

**Governor’s EMS and Trauma Advisory Council
Pediatric Committee
Regional Advisory Council Pediatric Objectives
And Measurable Outcomes**

Draft April 10, 2006

Objective	Measurable Outcome	Examples of Methods of Verification	RAC Essential Criteria Reference
1. Provide expertise or resources to RAC members regarding the AAP/ACEP Care of Children in the Emergency Department Guidelines for Preparedness.	All RAC members will acknowledge receipt of the AAP/ACEP guidelines. All RAC members will strive to meet or exceed the AAP/ACEP guidelines for supplies and hospital staff requirements. AAP/ACEP guidelines available at http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/4/777	<ul style="list-style-type: none"> • RAC members sign form acknowledging receipt of guidelines -OR- • RAC survey of members to determine whether RAC hospitals/EMS agencies have supplies and hospital staff requirements 	I. B. I. C. I. F.
2. Provide expertise or references to RAC members regarding pediatric professional education.	The RAC will provide professional educational courses, and/or publicize a list of offerings for pediatric professional education for EMS and hospital providers	<ul style="list-style-type: none"> • RAC website with available pediatric courses for EMS and hospital providers –OR- • RAC meeting minutes reflecting available courses • Courses do not have to be offered within RAC 	I. II. F.
3. Provide expertise or resources to RAC members regarding public education on pediatric injury/illness prevention.	The RAC, EMS or hospital will provide at least one public education presentation per year regarding pediatric illness/injury prevention.	<ul style="list-style-type: none"> • Each RAC will document one public event per year regarding pediatric illness/injury prevention such as a safety fair or carseat event in the appropriate RAC committee meeting minutes 	II. I.
4. Provide expertise or resources regarding the need for child trauma death review.	All counties in each RAC will have a mechanism to review all child trauma fatalities.	<ul style="list-style-type: none"> • A formal Child Fatality Review Team will review all child trauma fatalities, -OR- • Reviews may be completed by the individual hospital’s Performance Improvement process, -OR- • Reviews may be performed by the RAC’s Performance Improvement Committee • Verification of child trauma fatality review will be documented in the appropriate RAC committee meeting minutes 	II.H.
5. Recommend resources for RAC members regarding pediatric issues.	Provide RAC members with a list of accepted pediatric resources: EMS-C, SafeKids, AAP. Provide RAC members with updated literature and supplies to prepare providers for caring for the ill and injured child, in both conventional and disaster situations.	<ul style="list-style-type: none"> • Documentation of discussion and/or distribution of pediatric literature/resources in the appropriate RAC committee meeting minutes. • Resources may be listed on RAC website or distributed at RAC meetings. 	I.B. I.C. II.D.2 II.F.
6. Make recommendations to the RAC members regarding the definition of the pediatric patient.	Each RAC should establish pediatric age guidelines for all EMS agencies. This will establish patterns of appropriate transport and transfer of the pediatric patient to the	<ul style="list-style-type: none"> • It is desired that each RAC will have a documented standardized age for transport and transfer of pediatric 	I.C.

	most appropriate facility in the region.	patients. Documentation of discussion of a standardized age criteria will be documented in the appropriate RAC committee meeting minutes.	
7. Establish performance improvement standards for the care of children in the pre-hospital and hospital settings.	All RAC's will utilize specific pediatric performance standards to assess opportunities for improvement in pediatric care.	<ul style="list-style-type: none"> • Each RAC will have documented pediatric performance improvement indicators as evidenced by documentation in the appropriate RAC committee minutes 	II.H.
8. Each RAC will have a resource to address issues related to children's healthcare needs.	A stand alone Pediatric Committee is preferred, but in absence of a Pediatric Committee, each RAC will develop a method to address pediatric issues.	<ul style="list-style-type: none"> • Each RAC will have a Pediatric Committee with documented meeting minutes, -OR- • A designated pediatric champion within each RAC committee will be documented in each RAC committee meeting minutes. • If a RAC does not have a designated pediatric resource, they may obtain a resource in another RAC to act as a liaison regarding pediatric issues. The liaison and pediatric issues must be documented in the appropriate committee of the RAC. 	I.A.4.