

Academic Center logo

Dear ImPACTS core team,

**ACADEMIC CENTER HERE** is committed to work as an ImPACTS Hub in 2019. We will collaborate with at least three of our local pediatric primary care offices to **improve the emergency readiness** in their practices over the next six months. We will support our efforts and participate in regularly scheduled monthly project calls with the core group. Our team institution and team will be recognized in presentations and publications for their work on this project as per INSPIRE guidelines.

1. Designation of an ImPACTS site lead: this individual will serve as the primary point of contact with community sites and IMPACTS core. Should he/she be unable to complete the commitment, another individual will be identified to continue the project activities. We expect this individual to work with an inter-professional local ImPACTS team.
2. Initial in-person pediatric outpatient readiness survey: to be completed with the champion at each primary care practice. The duration is average 1 hour.
3. Simulation-based emergency readiness assessment of each practice: Primary care office staff (includes doctors, nurse practitioner, physician assistants, nursing, and administrative staff) at each clinic site will care for a simulated patient in two scenarios. We will provide emergency medicine/critical care content experts to facilitate the simulations and debriefings with staff. We will bring the necessary equipment to conduct the simulations to each practice, but will expect practices to provide their own supplies prior to replacing them with the supplies provided by the simulation team. We will collect data on each practice’s performance using the ImPACTS forms. These data will be used to generate a performance report-out and action items and our team will enter data for each site within 48 hours of the simulation. The core will provide a report out within two weeks of receiving these data. Data will be shared confidentially and not distributed to any other practices in the collaborative. The duration of this session is an average of 2 hours at each practice location.
4. Emergency readiness improvement report-out/planning meeting: our team will schedule a meeting “via teleconference or in person” with each practice’s leadership and champion within two weeks of the simulation session to review the survey and simulation data collated into a presentation by the ImPACTS core. Each practice’s data will be compared to other practices across the country. After reviewing the data, we will determine TWO high priority action items for improvement, one regarding equipment and supplies and one regarding protocols and procedures.
5. Emergency improvement action plans: we will provide each practice with FREE access to resources to complete this action plan. After completion of each action item we will select an additional item to work on. Every two months we will conduct a brief “touch base” call with each practice’s champion. Between these meetings we will be available if they send us questions. The duration is 30 minutes every two months.
6. Repeat in-person pediatric outpatient readiness survey and simulation-based emergency readiness assessment: to be completed with each practice six months after the initial assessment.

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| Role | Signature/date | Email/Title |
| ImPACTS Site Lead |  |  |
| Administrator/Supervisor |  |  |

Brief description of the site lead/teams experience related to pediatric emergency/critical care, quality improvement, and outreach.

Site Name:

Brief explanation of why you feel your hospital should participate in ImPACTS

Site Location:

Site lead name:

Title:

Phone (mobile):

Email:

Role at Site:

Length of Time Served in this Role:

Co-lead/others (complete for all that are applicable):

Title:

Phone (mobile):

Email:

Role at Site:

Length of Time Served in this Role: