Position Paper: Utilization of Pediatric Emergency Care Coordinators in Emergency Departments and EMS

Introduction

The integration of Pediatric Emergency Care Coordinators (PECCs) into emergency care systems is a vital enhancement to the quality and effectiveness of pediatric care within both emergency departments (EDs) and Emergency Medical Services (EMS). This position paper advocates for the widespread adoption of PECCs, highlighting their significant impact on pediatric care outcomes and providing guidelines for their implementation.

Impact of PECCs on Pediatric Care

PECCs have been shown to significantly improve pediatric care outcomes. The presence of a PECC in an ED is associated with substantial increases in pediatric readiness scores, which are measured on a 0-100 scale. Achieving a score of 88 or above is linked with significant survival benefits for pediatric patients, making the PECC role one of the most influential factors in enhancing pediatric emergency care outcomes. Although research in prehospital settings is still ongoing, it is anticipated that PECCs will have a similarly positive impact on pediatric care within EMS agencies.

Diverse Roles and Flexibility:

We recommend that all emergency department and EMS agencies have a PECC.

Furthermore:

The responsibilities and structure of PECC roles can vary based on the setting, patient volume, and available resources:

· **It is recommended to have both a physician and a nurse serve as PECCs in Emergency Departments**

· **At least one PECC is recommended for EMS agencies, ideally an individual with the highest level of available credentials.**

Resource-Constrained Settings

In environments with limited resources, a single PECC may serve multiple systems, or the responsibilities of the PECC role may be distributed among several individuals. Regardless of the setting, PECCs should be provided with:

- **Protected Time**: Allocated time specifically for PECC responsibilities.
- **Defined Job Description**: Clear delineation of roles and responsibilities.
- **Administrative Support**: Recognition and backing from the organization's leadership.

Flexibility in Role Assignment

The PECC role does not necessarily require the individual to be solely dedicated to these duties; it can be integrated into their existing responsibilities. Additionally, the individual(s) fulfilling this role do not need to have pediatric-specific expertise or background.

Conclusion

The integration of PECCs into emergency care systems is essential for improving pediatric care outcomes. By following the implementation guidelines, healthcare facilities and EMS agencies can ensure that they are providing the highest quality of care for pediatric patients.

Danielle M Zoellner, MPH, NRP
Missouri Emergency Medical Services for Children
Program Manager

Tiffany Taylor, MSN, MBA, RN, TNS, TCRN, CPEN | Trauma Program Manager – Trauma Services, Injury Prevention, and Outreach
SSM Health Cardinal Glennon Children's Hospital
Level I Pediatric Trauma Center

Stephanie Ashford EdS, NRP, FAEMS
Division Chief Clinical Practice and Standards
St. Charles County Ambulance District

Joseph Finney, MD
Assistant Professor of Pediatrics
Director of Emergency Medical Services
Missouri EMS for Children Director of Prehospital Readiness
Division of Pediatric Emergency Medicine
St. Louis Children's Hospital
Washington University in St. Louis School of Medicine