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17TH ANNUAL CHILD HEALTH RESEARCH DAYS

Nutrition for a Changing World

The Science of Nourishing the Next Generation

CHRD 2021: Abstract & Poster Submission Form

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Research Category:

- Basic Science
- Clinical
- Community Health / Policy

What was your role in the project?

- Design
- Perform Experiments
- Analyze Data
- Write Abstract

Presenter Status:

- Undergraduate Students
- Masters Student
- PhD Student
- Post-Doctoral Fellows
- Residents
- Non-Trainee

Title

Evaluation of baseline pediatric readiness of emergency departments in Manitoba, Canada

Background

Recent evidence suggests an inverse association between pediatric readiness of emergency departments (EDs) and mortality.

Objective

To assess the baseline pediatric readiness of EDs across Manitoba to care for acutely ill and injured children.

Methods

A cross-sectional survey study was conducted in 2019-2020 using a validated pediatric readiness research checklist to obtain information on the 6 domains of EDs in Manitoba. The domains included patient care coordination, ED staffing and training, quality improvement, patient safety, policies and procedures, pediatric equipment/supplies. Eligible EDs were the EDs that managed acutely ill patients from (0-17th birthday), except for psychiatric cases (that was up to the 18th birthday). We performed a descriptive analysis using the weighted pediatric readiness score (WPRS) based on a 100-point scale. The factors that are associated with WPRS were examined in linear regression models.

Results

We had 34 of the 42 eligible EDs participated in the study with a participation rate of 81%. Only 29 (69%) EDs completed the survey. The overall median WPRS (/100) was 52.34 (interquartile range [IQR] =10.44). The scores on pediatric care coordination, ED staffing/training and quality improvement were below average in most EDs. The ED volume ($\beta=0.21$ 95%CI 0.03 to 0.38) and the capacity of ED to manage pediatric trauma patients after stabilizing them ($\beta=0.17$ 95%CI 0.02 to 0.33) were directly associated with WPRS. Other factors such as (capacity to receive pediatric patients from the nursing station, $\beta=0.20$ 95%CI -0.13 to 0.17, and capacity to admit pediatric patients that visited the ED, $\beta=-0.02$ 95%CI -0.19 to 0.14) were not statistically significantly associated with WPRS.

Conclusion

The pediatric readiness of EDs across Manitoba is average, and there is a need to improve some of the domains of the EDs. The data suggests that the ED volume is strongly associated with the WPRS.

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