

National Pediatric Readiness Project

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Purpose:

The Institute of Medicine (IOM) made a recommendation in 2006 for regionalized systems of care, and further recommended that hospital emergency departments (EDs) and emergency medical services (EMS) systems appoint qualified coordinators for pediatric emergency care. EDs that appoint Pediatric Emergency Care Coordinators (PECCs) tend to be more prepared as measured by compliance with guidelines on the care of children in the ED published by the American College of Emergency Physicians, American Academy of Pediatrics, and Emergency Nurses Association.

Physician Pediatric Emergency Care Coordinator Qualifications:

- a. Meets the qualifications for credentialing by the hospital as a specialist in emergency medicine or pediatric emergency medicine. It is recognized that physicians in these specialties may not always be available in some communities; in these areas, the physician coordinator must meet the qualifications for credentialing by the hospital as a specialist in pediatrics or family medicine and demonstrate, through experience or continuing education, competence in the care of children in emergency settings, including resuscitation.
- b. Has special interest, knowledge, and skill in emergency medical care of children as demonstrated by training, clinical experience, or focused continuing medical education.
- c. Maintains competency in pediatric emergency care.
- d. May be a staff physician who is currently assigned other roles in the ED or may be shared through formal consultation agreements with professional resources from a hospital that is capable of providing definitive pediatric care.

Physician Pediatric Emergency Care Coordinator Responsibilities:

- a. Promoting and verifying adequate skill and knowledge of ED staff physicians and other ED health care providers (i.e., physician assistants and advanced practice nurses) in the emergency care and resuscitation of infants and children.
- b. Participating in ED pediatric quality improvement, practice improvement, patient safety, injury and illness prevention, and clinical care activities.
- c. Assisting with development and periodic review of ED policies and procedures and standards for medications, equipment, and supplies to ensure adequate resources for children of all ages.
- d. With the Nurse PECC, serving as liaison or coordinator to appropriate in-hospital and out-of-hospital pediatric care committees and other providers of pediatric inpatient or emergency care in the community, including EMS and definitive pediatric care hospitals.
- e. With the Nurse PECC, facilitating pediatric emergency education for ED health care providers and out-of-hospital providers affiliated with the ED.
- f. With the Nurse PECC, ensuring that competency evaluations completed by the staff are pertinent to children of all ages.
- g. With the Nurse PECC, ensuring that pediatric needs are addressed in hospital disaster and emergency preparedness plans.
- h. Collaborating with the Nurse PECC to ensure adequate staffing, medications, equipment, supplies, and other resources for children in the ED.

Sources:

1. ACEP/ENA/AAP Joint Policy Statement. 2018. Pediatric Readiness in the Emergency Department.
2. Institute of Medicine. 2007. Emergency Care for Children: Growing Pains.