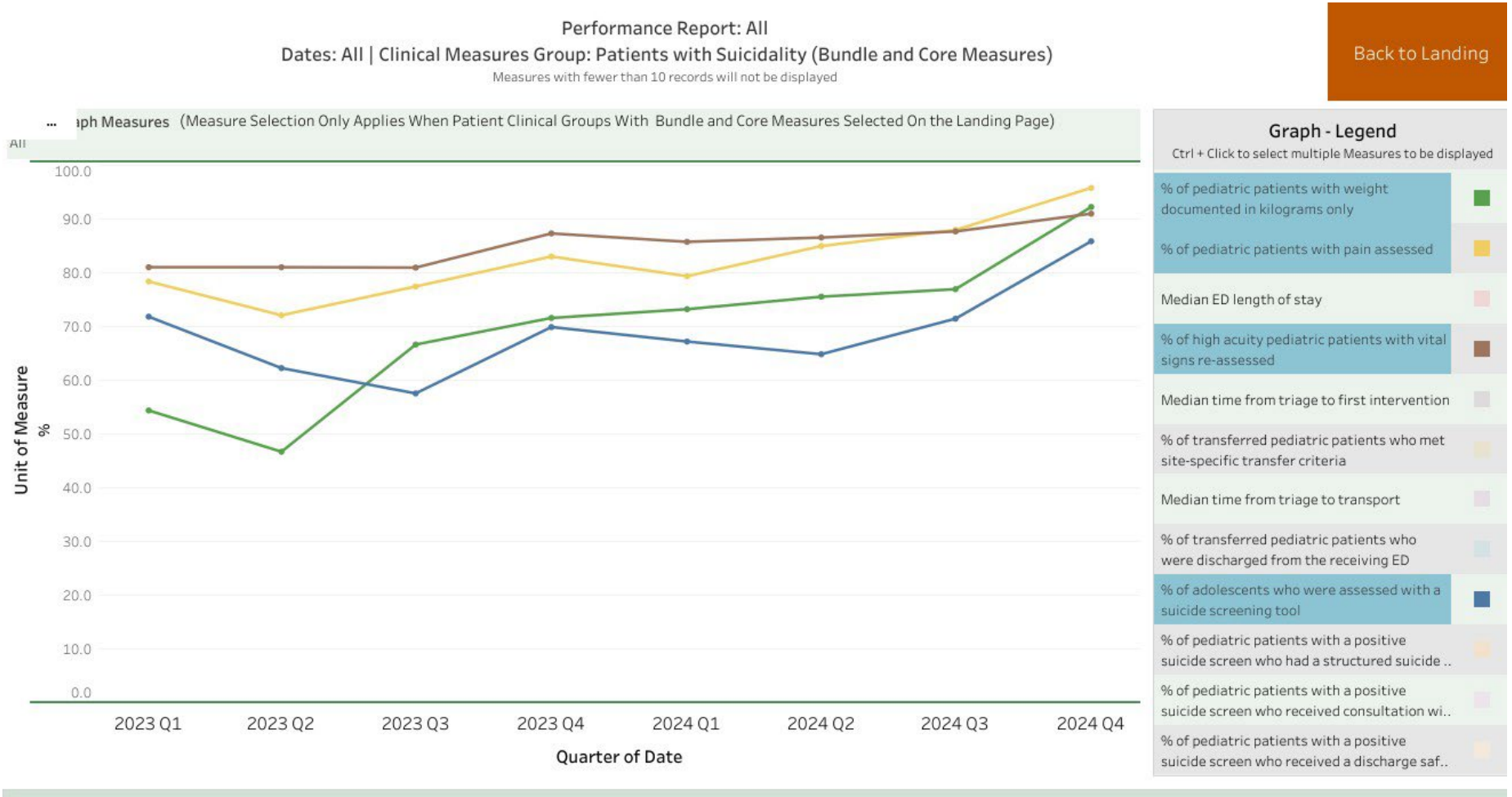
National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Patient Safety

Abnormal Vital Signs

Pain Assessment

Suicidality



National PRQI

Pediatric Readiness Quality Initiative

Measure • Reflect • Improve

Texas Sites Profiles

Participating Texas Sites

National PRQI
Pediatric Readiness Quality Initiative
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B-B
University Medical Center

C-North Texas
Graham Hospital District

E- North Central Texas
Baylor All Saints Medical Center at Fort Worth
Medical City ER Saginaw
Methodist Richardson Medical Center
Methodist Southlake Hospital
Texas Health Hospital Mansfield

G-Piney Woods
Christus Mother Frances Hospital - Jacksonville
Christus Mother Frances Hospital - Tyler
Christus Mother Frances Hospital - Winnsboro

I-Border
El Paso Children's Hospital
University Medical Center of El Paso

J-Texas
Medical Center Health System
Permian Regional Medical Center
Ward Memorial Hospital
Winkler County Memorial Hospital

K-Concho Valley
Lillian M. Hudspeth Memorial Hospital
Reagan Hospital District
Schleicher County Medical Center

L-Central Texas
Coryell Memorial Hospital

Sites with executed POAs as of November 14, 2024

Participating Texas Sites

National PRQI
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N-Brazos Valley
Baylor Scott and White Medical Center - College Station

P-Southwest Texas
Christus Children's

R-East Texas Gulf Coast
HCA Houston Healthcare Mainland

S-Golden Crescent
Lavaca Medical Center
Cuero Regional Hospital

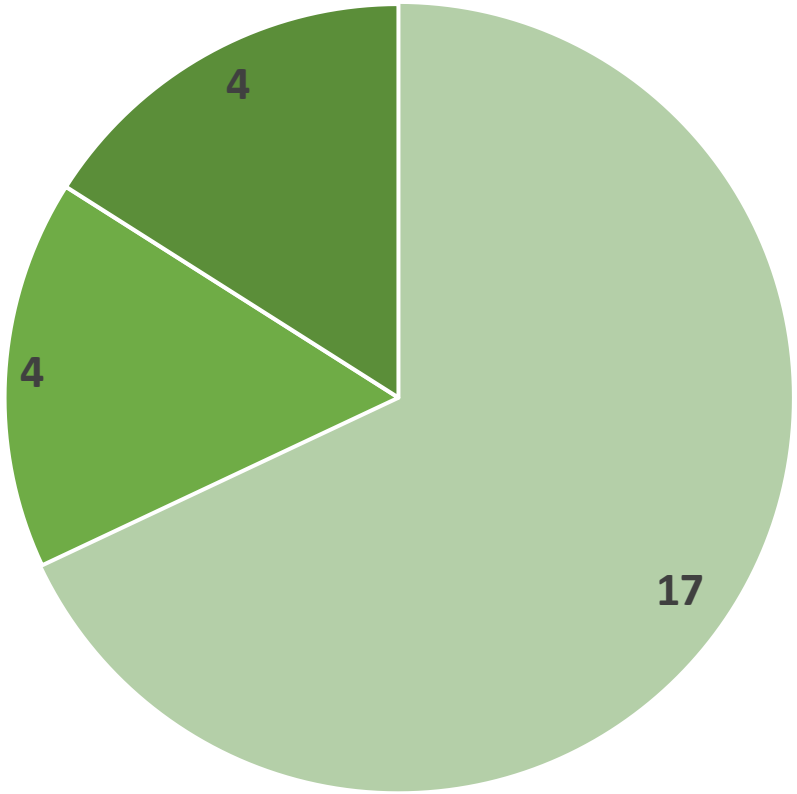
Sites with executed POAs as of November 14, 2024

Clarification on Chart Requirement for NPRQI

NPRQI Data Collection Targets	
Initial Data Entry	To ensure confidentiality of the first set of patient encounters entered into the platform, a **minimum of 10 patient charts must be submitted** before performance will be displayed on dashboards.
Baseline Performance Data Entry	For a realistic view of the ED's baseline performance, a **minimum of 30 patient encounters should be entered in the platform.** This allows for 3 data points that reflect baseline performance. These may be entered over a few days, weeks, months, or quarter depending on patient volume and the ED team's bandwidth.
Ongoing Data Entry	To **maximize the benefits** of the NPRQI platform, **patient charts should be entered at regular intervals**, based on the ED team's bandwidth and patient volume. Each ED has sole discretion when deciding which patients should be selected for data entry and which metrics should be targeted for improvement efforts. It is recommended that ED's consider pulling every 5th, 10th, 20th or other scheduled frequency for patient chart selection.

Note: NPRQI offers office hours to participating EDs regarding data sampling strategies, getting started with data entry, and data interpretation.

Texas Sites
Annual Pediatric Volume



Texas Sites Specialty Center Status

National PRQI
Pediatric Readiness Quality Initiative
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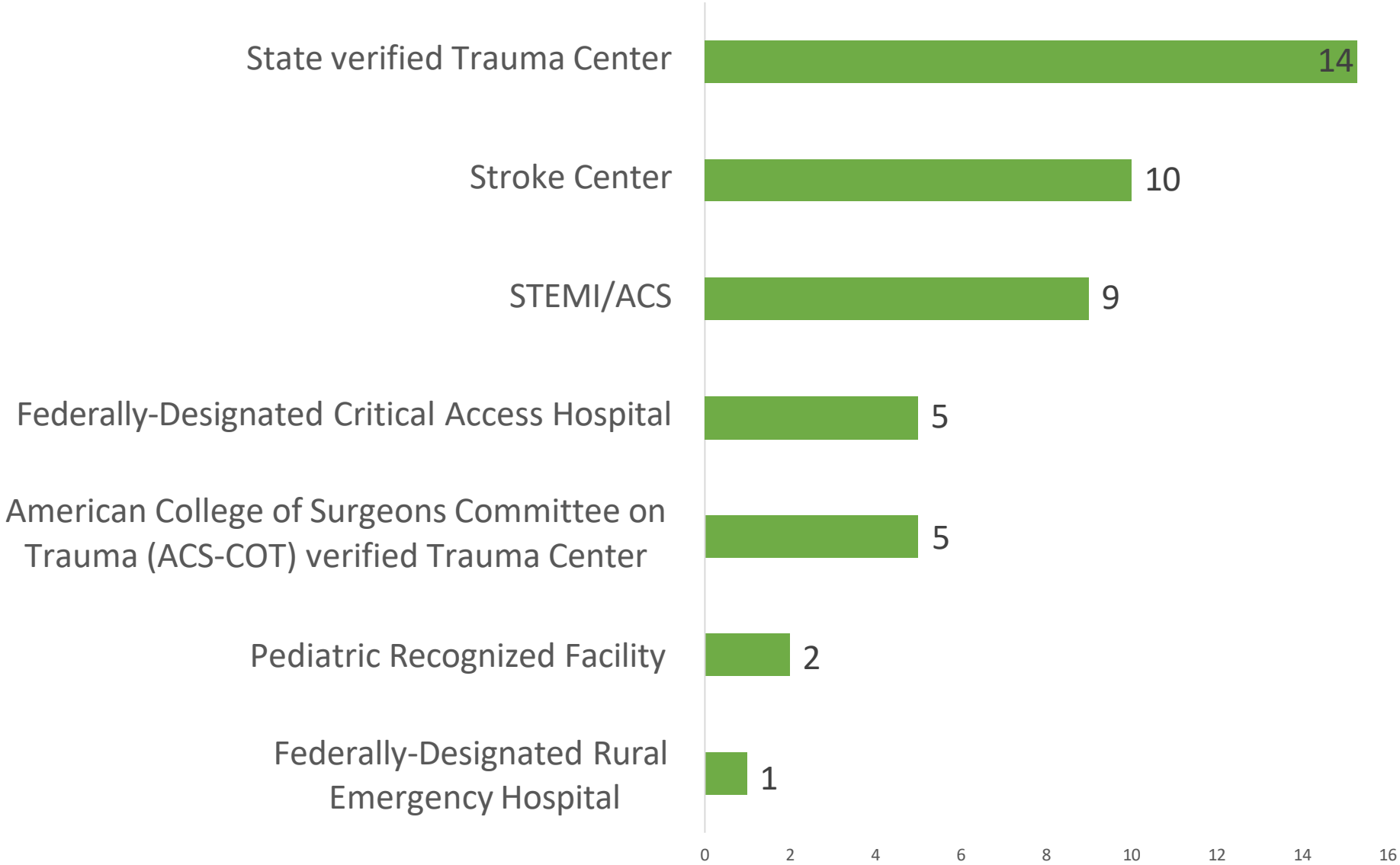


Performance Groupings

National PRQI

Pediatric Readiness Quality Initiative

Measure • Reflect • Improve

EDs and Hospitals

Healthcare Networks

Trauma Service Areas

State/ National Aggregate

RAC Dashboard

NPRQI Regional Reporting Dashboard

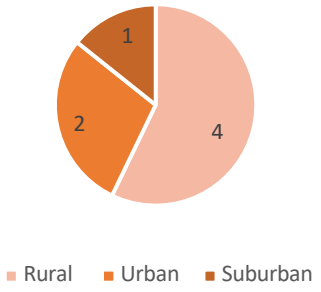
State: Texas | Region: *
7 Sites / 467 Records

Make your selections from the green filter bar, and Click "GO" to return your report

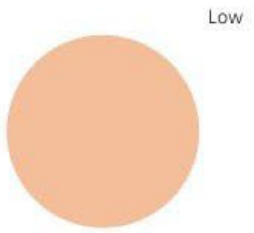
Year	Quarter	Region	Results View	Patient Clinical Group
Select all that apply	Limit the # of Quarters by selecting Year(s) first			
All	None	All	Table	All Patients (Core Measures)

GO

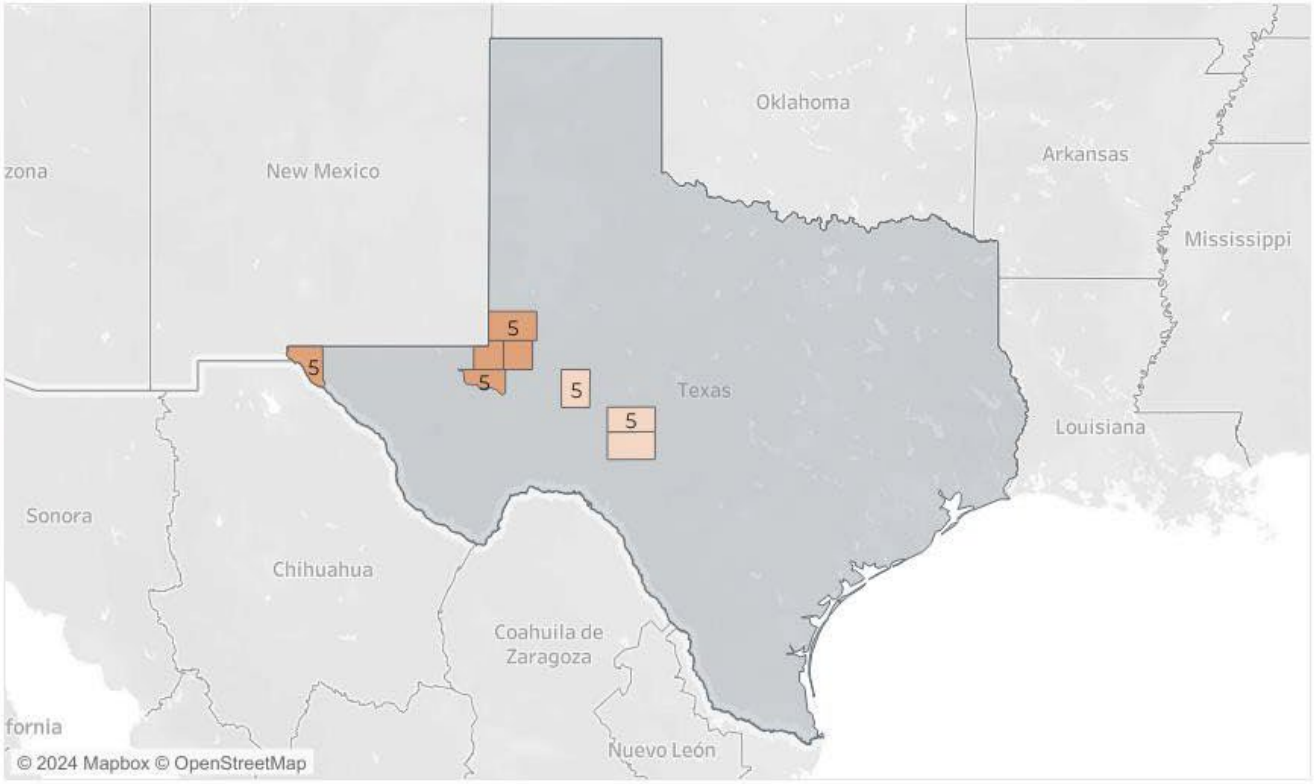
Region I, J, K Sites by Geographic Category



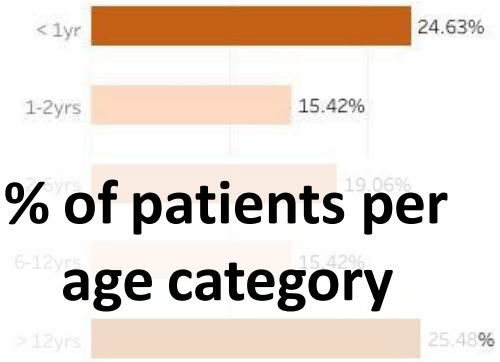
Region I, J, K Sites by Patient Volume



Participation in the National Pediatric Readiness Quality Initative

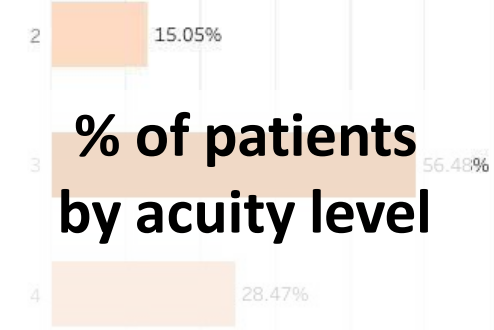


Region I, J, K Patients by Age Category



% of patients per age category

Region I, J, K Patients by Triage Level



% of patients by acuity level

The NPRQI is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Additional funding is provided by the Toyota Way Forward Fund.

Last Dataset Refresh:
11/15/2024 9:54:59 AM
Last Patient Included:
11/13/2024

Site-level dashboard

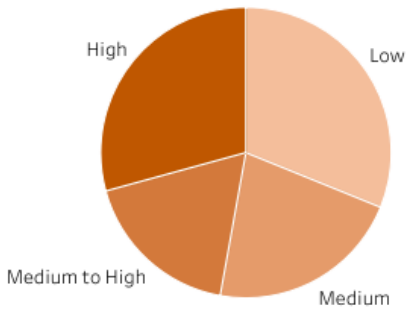
NPRQI Reporting Dashboard
106 Sites / 15,267 Records

Make your selections from the green filter bar, and Click "GO" to return your report

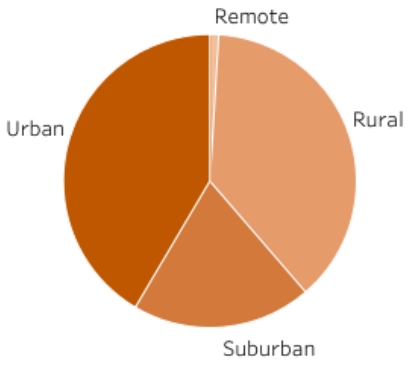
Year	Quarter	Site	Results View	Patient Clinical Group
Select all that apply	Limit the # of Quarters by selecting Year(s) first			
All	All	All	Table	All Patients (Core Measures)

GO

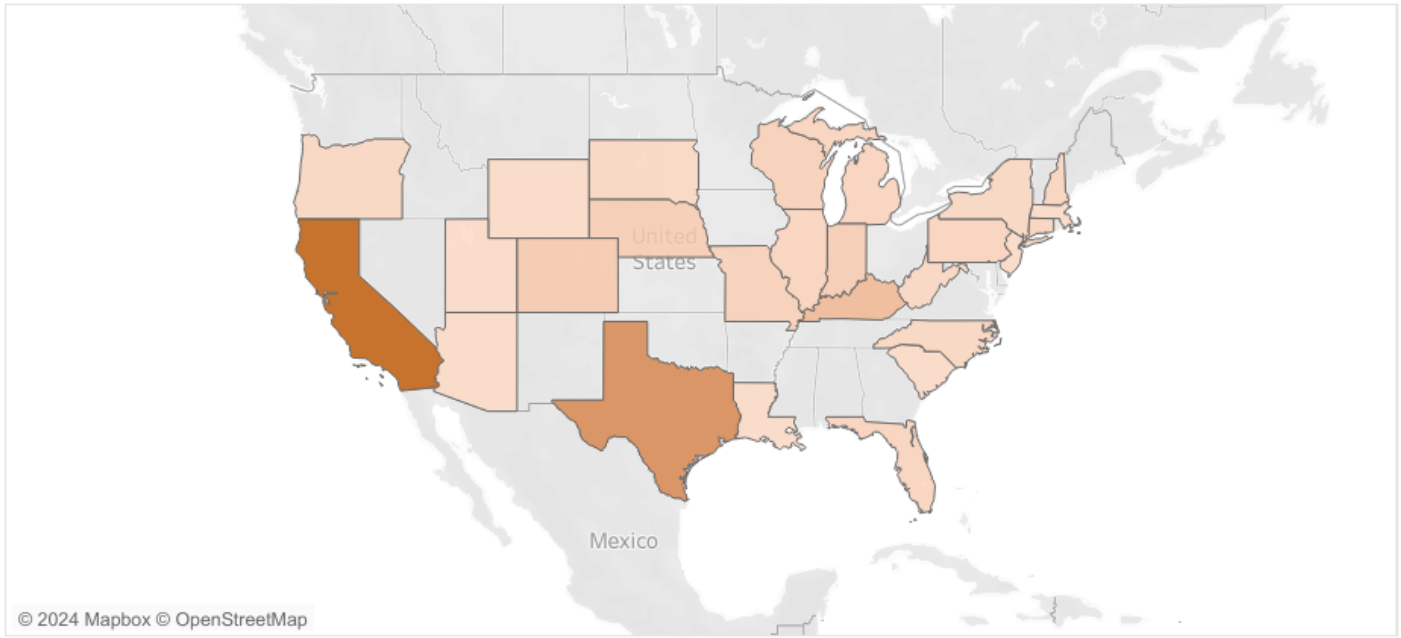
Number of Sites by Patient Volume Category

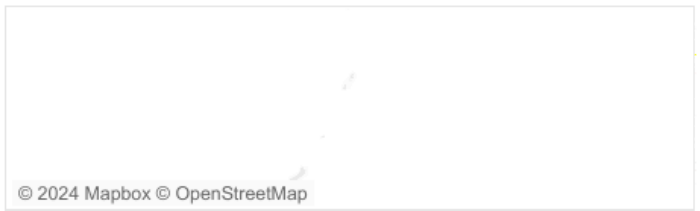


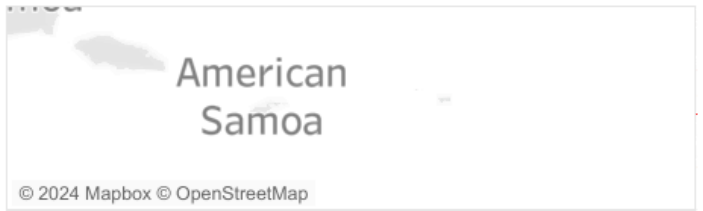
Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initative







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Last Dataset Refresh:
11/14/2024 5:55:31 PM
Last Patient Included:
11/13/2024

NPRQI Site Dashboard – Table View (site must enter a minimum of 10 records before data will appear on dashboard)

National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Performance Report:
Dates: 2023 Q1 to 2024 Q1 | Clinical Measures Group: All Patients (Core Measures)
Measures with fewer than 10 records will not be displayed
*Cohort performance represents the average of site performances for sites within the same patient volume category (displayed with minimum of 5 sites)
**National performance represents the average of site performances across all participating sites (displayed with a minimum of 5 sites)

Back to Landing

Last Dataset Refresh:
4/23/2024 3:26:58 AM
Last Patient Included:
2/3/2024

Patient Volume
Low: < 1,800 pediatric patients

Bundle	# of Records	Quality Measure	Your Performance	National Performance **	Cohort Performance *
ASSESSMENT	280	% of pediatric patients with weight documented in kilograms only	95.0 %	60.7 %	43.5 %
		% of pediatric patients with pain assessed	71.8 %	78.5 %	83.6 %
	277	Median ED length of stay	93.0 minutes	187.7 minutes	116.1 minutes
ABNORMAL VITAL SIGNS	92	% of high acuity pediatric patients with vital signs re-assessed	88.0 %	82.1 %	79.6 %
	60	Median time from triage to first intervention	43.0 minutes	60.9 minutes	49.6 minutes
TRANSFER OF PATIENTS	5	% of transferred pediatric patients who met site-specific transfer criteria	--	99.7 %	--
		Median time from triage to transport	--	460.1 minutes	--
	0	% of transferred pediatric patients who were discharged from the receiving ED	--	--	--

Patient Demographics
Patient level filters are not applied to the National or Cohort Performance Metrics.

Age Category
All

Triage Level
All

Ethnicity
All

Race
All

Gender
All

Payor Source
All

National PRQI
Geography: **All** | Patient Volume: **All** | ED Configuration: **All** | Specialty Center Status: **All**
Age Category: **All** | Triage Level: **All** | Ethnicity: **All** | Race: **All** | Gender: **All** | Payor Source: **All**

The NPRQI is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1.2M with 0% percentage financed with nongovernmental sources.
The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

CLARIO.

NPRQI Site Dashboard – Graph View

(a minimum of 10 records must be entered to be displayed on the dashboard)

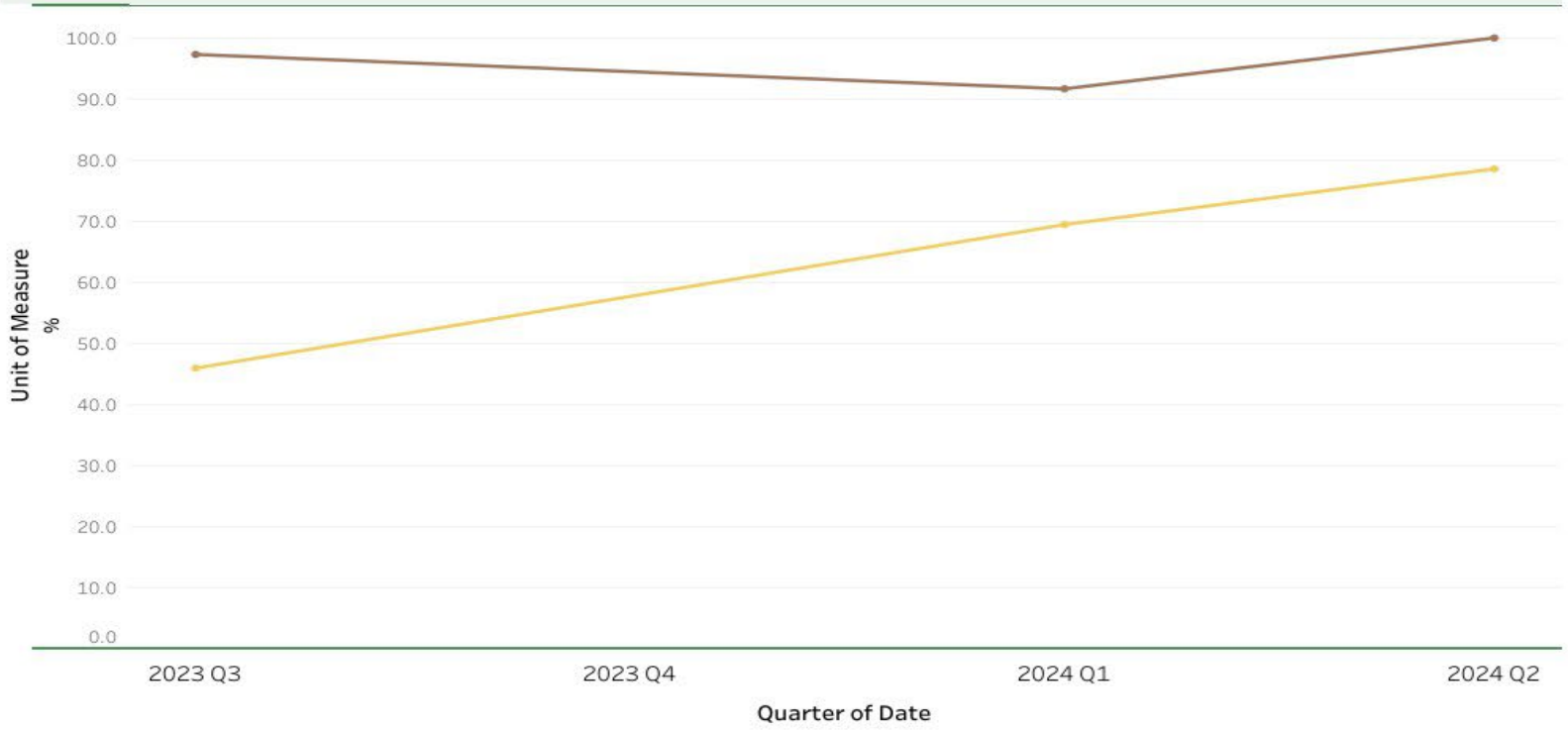
National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

Performance Report:
Dates: 2023 Q3 to 2024 Q2 | Clinical Measures Group: All Patients (Core Measures)
Measures with fewer than 10 records will not be displayed

Back to Landing

Last Dataset Refresh:
4/23/2024 1:46:19 PM
Last Patient Included:
4/12/2024

Show Graph Measures (Measure Selection Only Applies When Patient Clinical Groups With Bundle and Core Measures Selected On the Landing Page)
All



Graph - Legend
Ctrl + Click to select multiple Measures to be displayed

- % of pediatric patients with weight documented in kilograms only
- % of pediatric patients with pain assessed
- Median ED length of stay
- % of high acuity pediatric patients with vital signs re-assessed
- Median time from triage to first intervention
- % of transferred pediatric patients who met site-specific transfer criteria
- Median time from triage to transport
- % of transferred pediatric patients who were discharged from the receiving ED

Patient Demographics

Age Category
All

Triage Level
All

Ethnicity
All

Race
All

Gender
All

Payor Source
All

National PRQI

Geography: **All** | Patient Volume: **All** | ED Configuration: **All** | Specialty Center Status: **All**
Age Category: **All** | Triage Level: **All** | Ethnicity: **All** | Race: **All** | Gender: **All** | Payor Source: **All**

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CLARIO.

National PRQI
Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

- Free, self-paced platform
- Ensures site confidentiality
- Web-based data entry and data visualization tools
- Measures performance over time
- Benchmarking against National Aggregate Performance
- Benchmarking against EDs with similar profiles

Pediatric Readiness Save Lives

Newgard et al. (2023). Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care. *JAMA Open Network, 6* (1), 1-14.
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800400

Register Now to Start Your Quality Improvement Journey
https://redcap.link/NPRQIRegistration

Learn More About NPRQI
www.nprqi.org

JAMA Network Open

Original Investigation | Emergency Medicine

State and National Estimates of the Cost of Emergency Department Pediatric Readiness and Lives Saved

Craig D. Newgard, MD, MPH; Amber Lin, MS; Jeremy D. Goldhaber-Fiebert, PhD; Katherine E. Remick, MD; Marianne Gausche-Hill, MD; Randall S. Burd, MD, PhD; Susan Malveau, MS; Jennifer N. B. Cook, GCPH; Peter C. Jenkins, MD, MSc; Stefanie G. Ames, MD, MS; N. Clay Mann, PhD, MS; Nina E. Glass, MD; Hilary A. Hewes, MD; Mary Fallat, MD; Apoorva Salvi, MS; Brendan G. Carr, MD, MS; K. John McConnell, PhD; Caroline Q. Stephens, MD, MPH; Rachel Ford, MPH; Marc A. Auerbach, MD; Sean Babcock, MS; Nathan Kuppermann, MD, MPH

Abstract

IMPORTANCE High emergency department (ED) pediatric readiness is associated with improved survival among children receiving emergency care, but state and national costs to reach high ED readiness and the resulting number of lives that may be saved are unknown.

OBJECTIVE To estimate the state and national annual costs of raising all EDs to high pediatric readiness and the resulting number of pediatric lives that may be saved each year.

DESIGN, SETTING, AND PARTICIPANTS This cohort study used data from EDs in 50 US states and the District of Columbia from 2012 through 2022. Eligible children were ages 0 to 17 years receiving emergency services in US EDs and requiring admission, transfer to another hospital for admission, or dying in the ED (collectively termed at-risk children). Data were analyzed from October 2023 to May 2024.

EXPOSURE EDs considered to have high readiness, with a weighted pediatric readiness score of 88 or above (range 0 to 100, with higher numbers representing higher readiness).

MAIN OUTCOMES AND MEASURES Annual hospital expenditures to reach high ED readiness from current levels and the resulting number of pediatric lives that may be saved through universal high ED readiness.

RESULTS A total 842 of 4840 EDs (17.4%; range, 2.9% to 100% by state) had high pediatric readiness. The annual US cost for all EDs to reach high pediatric readiness from current levels was $207 335 302 (95% CI, $188 401 692-$226 268 912), ranging from $0 to $11.84 per child by state. Of the 7619 child deaths occurring annually after presentation, 2143 (28.1%; 95% CI, 678-3608) were preventable through universal high ED pediatric readiness, with population-adjusted state estimates ranging from 0 to 69 pediatric lives per year.

CONCLUSIONS AND RELEVANCE In this cohort study, raising all EDs to high pediatric readiness was estimated to prevent more than one-quarter of deaths among children receiving emergency services, with modest financial investment. State and national policies that raise ED pediatric readiness may save thousands of children's lives each year.

Key Points

Question What are the state and national costs of raising all emergency departments (EDs) to high pediatric readiness and the potential number of lives saved?

Findings In this cohort study of 4840 EDs across the US, 842 (17.4%) had high pediatric readiness and the annual cost to reach high pediatric readiness was $207 335 302, ranging from $0 to $11.84 per child by state. An estimated 2143 pediatric lives may be saved each year through universal high ED pediatric readiness.

Meaning These results suggest that raising all EDs to high pediatric readiness would potentially save thousands of pediatric lives each year, with modest financial investment.

+ Invited Commentary

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

JAMA Network Open. 2024;7(11):e2442154. doi:10.1001/jamanetworkopen.2024.42154

The New York Times

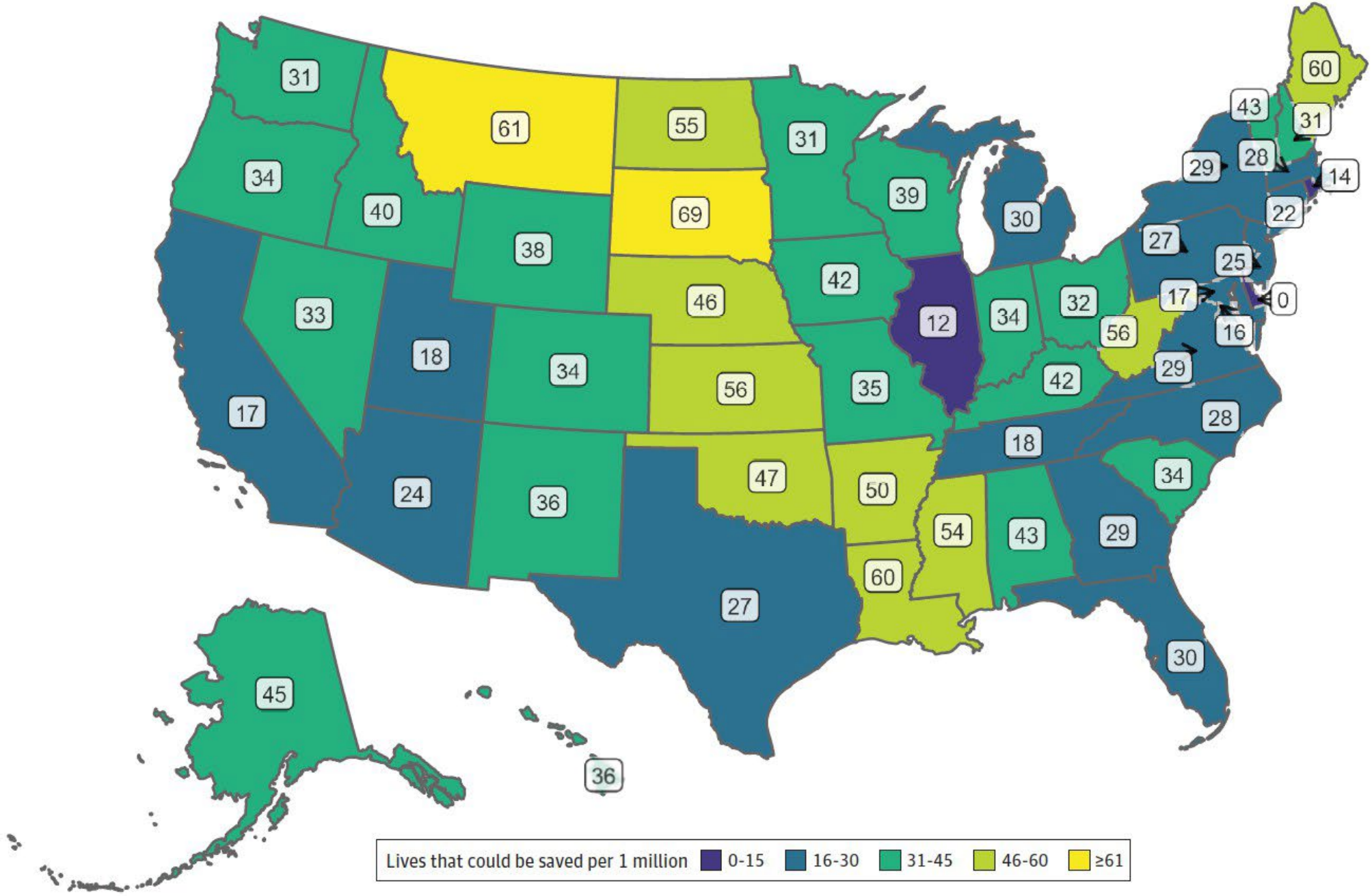
1 in 4 Child Deaths After E.R. Visits Are Preventable, Study Finds

If every emergency room in the United States were fully prepared to treat children, thousands of lives would be saved and the cost would be $11.84 or less per child, researchers found.

Data from 4,840 emergency rooms across the United States found that 842 of them — less than one-fifth — were considered well-prepared for pediatric emergencies. Hiroko Masuike/The New York Times

By Emily Baumgaertner

Figure 4. Population-Adjusted Estimates for the Annual Number of Pediatric Lives Saved Through Universal High ED Pediatric Readiness by State



Summary

- This project is impacting hospitals in every RAC
- Hospitals are identifying PECCs and participating in NPRQI
- Hospitals are completing their NPRP assessment, identifying gaps and implementing action plans
- ED staff and EMS providers are participating in pediatric trauma simulation
- Regional PECCs are making a difference in hospital engagement and handing off simulation to H-PECCs
- RAC Leaders have been invaluable to supporting this project!
- 5 RACs have purchased Laerdal simulators for all their member hospital.
- On September 1, 2025 Trauma Centers will be held to the trauma rules requiring EDs to be PEDS READY

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