Governor's EMS and Trauma Advisory Council

Pediatric Regional Advisory Council Objectives And Measurable Outcomes

The following are recommendations for language to be added to the Regional Advisory Council (RAC) Evaluation Criteria regarding pediatric care.

The Department of State Health Services (DSHS) believes that children are our most precious resource. The Texas Trauma System should improve the health of children through the prevention and treatment of injury, illness, disease and by facilitating access to quality care in the appropriate setting.

DSHS recommends that RAC's incorporate a plan for the care of children and pediatric health care issues into their existing committee structure, whether by having a standing Pediatric Committee or by having a pediatric component within all other standing committees, addressing at a minimum, the following:

1. **Objective**: Provide expertise or resources to RAC members regarding the AAP/ACEP CARE of Children in the Emergency Department Guidelines for Preparedness.

   Measurable outcome: All RAC members will acknowledge receipt of the AAP/ACEP guidelines. All RAC members will strive to meet or exceed the AAP/ACEP guidelines for supplies and hospital staff requirements as evidenced by documentation of discussion in the minutes of the appropriate committee.

2. **Objective:** Provide expertise or references to RAC members regarding pediatric professional education.

   Measurable outcome: The RAC will provide professional educational courses, and/or publicize a list of offerings for pediatric professional education for EMS and hospital providers. A list of available courses may be reflected in RAC meeting minutes, published websites, etc.

3. **Objective:** Provide expertise or resources to RAC members regarding public education on pediatric injury/illness prevention.

   Measurable outcome: The RAC, EMS or hospital will provide at least one public education presentation per year regarding pediatric illness/injury prevention (safety fair with pediatric component, carseat check, etc).

4. **Objective:** Provide expertise or resources regarding the need for child death review.

   Measurable outcome: All counties in each RAC will have a mechanism to review all child fatalities. It is preferred that a Child Fatality Review Team (CFRT) reviews all child fatalities. In absence of a CFRT, these reviews may be completed by the individual hospital's performance improvement (PI) process or by the RAC's PI committee.
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5. **Objective:** Recommend resources for RAC members regarding pediatric issues.

   Measurable outcome: Provide RAC members with list of accepted pediatric resources such as Emergency Medical Services for Children (EMS-C), SafeKids, American Academy of Pediatrics (AAP). When financially feasible, provide RAC members with updated literature and supplies to prepare providers for caring for the ill and injured child.

6. **Objective:** Make recommendations to the RAC members regarding the definition of the pediatric patient.

   Measurable outcome: Each RAC should establish pediatric age guidelines for all EMS agencies. This will establish patterns of appropriate transport and transfer of the pediatric patient to the most prepared facility in the region.

7. **Objective**: Establish performance improvement standards for the care of children in the pre-hospital and hospital settings.

   Measurable outcome: All RAC's will utilize specific pediatric performance standards to assess opportunities for improvement in pediatric care. Suggested performance indicators may include:

   A. Hospitals will accept the pediatric trauma patient within an average of thirty minutes.

   B. Hospitals with an urgent pediatric trauma transfer will initiate transfer within 30 minutes of patient arrival.

   C. Pediatric trauma patients will only be transferred one time to the most appropriate facility.

   D. All in-patient pediatric trauma transfers will be reviewed through both hospital trauma performance improvement processes and the RAC performance improvement process.

   E. Pediatric trauma patients in need of intensive care will be transferred to a tertiary care center with pediatric ICU capability within two hours.

F. Pediatric trained transport teams will be available within thirty minutes of request.

G. Receiving hospitals will provide transferring facilities with written feedback within thirty days of the pediatric transfer.

8. **Objective:** Each RAC will have a resource to address issues related to children's healthcare needs.

   Measurable outcome: A stand alone Pediatric Committee is preferred, but in absence of a Pediatric Committee, each RAC will develop a method to address pediatric issues. (e.g. a designated pediatric champion within each RAC committee).