

S1 00:00:12.880 --> 00:00:16.530 Gam Wijetunge: Hi, everyone and welcome to EMS Focus Webinar.

S2 00:00:16.560 --> 00:00:24.900 Gam Wijetunge: I'm Gam Wijetunge, director of the Office of Emergency Medical Services here at the National Highway Traffic Safety Administration

S3 00:00:26.660 --> 00:00:27.780 Gam Wijetunge: next slide.

S4 00:00:30.720 --> 00:00:51.220 Gam Wijetunge: So obviously, you're aware of our EMS focus Webinar series since you're here today. But I just wanted to remind you that we produce one webinar each quarter to bring information about EMS system improvement from NHTSA in the office of EMS, as well as from other members of the Federal Interagency Committee on EMS or FICEMS.

S5 00:00:51.621 --> 00:01:02.310 Gam Wijetunge: We address a variety of topics, and I encourage you to register for upcoming Webinar topics and sign up for those announcements via email@ems.gov.

S6 00:01:02.470 --> 00:01:03.760 Gam Wijetunge: next slide, please.

S7 00:01:06.250 --> 00:01:29.259 Gam Wijetunge: Our next webinar will be held in June. Program is still in development. But you can use the QR code that's on your screen to check for updates about the June session as well as future webinars. And you can register and watch recordings of archived webinars at the link that you can access via the QR. Code.

S8 00:01:33.860 --> 00:01:42.109 Gam Wijetunge: So before we begin with the main content of our webinar today, I'd like to handle some zoom housekeeping.

S9 00:01:42.548 --> 00:02:04.529 Gam Wijetunge: You can use the QA. Button in your operations panel to submit questions throughout the webinar, and we'll address those in the QA. Portion of the agenda in roughly the last 15 min of the hour. You should feel free to submit questions as they occur, and our facilitator will collate them at the end of our speaker panel presentations.

S10 00:02:05.220 --> 00:02:12.030 Gam Wijetunge: You can use the show captions button to view closed captioning at any time during the webinar

S11 00:02:13.890 --> 00:02:14.899 Gam Wijetunge: next slide.

S12 00:02:15.110 --> 00:02:23.739 Gam Wijetunge: Thank you so very quickly. Before we dive into our topic today, I want to remind you about the NHTSA's Office of EMS.

S13 00:02:24.094 --> 00:02:30.109 Gam Wijetunge: Here, at the office of Emergency Medical Services, which also houses NHTSA's National 911 program.

S14 00:02:30.270 --> 00:02:35.279 Gam Wijetunge: We support the improvement of patient care in the out of hospital setting on a national level.

S15 00:02:35.330 --> 00:02:45.149 Gam Wijetunge: And we do so in 3 ways. One, we bring together available data and industry experts to identify the most critical issues facing the profession.

S16 00:02:45.540 --> 00:02:53.870 Gam Wijetunge: We tackle those issues through collaboration with partners, including other federal agencies and national EMS organizations.

S17 00:02:54.220 --> 00:03:00.870 Gam Wijetunge: and we provide awareness and education about best practices and evidence-based guidelines.

S18 00:03:06.640 --> 00:03:18.480 Gam Wijetunge: One of the ways we do this is through sharing and storing many, many resources to help EMS leaders and clinicians access the information they need.

S19 00:03:18.550 --> 00:03:23.429 Gam Wijetunge: EMS.gov's updated resources. Hub makes it easy for you to search.

S20 00:03:23.530 --> 00:03:31.999 Gam Wijetunge: browse and download a wide variety of documents, reports, and guidelines created by NHTSA's office of EMS and our partners

S21 00:03:32.435 --> 00:03:44.689 Gam Wijetunge: from the EMS. Agenda for the future to EMS agenda 2050 to clinical guidelines and reports. These resources are available to you to help advance your profession nationwide.

S22 00:03:44.730 --> 00:03:49.860 Gam Wijetunge: You can access the EMS resources section using the QR code that's

S23 00:03:49.870 --> 00:03:54.140 Gam Wijetunge: up on your screen, or just go directly to EMS.gov.

S24 00:03:58.270 --> 00:04:05.110 Gam Wijetunge: so on. Today's webinar, we'll be discussing what pediatric readiness means

S25 00:04:05.320 --> 00:04:12.890 Gam Wijetunge: how you can determine if your EMS or Fire Rescue agency is ready for pediatric patients

S26 00:04:13.190 --> 00:04:18.430 Gam Wijetunge: and the tools that are available to help your clinicians improve their skills

S27 00:04:18.459 --> 00:04:21.119 Gam Wijetunge: and confidence with these patients.

S28 00:04:21.420 --> 00:04:29.520 Gam Wijetunge: Our panelists today will be discussing the upcoming national readiness assessment that is launching on may first

S29 00:04:30.120 --> 00:04:33.910 Gam Wijetunge: as well as the time commitment required to complete this assessment

S30 00:04:34.000 --> 00:04:37.550 Gam Wijetunge: and the benefits of participating in this

S31 00:04:37.680 --> 00:04:38.830 Gam Wijetunge: critical effort.

S32 00:04:39.560 --> 00:04:54.789 Gam Wijetunge: So I'm very pleased to say that we'll be hearing today from Dr. Kathleen Adalgais outlays Professor Pediatrics and Emergency Medicine at the University of Colorado School of Medicine in Aurora, Colorado, and the PPRP Project co-lead

S33 00:04:54.990 --> 00:05:00.509 Gam Wijetunge: as well as Eric Hicken, the EMS-C. And Special Projects Program manager

S34 00:05:00.930 --> 00:05:05.850 Gam Wijetunge: and Chief Frank St. Denis from Lenoir County Emergency Services.

S35 00:05:05.930 --> 00:05:13.229 Gam Wijetunge: and they'll be talking about their experiences as state partnership program managers and field test participants for the assessment.

S36 00:05:13.830 --> 00:05:23.989 Gam Wijetunge: To conclude, after they're done speaking, we'll have some time for Q&A discussion and just a good opportunity for a chat and to learn more about this effort.

S37 00:05:24.960 --> 00:05:26.859 Gam Wijetunge: So next slide.

S38 00:05:29.080 --> 00:05:32.550 Gam Wijetunge: we're grateful to have these speakers join us today.

S39 00:05:33.161 --> 00:05:54.859 Gam Wijetunge: You know NHTSA's Office at EMS. We have a long, long standing relationship with the EMS for Children program. We've collaborated on a large number of projects together over the last several decades, and we continue to enthusiastically support their efforts to ensure EMS clinicians are ready to take care of our smallest patients.

S40 00:05:55.830 --> 00:06:03.219 Gam Wijetunge: I personally, I've been a paramedic for over 20 years now, and I've been with NHTSA for over 20 years.

S41 00:06:03.410 --> 00:06:20.729 Gam Wijetunge: and you know something that is always on my mind that just in crashes alone. We lose roughly a thousand kids every year, and thousands more are injured in crashes and are hurt in other medical emergencies.

S42 00:06:20.940 --> 00:06:28.770 Gam Wijetunge: So the work that we're talking about. Today, needless to say, is really important to all of us.

S43 00:06:28.900 --> 00:06:40.799 Gam Wijetunge: providing timely effective pediatric care is important whether it's after a crash, or any of the other emergencies that we all encounter in EMS.

S44 00:06:43.640 --> 00:06:50.370 Gam Wijetunge: So on that note I'd like to now hand things over to Dr. Kathleen Adalgais.

S45 00:06:54.420 --> 00:07:19.039 Dr. Kathleen Adalgais: Thank you. Gam, I really appreciate the opportunity to be here today to talk about the Creos film, pediatric readiness project and also, you know, be able to be on a webinar with Eric Hicken as well as Chief St. Dennis, because I do feel that they have some really wonderful first hand information to share. With this group at large.

S46 00:07:21.012 --> 00:07:47.189 Dr. Kathleen Adalgais: I did. Want to share with the group that next slide, please pediatric EMS for children is celebrating its fortieth anniversary. And the meaning of this for me is particularly poignant. I've been fortunate enough to be involved with EMS for children for the last 2 decades of my career, first in the State of Utah before transitioning to Colorado and

S47 00:07:47.719 --> 00:07:51.939 Dr. Kathleen Adalgais: one thing I realized, along with many people

S48 00:07:52.060 --> 00:07:53.130 Dr. Kathleen Adalgais: that

S49 00:07:53.280 --> 00:08:03.679 Dr. Kathleen Adalgais: EMS for children, touches a lot of different areas of the kind of clinical practice we do in yeah, out of hospital care and emergency care every day without us even knowing it.

S50 00:08:04.185 --> 00:08:31.664 Dr. Kathleen Adalgais: EMS for children is a federally funded program that is designed to support 5,000 hospitals and 15,000 EMS agencies across the country. To help with their pediatric care. Children, and the movement of pediatric readiness is really the encapsulation of its research arm through Pcn, its programmatic arm through the State partnership programs.

S51 00:08:32.190 --> 00:08:57.150 Dr. Kathleen Adelgais: and its quality arm through the EIIC and previously the National Resource Center, providing actionable tools that field clinicians, hospitals, and agencies can use. Every day in the clinical care that they give to children. EMS for Children provides a total of 71 grants that really touch every State Territory, and jurisdiction in the Us.

S52 00:08:57.150 --> 00:09:06.660 Dr. Kathleen Adelgais: And the goal and the support. That it has been put out there. Over the last 4 decades now is really quite impressive

S53 00:09:07.260 --> 00:09:08.310 Dr. Kathleen Adelgais: next slide.

S54 00:09:10.090 --> 00:09:27.420 Dr. Kathleen Adelgais: and really to share what is EMS for children. It has a single vision. And it's had this vision for these last 4 decades that all emergency care practitioners have appropriate resources, including trained and competent staff education

S55 00:09:27.420 --> 00:09:43.214 Dr. Kathleen Adelgais: policies, medications and equipment and supplies really to provide effective emergency care for children across the entire spectrum of care. And the goal of the program is really that the the system of emergency care that have been around

S56 00:09:43.850 --> 00:10:09.899 Dr. Kathleen Adelgais: now for 50 years in EMS and much longer nationally in emergency care that these systems aren't designed for children. So we're working to kind of make these systems ready to care for children when children arrive. It's really important for families to know. They can bring their child anywhere and get the best care possible. And it's also a really critical health equity issue for our communities as well.

S57 00:10:15.870 --> 00:10:34.350 Dr. Kathleen Adelgais: So you guys might be asking, what does it mean to be pediatric? Ready? Given the low number of children that are now annually seen by EMS clinicians only between 5 and and 10, maybe in high volume. Communities up to 13% of EMS calls are for children.

S58 00:10:34.801 --> 00:10:54.899 Dr. Kathleen Adelgais: Being pediatric ready won't just happen. There needs to be a goal that things across. All of these domains are prepared and ready to care for children. That there's education and competency, assessment of field providers on pediatric care that they have the recommended pediatric equipment.

S59 00:10:55.243 --> 00:11:19.640 Dr. Kathleen Adelgais: and supplies that they have in place patient and medication safety. This is particularly important. First medications given to children, or based on their size and their weight. And being able to calculate the right dose requires an estimation of their weight and an awareness of what the right dose is for a child based on that also. The need to train on drawing up the

S60 00:11:19.640 --> 00:11:30.100 Dr. Kathleen Adalgais: proper dose and giving it appropriately, and then from another patient. Safety is the safe transport of children which has been a work in progress. Now for a couple of decades.

S61 00:11:30.415 --> 00:11:51.860 Dr. Kathleen Adalgais: Identifying what is the safest way to transport a child? In a C collar or a child with their parent or a newborn, and NHTSA, back in 2010, did some really important seminal work in this area. But now, as we've moved forward into the next decade, we're working to kind of create some information about this to support EMS in this key component.

S62 00:11:52.830 --> 00:12:13.060 Dr. Kathleen Adalgais: patient and family centered care is really critical for the care of children. Children, you know, need their families present during scary and frightening, and situations, especially when they're acutely ill and injured, and then engaging the family to be able to provide that support and do it in a way that's meaningful. The family is truly important.

S63 00:12:13.060 --> 00:12:36.460 Dr. Kathleen Adalgais: The other elements of pediatric readiness are also shown. There is the integration of children into policies, procedures, and protocols, the integration of pediatric care into queue standing QI and process improvement processes. And then from an EMS standpoint, certainly the interactions and systems of care are really key. None of us really do work in silos, but EMS themselves often are

S64 00:12:36.460 --> 00:12:56.679 Dr. Kathleen Adalgais: found in the field, making decisions about transport versus non transport destinations. If a child's transported understanding. How their care of the child led to outcomes. Later, the interaction in larger systems of care is really key, and I am a single, most important element of prehospital care of children.

S65 00:13:05.310 --> 00:13:06.250 Dr. Kathleen Adalgais: So

S66 00:13:06.380 --> 00:13:28.750 Dr. Kathleen Adalgais: we're gonna talk during this webinar about the State partnership Grant program and be turning it over to Eric Hicken in a second. We're going to also cover some information on pediatric emergency care coordinators, and then finally discuss some elements of the pre-hospital pediatric readiness program assessment that is launching May first.

S67 00:13:32.250 --> 00:13:37.329 Dr. Kathleen Adalgais: So I think, let's turn it over to Eric. I have a question. Let's start with you.

S68 00:13:37.934 --> 00:13:43.969 Dr. Kathleen Adalgais: I understand you're the State Manager for New Jersey. Can you tell us a little bit about that Grant program in your role?

S69 00:13:44.520 --> 00:13:55.388 Eric Hicken: Yeah. Sure. Thank you. For having me. The EMS-C State Partnership Grant program in New Jersey aims to prepare for and improve the quality of care for children in emergency and disaster situations.

S70 00:13:56.258 --> 00:14:01.329 Eric Hicken: As the State manager, I oversee the implementation of the Grant program in New Jersey.

S71 00:14:01.520 --> 00:14:05.500 Eric Hicken: This involves working closely with New Jersey's EMS-C Advisory Council

S72 00:14:05.710 --> 00:14:08.970 Eric Hicken: Healthcare Providers, emergency responders.

S73 00:14:09.475 --> 00:14:16.009 Eric Hicken: our emergency management folks and many other national and State stakeholders to identify areas

S74 00:14:16.360 --> 00:14:20.709 Eric Hicken: where improvements can be made in our preparedness and management of our pediatric population.

S75 00:14:20.980 --> 00:14:26.960 Eric Hicken: Then we develop and implement those programs to address the areas that we've identified that need improvement.

S76 00:14:27.400 --> 00:14:31.150 Eric Hicken: Some of our programs include web-based pediatric education

S77 00:14:31.530 --> 00:14:32.980 Eric Hicken: for our EMS

S78 00:14:33.510 --> 00:14:49.109 Eric Hicken: Providers and school nurses Emergency Department pediatric education through simulation programs which brings high fidelity simulators into the emergency department and gives real life experience to those folks in dealing with critically ill or injured pediatric patients.

S79 00:14:49.717 --> 00:14:59.279 Eric Hicken: We also work with our childcare centers with disaster preparedness and shelter in place, and what to do in an emergency and reunification.

S80 00:14:59.710 --> 00:15:01.099 Eric Hicken: In addition to that.

S81 00:15:02.970 --> 00:15:07.119 Eric Hicken: we include all aspects of current and past performance measures

S82 00:15:07.250 --> 00:15:10.150 Eric Hicken: as well as pediatric readiness objectives.

S83 00:15:16.270 --> 00:15:33.487 Gam Wijetunge: Thanks. Thanks, Eric, and Dr. Adelgais, proving that you're always pediatric ready, because I miss my queue there? Why don't we actually? Why don't I pose another question here

S84 00:15:33.930 --> 00:15:54.550 Gam Wijetunge: first back directly to Dr. Adelgais. Can you? You know you mentioned that this is what the EMS-C program is celebrating? It's its fortieth

anniversary. Can you provide us. Maybe a little bit more background about EMS-C, and it's history.

S85 00:15:55.420 --> 00:15:57.528 Dr. Kathleen Adalgais: Oh, sure, I'd be happy to

S86 00:15:58.361 --> 00:16:18.028 Dr. Kathleen Adalgais: EMS for children was first funded back in 1984 with some bipartisan legislation that was, and it was really the Brainchild of Calcia who is a pediatrician in Hawaii, and he had appealed to his Senator, Senator Niue, who then partnered with 2 other Senators,

S87 00:16:18.740 --> 00:16:43.733 Dr. Kathleen Adalgais: from Connecticut and Utah to pass legislation to support a program known as EMS for children housed under the health resources and services administration within the health and human services. Administration and you, EMS for Children at that time had a pot of dollars that they used to fund whether we're known as demonstration grants.

S88 00:16:44.190 --> 00:16:57.518 Dr. Kathleen Adalgais: And some of these demonstration grants are where the early State partnership program grants that we now have in all 58 States Territories and jurisdictions and and over the course of those

S89 00:16:57.910 --> 00:17:22.030 Dr. Kathleen Adalgais: first 2 decades. It was really identifying the scope of the problem both through funding states to support a program manager that would look statewide at issues and resources and also through the funding of targeted issues grants which really allowed researchers, and state programs, and others to look at how to define some of the problems with

S90 00:17:22.444 --> 00:17:32.819 Dr. Kathleen Adalgais: emergency care for children? Where are the gaps where the resources that are needed? And what are best practices? That could be instituted.

S91 00:17:33.250 --> 00:18:00.420 Dr. Kathleen Adalgais: and then follow up to that over the ensuing decades. Starting in the early 2 thousands for a variety of other initiatives, including the development of a large research network, the knowledge generation side of EMS for children, which is the PECARN research network which has really produced some of the most impactful research head injury, imaging decision rules and other things that now are incorporated into what we think our everyday pediatric readiness.

S92 00:18:00.754 --> 00:18:25.810 Dr. Kathleen Adalgais: They've also the other elements of of PECARN that have come through our data center to help analyze data from state partnership programs and specifically data on performance measures that have been asked of program managers to help track within their state again, a bit of that scope of the problem. But then, as you start to say, like, how can we get a goal of 90% of EMS agencies down



S93 00:18:25.810 --> 00:18:49.520 Dr. Kathleen Adalgais: have access offline guidelines include children. Well, first, you need to say that's a goal, and then next put practices and policies into place to kind of meet that goal. And we're now in our second generation of EMS for children. Performance measures across the States. With a focus on improving the number of agencies that have a peck which we'll hear more about.

S94 00:18:49.874 --> 00:18:58.740 Dr. Kathleen Adalgais: improving the frequency and the ability of EMS agencies to conduct skills checks with pediatric equipment. As we know, that's a key element of safety.

S95 00:18:58.740 --> 00:19:19.370 Dr. Kathleen Adalgais: And then finally, moving forward into even areas of developing recognition programs for not just hospitals being quote, pediatric ready, but also our EMS agencies. So a real tremendous growth of programs to support States and support program managers who are there to support families in their state.

S96 00:19:21.920 --> 00:19:30.521 Gam Wijetunge: Great. And you know, I see up on the screen we have, you know. Show the map of all the state partnership grant programs.

S97 00:19:31.100 --> 00:19:32.889 Gam Wijetunge: if they don't know who the state manager of their program is, how can they find out?

S99 00:19:43.560 --> 00:19:50.388 Eric Hicken: So Gam, they can go to the EIIC website. That's the EMS-C Innovation and Improvement Center.

S100 00:19:50.930 --> 00:19:54.179 Eric Hicken: And on that site they will find this map.

S101 00:19:54.240 --> 00:20:05.809 Eric Hicken: and when they click on the state that they reside in, it will bring up all the information, including the website program manager, their family representative Grant information. Anything they need to know about the EMS-C. Grant.

S102 00:20:08.200 --> 00:20:17.860 Gam Wijetunge: Great thanks, Eric. Could you actually talk about next about a PECC? And what exactly a PECC is.

S103 00:20:19.530 --> 00:20:39.519 Eric Hicken: Yeah, sure. So I think a PECC is probably one of the most stressed over things when I talk to folks in my state because they don't understand it. So a pediatric emergency care coordinator is basically a pediatric champion for the agency or for a hospital to make sure that

S104 00:20:39.600 --> 00:20:45.210 Eric Hicken: the kids don't get left behind, that they are included in the policies and the procedures.

S105 00:20:47.450 --> 00:20:49.070 Eric Hicken: For those agencies

S106 00:20:49.370 --> 00:21:00.839 Eric Hicken: pecks don't have to have previous experience in pediatrics. There's a lot of volunteer agencies out there. They can incorporate a PECC, and it's just it could be their lieutenant

S107 00:21:01.370 --> 00:21:11.141 Eric Hicken: for their training, their training officer. Same with the fire departments. It could be their training officer in hospitals. We see it with the nurse educators

S108 00:21:11.570 --> 00:21:20.929 Eric Hicken: and they just have to have a real passion and a focus on EMS care and preparedness within their agency. And it's been shown that

S109 00:21:20.950 --> 00:21:22.839 Eric Hicken: agencies that have a PECC

S110 00:21:23.030 --> 00:21:25.240 Eric Hicken: have better preparedness.

S111 00:21:25.643 --> 00:21:41.110 Eric Hicken: Their agencies are better educated on how to take care of pediatrics. And they just have better policies in place because they have one person focusing on that, and there's no need to have one person in each agency. We could share that resource. Some folks in our State

S112 00:21:41.250 --> 00:21:44.210 Eric Hicken: are looking at their medical command

S113 00:21:44.320 --> 00:21:47.029 Eric Hicken: docs to be their PECC and

S114 00:21:50.642 --> 00:21:52.210 Eric Hicken: and that's perfectly fine.

S115 00:21:52.658 --> 00:21:59.459 Eric Hicken: And it actually gives them a single resource, so that there's a standardized care set throughout those agencies.

S116 00:22:01.660 --> 00:22:11.570 Gam Wijetunge: Great. And if someone wants to find out who their PECC is or if they have one, how, what's the best way to find out.

S117 00:22:12.480 --> 00:22:17.829 Eric Hicken: Yeah. So the best way to find out who their PECC is to go to their state EMS for Children program manager.

S118 00:22:18.461 --> 00:22:22.249 Eric Hicken: That person should be able to guide them to who their PECC is.

S119 00:22:25.540 --> 00:22:26.599 Gam Wijetunge: Great. Thank you.

S120 00:22:28.200 --> 00:22:51.830 Gam Wijetunge: So the next question is, you know, we are throwing. As always, there's a lot of acronyms so maybe the next acronym talk a little bit about is PPRP itself. And what you know, what is the Prehospital Pediatric Readiness Project.

S121 00:22:52.070 --> 00:22:55.139 Gam Wijetunge: and maybe I could turn to Dr. Adelgais.

S122 00:22:55.810 --> 00:23:05.669 Dr. Kathleen Adelgais: Sure. Thank you. The pre hospital pediatric readiness project has really been designed to empower EMS and fire rescue agencies

S123 00:23:05.670 --> 00:23:27.860 Dr. Kathleen Adelgais: to optimize their overall readiness. The PPRP has free and open access tools and resources for improvement. And really, as I mentioned, across the series of elements, about what does it mean to be pediatric? Ready to really provide materials for EMS agencies to to institute those resources in their agency?

S124 00:23:31.360 --> 00:23:31.945 Gam Wijetunge: And

S125 00:23:33.590 --> 00:23:34.730 Gam Wijetunge: so it

S126 00:23:35.050 --> 00:23:39.000 Gam Wijetunge: maybe from the perspective of an EMS clinician.

S127 00:23:39.160 --> 00:23:49.309 Gam Wijetunge: Why, why is it important for folks in the field to know about the project? Wh? Why do you think it's important from their perspective?

S128 00:23:50.790 --> 00:23:52.829 Dr. Kathleen Adelgais: Well, thank you for that question.

S129 00:23:54.350 --> 00:24:03.040 Dr. Kathleen Adelgais: I would say that it really does start with the overall ability to support the resilience of the EMS clinicians themselves. I think that

S130 00:24:03.550 --> 00:24:25.989 Dr. Kathleen Adelgais: we hear from them every day about. They remember every kid they saw. They certainly remember every very sick or injured child. They see they're terrified about the outcome. They're worried. They worry if they did the right thing, because it's not something that they commonly manage to see a child do slim, listless, weak, not breathing well

S131 00:24:26.326 --> 00:24:44.829 Dr. Kathleen Adelgais: and then be struggling to find the right equipment, to be struggling to know what the right medication or the right protocol is is a terrifying thing for an EMS clinician, and given the rarity by which any EMS provider may actually encounter a child, much less a very, very ill child. It's particularly hard.

S132 00:24:45.207 --> 00:25:03.310 Dr. Kathleen Adelgais: The other element of a pediatric readiness is, it's really supposed to be ready for all kids with all conditions, and even our our now hugely impactful emergent mental health crisis is particularly challenging. That's where areas of family centered care transport safety for agitated patients.

S133 00:25:03.310 --> 00:25:18.871 Dr. Kathleen Adelgais: If you were to treat them with medication, what would be the right medication to give? And we're talking about minors? And so

we really, the project itself is really about ensuring that best practices that have been developed are available and disseminated.

S134 00:25:19.280 --> 00:25:33.739 Dr. Kathleen Adalgais: that the tools are ready and easy to use. Not just that you have it, but you know how to use it. And that you're doing it in alliance with. What do you know, the leaders. In care for kids really do recommend.

S135 00:25:36.600 --> 00:25:45.902 Gam Wijetunge: And you, you talked earlier about the you know, on May first we have the PPRP, assessment that is coming out.

S136 00:25:46.470 --> 00:25:52.700 Gam Wijetunge: How will this assessment help EMS become more pediatric ready?

S137 00:25:55.192 --> 00:26:03.507 Dr. Kathleen Adalgais: Thank you. The assessment is going to actually provide EMS agencies a score of their overall readiness.

S138 00:26:04.100 --> 00:26:28.670 Dr. Kathleen Adalgais: many on this call might be familiar with the national pediatric readiness project which has really been focused on hospital pediatric readiness. And for basically several cycles in the last 2 decades. There have been assessments conducted to assess pediatric readiness, scores of emergency departments. These scores are a weighted score based on the things that are thought to be most impactful.

S139 00:26:28.670 --> 00:26:44.599 Dr. Kathleen Adalgais: impactful in the care of a child, and during an emergency and the work was to develop the pediatric readiness. Assessment was done in parallel. A joint policy statement, drafted by 5 national organizations.

S140 00:26:44.945 --> 00:26:55.650 Dr. Kathleen Adalgais: Really spoke to what are the key elements that EMS agencies and rescue fire rescue agencies need to be ready to care for children. And then, from those recommendations and guidelines

S141 00:26:55.990 --> 00:27:18.720 Dr. Kathleen Adalgais: an assessment was created that weighted some of the elements based on perceived importance. The process went through multiple iterations, consensus process, a very rigorous development process actually and ultimately EMS agencies who complete the assessment will get a score of their overall readiness.

S142 00:27:19.052 --> 00:27:42.359 Dr. Kathleen Adalgais: The score is a 0 to 100 score, and there are points for your medication and patient safety, the frequency by which your EMS providers practice and train and pediatric care, the presence of a pediatric emergency care, coordinator, all these things are things that you'll be. The EMS. Agencies will be answering about their overall readiness, and then they'll get some additional information back.

S143 00:27:47.230 --> 00:27:58.020 Gam Wijetunge: Great I'm I'm I'm looking forward to May first. So what can you do? You could provide some detail on what exactly is included in the assessment.

S144 00:27:59.212 --> 00:28:15.647 Dr. Kathleen Adalgais: Sure. Well, and I did. Wanna share with you that as you can see here on the slide. The PPRP is overseen by a large steering committee and it has a total of 30 different organizations and national partners.

S145 00:28:16.438 --> 00:28:39.709 Dr. Kathleen Adalgais: It meets quarterly, and it has created a checklist that's readily available now. For EMS agencies to start to inventory some elements of the readiness. A tool kit that we've worked incredibly hard on. That is a curated free, open access materials available that any EMS agency can download and then use, including curricula

S146 00:28:39.710 --> 00:28:43.787 Dr. Kathleen Adalgais: for training. Join templates of protocols,

S147 00:28:44.540 --> 00:29:00.439 Dr. Kathleen Adalgais: information about medication, dosing safety and things like that. And then this assessment that comes out on May first, as we were just talking about, is going to have a series of questions that EMS agencies answer about some of the elements of their readiness.

S148 00:29:06.620 --> 00:29:07.239 Gam Wijetunge: So.

S149 00:29:08.710 --> 00:29:16.469 Gam Wijetunge: you know, you know at last, count. But that's great. We have the focus areas up on the screen as well.

S150 00:29:17.291 --> 00:29:26.689 Gam Wijetunge: you know there are thousands of agencies in the Us. That you know. We know we're providing care for children.

S151 00:29:28.170 --> 00:29:29.030 Gam Wijetunge: How

S152 00:29:30.272 --> 00:29:35.759 Gam Wijetunge: How exactly are they going to be engaged in this? In this assessment process?

S153 00:29:37.545 --> 00:30:01.694 Dr. Kathleen Adalgais: Well, it is really through the hard work of people like Eric. Here on the call. So the EMS for Children data center, which is one of the key core arms of the EMS for Children program. Has a database of agencies that was curated by State partnership program managers. The goal is that the assessment is completed on all grounds.

S154 00:30:02.060 --> 00:30:08.080 Dr. Kathleen Adalgais: 911 responding agency which does include fire rescue and even non-transporting agencies.

S155 00:30:08.577 --> 00:30:26.930 Dr. Kathleen Adalgais: In an effort to ensure a widespread assessment. State partnership program. Managers like Eric. Had basically provided the Edc with the list of EMS agencies. And their contact information that was put into a database.

S156 00:30:27.010 --> 00:30:38.660 Dr. Kathleen Adalgais: One key thing to realize is that EMS search children has actually been doing an annual survey since 2017 on a couple of core performance measures, and so EMS agencies have

S157 00:30:38.660 --> 00:30:59.710 Dr. Kathleen Adalgais: very graciously been completing surveys for the last several years on whether they have a pediatric emergency care coordinator, and how frequently they do skills checks this next survey or assessment will be an expansion upon that where we'll still collect that information. But do this much larger overall assessment.

S158 00:30:59.710 --> 00:31:24.669 Dr. Kathleen Adalgais: and for States that are participating in the assessment. Starting may first EMS agencies in those States are will receive an invitation to go to the website, and there they click on their state, and then once they click on their state, they click on their agency name and they will get their own assessment pulled up, so that when they're answering the questions

S159 00:31:24.670 --> 00:31:43.780 Dr. Kathleen Adalgais: in that assessment the information goes directly into the database under their name and protected so that information is just not flowing out there for anybody and everybody but that then it also allows a generation of some feedback on the results of that assessment immediately upon completion.

S160 00:31:45.290 --> 00:31:54.939 Dr. Kathleen Adalgais: and the questions being asked are the questions shown on the slide there? All of the core elements of what we have worked on to establish this pediatric readiness for EMS agencies.

S161 00:31:58.960 --> 00:32:01.234 Gam Wijetunge: Great. Thank you. Dr. Adalgais.

S162 00:32:02.420 --> 00:32:12.800 Gam Wijetunge: so my understanding right is that both North Carolina and New Jersey have participate in the field test of the assessment

S163 00:32:13.306 --> 00:32:15.983 Gam Wijetunge: a pile test. Rather so.

S164 00:32:16.740 --> 00:32:24.536 Gam Wijetunge: So next, a few questions are for our panelists that have been involved in that process?

S165 00:32:25.453 --> 00:32:30.440 Gam Wijetunge: first. Could you tell us a little bit about the EMS system

S166 00:32:30.856 --> 00:32:43.339 Gam Wijetunge: in your state? And then, how was it for you in actually completing the assessment? You know where? The where? The questions are difficult. How long did it take you to do it? And

S167 00:32:43.460 --> 00:32:45.170 Gam Wijetunge: and and so on.

S168 00:32:51.280 --> 00:32:53.988 Chief Frank St. Denis: Alright, I'll go first here. So North Carolina.

S169 00:32:54.290 --> 00:32:54.960 Gam Wijetunge: She came up.

S170 00:32:55.307 --> 00:33:12.689 Chief Frank St. Denis: North Carolina. We're a pretty unique system. We have everything from mountainous rural areas to coastal rural areas to major cities in between. But we have about 100 individual counties, about 14,000 EMS, providers of various levels between EMT, Advanced EMT, paramedic within the State.

S171 00:33:13.238 --> 00:33:36.329 Chief Frank St. Denis: They can give me county based EMS agencies, combination fire EMS agencies. Still, some rural volunteer departments are still able to keep functioning. And any various combination of those. Me specifically, in Lenore County, where? I'm the chief. We have 400 miles of territory that we cover with a population of 60,000 people.

S172 00:33:37.740 --> 00:33:49.649 Chief Frank St. Denis: we do have a community hospital within our county. Our major specialty center, which handles pediatrics, trauma cardiac anything like that is about 45 min to an hour away by ground.

S173 00:33:53.130 --> 00:34:09.190 Chief Frank St. Denis: us, we answered. 12,323 calls last year. We're able to do it with a very dedicated team of paramedics and EMTs with 5 abletes and QRV. Supervisor. And we're supplemented by ground and air critical care transport teams.

S174 00:34:12.989 --> 00:34:18.979 Gam Wijetunge: Great thanks, Chief. And maybe, Eric, maybe you could tell us a little about your system in New Jersey.

S175 00:34:19.320 --> 00:34:23.051 Eric Hicken: Sure. Thank you.. So in New Jersey we have a 2 tiered system.

S176 00:34:23.668 --> 00:34:28.601 Eric Hicken: We have ALS and BLS ground units the ALS unit is a chase unit. So

S177 00:34:29.230 --> 00:34:32.530 Eric Hicken: for example, if a 911 call comes in and

S178 00:34:32.907 --> 00:34:39.780 Eric Hicken: it's a motor vehicle accident and Sonya's chest pain. They will dispatch a BLS unit and separately dispatch an ALS unit.

S179 00:34:39.850 --> 00:34:42.939 Eric Hicken: So we operate a 2 tier system, with the exception of

S180 00:34:43.401 --> 00:34:50.870 Eric Hicken: some of our larger cities Canton and City, Newark, and some of the others. They operate in a one tier system.

S181 00:34:51.080 --> 00:34:55.109 Eric Hicken: We also have air medical in our State

S182 00:34:55.159 --> 00:35:03.829 Eric Hicken: covers the entire State. We're a state of 21 counties. We have a call volume of about 1.2 million calls a year that come through 911.

S183 00:35:04.424 --> 00:35:08.539 Eric Hicken: So we have a tremendous challenge keeping up those calls.

S184 00:35:10.060 --> 00:35:13.927 Eric Hicken: we're partly licensed. And we run

S185 00:35:15.280 --> 00:35:20.139 Eric Hicken: about 500 licensed agencies, and about 4,000 vehicles in the State.

S186 00:35:24.510 --> 00:35:35.147 Gam Wijetunge: Great. So then the next question for both of you is when you actually piloted doing the assessment?

S187 00:35:35.690 --> 00:35:38.230 Gam Wijetunge: you know. How long did it take you to do it? Was it?

S188 00:35:38.260 --> 00:35:39.520 Gam Wijetunge: Was it difficult.

S189 00:35:42.126 --> 00:35:43.860 Chief Frank St. Denis: Yeah. So for me, it

S190 00:35:43.950 --> 00:35:46.341 Chief Frank St. Denis: I won't say difficult is the right word.

S191 00:35:46.820 --> 00:35:50.029 Chief Frank St. Denis: It took me about 45 min, probably to do.

S192 00:35:50.840 --> 00:35:54.585 Chief Frank St. Denis: There was a couple of questions in there that required me to kind of know some

S193 00:35:54.870 --> 00:36:01.179 Chief Frank St. Denis: data or not, you know, data or numbers that I had maybe had a look up that maybe I wasn't expecting upfront. So that'll be

S194 00:36:01.420 --> 00:36:14.936 Chief Frank St. Denis: kind of a message for anybody going forward that wants to do the assessment. You know. Now, you had to dig up some numbers and things like that. But the questions are pretty straightforward, pretty clear. There really was not a whole lot of

S195 00:36:17.150 --> 00:36:19.580 Chief Frank St. Denis: Yeah, it wasn't difficult at all. Yeah.



S196 00:36:23.740 --> 00:36:48.999 Eric Hicken: So yeah, I mean New Jersey, I have a very unique perspective, because I didn't actually have to take the assessment so I provided the assessment to others. But the feedback I'm getting has been remarkable. It. Average time is about 30 min for providers to complete the assessment. Many have printed it out, which I think was an advantage, because they could look up the answers before they actually sat in front of a computer

S197 00:36:50.140 --> 00:36:51.719 Eric Hicken: and I think that they're

S198 00:36:52.116 --> 00:37:02.483 Eric Hicken: happy with the Gap report they received and the information they got back from it. And they have told me that they are going to use it to improve their processes and their policies and

S199 00:37:03.070 --> 00:37:10.880 Eric Hicken: from my perspective. Looking at some of the dashboards that were set up for us, where we could see the data coming in in real time.

S200 00:37:11.596 --> 00:37:12.273 Eric Hicken: Really,

S201 00:37:13.300 --> 00:37:17.660 Eric Hicken: shown how a peck really does make a difference. Agencies that had a peck

S202 00:37:17.750 --> 00:37:19.649 Eric Hicken: scored remarkably higher

S203 00:37:19.790 --> 00:37:22.369 Eric Hicken: than our agencies. It didn't. So

S204 00:37:22.910 --> 00:37:25.409 Eric Hicken: I'm excited about the information we got.

S205 00:37:25.650 --> 00:37:43.370 Eric Hicken: I'm looking forward to really taking it back to our EMS-C Advisory Council and our other stakeholders, and saying, Hey, listen! Here's the data. It's in black and white. Now we know what we have to do. Now, let's get some programs together. And you know, improve where we're at. And I think the biggest biggest piece there is gonna be getting a peck in place.

S206 00:37:43.460 --> 00:37:45.809 Eric Hicken: That pediatric emergency care coordinator

S207 00:37:45.830 --> 00:37:47.910 Eric Hicken: is a huge factor.

S208 00:37:48.580 --> 00:37:56.330 Eric Hicken: and it's not that hard to implement a pack and get that person in place, and there's no real cost to it, because it could be a shared, shared role.

S209 00:37:59.320 --> 00:38:04.742 Gam Wijetunge: Thanks, Eric. Chief Dennis, when you completed your your assessment

S210 00:38:05.560 --> 00:38:07.944 Gam Wijetunge: Did you learn anything?

S211 00:38:08.880 --> 00:38:16.300 Gam Wijetunge: you know that you weren't expecting, or you know, how do you plan to use any information that you actually got from.

S212 00:38:17.170 --> 00:38:27.690 Chief Frank St. Denis: Yeah, I you know I I as you're going through it. And then when the score first comes back, you get a little bit anxious because you get this number. You're like, Oh, my! Look at, you know, and you kind of do a little bit of

S213 00:38:28.259 --> 00:38:55.020 Chief Frank St. Denis: self reflection on some stuff. But I think one of the nice things about the assessment is they throw you back the national average as well when you create it. So you get to see how you kind of align with the rest of the nation when you're doing this. We were a little bit shy of the national average, which I was kind of expecting. You know our situation, or where we sit. You know we are a rural agency. Our resources are a little bit limited. So you know, there are some things that we have to do.

S214 00:38:55.510 --> 00:38:57.309 Chief Frank St. Denis: You know. Try to get through and

S215 00:38:57.891 --> 00:39:01.749 Chief Frank St. Denis: work with work with what we got the best that we can.

S216 00:39:02.501 --> 00:39:16.569 Chief Frank St. Denis: But at the same time, you know, some of the feedback given through the assessment were very simple, easy fixes that we're able to do. You know, maybe some things that we didn't realize upfront that were maybe a big thing that we had to go back and simple.

S217 00:39:16.580 --> 00:39:20.173 Chief Frank St. Denis: simple fixes, or maybe a training implementation that we could do.

S218 00:39:20.872 --> 00:39:24.547 Chief Frank St. Denis: You know, I think one of the big things I learned of it was

S219 00:39:24.980 --> 00:39:28.644 Chief Frank St. Denis: when one of the sessions talk about our relationships with, like our

S220 00:39:29.240 --> 00:39:44.121 Chief Frank St. Denis: hospitals and providers and stuff like that. It was really easy just to say, okay, we need to have more sit downs, more conversations, and build a better, stronger relationship with some of our facilities. And that's a really easy thing to implement.

S221 00:39:44.820 --> 00:39:56.937 Chief Frank St. Denis: At the same time, we're going through an actual protocol revision right now. So this is kind of good timing to get this so we're able to start tweaking some of our other protocols to submit, and offer revision as well. So

S222 00:39:57.250 --> 00:40:04.230 Chief Frank St. Denis: You know, it really puts some things in perspective to say, you know you're really doing a lot of things right. Here's a few things you can tweak

S223 00:40:04.580 --> 00:40:06.340 Chief Frank St. Denis: So overall it was. It was good.

S224 00:40:07.550 --> 00:40:12.150 Gam Wijetunge: And yeah, have you accessed the PPRP toolkit?

S225 00:40:12.150 --> 00:40:28.740 Chief Frank St. Denis: So. So I have matter of fact, when the assessment first came out and I went browsing through it a little bit, one of our action plans going forward to seek out some of our opportunities for improvement was to work with our training division and our training officer. So right now he's kind of spearheading the

S226 00:40:29.275 --> 00:40:35.560 Chief Frank St. Denis: the toolkit and using the resources that we all have to help put together some training items and things like that.

S227 00:40:35.570 --> 00:40:38.970 Chief Frank St. Denis: But I I really was. And and it's great that

S228 00:40:39.490 --> 00:40:40.055 Chief Frank St. Denis: the

S229 00:40:40.660 --> 00:40:44.719 Chief Frank St. Denis: they're able to put out so many free resources for us to access. And

S230 00:40:44.730 --> 00:40:59.680 Chief Frank St. Denis: It's great information. It's always very current. I like the fact that quarterly it's being reviewed and updated as needed. And you know, the latest and greatest, best of the best stuff is coming out there. So it's been great for us, too, and it's a great resource to have available.

S231 00:41:02.530 --> 00:41:08.300 Gam Wijetunge: Great so before I throw the next question back to Dr. Outlab's

S232 00:41:09.110 --> 00:41:13.949 Gam Wijetunge: Chief Dennis or Eric have anything to add about pediatric readiness.

S233 00:41:15.900 --> 00:41:22.198 Eric Hicken: Yeah. So I would just like to add to everybody out there. That's either going to take the survey or be conducting the survey.

S234 00:41:22.915 --> 00:41:27.009 Eric Hicken: Don't fret over your final numbers. Your final numbers

S235 00:41:27.040 --> 00:41:29.389 Eric Hicken: are to be built on and improved on.

S236 00:41:29.767 --> 00:41:50.379 Eric Hicken: Don't beat yourself up over it. Just put a plan in place, and you know, when it happens again in a few years, you know, we'll look at better numbers, and you can always reassess yourself. In between years as well as I understand it. So that's gonna be a great tool. Utilize the EIIC for our program. Managers out there utilize the EMS-C data center.

S237 00:41:50.580 --> 00:41:53.370 Eric Hicken: They are there to help us. They're there to get this done.

S238 00:41:53.780 --> 00:41:54.920 Eric Hicken: And you know

S239 00:41:55.480 --> 00:42:02.510 Eric Hicken: it is, we're all a team. So we can get this done and make it happen, and just keep your head up. Look at your scores and get better next time.

S240 00:42:05.680 --> 00:42:11.320 Chief Frank St. Denis: Yeah, I'm gonna pretty much echo what? Eric said. You know at first you took it, and you kinda

S241 00:42:11.540 --> 00:42:20.621 Chief Frank St. Denis: You're a little bit shocked by your score, or something like that. But really, all it is is to say, Hey, somebody did to work for you to identify some areas that you have to work on

S242 00:42:20.990 --> 00:42:24.564 Chief Frank St. Denis: And really, it's just an extra resource to help guide us.

S243 00:42:25.150 --> 00:42:27.249 Chief Frank St. Denis: You know. Take advantage of it.

S244 00:42:27.350 --> 00:42:28.530 Chief Frank St. Denis: even if you don't

S245 00:42:28.570 --> 00:42:42.949 Chief Frank St. Denis: use the entire assessment to guide your agency in a direction. Pick something out of it. I just think overall, though, for the amount of time you have to invest in order to complete the assessment, the information that you gain out of it is absolutely invaluable, so.

S246 00:42:43.170 --> 00:42:45.010 Chief Frank St. Denis: by all means, at least, take it.

S247 00:42:45.090 --> 00:42:48.600 Chief Frank St. Denis: Get a little bit of a self assessment, do some self inflection and

S248 00:42:48.610 --> 00:42:53.499 Chief Frank St. Denis: keep on trucking forward, and of course use out all the resources that these guys are

S249 00:42:53.640 --> 00:42:56.539 Chief Frank St. Denis: presenting out there. I mean, it's a great resource

S250 00:42:56.650 --> 00:42:58.410 Chief Frank St. Denis: of information. And

S251 00:42:59.004 --> 00:43:03.260 Chief Frank St. Denis: You know. Remember, at the end of day we're in it for. And that's for all our patients. So.

S252 00:43:05.560 --> 00:43:06.340 Gam Wijetunge: Right on

S253 00:43:08.570 --> 00:43:12.049 Gam Wijetunge: so. Dr. Adalgais case back to you

S254 00:43:13.030 --> 00:43:13.750 Gam Wijetunge: so.

S255 00:43:14.490 --> 00:43:27.459 Gam Wijetunge: From I think what we've been hearing throughout the Webinar when the assessment launches on May one. The agencies that complete it will get benchmarking data.

S256 00:43:27.510 --> 00:43:32.199 Gam Wijetunge: Maybe you can talk a little bit about that.

S257 00:43:32.700 --> 00:43:46.706 Dr. Kathleen Adalgais: Yeah. So what? Is up on the screen right now is a screenshot from the report that will be generated upon completion of the assessment, and when

S258 00:43:47.850 --> 00:44:12.740 Dr. Kathleen Adalgais: when EMS agencies hit, submit. This report will instantly be generated. It'll be a Pdf. That you can then save and then have for resources. You can see on the left side what your score is, and it's a score out of a hundred, and then you can see the national average of scores, and then also the number of scores with your

S259 00:44:12.740 --> 00:44:17.671 Dr. Kathleen Adalgais: the the average score for agencies with your

S260 00:44:18.220 --> 00:44:38.049 Dr. Kathleen Adalgais: same pediatric volume. So it might be that the national average is higher or lower. But it might be more importantly where you are in comparison to agencies of your similar size and shape. In other words, how many children do you see? Annually? Are you rural? Are you urban? etc?

S261 00:44:38.050 --> 00:45:01.549 Dr. Kathleen Adalgais: And I think that this is really important. We it's not, you know, fair for us agencies to kind of just go nationally. Everybody is here, and we're over here when your agency is really one of you know, in the tenth percentile for pediatric volume. If that makes sense the other thing that you'll see on the right side. Right hand of the slide is

S262 00:45:01.550 --> 00:45:16.740 Dr. Kathleen Adalgais: the actual questions that you answer, and then how many points get generated per question, and if you answer yes, you have something. You'll get a green box if you answer. No, you don't have it. You'll get the little red dash inside the circle.

S263 00:45:17.000 --> 00:45:39.532 Dr. Kathleen Adelgais: What happens with the red dash inside the circle? I mean, I think this is kind of to achieve. St. Dennis's point is, you actually not only know this is where you're saying no, but you get important statements that it get generated as well, that provide you with information about why this is important, and I think that particularly for agencies that

S264 00:45:39.890 --> 00:46:03.799 Dr. Kathleen Adelgais: may find that there's a few things that they are saying no to the important statements. Allow them to prioritize where to put their energy and effort. Because we can't all do everything at once. We know that. If there are educational needs and policy needs and safety medication. Safety needs. The important statements can help guide EMS agencies to S identify where they, gonna you know, start their work

S265 00:46:03.800 --> 00:46:11.770 Dr. Kathleen Adelgais: as it is, as it were. So this is kind of what that gap report overall looks like, and what agencies will see.

S266 00:46:14.840 --> 00:46:28.880 Gam Wijetunge: So I'm a big data nerd. And this gets me, you know, really excited and you know, with the thousands of agencies across the country, many of them are tuned in today. It

S267 00:46:29.320 --> 00:46:34.279 Gam Wijetunge: sounds like there's going to be a lot of data and information being collected. How will

S268 00:46:34.500 --> 00:46:38.869 Gam Wijetunge: how well the EMS for Children program uses all of that on the national level.

S269 00:46:39.830 --> 00:46:53.111 Dr. Kathleen Adelgais: Yeah, I was so first of all, all, the data is aggregated. So it that way, we're not highlighting XY or Z agency. None of the agency identifiers would ever be released.

S270 00:46:53.480 --> 00:47:10.679 Dr. Kathleen Adelgais: 2. The data is available in aggregate and other forms. Through data, use agreements and other things to program managers. So that again, as Eric was saying, like, it can be used to help target and support EMS agencies.

S271 00:47:11.012 --> 00:47:40.580 Dr. Kathleen Adelgais: With what it is they need and where they're at it may also be used by state partnership program managers to help create criteria for identifying EMS agencies is pediatric ready, although that is a process that 40 different States are all working in collaboration on right now. So what? What? That criteria might look like, and how those criteria directly crosswalk is really the work of the State partnership program manager who knows their state well and knows their state structure well.

S272 00:47:41.156 --> 00:47:46.799 Dr. Kathleen Adalgais: The one thing I'll point out, though, is that this is the first assessment ever.

S273 00:47:47.163 --> 00:48:02.190 Dr. Kathleen Adalgais: We have no knowledge of the state of pediatric readiness in the Us. We had no knowledge of the state of pediatric readiness in hospitals until that first assessment was done, and when that first assessment was done the average score was 55

S274 00:48:02.954 --> 00:48:08.060 Dr. Kathleen Adalgais: So hospitals have come a long way. Their average score now is 69

S275 00:48:08.470 --> 00:48:34.970 Dr. Kathleen Adalgais: and there have been really significant gains. And now there's research generated by Dr. Remick and Dr. Newgard, who have done a huge amount of work on pediatric readiness for hospitals to really show the positive impact of pediatric readiness in the emergency care of children that go to pediatric ready facilities. There's also going to be research through target issues, grants that

S276 00:48:35.313 --> 00:48:44.599 Dr. Kathleen Adalgais: have been funded by HRSA to identify what the role of that pack is and how it supports care of children. So I think that as we.

S277 00:48:44.600 --> 00:48:47.174 Dr. Kathleen Adalgais: we need to be incredibly

S278 00:48:47.810 --> 00:48:50.410 Dr. Kathleen Adalgais: careful stewards of this data.

S279 00:48:50.974 --> 00:49:05.419 Dr. Kathleen Adalgais: but also use it to identify where we can put policies and support and resources into place to really help agencies. Deliver the care they want to give to their patients.

S280 00:49:07.990 --> 00:49:20.620 Gam Wijetunge: Right. And you mentioned this is the first of its kind effort. And I I think Eric mentioned that. The plan right now is to repeat it in like 5 years. Right?

S281 00:49:20.820 --> 00:49:31.120 Gam Wijetunge: And I know we've mentioned multiple times that that may one is the big launch date. How long do folks have to complete the assessment?

S282 00:49:31.940 --> 00:49:40.270 Dr. Kathleen Adalgais: 3 months. So the assessment will stay open till July 31. First and at that time it will close

S283 00:49:40.581 --> 00:50:05.180 Dr. Kathleen Adalgais: when the EMS for Children Data Center. The Edc. Has done assessments on those other performance measures that I mentioned previously. It's also been a 3 month window. We know that. Some people are like right out the gate. Get their assessment done, and then there are stragglers. That take some time to come around and do it and so if you are in a state and you've done your assessment

S284 00:50:05.180 --> 00:50:29.589 Dr. Kathleen Adelgais: and you wanna help your State program manager. I would raise my hand to be willing to call your fellow EMS agencies to go yo get your assessment done and cause it's if you are in Texas you have a lot of agencies to get through. So it's but there will be a series of notices and reminders that do go out every few weeks. And along with an uptick of

S285 00:50:29.590 --> 00:50:37.439 Dr. Kathleen Adelgais: on a dashboard an internal dashboard that program managers can use to track percent of agencies completing the assessment.

S286 00:50:40.230 --> 00:50:53.429 Gam Wijetunge: Great, and I I think Eric mentioned before or or earlier, about this pediatric dashboard. Does the PPRP assessment have anything to do with the pediatric dashboard, and we've heard a little bit about that.

S287 00:50:54.310 --> 00:51:15.040 Dr. Kathleen Adelgais: So the PPRP is assessed with a score of an agency's overall pediatric readiness, and there is a pediatric dashboard that is being created. In collaboration between NHTSA and the National EMS information system, technical Assistance Center, the NEMSIS TAC and

S288 00:51:15.412 --> 00:51:27.320 Dr. Kathleen Adelgais: And HRSA. And when you miss agencies, complete the PPRP assessment and get their score. They get a Gap report. The Gap report is measuring elements of their degree of readiness

S289 00:51:27.320 --> 00:51:46.620 Dr. Kathleen Adelgais: that is distinct and separate from the pediatric dashboard. That the slide is talking about here. The dashboard is actually using Nepsis data fields to track care processes and measures. Of individual patients. The dashboard will be at the agency and state level.

S290 00:51:46.790 --> 00:52:16.689 Dr. Kathleen Adelgais: and there were a series of measures that were identified as important in the care of children, and NEMSIS TAC will have its first 6 measures released and available in early June, and those are shown here and State managers who can get into who use the NEMSIS dashboards? Can look at them across their state. How agencies are doing with regard to these metrics.

S291 00:52:17.125 --> 00:52:27.129 Dr. Kathleen Adelgais: These metrics were chosen by a technical expert panel and we came up with a lot of measures. We are pediatric

S292 00:52:27.160 --> 00:52:53.209 Dr. Kathleen Adelgais: people, and we wanted all the measures but NEMSIS TAC. It will start with 6 and give you 6 and so these 6 were chosen to cover the large majority of clinical care of children. Across trauma, injury, asthma, anaphylaxis, etc. And so these are the dashboard metrics that will be first available to kind of track. How care for children is going.



S293 00:52:57.270 --> 00:53:22.239 Gam Wijetunge: Great. And maybe we can actually go to the next slide. So I know we're running a little bit late. We do wanna get to QA. So we do have QR codes up on this screen now. Where you can get the link directly to the PPRP Assessment and information on that as well as a link to your state. EMS-C, manager your program manager.

S294 00:53:23.067 --> 00:53:28.856 Gam Wijetunge: before we dive into questions. I do wanna thank all our panelists.

S295 00:53:29.871 --> 00:53:40.260 Gam Wijetunge: for the great discussion to get today, I'm really excited for this project as it moves forward. But let's go ahead and

S296 00:53:40.500 --> 00:53:47.510 Gam Wijetunge: dive into QA. And bear with me while I click a few

S297 00:53:47.660 --> 00:53:48.690 Gam Wijetunge: links.

S298 00:53:53.940 --> 00:53:54.760 Gam Wijetunge: fit in

S299 00:54:05.867 --> 00:54:20.009 Gam Wijetunge: and yeah, maybe I'll just, Dr. Adelgais, maybe you can handle this one. We did see one question come into the QA. Box? A question about. I'm seeing from Harry Hughes. I'm seeing more and more behavioral health issues within. Children.

S300 00:54:20.130 --> 00:54:24.829 Gam Wijetunge: Are there additional programs? In this area as well.

S301 00:54:26.405 --> 00:54:54.100 Dr. Kathleen Adelgais: Yes. So the EMS for children. Innovation and improvement Center. The EIIC has a series of educational kits. They call them peaks. Pediatric education, advocacy kits and there are 5 available right now, including adolescent suicide child at, you know, agitation, pain and sedation and child abuse.

S302 00:54:54.490 --> 00:55:05.039 Dr. Kathleen Adelgais: And you can go to that website to get that information, and we'll put that into the chat for the group as well.

S303 00:55:06.540 --> 00:55:07.260 Gam Wijetunge: Great

S304 00:55:07.972 --> 00:55:30.149 Gam Wijetunge: and we've talked a lot about PECCs and the importance of these champions. I have a feeling that well, most of the many of those folks are on the call today, and hopefully, we're even recruiting some new champions on the call we did get a question about is there a job description for the PECC.

S305 00:55:34.430 --> 00:55:35.999 Dr. Kathleen Adelgais: Eric, do you wanna take that one?

S306 00:55:41.861 --> 00:56:01.470 Eric Hicken: These jobs. Excuse me, job description for a pack could be located on the EIIIC website, the EMS-C innovation and Improvement Center website. That's the same website. Had the map of all the States where you could find the information on. There you go to that page it has everything to do with the EMS-C program

S307 00:56:01.500 --> 00:56:05.360 Eric Hicken: performance measures. It's your go to place for all your information.

S308 00:56:07.160 --> 00:56:07.860 Gam Wijetunge: Awesome

S309 00:56:09.250 --> 00:56:15.560 Gam Wijetunge: and we talked a little bit. We actually talked quite a bit about the the process of completing the assessment

S310 00:56:15.650 --> 00:56:18.275 Gam Wijetunge: itself. Is there

S311 00:56:19.758 --> 00:56:28.959 Gam Wijetunge: any data that needs to be collected or gathered in order to complete the assessment? You know, beyond what you can just do, and sitting down.

S312 00:56:29.080 --> 00:56:30.500 Gam Wijetunge: Let's do that to the group.

S313 00:56:34.170 --> 00:56:34.790 Dr. Kathleen Adelgais: So

S314 00:56:34.980 --> 00:56:36.209 Dr. Kathleen Adelgais: oh, go ahead!

S315 00:56:37.000 --> 00:56:45.000 Eric Hicken: I was just gonna say the one big thing that I heard people say they had to get was the number of pediatric patients that they are seeing

S316 00:56:45.317 --> 00:56:49.312 Eric Hicken: their call volume for that they didn't actually have it readily available.

S317 00:56:55.030 --> 00:57:13.040 Gam Wijetunge: Great and so obviously. The next question I've said is, there's a lot of data to crunch here over the coming months. With the help of our community. And I guess the next question is, when will the results of the assessment be available? I guess on a national level.

S318 00:57:15.062 --> 00:57:38.967 Dr. Kathleen Adelgais: Well, the emergency data set. Yeah. EMS for Children, the data center will begin. doing analytics. On the assessment as questions. Get answered as data gets collected. But final analytics may take a couple of months. And so, since the assessment stays open till the end of July. We will not have

S319 00:57:39.380 --> 00:58:02.830 Dr. Kathleen Adelgais: national data till probably the fall or close to the end of 2024, giving them time to ensure that the data is clean, accurate, and

reflective. Other analytics that they are looking to do is again, creating some benchmarking and creating some spread of

S320 00:58:02.830 --> 00:58:12.020 Dr. Kathleen Adalgais: readiness scores and comparison between low medium and high volume pediatric agencies, as they have done for the hospitals.

S321 00:58:17.220 --> 00:58:22.629 Gam Wijetunge: Great. So we're bumping right up against the hour, and I know we have.

S322 00:58:23.109 --> 00:58:32.810 Gam Wijetunge: Several other questions in the queue as we, as we talked about earlier. We'll we'll work on our end to to address those questions and get answers

S323 00:58:33.406 --> 00:58:56.203 Gam Wijetunge: posted as we work on putting up the archive of this webinar. I do want to get another. It's not a question. But we did get a shout out from Tee Morrison and Kanata in the QA. Tee is the Director of the National EMS for Children Program at the Health Resources and services. Administration. So Tee, Thank you for.

S324 00:58:56.951 --> 00:59:20.520 Gam Wijetunge: thank you for the shout out and the QA. This has been a great Great Webinar. Kathleen. Frank, Eric, thank you for joining us today. The next few months are gonna be exciting. I know all of you have invested so much along with your partners in getting this project to the start line. So

S325 00:59:21.411 --> 00:59:27.280 Gam Wijetunge: looking forward on that note thanks again. And I want to thank everyone for

S326 00:59:27.320 --> 00:59:29.709 Gam Wijetunge: for joining us today.

S327 00:59:30.780 --> 00:59:32.380 Dr. Kathleen Adalgais: Thank you very much.

S328 00:59:33.440 --> 00:59:34.449 Eric Hicken: Thank you for having me.

S329 00:59:35.620 --> 00:59:37.800 Chief Frank St. Denis: Thank you for having me as well.