

Emergency Nursing 2024

– Highlights –

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ENA 2024 Highlights

- Over 4,000 nurses in Las Vegas, NV
- Experience Hall
 - Brief lectures
 - Skills lab
 - Sim wars
 - Large product demonstrations
 - Large ENA area with merchandise
 - Headshots, massage area
 - Poster presentations
- Multiple sessions with multiple topics

Nurse Pediatric Competency, Certification, and Continuing Education: Impact on Emergency Departments' Pediatric Readiness

- High pediatric readiness in ED is associated with 60% lower mortality in injured children
- EDs with lower pediatric patient volumes are shown to be less likely to have pediatric-specific nurse competency evaluations, nurse CE policy, and nurse speciality certification.
- Lower WPRS for those without requirements
- Hope to use study to support EDs in advocating for pediatric specific education

Nurse Pediatric Competency, Certification, & Continuing Education: Impact on Emergency Departments' Pediatric Readiness

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PURPOSE BACKGROUND

Purpose: determine the association and impact between having nurse pediatric competency requirements and weighted Pediatric Readiness Scores (WPRS) in an emergency department (EOJ).

Children comprise approximately 25% of all hospital ED visits. Majority of ED pediatric visits are to general EDs that see fewer than 10 children per day. The National Pediatric Readiness Project (NPRP) is a quality improvement initiative to ensure that all U.S. EDs have the essential guidelines and resources in place to provide effective emergency care to children. Higher pediatric readiness scores have been associated with improved patient outcomes.

DESIGN, SETTING, & SAMPLE

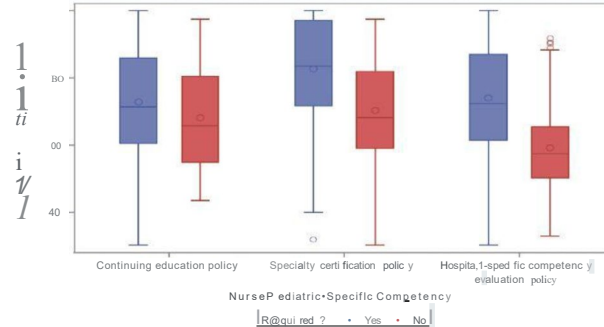
The 2021 NPRP Assessment consisted of 92 web-based questions that assess compliance with national guidelines for the care of children in EDs. Survey is confidential, voluntary, and scored on a 100-point weighted scale with higher values indicating higher readiness. The 2021 NPRP Assessment was sent to 5,150 U.S. EDs with a 70.8% response rate, representing 14.1 million annual pediatric ED visits; 3,557 fully scored surveys were analyzed for this retrospective review.

RESULTS

Responses from the 2021 NPRP Assessment related to nursing pediatric competency requirements were evaluated related to ED weighted Pediatric Readiness Score (WPRS), pediatric ED volume, and urbanicity using Kruskal-Wallis test. An alpha level of .05 was used to determine statistical significance. Results were 2-tailed.

RESULTS

Most EDs reported having pediatric nurse competency evaluations (89% overall), with higher pediatric volume EDs being more likely than lower pediatric volume centers to require nurse competencies ($p < 0.001$). Only 20.1% of EDs require nurse specialty certification, ranging from 40.8% of high pediatric volume EDs versus 16% for pediatric volume EDs ($p < 0.001$). Most EDs have a policy defining hospital-specific nurse competency evaluation, equi-emms (91.7%), with higher pediatric volume sites more likely than lower volume sites ($p < 0.001$). Both nurse specialty certification policies and hospital-specific competency evaluation policies are more likely to be present in more urban settings ($p < 0.001$). Across competency evaluations having policies in place for competencies is significantly associated with increased WPRS: Nursing continuing education policy median WPRS 71.3 ($p < 0.030$), Nurse specialty certification policy median WPRS 83.5 ($p < 0.001$), Nurse hospital-specific competency evaluation policy median WPRS 72.3 ($p < 0.001$).



CONCLUSIONS

Requiring pediatric specific competencies, certification, and continuing education is associated with higher ED weighted pediatric readiness scores. Nurses with specialized pediatric competency, certification, and/or ongoing education can significantly contribute to improving pediatric readiness in emergency departments, potentially leading to improved outcomes, enhanced safety, and provision of high-quality care to pediatric patients in the ED. Lower volume EDs could benefit from implementation of required nurse competency evaluations (i.e., nursing continuing education, specialty certification, and/or nurse hospital-specific competency evaluation) to improve their WPRS.

DISCUSSION

Average national ED pediatric readiness score from the 2021 NPRP Assessment was found to be 69.5/100. Supporting nursing professional development through implementation of nursing competency requirements in the ED could contribute to an increase in overall pediatric readiness and improved outcomes for patients within an organization. High pediatric readiness in EDs is associated with 76% lower mortality in ill children and 60% lower mortality in injured children potentially saving at least 1400 children's lives across the U.S. each year. Implementing established pediatric readiness guidelines in an ED can have a significant impact in improving pediatric care end outcomes. This review supports the need for hospital administration and nurse leaders to support dedicated time for pediatric-specific ED competency evaluations, continuing education, and specialty certifications. National Pediatric Readiness Project Tools should include requirements for ED nursing continuing education, specialty certification, and competency evaluations.

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To learn more about Pediatric Readiness

visit the EITC web site
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Elevating Trauma Care with Pediatric Readiness

- Importance of pediatric readiness and morbidity/mortality on trauma patients
 - Most deaths occur within 24 hours of injury
 - Most children in US receive initial trauma care at non-pediatric centers



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Nance ML, Carr BG, Branas CC. Access to Pediatric Trauma Care in the United States. Arch Pediatr Adolesc Med. 2009;163(6):512–518. doi:10.1001/archpediatrics.2009.65

Elevating Trauma Care with Pediatric Readiness

PTA	Arrival	Guidelines/Policies	Transfer
<ul style="list-style-type: none">● Trauma Activation Criteria● Roles● EMS hand off	<ul style="list-style-type: none">● Rapid resuscitation/stabilization● Weight in kg● Equipment● Trauma flow sheet	<ul style="list-style-type: none">● Activation response/criteria● Pediatric imaging● Hemorrhagic shock/MTP● TBI● Child Abuse	<ul style="list-style-type: none">● Closet TC/PTC● Discuss interventions with PTC● Early decision to transfer● Transfer guidelines/checklist

Pediatric Psychosocial Considerations in Disaster and Humanitarian Crises - Jamla Rizek

- Use of Syrian refugees to explain generational PTSD through war, displacement, and post-displacement
- Family structure/safe space may not be present
- Laughing may be a coping mechanism
- Importance of family support
- Social media exposure (9/11 example)
- Effects of Covid Pandemic

**The
Guardian**



Thank you to MTC for the
opportunity to attend this excellent
conference.