

Are you interested in FREE pediatric simulation for your ED?

Improving Pediatric Care Through Simulation (ImPaCTS) is a multidisciplinary team of physicians and nurses who have developed a pediatric improvement program for EDs.

ImPACTS aims to ensure that

- All emergency providers are prepared to provide timely, safe and effective care to children.
- All EDs have the equipment/resources to provide timely, safe and effective care to children.
- All regional tertiary care pediatric centers are collaborating with their community partners.

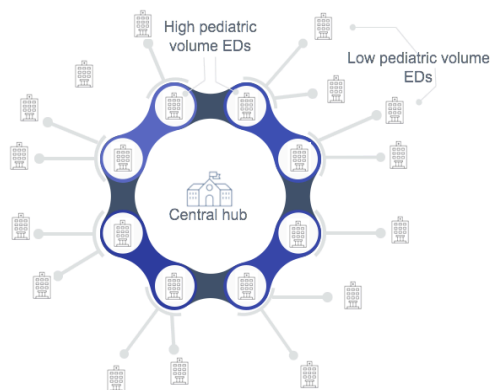
Simulation-based training day: We bring equipment to your ED to conduct a series four pediatric simulations in your ED resuscitation bay. This will be scheduled in advance and providers will sign up and should NOT have other clinical duties during this session. This simulation will use equipment/resources from your department in the location that you care for children (to stress/test your system). The duration of this session is 2 hours for each inter-professional team (doctor, 2-3 RNs, tech)- we advise scheduling 2-3 teams. Pediatric emergency medicine content experts will facilitate the simulations and debriefings with staff.

Pediatric improvement: After the simulations ImPACTS provides a quantitative performance report on the quality of care with comparisons to other similar EDs. Next, ImPACTS works with the ED to create customized action plans for improvement and additional training. EDs are provided FREE access to shared resources to drive improvement.

How can my ED participate? Designate a pediatric champion to coordinate the simulation and improvement efforts with ED MD/RN leadership, local staff and our team.

Why ImPACTS- top five?

- 1) Outcomes: participation is associated with a 10-pt improvement in pediatric readiness.
- 2) Caring critically ill children in the ED is one of the most stressful moments in healthcare.
- 3) EDs are not be optimized to care for critically ill children.
- 4) There is limited access to pediatric training and improvement resources for EDs.
- 5) In contrast to adults, there are few opportunities to practice caring for critically ill children.



Central hub/core: maintains central data and generates reports-- trains staff at each node, collates improvement resources

Regional Center/Nodes: conduct assessments (sending data to hub) and engage community ED in report out/improvement

Community EDs participate in an assessment and report out, access to improvement resources from hub

Expectations and timeline for each community site

0 weeks	Initial assessment/sims
2 weeks	Core provides report out Follow-up to discuss results and action items
2 months	Follow-up on action items <i>Check-in with core</i>
4 months	Follow-up on action items <i>Check-in with core</i>
6 months	Repeat Pediatric Readiness survey and visit in-person