

7.h. GETAC Pediatric Committee

Chair: Christi Thornhill, DNP

Vice-Chair: Belinda Waters, RN



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Pediatric Committee

2024 Committee Priorities

Strategic Plan Pillar & Objective	Corresponding Strategic Plan Pillar Strategy
<p>1. Coordinated Clinical Care: <i>Develop and implement Pediatric Readiness and Simulation throughout the state by the end of the year as reported by the regional PECC's/RAC's.</i></p>	<ol style="list-style-type: none">1. <i>Workgroup has developed 4 pediatric simulation scenarios</i>2. <i>Workgroup currently developing an additional 10 simulation scenarios</i>3. <i>Regional PECC's have been trained and will complete simulation training with at least 2 facilities within their RAC by April 2024</i>
<p>2. Performance Improvement: Identify 2-3 measurable pediatric performance improvement Texas PI initiatives.</p>	<ol style="list-style-type: none">1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies as per the 2024 revised trauma rules in accordance with designation.2. Trauma Center compliance with quarterly pediatric simulations as per the 2024 revised trauma rules in accordance with designation.3. EMS Agency compliance in utilizing pediatric equipment in skills training/competency.

Pediatric Committee

2024 Committee Priorities Update

Priority Not Implemented

Priority Activities Recorded

Priority Completed and Monitored

Committee Priorities	Current Activities	Status
1. Coordinated Clinical Care: <i>Pediatric Readiness and Simulation</i>	<ol style="list-style-type: none">1. Workgroup has developed 7 pediatric simulation scenarios2. Workgroup currently developing an additional 8 simulation scenarios3. Regional PECC's have been trained and will complete simulation training with at least 2 facilities within their RAC by April 2024	
2. Performance Improvement: Identify 2-3 measurable pediatric performance improvement Texas PI initiatives.	<ol style="list-style-type: none">1. Pediatric Readiness participation by Texas Hospitals and EMS Agencies-EMSC is meeting with RAC's2. Trauma Center compliance with quarterly pediatric simulations-EMSC is meeting with RAC's3. EMS Agency compliance in utilizing pediatric equipment in skills training/competency	

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	<ol style="list-style-type: none">1. Tabitha Selvester and started research and will be leading this workgroup.2. Requests for interested parties to join the workgroup.	Priority Not Implemented
Pediatric Committee continues to work with the Stroke Committee to develop pediatric stroke guidelines.	<ol style="list-style-type: none">1. Reviewing children's hospitals pediatric stroke protocols and reviewing evidence based practice guidelines.2. Development of a pediatric stroke guideline	Priority Completed and Monitored
Pediatric Committee continues to collaborate for 2 workgroups (pediatric concussion/head injury and magnet/battery ingestion).	<ol style="list-style-type: none">1. Development of pediatric concussion/head injury toolkit2. Development of pediatric magnet/battery ingestion toolkit.	Priority Not Implemented

GETAC Pediatric Committee/Stakeholder Action Item Request for Council August 2024

Chair:Christi Thornhill, DNP, APRN, ENP, ACNP-BC, CPNP-AC, CP-SANE

Vice Chair: Belinda Waters, RN

Pediatric Committee



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Action Item Request and Purpose

- Please provide a **single**, clear and concise statement defining your action item request:
 - Request the 4 simulations approved by the Pediatric Committee be approved by the GETAC Executive Committee
 - 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 added to the November GETAC Council Committee Agenda for approval.
- 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.
 - August 2024
 - November 2024



**Pediatric Readiness
Improvement Project
TEXAS**



Texas Pediatric Readiness Improvement Project Update

GETAC August 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



IMPACT on TEXAS

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
 - 31 R-PECCs in 22 RACs
- Hospitals across the State with significant contacts
 - 232 in 22 RACs. All have agreed they are open to Pediatric Readiness.
- Simulations conducted in Emergency Departments
 - 105 sims in 15 RACs (not all RACs have conducted sims)
- Number of staff participants in simulation scenarios participated in simulation
 - **1,056 people in 14* RACs since early February.**
 - * One RAC missing the number of participants

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



Data from sessions 1-8

Education Series Stats

Session	Topic	Registrants	Webinar Attendees (unique viewers)	CE Awarded
Session 1	Overview of the Texas Pediatric Readiness Improvement Initiative	404	227	193
Session 2	ESI/Pediatric Assessment and Triage	993	351	245
Session 3	Respiratory Distress	1238	312	221
Session 4	Traumatic Brain Injury	1341	312	173
Session 5	Non-Accidental Trauma (Child Maltreatment)	1404	259	181
Session 6	Long-bone Fractures and Pain Management	1468	270	187
Session 7	Pediatric Ingestions	1488	236	183
Session 8	Shock Recognition and Management	1528	240	126

EMS Pediatric Readiness Education Series

- 1-hour virtual sessions held 1st Wednesday every month @ 4pm
- June, 133 people registered, 32 attended, and 19 completed the CE evaluation.
- August session, 235 registered, 44 attended, and 32 completed the CE evaluation.

Texas Prehospital Pediatric Readiness Education Series

The Texas Prehospital Pediatric Readiness Education Series was created to equip prehospital providers with the necessary knowledge to provide optimal care for children during emergencies, thereby decreasing rates of morbidity and mortality.

Beginning in June 2024, 1-hour virtual sessions will highlight evidence-based or best practice guidelines and resources for adoption in EMS agencies and integrate quality improvement efforts.

View the recorded webinars below. The recordings will be posted within a few days of the live webinar. In order to earn the EMS CE, you will need to watch the entire recording and submit the completed assessment and evaluation.

[Learn More And Register](#)

Texas Prehospital Pediatric Readiness Education Series



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Beginning in June 2024, 1-hour virtual sessions will highlight evidence-based or best practice guidelines and resources for adoption in EMS agencies and integrate quality improvement efforts.

Here's a snapshot of topics slated for the monthly series:

- Pediatric Triage Tools
- Multi-System Trauma
- Airway and Respiratory Management
- Non-Accidental Trauma

Continuing Education Credit will be available for Texas certified EMS personnel through the Texas EMS for Children Program. Texas DSHS approved CE program: License Number (600929).



When: 1st Wednesday of every month (except for holidays)

Time: 4 pm – 5pm

- July 10: Pediatric Triage Tools
- August 7: Respiratory Management
- September 4: Airway Management
- October 2: Multi-System Trauma
- November 6: OCHA Management
- December 4: TBD
- January 8, 2025: TBI
- Feb. 5, 2025: Disaster Preparedness
- March 5, 2025: Seizure Management
- April 2, 2025: CSHCN
- May 7, 2025: Stroke Triage
- June 4, 2025: Human Trafficking
- July 9, 2025: Child Abuse

Texas Pediatric Readiness Project Evaluation Summary Metrics

Sessions 1 – Sessions 8

Confidential and proprietary to Allen Technologies, Inc.



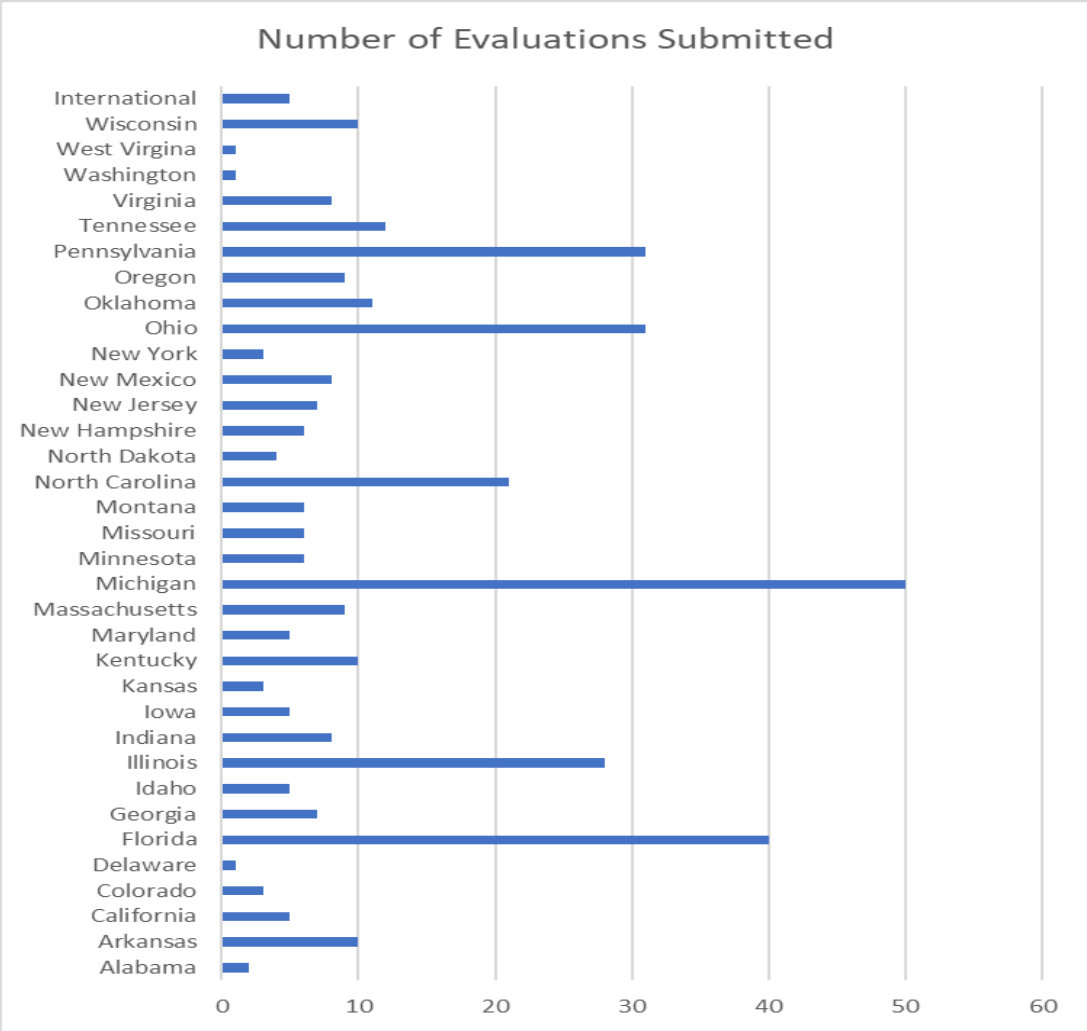
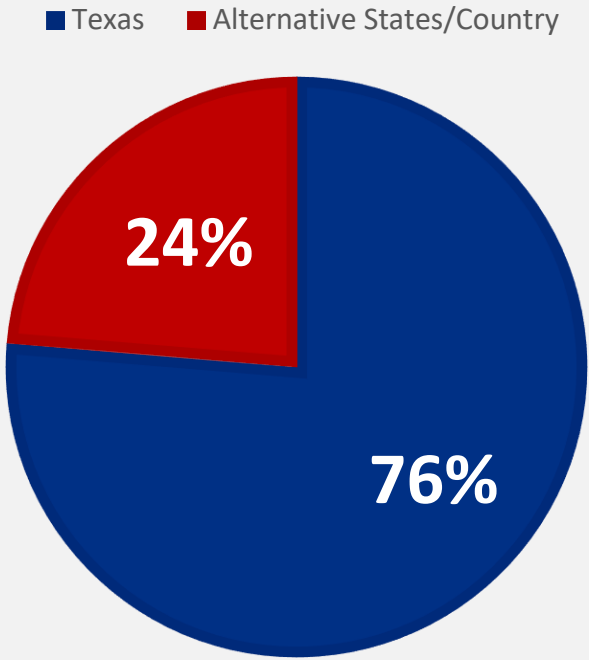
**Texas
Perinatal
Services**
A Program of the
Texas EMS Trauma &
Acute Care Foundation

2024 QTR 3 GETAC
Meeting

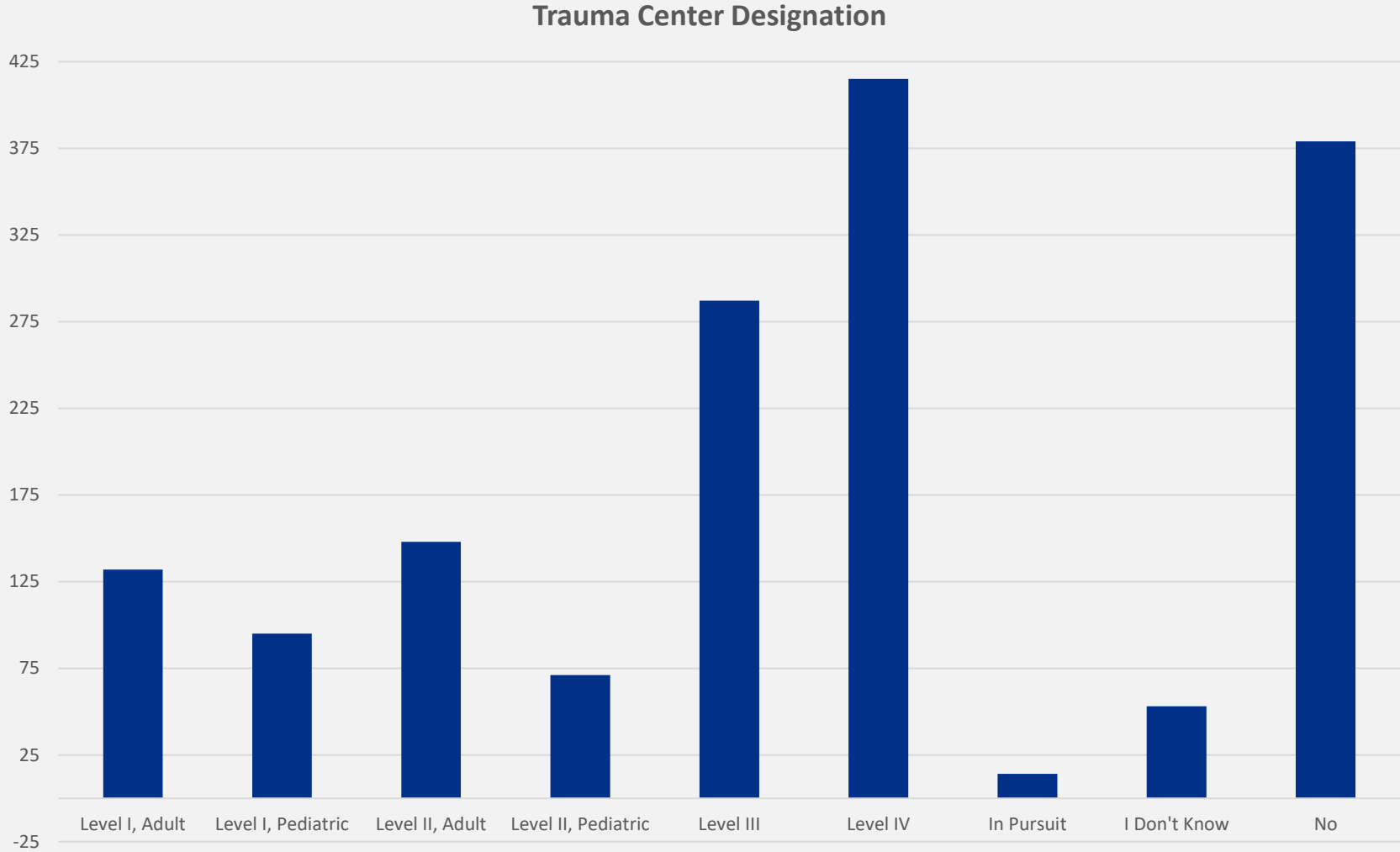
Continuing Professional Development: Summary

	Topic	Attendance	Average Evaluation Score
Session 1	Pediatric Readiness Initiative	216	4.75
Session 2	Triage & ESI	279	4.83
Session 3	Respiratory	236	4.73
Session 4	TBI	186	4.80
Session 5	Child Maltreatment	183	4.90
Session 6	Long Bone Fractures	187	4.89
Session 7	Ingestions	183	4.88
Session 8	Shock	126	4.84
Total Continuing Professional Development Hours Awarded		1,596	4.83

Continuing Professional Development: Summary

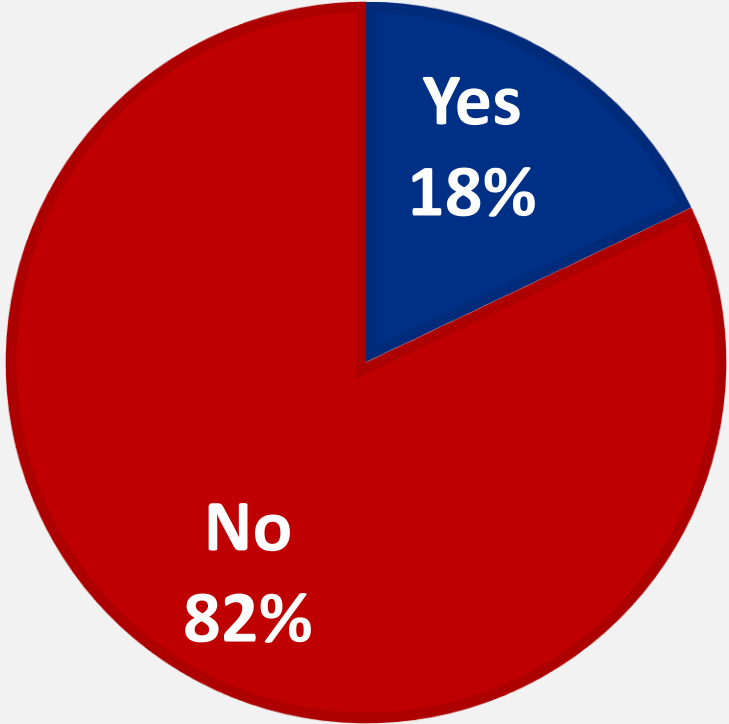


Continuing Professional Development: Summary



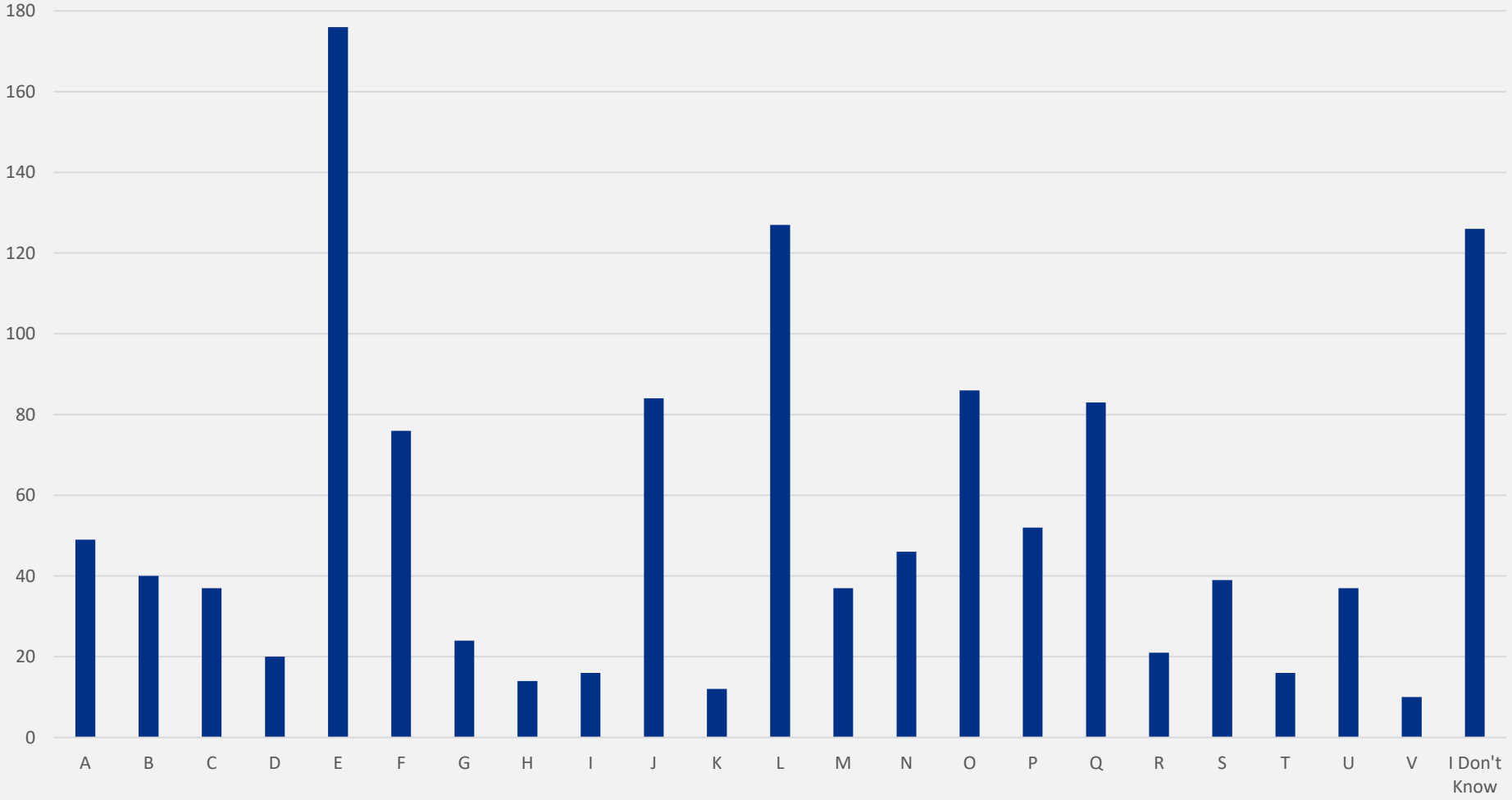
Continuing Professional Development: Summary

ATTENDEES SERVE AS ORGANIZATIONAL PECC



Continuing Professional Development: Summary

Number of Hours Awarded Per RAC



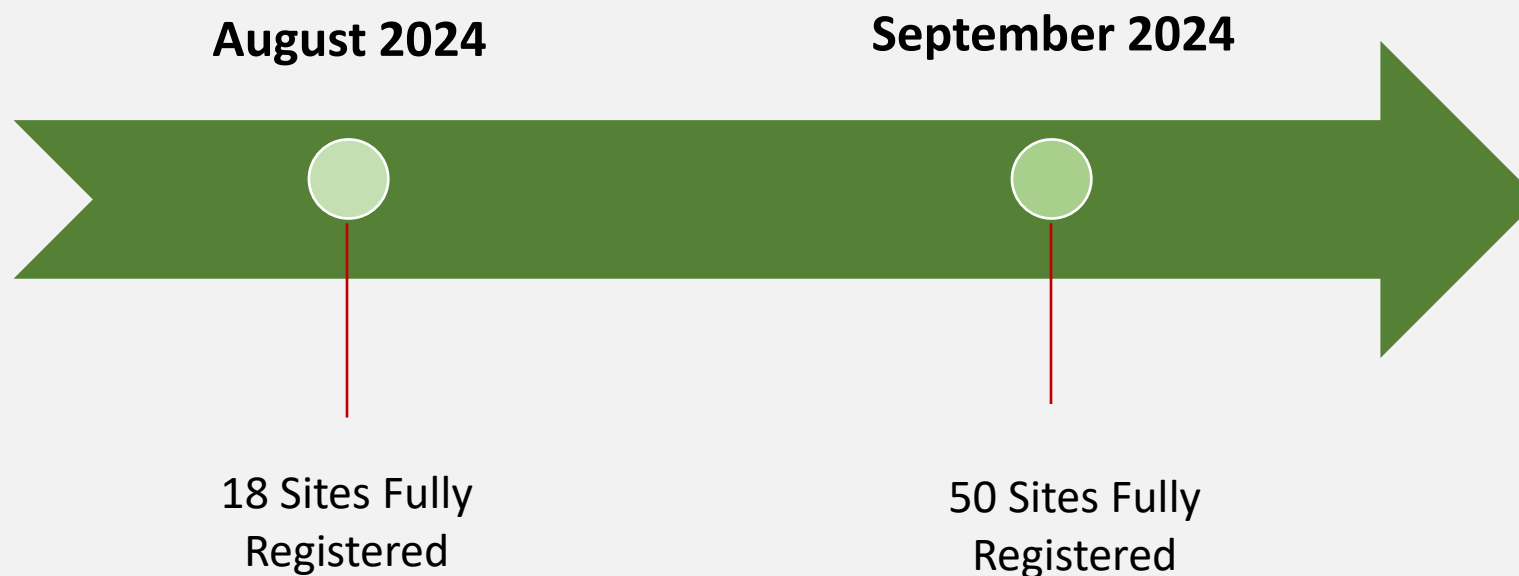
National



Pediatric Readiness Quality Initiative
Measure • Reflect • Improve

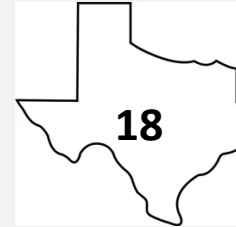
Texas Site Profiles

Texas Sites - Recruitment Goals



*21 sites have registered – still need participant organization agreement (POA)

Participating Texas Sites



C-North Texas

Graham Hospital District

E- North Central Texas

Baylor All Saints Medical Center at Fort Worth

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

L-Central Texas

Coryell Memorial Hospital

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

Lillian M. Hudspeth Memorial Hospital

Cuero Regional Hospital

Clarification on Chart Requirement for NPRQI

NPRQI Data Collection Targets

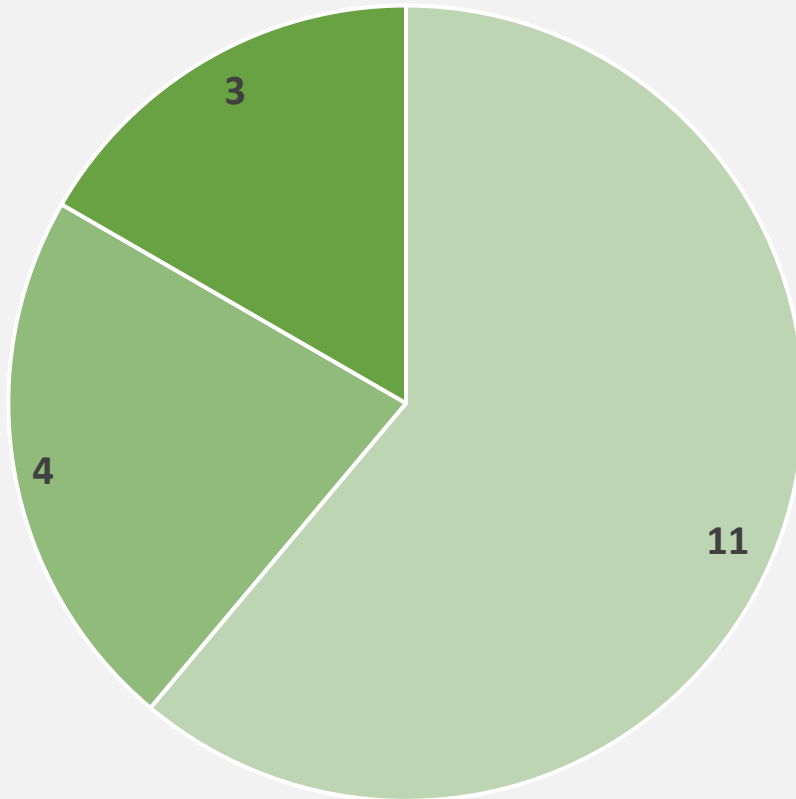


Initial Data Entry	To ensure confidentiality of the first set of patient encounters entered into the platform, a minimum of 10 patient charts must be submitted before performance will be displayed on dashboards.
Baseline Performance Data Entry	For a realistic view of the ED's baseline performance, a 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, 20 th 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.



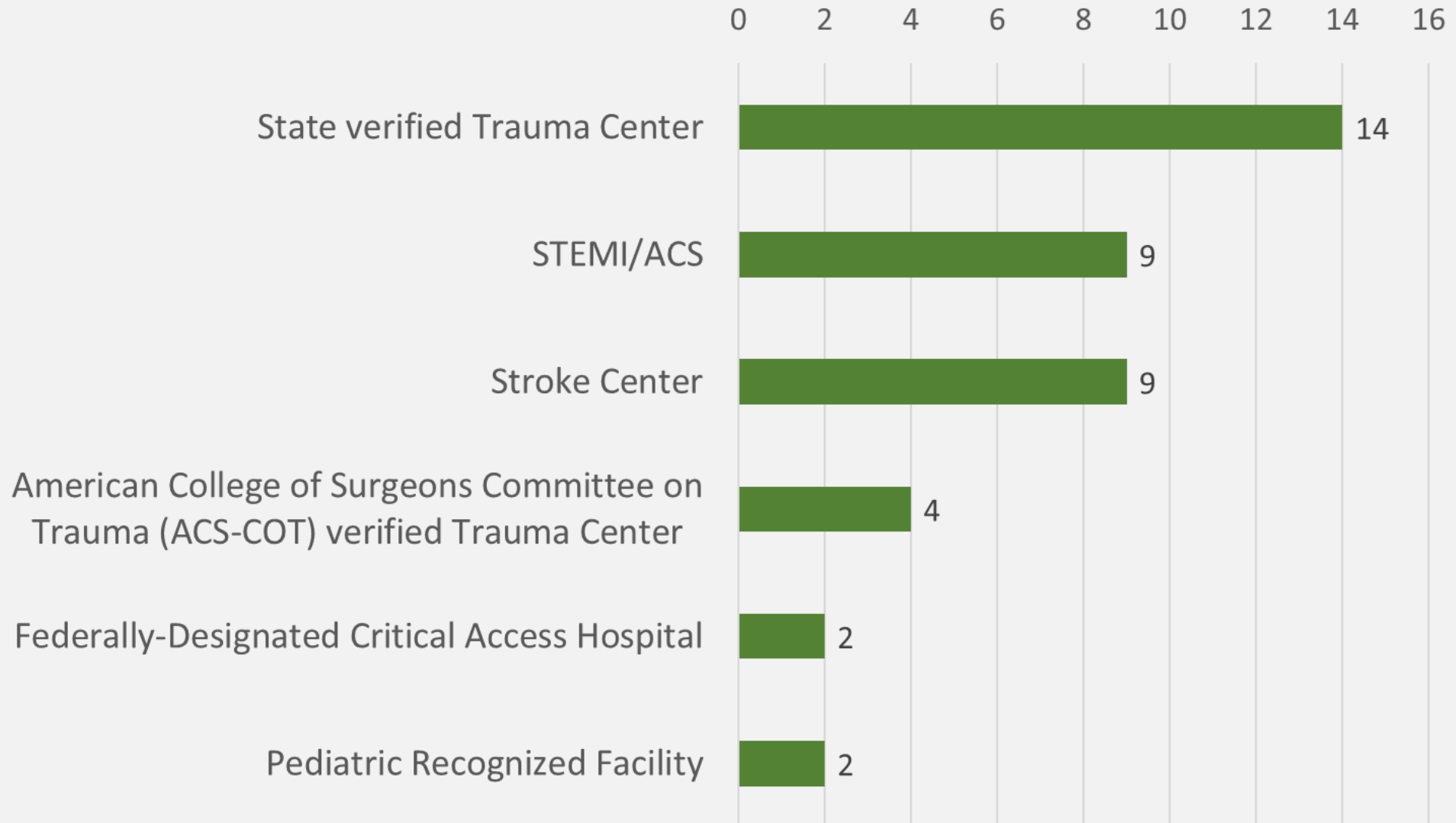
Texas Sites Annual Pediatric Volume



- Low: < 1,800 pediatric patients
- High: >= 10,000 pediatric patients
- Medium: 1,800 - 4,999 pediatric patients



Texas Sites Specialty Center Status



Performance Groupings



EDs and Hospitals



Healthcare
Networks



Trauma Service
Areas



State/ National
Aggregate

RAC Dashboard

NPRQI Regional Reporting Dashboard

State: Texas | Region: I
2 Sites / 97 Records

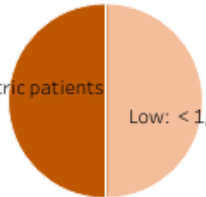
Make your selections from the green filter bar, and Click "GO" to return your report

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

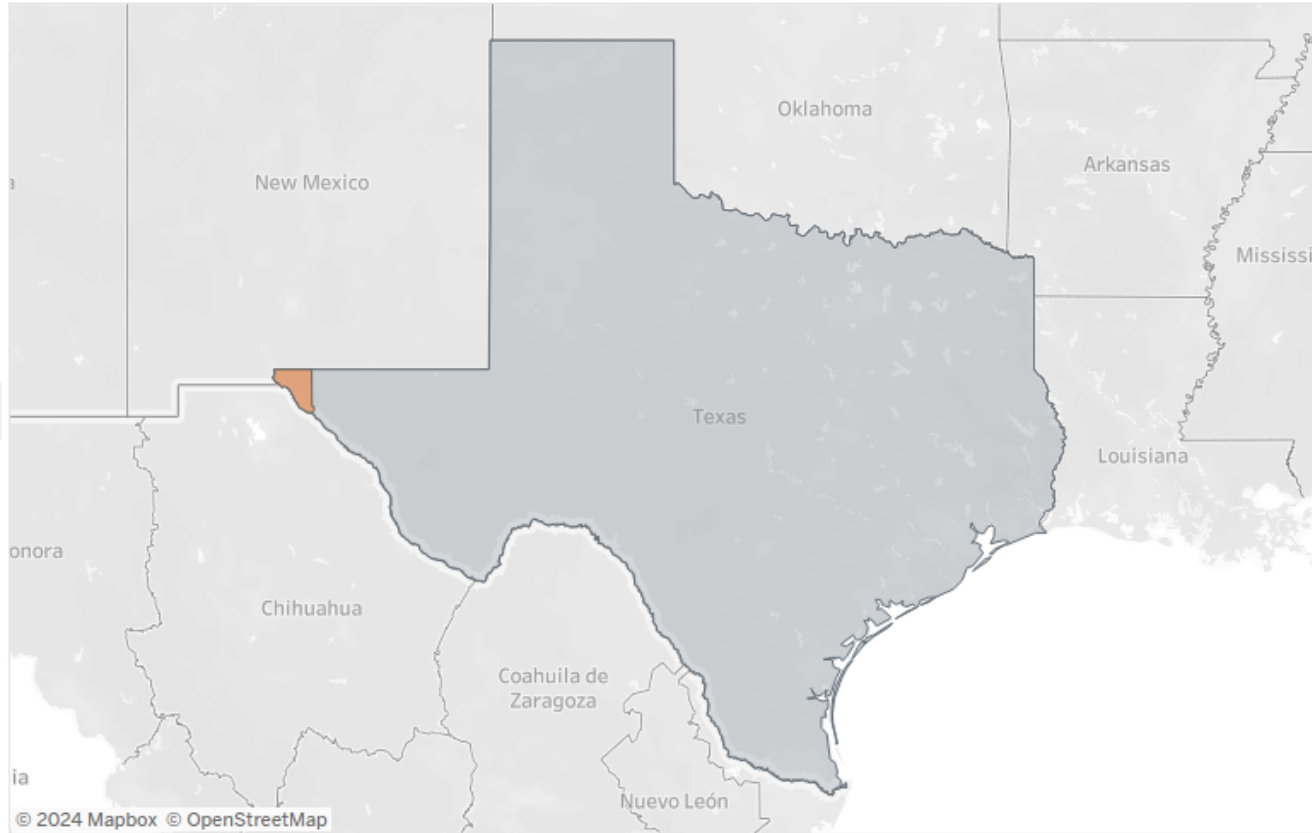
Region I Sites by Geographic Category



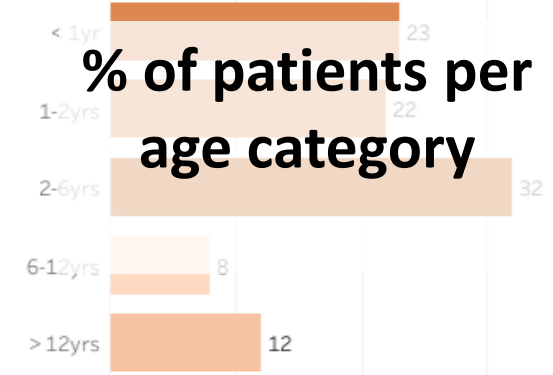
Region I Sites by Patient Volume



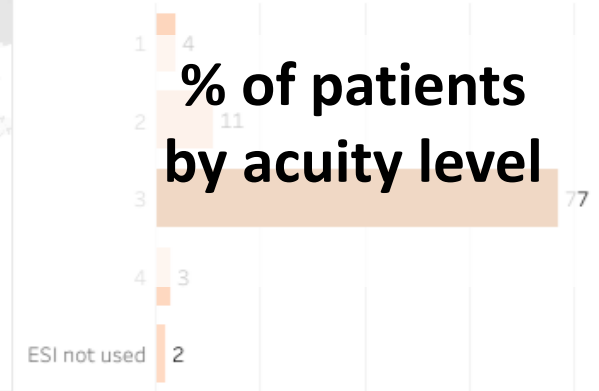
Participation in the National Pediatric Readiness Quality Initiative



Region I Patients by Age Category



Region I Patients by Triage 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: 8/15/2024 10:21:00 AM
Last Patient Included: 3/18/2024

Site-level dashboard

NPRQI State Reporting Dashboard

96 Sites / 11,168 Records

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

Year

Select all that apply
All

Quarter

Limit the # of Quarters by selecting Year(s) first
All

State

All

Results View

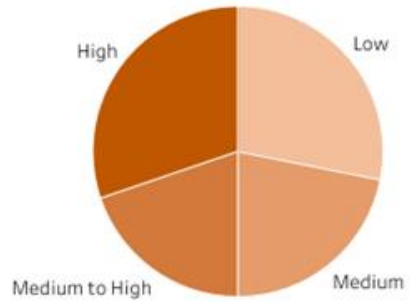
Table

Patient Clinical Group

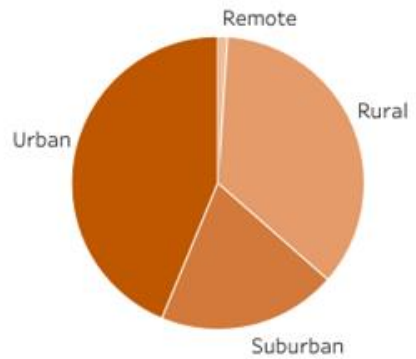
All Patients (Core Measures)

GO

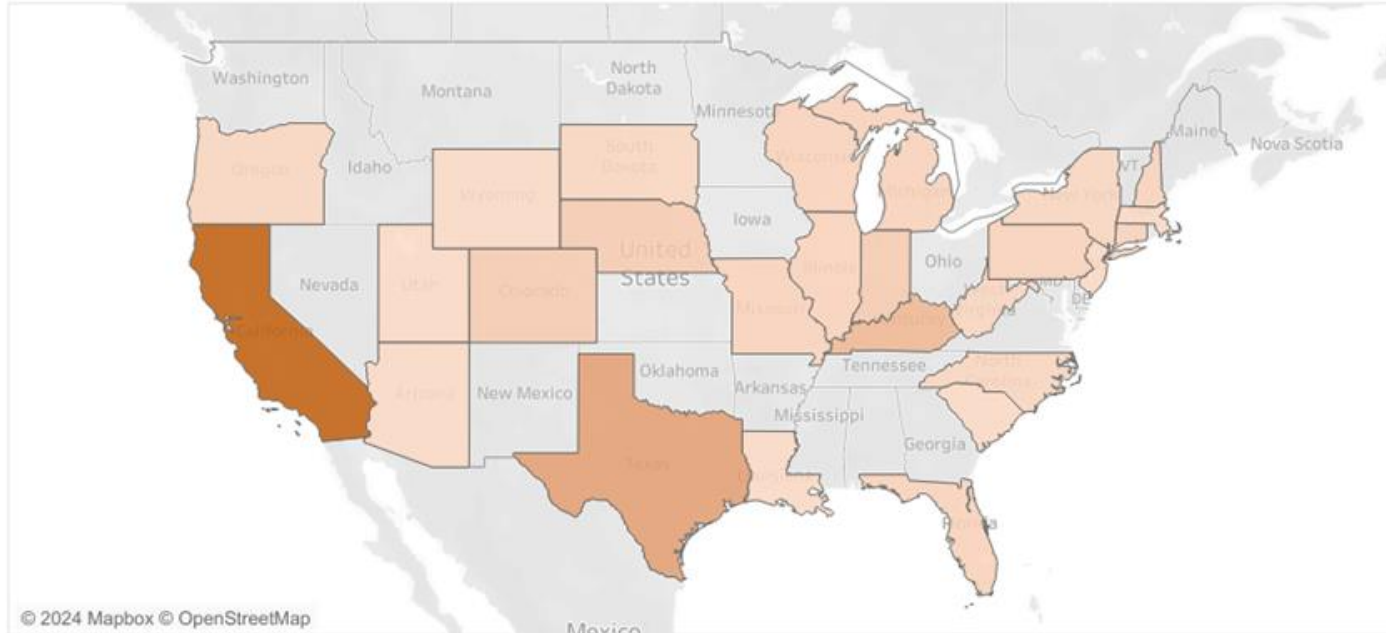
Number of Sites by Patient Volume Category



Number of Sites by Geographic Category



Participation in the National Pediatric Readiness Quality Initiative



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.

CLARIO.

Last Dataset Refresh:

6/27/2024 1:08:10 PM

Last Patient Included:

6/26/2024



NPRQI Site Dashboard – Table View

(site must enter a minimum of 10 records before will appear on dashboard)



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 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

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 %	
		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	--	
		% of transferred pediatric patients who were discharged from the receiving ED	--	--	--	

Patient Volume
Low: < 1,800 pediatric patients



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.

NPRQI Site Dashboard – Graph View

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



Performance Report:

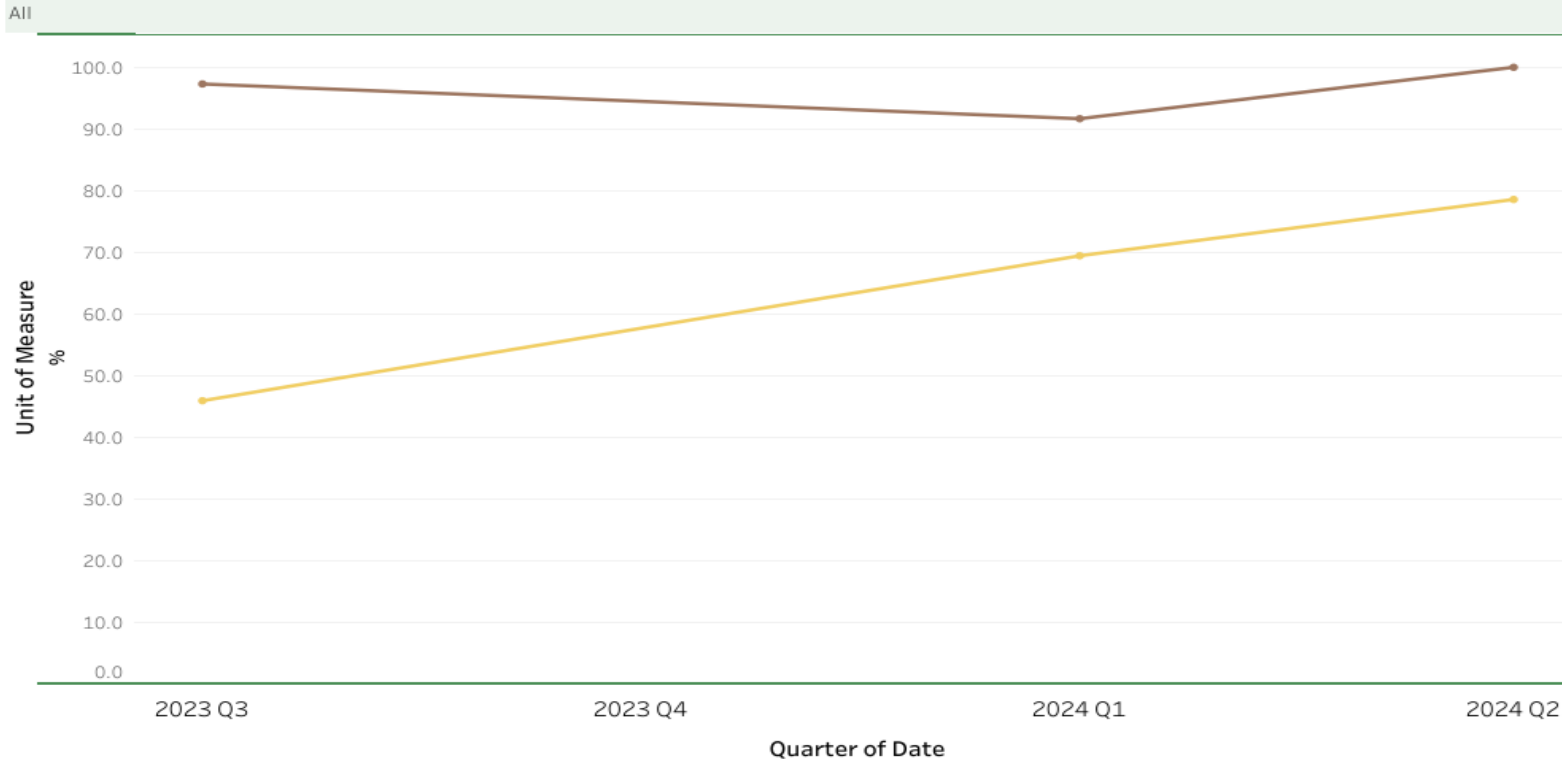
Dates: 2023 Q3 to 2024 Q2 | Clinical Measures Group: All Patients (Core Measures)

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)



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



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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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>

- 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



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



Learn More About NPRQI
www.nprqi.org



Summary

- This project is impacting hospitals in every RAC
- Hospitals are identifying Pediatric Emergency Care Coordinators and participating in NPRQI
- Hospitals are completing their National Pediatric Readiness Project assessment and identifying their gaps in readiness
- ED staff are participating in pediatric trauma simulation
- Regional Pediatric Emergency Care Coordinators are making a difference in hospital engagement in pediatric readiness
- RAC Leaders have been invaluable to supporting this project!

Texas Pediatric Readiness Improvement Project Contacts

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