

# Pediatric Emergency Care IOM Report

## Workforce and Regionalization

Hospital-Based Emergency Care, at the breaking point

Emergency Care For Children, growing pains

# Pediatric Skill Recommendation

- Every pediatric and emergency care-related health professional credentialing and certifying body define pediatric emergency care competencies and require practitioners to receive the appropriate level of initial and continuing education necessary to achieve and maintain those competencies

# EMT / Paramedic Challenges

- Staffing challenges
  - Recruitment / retention, rural, volunteer
- Pediatric training
- Maintenance of skills
  - 5-10% EMS calls are pediatric
  - 10% of these with ALS-type intervention
- Quality of care
- Comfort with pediatric patients

# ED Physicians

- Broad-based knowledge and skill set required
- 25% of ED visits are pediatric
- 38% residency trained and board certified
- 3% residency trained or board certified in pediatrics
- Pediatric training 13-16% of EM residency time
- Non-EM trained physicians

# ED Nurses

- 75-100K work in Emergency Departments
- Generally less years on-the-job than other settings, 30% < 5 years. 11% graduated > 26 years ago compared to 22% of all nurses
- Certified emergency nurses, 13K in 2003
- No certification in pediatric emergency nursing
- PALS or APLS requirements variable
- Staffing challenges

# Pediatric Skills of ED providers

- 10% of pediatric visits require emergent intervention
- Skills deteriorate without exposure
- Pediatric performance data limited
- High variability in management and care for common problems (e.g., fever, bronchiolitis, febrile seizures, sedation)

# Pediatric Skill Recommendation

- Every pediatric and emergency care-related health professional **credentialing and certifying body** define **pediatric emergency care competencies** and require practitioners to receive the appropriate level of initial and continuing education necessary to achieve and **maintain** those competencies

# Pediatric Practice Guideline Recommendation

- The Department of Health and Human services collaborate with professional organizations to convene a panel of individuals with multidisciplinary expertise to develop, evaluate, and update pediatric emergency care clinical practice guidelines and standards of care

# Practice Guidelines

- Treatment patterns vary widely
  - Lack / variable training, lack of evidence-based guidelines for pediatrics
- Clinical guidelines assist in decision making for specific clinical circumstances
- 2001 review of 1053 guidelines, 15 apply to pediatric emergency care
- Limited systematic review (rating of data, scoring of recommendations) of research evidence for guidelines (e.g. CV care and resuscitation)

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# Regionalization Recommendation

- Hospitals, physician organizations and public health agencies collaborate to regionalize critical specialty care on-call services

# Specialists and ED On-Call Services

- ED physicians rely on specialist consultation and care transfer to specialists (e.g. neurosurgery, vascular surgery)
- 73% of EDs report problems with on-call coverage
- Surgical specialties and subspecialties most problematic
- Hospitals should offer same service to ED patients that hospital provides
- On-call shortages places all ED patients (regardless of economic status) at risk

# Factors Contributing to On-Call Specialist Availability

- Supply / ED role in new patient recruitment
- Compensation
- Quality of life
- Liability
- EMTALA issues

# Regionalization Recommendation

- Hospitals, physician organizations and public health agencies **collaborate** to regionalize critical specialty care on-call services
- Requires translation of informal or case-based response to regional agreements

# EMS / Hospital Pediatric Recommendation

- EMS agencies should appoint a pediatric coordinator and hospitals should appoint two pediatric emergency coordinators - one a physician - to provide leadership for the organization