

The logo for Montana DPHHS features the word "MONTANA" in a light blue, sans-serif font at the top. Below it, the letters "DPHHS" are rendered in a large, bold, sans-serif font. The top half of these letters is light blue, and the bottom half is dark green, with a white silhouette of a mountain range integrated into the design.

MONTANA
DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

Emergency Medical Services for Children (EMSC)

- To integrate pediatric priorities in **ALL** components of the Montana's Emergency Medical System
- To support, expand, and improve EMS for children **throughout the continuum of care**
- **TO ENSURE PEDIATRIC READINESS!**



CHILD READY MT

State Partnership for Regionalization of Care (SPROC)

- Develop and implement a **Pediatric Regionalization of Care Program** to assure children in tribal, and rural areas have seamless access to **pediatric-specialty treatment** whenever needed.



- **TO ENSURE PEDIATRIC READINESS!**



Why Pediatric Readiness?



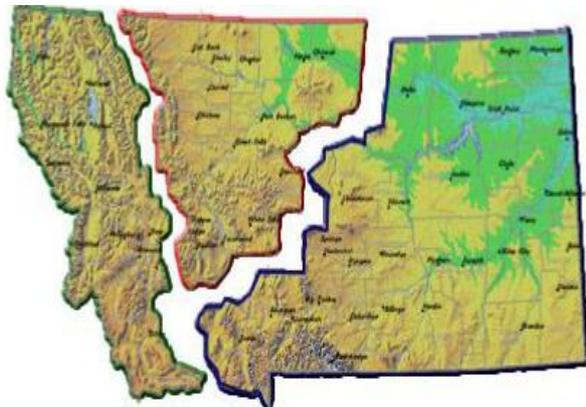
Montana Demographics

■ Population: 1,015,065

□ Children < 5 years old = 62, 423

□ Children 5-18 years old = 188,613

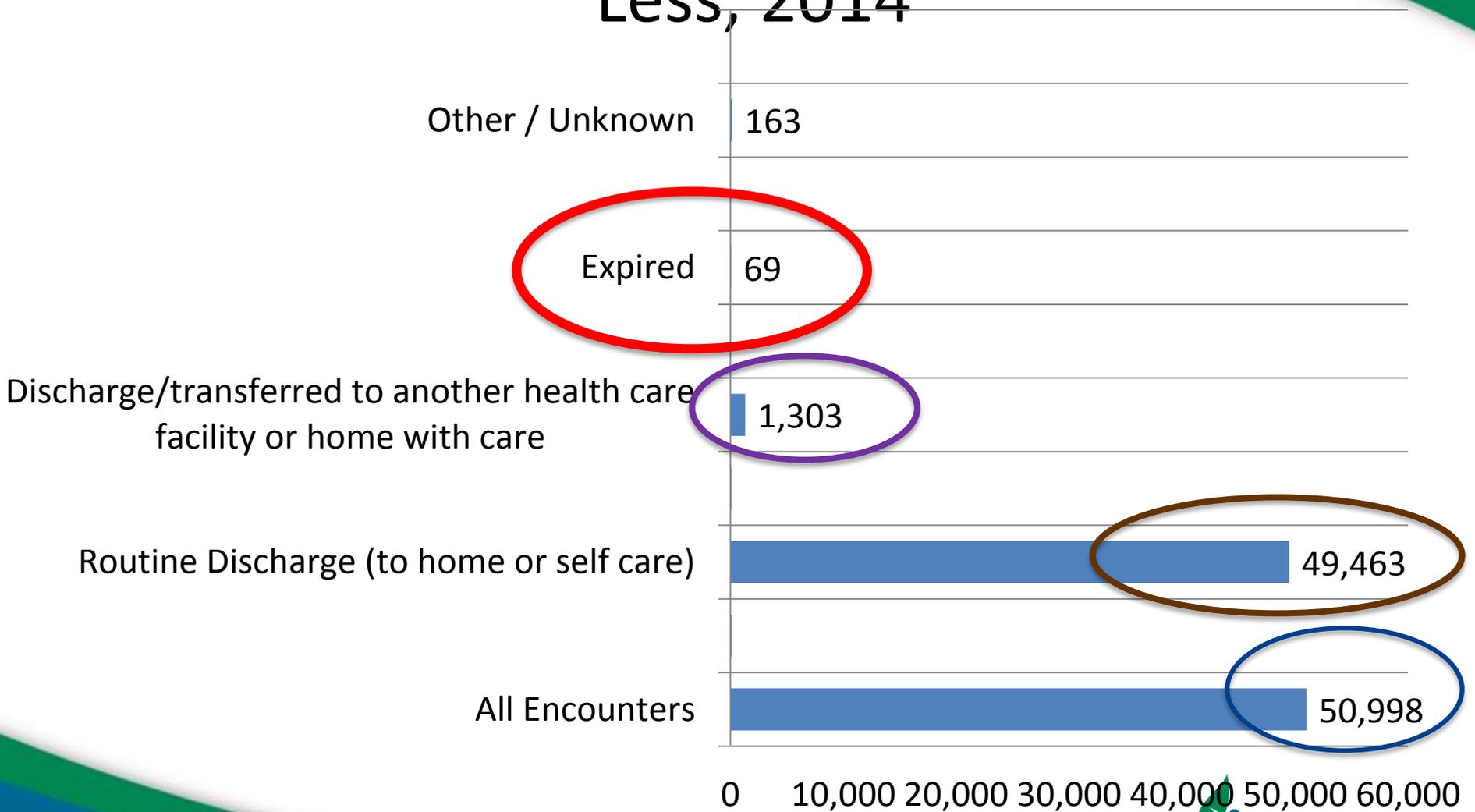
Total children under 18 years of age = 251,036



MORE MT STATISTICS- 3 YEAR TOTALS

- LIVE BIRTHS — **36,149** (2010-12)
- PRETERM BIRTHS- **9.4%**
- INFANT DEATH RATE = **211** (2010-2012) < 1 YR
- CHILD DEATH RATE = **192** < 1 years of age to 17
- MV CRASHES W/ DRIVER <18 = **2,738**
 - ALCOHOL RELATED MV CRASHES <21 = **307**

ED Encounters by Discharge Status and Year, Montana Residents Aged 17 Years or Less, 2014



How Pediatric Prepared are We?



Guidelines for Care of Children in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2009 joint policy statement "Guidelines for Care of Children in the Emergency Department," which can be found online at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/4/1233.pdf>.
Use the checklist to determine if your emergency department (ED) is prepared to care for children.

Joint Policy Statement – *Guidelines for Care of Children in the Emergency Department* (October 2009)

Instrument

The **National Pediatric Readiness Assessment** included questions that addressed:

- Administration and Coordination
- Physician, Nurses, and Other ED Staff
- QI/PI in the ED
- Pediatric Patient Safety
- Policies, Procedures, and Protocols
- Equipment, Supplies and Medications

PEDIATRIC READINESS ASSESSMENT

- **Inform individual EDs** if they have the identified essential resources needed to effectively care for children of all ages.
- **Provide a snapshot of the EDs' readiness** to care for children
- Pediatric emergency care requires specialized training, equipment and medications,



Results



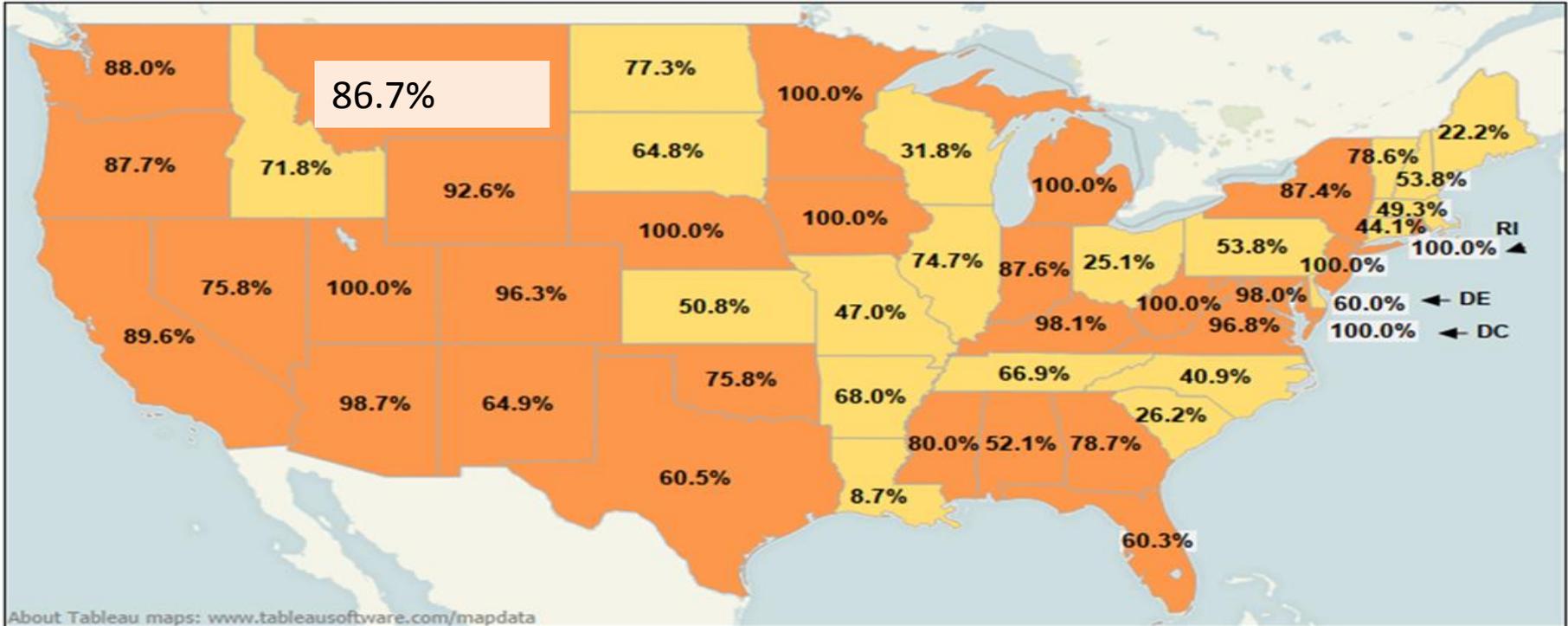
Current Response Rates

LEGEND: Assessment Status

■ Assessment Closed
 ■ Assessment Open

Rev 06/13/2013 -12:37 MDT (Updated Daily)

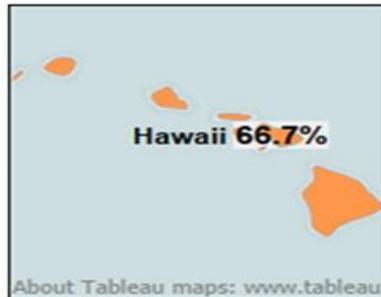
Participating States & Assessment Response Rate



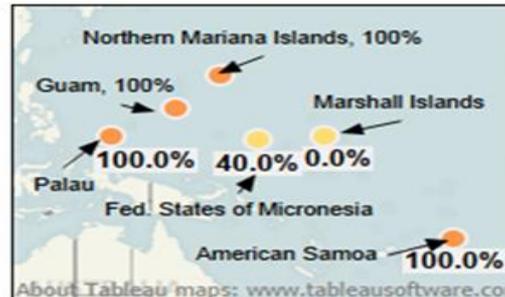
About Tableau maps: www.tableausoftware.com/mapdata



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State Name: Montana

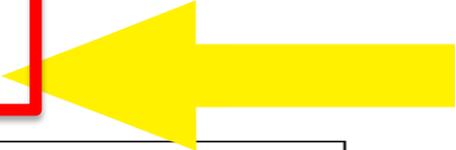
Report Date: 3/5/2014 11:35:46 AM

Number of Hospital Respondents:

Number of Hospitals Assessed:

Response Rate:

52
60
86.7%



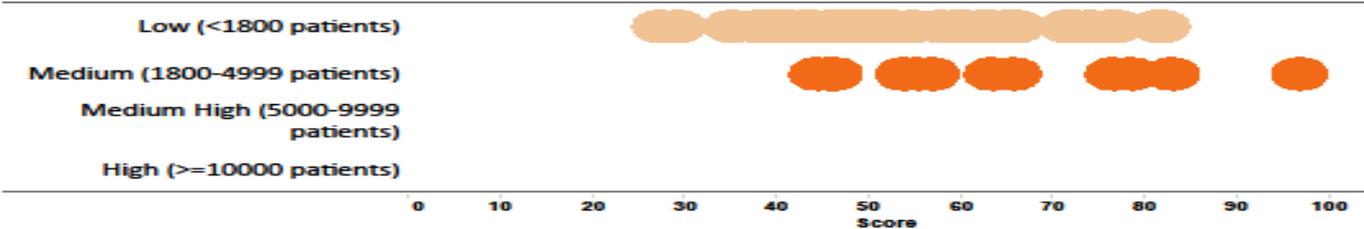
STATE SCORE AND COMPARATIVE SCORES:

58
STATE AVERAGE
HOSPITAL SCORE
OUT OF 100

57
STATE MEDIAN
HOSPITAL SCORE
OUT OF 100

69
n = 4,146
NATIONAL MEDIAN OF
PARTICIPATING HOSPITALS

DISTRIBUTION OF STATE SCORES FOR EACH VOLUME TYPE:



BREAKDOWN OF STATE SCORES FOR EACH VOLUME TYPE:

Annual Pediatric Volume	# of Hospitals	Avg. Score	Median Score	Min. Score	Max. Score
Low (<1800 patients)	37	55.1	52.6	27	82
Medium (1800-4999 patients)	12	63.8	60.1	44	97
Medium High (5000-9999 patients)	2				
High (>=10000 patients)	1				
Grand Total	52	57.8	57.3	27	97

NOTE: Blank indicates fewer than 5 hospitals; score can't be shown.

Policy for child maltreatment	42	80.8%	89.6%
Policy for death of the child in the ED	16	30.8%	58.0%
Policy for reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight	23	44.2%	52.6%
Policy for promoting family-centered care	20	38.5%	59.6%
Hospital disaster plan addresses issues specific to the care of children	16	30.8%	46.8%
Inter-facility transfer guidelines	38	73.1%	70.5%

CHALLENGES

- 35 OUT OF 52 = **\$ OF TRAINING PERSONNEL**
- 31 OUT OF 52= **LACKED PEDIATRIC POLICIES**
- 28 OUT OF 52= **LACKED QI/PI PEDIATRIC INDICATORS**
- 26 OUT OF 52 = **LACKED PEDIATRIC SPECIFIC DISASTER PLANS**
- 26 OUT OF 52= **LACKED APPROPRIATE PEDIATRIC TRAINED NURSES**
- 24 OUT OF 52 =**LACKED APPROPRIATE PEDIATRIC TRAINED PHYSICIANS.**

Montana Pediatric Equipment on Transporting Ground Vehicles

2014 Data Performance Measure Report:

Report Date: 6/30/2014 11:40:53 AM

The data are from the National EMS for Children Performance Measure database stored at the National EMS for Children Data Analysis Resource Center.

Total Number of Agencies in 2014 Dataset*: 182

Total Number of Agencies Assessed: 216

2013-14 Response Rate: 85.6%



PERFORMANCE MEASURE CALCULATION:

The percent of transporting ground vehicles (BLS/ALS) that carry 100% (every piece) of the essential pediatric equipment.

Basic Life Support Transporting Ground Vehicles in Montana (35 Items)

Num Vehicles Carry 100% of BLS Items **20**

Num of BLS Vehicles **147**

% BLS Carry All **13.6%**

Advanced Life Support Transporting Ground Vehicles in Montana (67 Items)

Num Vehicles Carry 100% ALS Items **41**

Num ALS Vehicles **125**

% ALS Carry All **32.8%**



EMSC Areas of Priority



- Enhance Healthcare Professional **Pediatric Education and Training opportunities**
- Develop Practice and Care **Standards/Guidelines**
- Promote Pediatric Injury and Illness **Prevention Initiatives AND Health Literacy** trainings
- Assist with **pediatric disaster preparedness**
- Develop process to assure Pediatric Emergency and Critical Care preparedness - ***Facility Recognition***

Next Steps and Resources



If you don't know where you are going,
any road will get you there

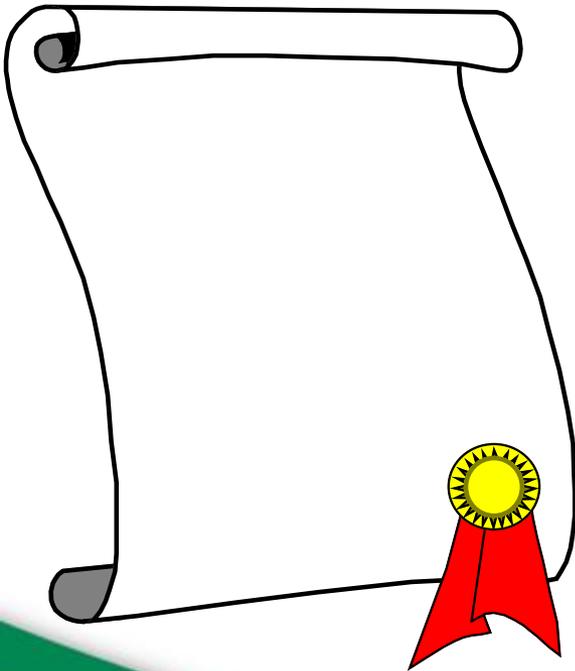


The Montana Plan...

- Establish structure for a replicable, regionalized pediatric system
- Develop & implement processes to manage & treat children
- Develop processes to provide pediatric specialty services at a higher level of care and in the home community

Montana Pediatric Facility Recognition Criteria

**Process to identify the readiness
and capability of a hospital and
its staff to provide optimal
pediatric emergency and
critical care**



MONTANA PEDIATRIC FACILITY

RECOGNITION CRITERIA

- This criterion is in **compliance** with new performance measures. [Ann Emerg Med. 2009;] and **the *Guidelines for Care of Children in the Emergency Department*** in *collaboration with:*
 - AAP** **ACEP** **ENA**
- **The Montana Chapter of the American Academy of Pediatrics endorsed the Montana Pediatric Facility Recognition Criteria.**

BENEFITS OF PEDIATRIC RECOGNITIONS

- Establish minimal standards for day-to-day readiness
- Address regional gaps in resources
- Establish partnerships – “right care, right place, right time”
- Backbone of disaster planning
- Potential for improved outcomes and minimize patient safety events

MONTANA'S PEDIATRIC FACILITY RECOGNITION CRITERIA HAS TWO LEVELS OF RECOGNITION.

Montana's voluntary recognition program recognizes hospitals that **meet specific criteria for personnel training, equipment, and facilities that support optimal care for ill or injured infants, children, and adolescents.**

PEDIATRIC PREPARED FACILITY

- Pediatric-Prepared Emergency Care, a voluntary program recognizing hospitals that have demonstrated their ability to **provide advanced pediatric care for the majority of pediatric medical emergencies including illness and injury.**
- **Highest Level**

PEDIATRIC CAPABLE FACILITY

- Pediatric-Capable Emergency Care, a voluntary program **recognizing hospitals that have the ability to provide limited pediatric care and have a system in place to transfer to a pediatric prepared facility.**
- **Secondary level**

- The application packet will include the following:
 - [Application Instructions](#)
 - [Demographic Form](#)
 - [ED Prep Checklist](#)
 - [Pediatric Facility Recognition Criteria](#)
 - [Memo for Regional Councils](#)
-
- [**http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition**](http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition)

Scheduling Pediatric Facility Recognition Site Visits



**MONTANA EMSC
FACILITY RECOGNITION
Demographic Information Form (DIF)
Request for Pediatric Facility Recognition Status**

Name of hospital and address (typed)

1. Specify the recognition level for which your hospital is applying for:

- Pediatric Prepared
- Pediatrics Capable

2. Please supply pertinent contact information for the below individuals.

Typed name – CEO/Administrator

Typed name – Medical Director of Emergency Services

Contact person - Typed name, credentials and title

Contact person - phone number, fax number and email

3. Please supply a range of dates/times that would be convenient for your facility's Pediatric Facility Recognition Site Visit.

We will contact you to schedule a Pediatric Facility Recognition Site visit. Return DIF Form to Robin Suzor, MT EMSC, PO Box 202951, Helena MT 59620 or electronically to rsuzor@mt.gov.

- ✓ Facilities fill out the Demographic Information Form -schedule
- ✓ Site visits-approximately 2 hours.
- ✓ Short hospital re: presentation
- ✓ Criteria Checklist review
- ✓ Tour of the facility
- ✓ Exit Interview

PEDIATRIC FACILITY RECOGNITION CRITERIA

	PEDIATRIC PREPARED FACILITY	PEDIATRIC CAPABLE FACILITY	Being developed	Not initiated
FACILITY				
Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee; support of regional and state performance improvement programs; and submission of data including pediatric data to the Montana State Trauma Registry.	E	E		
Twenty-four hour coverage availability of the emergency department (ED) shall be provided by at least one physician or mid-level provider responsible for the care of patients including critically ill or injured children.	E	E		
Facility to have the capabilities to consult via Telehealth or Telemedicine with a Pediatric Specialist.	E	E		
CARE TEAM				
Medical Staff have the necessary skill, knowledge, and training in the emergency evaluation and treatment of Pediatric patients who may be brought to the ED, consistent with services offered by the hospital including resuscitation.	E	E		
Nurses, Midlevel Providers and other health care providers have the necessary skill, knowledge, and training in providing emergency Pediatric care, consistent with the services offered by the hospital.	E	E		
Baseline and annual competency evaluations completed for all ED staff, and include evaluations of skills related to neonates, infants, children, adolescents, and children with special health care needs.	E	E		
Emergency physicians and/or providers have the capability to seek video or telephone consultation with Pediatric Specialists for critically ill and injured children using Tele Health capabilities and/or equipment in the ED.	E	E		

Hospital:

Service Area Population-

FACILITY: -- MET ALL CRITERIA

CARE TEAM: -- MET ALL CRITERIA

POLICY: -- MET ALL CRITERIA

PREHOSPITAL PEDIATRIC CARE- MET ALL CRITERIA

INTERFACILITY TRANSFER PEDIATRIC SPECIFIC: MET ALL CRITERIA

DISASTER PREPAREDNESS- MET ALL CRITERIA

PEDIATRIC PATIENT SAFETY: -- MET ALL CRITERIA

GENERAL: -- MET ALL CRITERIA

EQUIPMENT: -- MET ALL CRITERIA

MEDICINES: -- MET ALL CRITERIA

QUALITY IMPROVEMENT/PROCESS IMPROVEMENT: -- MET ALL CRITERIA

NEEDS-

STRENGTHS

OPPORTUNITIES FOR IMPROVEMENT/RECOMMENDATIONS



MONTANA PEDIATRIC FACILITY RECOGNITION



HOSPITAL

1 ADDRESS Street
City, Montana

Recognized as
PEDIATRIC PREPARED

THIS RECOGNITION IS ISSUED BY THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMS FOR CHILDREN, HELENA, MONTANA

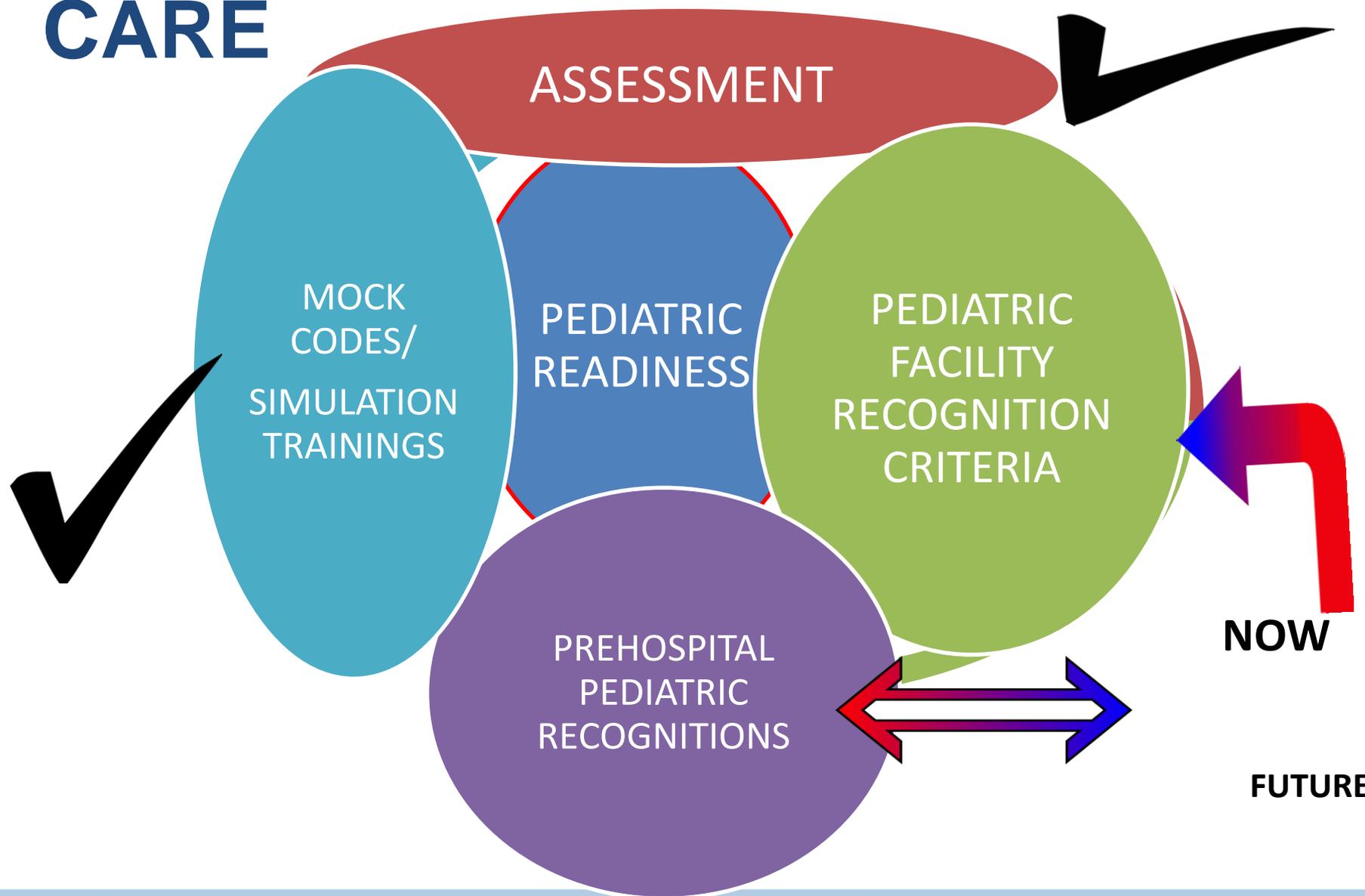
EFFECTIVE:
SEPTEMBER 1, 2015 - SEPTEMBER 1, 2018

Section Supervisor EMS and Trauma Systems Section

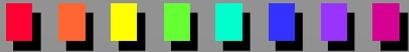


PEDIATRIC REGIONALIZATION OF CARE

Pediatric Readiness Project



Remember: EMSC is a team effort!





We look forward to working with you.

- **Robin Suzor,**
EMSC Program Manager at
(406) 444-0901 or rsuzor@mt.gov
- **Kassie Runsabove,**
Child Ready MT Coordinator at
(406) 238-6216 or
Kassie.Runsabove@sclhs.net

