The Journal of Emergency Medicine, Vol. 51, No. 2, pp. 194–200, 2016

0736-4679/$ - see front matter

http://dx.doi.org/10.1016/j.jemermed.2016.03.034

Administration of Emergency Medicine

ARIZONA'S EMERGENCY MEDICAL SERVICES FOR CHILDREN PEDIATRIC DESIGNATION SYSTEM FOR EMERGENCY DEPARTMENTS

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☐ **Abstract—Background: In 2012, a voluntary certification program called Pediatric Prepared Emergency Care (PPEC) was established in Arizona as a system for pediatric emergency preparedness. Emergency medicine and pediatric specialists generated basic, intermediate, and advanced designation criteria. Dedicated medical management by a pediatric emergency specialist is required for advanced centers. Designation follows a site visit, review, and approval by the subcommittee and the Arizona Chapter of the American Academy of Pediatrics. Discussion: Arizona has 5 designated pediatric emergency departments, all of which are in the southeast part of the state. Therefore, a designation system was implemented so that all emergency departments statewide can receive more training, support, and supervision of pediatric care. The goal was to create a self-sustaining network with active participation from member institutions while fostering the pediatric commitment. Since its inception, 39 hospitals and 5 tribal facilities have joined PPEC, equating to 51% of Arizona's emergency facilities. Of the hospitals, 7 are advanced, 6 are intermediate, and 17 are basic centers. In 2015, all of the 9 sites due for recertification were recertified. The multiple tiers allow for mutual accountability, sharing of resources, and improved quality of care for pediatrics in emergency departments statewide. Conclusion: PPEC enhances the quality of pediatric emergency preparedness by means of voluntary certification. The primary limitations are sustainability and funding, because an Emergency Medical Services for Children grant has offset the cost until now. The number of member facilities in this designation system is continually growing, and universal recertification shows sustainability.**

☐ **Keywords—emergency care for children; EMSC; health policy; pediatric emergency department**

Reprints are not available.

INTRODUCTION

Access to optimal emergency care for children is affected by multiple barriers. These include a lack of equipment, appropriately trained staff, and policies and procedures that ensure timely transfer to definitive care (1). Although advances have been made that promote access to emergency care for children, improved awareness of the pediatric resources available to hospitals and the development of a coordinated emergency and trauma care system may optimize access and outcomes for many acutely ill and injured children (2,3). Pediatric Prepared Emergency Care (PPEC) is a 3-tiered voluntary certification program that was officially launched in Arizona in 2012. Since its inception, it has expanded and 39 hospitals have joined this program, including 5 tribal facilities. This comprises more than half of all Arizona emergency departments (EDs). The program's levels are designated as follows: Pediatric Prepared, Pediatric Prepared Plus, and Pediatric Prepared Advanced. The higher levels of care include, among other factors, a higher level of certification among

RECEIVED: 9 March 2016;
ACCEPTED: 26 March 2016

physicians, medical and nursing management, and a higher expectation concerning nursing training, continuing education, and community outreach. The advantages of the PPEC program are that it enables member EDs across the state to achieve a higher standard of pediatric care, and to facilitate the sharing of information through the established network (4).

BACKGROUND

Development of the Program

The modality that many states follow for pediatric care varies from state to state. The standard model was initiated in California in the late 1980s, and involves the use of partnership grants with the federal authorities through the Emergency Medical Services for Children (EMSC) program. At that time, California approved certain EDs for pediatric care according to set standards that encompassed equipment availability and leadership. Although many other states followed this lead, the implementation of the program varied from state to state. Some states used federal funds to emphasize education, while others supplied additional resources to specified sites. In the time since, various models have been implemented that impact the EDs themselves statewide. New Jersey was the first to implement such a program in 1999. Their program legislatively required all EDs to meet criteria specific for pediatric care, with an emphasis on the level of training of emergency physicians to ensure uniform standards of leadership across the state (5).

In 2008, a handful of medical professionals began consideration toward the development of a pediatric designation system in the state of Arizona. Existing programs in other states, such as New Jersey, were studied to conceptualize which approaches would be viable in Arizona, a state that was geographically and politically unique to any existing program at the time (2,5–7). Models that were either delegated through health departments or legislatively mandated were quickly noted to be less likely to succeed in Arizona. Rather, a collaborative all-inclusive system was sought that would create a cohesive network with added incentives that would promote active participation from member institutions (8).

Stakeholders

In 2008, hospital leadership, hospital associations, and rural health and professional associations were invited to a stakeholders' meeting to determine the level of interest in establishing an ED regionalization process for pediatrics. Additional attendees included representatives from the Arizona Chapter of the American College of Emergency Physicians (AzACEP) and the Arizona Chapter of the American Academy of Pediatrics (AzAAP). Approximately 70 people were in attendance. From this initial meeting emerged a workgroup of interested stakeholders, including nurse and physician leaders. This steering committee met on a regular basis for 16 months and developed designation criteria according to set standards (1). The group identified basic, intermediate, and advanced system requirements aimed to improve the care of children in Arizona. Particular focus was directed toward establishing a system that could sustain the flux of the state environment, instill trust, and build on the pediatric commitment.

From the stakeholders, it was determined that it would be best to have a nongovernmental certifying body that was derived from the private sector. In April 2010, the Arizona EMSC program began establishing the operational infrastructure for the designation process. An independent subcommittee was formed that was administered from within AzAAP. The subcommittee consisted of emergency care experts, and many of the members assisted with criteria development. A true collaborative approach was used that included both nursing and medical input as well as networking between the AzAAP and AzACEP. Representatives from the 7 advance centers, rural facilities, emergency medical services (EMS), family representation, the hospital association, the Arizona Emergency Nurses Association, and AzACEP were involved in establishing the designation criteria. Startup funding for personnel needs was accomplished by means of an EMSC state partnership grant (3,9,10).

Program Rollout

Significant effort was directed toward institutional perception and inclusion. In addition, the stakeholder committee unanimously agreed to direct initial efforts towards likely advanced centers. It was felt that a top-down approach would not only establish an initial authority but would also create the infrastructure to entice rural and critical access sites toward membership. In addition to a focused membership drive, the steering committee was focused on avoiding competition between advanced center sites. This was done by avoiding a staggered approval; instead, a single approval of all advanced center sites was announced at the same time.

DISCUSSION

Strategy to Organize

Arizona is a state of 6.4 million people, 15 counties, and approximately 114,000 square miles of territory, which makes it the sixth largest state in terms of land mass.