PECARN
Pediatric Emergency Care Applied Research Network

Fall 2021

# PECARN
## in a nutshell




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# "Avoiding Burnout and Building Resilience"

Authors: Maria Marois, Amia Andrade, Kyle Pimenta, Katie Reddick, Devika Shenoy, Bryan Villaseñor,

Leah Tzimenatos, Daniel Nishijima and Nate Kuppermann (PRIME Node)

The way we work and live has changed dramatically over the past 18 months. While many of us have learned new skills to deal with the challenges presented by COVID, there are strategies we can use to avoid feeling overworked, build resilience, and maintain productivity. For our entry in this issue of the newsletter, we share some tips that may be helpful in navigating the way we work today.

COVID-19 resulted in an upheaval of normal work processes with an abrupt move to remote work and an increase in digital work. Concurrent with these changes came the concern of declines in productivity and loss of connection with coworkers. Generally, workers succeeded in focusing on the WHAT of work rather than the WHERE. However, the cost of that success has been increases in exhaustion and burnout.[1] In 2020, 87% of knowledge workers reported working almost two hours later every day–that is an additional 455 hours, compared to 242 hours in 2019. 71% of workers reported lower morale, increased mistakes, and a lack of engagement; all indicators of burnout. According to a recent UC Berkeley/Microsoft survey, workers reported overwork (46%), not being able to "switch off" or disconnect from work (32%), and lack of clarity on tasks or roles (29%) contributed to feeling burnout.[1,2]

Of these, overwork is perhaps the most challenging to address because it is difficult to take work off your plate. However, strategies to control perceived workload by adopting good digital hygiene can be helpful. With the shift to video conferencing from in person meetings, scientists have found that video meetings are more mentally challenging and brainwave patterns associated with overwork and stress are significantly higher.[2] Individuals, on average, can focus and be creative for about 60 minutes in person, but this is reduced to about 30 minutes in a video meeting. Scheduling meetings for 30 minutes or making time for a 1-minute break at the 30-minute mark can provide the mental break for maintaining energy. Reducing meeting time by 15 minutes on either side has significant benefits in providing mental preparation and rebound time, particularly with back-to-back meetings. It is also helpful to begin meetings with a check-in to see how people are feeling, identify if anyone has back-to-back meetings and setting a timer so people can leave when needed.

> "To optimize work and make more meaningful progress, create a 'most important tasks' or MIT list."

There is also research that suggests seeing a large face on a video call (even your own) can trigger a "fight or flight" response. We have more control over our personal space in person but in virtual meetings, we use brain energy and higher functioning to override this biological response. Primary reasons for video conferencing fatigue include 1) the amount of close-up eye contact and size of faces on screen is unnatural; 2) seeing yourself on video constantly is fatiguing; 3) video conferencing limits usual mobility; and 4) cognitive load is much higher with reduction in nonverbal cues over video.[3] Some strategies to help reduce this fatigue include exiting the full screen option to reduce the size of the video window and reduce the size of faces; use of an external keyboard to increase personal space between you and the screen; use of the "hide self-view" to view others on the screen and not yourself; positioning the camera further away to allow you to move about; and giving yourself an audio only break when needed.

> "A lack of clarity affects our purpose, progress and impact."

As many of us are still working at least part of our work time remotely, and especially from home, it continues to be important to disconnect from work at the end of the day. We need to put ourselves into "work mode" during the workday and then disconnect to "home mode" at the end of the day. Separation of workspace from home space is important. This can be achieved by dedicating a room for work or creating physical or sensory indicators of work such as dressing for work, a specific coffee mug used during work times, or a tablecloth over the dining table that indicates work time (and that is removed from the table to signify the end of the work day). The goal is to develop new cognitive associations that allow you to create boundaries and then switch off at the end of the workday.

A lack of clarity affects our purpose, progress, and impact. It can be exhausting feeling disconnected from team members and the organizational goals. Having the autonomy to set priorities leads to productivity and cushions us against burnout. To optimize work and make more meaningful progress, create a "most important tasks" or MIT list. These are three items that once completed allow you to consider the day a success and give yourself permission to turn off and stop working late in the day. Steps in the process are to identify the tasks, write

them down, and then cross them off your list as you complete them. MITs emphasize the work of highest value to the team and emphasize that it isn't required or expected to keep working 24/7.[1]

Task batching and focus sprinting are strategies for increasing organization and productivity. Throughout the workday, we may jump between multiple projects or interrupt our focus with distractions like email that prevent us from completing a project. Task batching is a planning process that groups similar activities together.[4] By breaking projects into specific steps and sorting by similarity, you can better focus and reduce mistakes. The neuroscience behind batching is that reducing distractions reduces cortisol release and feeling stressed. Focus sprinting is a method of how we work and is an intentional strategic practice. For focus sprinting, set aside a time block on your calendar, write down the scope of work to accomplish and for how long you wish to work, eliminate digital and physical distractions, use a timer to stay on track, and then take a break at the end.[4]

For many, the past year has been busier than ever, both at work and at home. It is important to practice self-care, customize your schedule to your strengths, and set boundaries. Take advantage of resources and support available at your institution. At UC Davis, our team has participated in walking challenges and attended mindful meditation sessions and other wellness forums offered online. We encourage you to similarly seek resources offered by your institution to help you, your colleagues, and your community promote wellness throughout and beyond the COVID-19 pandemic.

References:
[1] Sahar Yousef, Overcoming burnout in a distributed world, April 13, 2021, https://blog.asana.com/2021/04/dr-yousef-burnout/.

[2] Jared Spataro, The future of work – the good, the challenging and the unknown, Microsoft 365, July 8, 2020. https://www.microsoft.com/en-us/microsoft-365/blog/2020/07/08/future-work-good-challenging-unknown/

[3] Jeremy N. Bailenson, Nonverbal Overload: A Theoretical Argument for the Causes of Zoom Fatigue, Technology, Mind and Behavior, 2(1), Feb. 23, 2021. https://tmb.apaopen.org/pub/nonverbal-overload/release/2

[4] Sandy Batchelor, Working Hard to Let Go. Webinar August 12, 2021. Available at: https://video.ucdavis.edu/media/Working+Hard+to+Let+Go/1_0ecr59u3

# PECARN Study Updates

## PROBIOTICS

The Probiotics trial showed that LGG, a commonly used probiotic, was not better than placebo in improving outcomes in children 3-48 months of age with acute gastroenteritis. This landmark study, published in the NEJM, reverses previously held beliefs regarding the effectiveness of probiotics products, an industry worth 32 billion dollars per year globally. This work has had a major role in reversing the American Gastroenterology Society's guidelines and the latest Cochrane review, which no longer recommend the use of probiotics in children with acute gastroenteritis. The probiotics investigators and the DCC continue analyzing this large database, including data from a parallel trial conducted by PERC in Canada, the Progut study. To date the team has published 8 manuscripts, 2 are under review at journals and the final 3 manuscripts are undergoing final edits.

## SCIENCE

The investigators on the SCIENCE planning grant are happy to announce that the SCIENCE interventional trial has been funded by the NHLBI. We are excited to continue our work improving the emergencey department care of tchildren with sickle cell disease.

## BEEPER

BEdside Exclusion of Pulmonary Embolism in children without Radiation (BEEPER) is a large multi-center observational study. This project will prospectively test if Pulmonary Embolism Rule out Criteria (PERC-Peds), or PERC rule, can safely exclude pulmonary embolism (PE) in approximately 4,030 children ages 4 to 17 years old who raise a suspicion of PE in the emergency department setting. Enrollment began on November 30, 2020 and to date sites have enrolled 633 participants between 20 US sites. Of those 633, 17 participants had PE and 10 participants had Venous Thromboembolism (VTE). Remember, MISC workups are eligible if any suspicion of PE.

## ED-SAMS

We have completed recruitment of subjects 6-12 years old who present to the ED with an acute asthma attack over a 90-day recruitment period and followed for 120 days. The study randomized 9 subjects and were then followed through the end of the school year. The main manuscript has been submitted and is under review at Pilot and Feasibility Studies.

## IMPROVE

This is a multi-center, longitudinal comparative effectiveness study combining Registry data with prospective outcomes data collected via text messages. IMPROVE aims to provide evidence to inform optimal pain treatment for children discharged home with a long bone fracture. Enrollment of English and Spanish speaking participants is ongoing at 7 sites. 2,717 subjects have been enrolled as of July 2021. We continue to focus on improving enrollment rates across all sites with the plan to enroll for 4 years. Manuscript writing and manuscript analyses plans are in progress.

## TIC-TOC

The Traumatic Injury Clinical Trial Evaluating Tranexamic Acid in Children (TIC-TOC) trial studies different doses of tranexamic acid (TXA) to determine if TXA improves long-term function (i.e., physical, emotional, social, and school functioning) in children with bleeding from the brain and torso injuries. We have completed a multicenter pilot trial and have applied for the efficacy trial in July 2021.

## ESETT

The ESETT study has closed and there are 3 remaining manuscripts in progress.

## PediDOSE

The National Institute of Neurological Disorders and Stroke has funded the Pediatric Dose Optimization for Seizures in Emergency Medical Services (PediDOSE) study, and pre-enrollment work has begun to obtain single Institutional Review Board and Food and Drug Administration approval for this exception from informed consent study. PediDOSE aims to measure the impact of standardized paramedic-administered midazolam dosing on seizure treatment effectiveness and safety. If the intervention is demonstrated to be both safe and more effective than current practice (calculation-based dosing), the potential impact is a paradigm shift in EMS-based pediatric seizure treatment that can be implemented across the country.

## Disparities

Racial and ethnic disparities in health care provision have received considerable attention in recent years. In 2002, the Institute of Medicine released a report assessing the extent of variability and disparities in the types and quality of health services provided in the United States. Given this role in our healthcare delivery system, there is a unique opportunity to understand whether care is being delivered equitably, independent of other access issues. For this study, PECARN Registry data have been used to explore racial/ethnic disparities in the emergency care of children with long bone fractures and appendicitis. We have published three manuscripts to date and an additional manuscript is currently under review.

## PED SCREEN

PED SCREEN addresses the critical need to improve pediatric sepsis outcomes by developing methods to accurately identify at-risk children presenting for emergency care. The project captures electronic health record (EHR) data to create a multi-center registry with the ultimate goal of improving the detection and treatment of pediatric sepsis in the emergency department (ED) setting. To accomplish this, we are automating the determination of organ dysfunction in children with sepsis directly from structured and narrative data in an expanded multicenter EHR patient registry. That data is being used to derive and validate prediction models of pediatric sepsis that predict subsequent organ dysfunction within 48 hours using ED EHR data from the first 4 hours of care. Innovative deliverables from this project include the existence of a broad and rich EHR registry, an automated process of outcome determination, and prediction models of risk of sepsis.

## PRAPP

Procalcitonin to Reduce Antibiotic Prescribing in Pediatric Pneumonia (PRAPP) is an R34 clinical trials planning grant funded by NHLBI with the goal of preparing for a large-scale, randomized clinical trial of amoxicillin vs placebo in young children with mild, outpatient community-acquired pneumonia (CAP) who have a low procalcitonin concentration. This definitive trial will improve outcomes in children by decreasing unnecessary exposure to antibiotics, and their associated short- and long-term effects. We have now finished 3 rounds of a Delphi survey with a multidisciplinary panel of experts to build consensus on study population and outcomes. This is now in data analysis and manuscript preparation phase. We have also completed qualitative interviews of 20 parents and 20 clinicians to gain their perspectives on antibiotic use in mild CAP and study procedures. We are now in data analysis and manuscript preparation phase. We have also completed enrollment in a pilot cohort study of use of telehealth technologies to evaluate respiratory outcomes in children and are currently analyzing data from this study. The study team and DCC have been busy preparing for a 3-site pilot trial of amoxicillin vs placebo at Lurie Children's, CHOP and CCHMC that is on track to begin enrollment in October 2021.

## STI

Sexually transmitted infections (STIs) are highly prevalent among adolescents. Despite established principles for STI control, clinical practices related to screening, diagnosis, treatment and prevention of STIs among adolescents are suboptimal. This study aims to determine the most clinically efficient and cost-effective ED STI screening method among adolescents who would otherwise not receive preventive healthcare. This study has the potential to improve diagnosis of asymptomatic STIs and decrease the time interval to treatment, consequently decreasing reinfection rates as well as healthcare costs for children. The STI study team completed data collection for phase one (workflow analysis) and is currently implementing the pragmatic trial at all sites through September 2022. Two manuscripts have been published: one in JAMA Pediatrics comparing the cost-effectiveness of these two screening strategies based on literature estimates, and a second manuscript describing the results of the workflow analysis. We also presented an abstract at PAS 2021 describing the impact of the COVID pandemic on ED-based STI testing and detection.

## BIOSIGNATURES I & II

The Biosignature I/II studies evaluate the ability of the "RNA Biosignature" to distinguish febrile infants ≤ 60 days-old with viral versus serious bacterial infections (UTIs, bacterial meningitis and bacteremia). This technology has the potential for rapid and accurate diagnosis of febrile infants. Biosignatures II is assessing the stability of the RNA biosignature via sequential sampling. We enrolled 2,612 infants, with 306 sequential samples. The next manuscripts to be submitted are: 1) the risk of bacterial meningitis in febrile infants with positive urinalyses, 2) validation of the PECARN febrile infant prediction rule, and 3) the impact of respiratory viral detection on the PECARN prediction rule. We are working on the analyses of the epidemiology of pneumonia in this group, and a machine learning analysis on the complete cohort of ~ 8000 infants. We presented two abstracts at the 2021 PAS and SAEM meetings, and received the SAEM award for the best PEM abstract for the impact of respiratory viral detection on the PECARN prediction rule presentation. The final analyses of RNA biosignatures for both Biosignatures I/II (including sequential samples) is in the works. We are preparing the protocol for implementation of the PECARN febrile infant prediction rule which will involve computerized decision support and shared decision-making. All of these studies will help facilitate a more expeditious, accurate and safer evaluation of the febrile infant.

## HEADACHE

The Headache Assessment in Children for Emergent Intracranial Abnormalities (HEADACHE) study aims to create the first decision-making algorithm that will allow physicians to determine the precise risk of emergent intracranial abnormalities in children with headaches, and accurately identify those who require emergent neuroimaging and those who do not. All 18 sites have begun enrollment, with >1400 children enrolled and >80 interrater assessments completed over the past 7 months. Emergent intracranial abnormalities have been identified in approximately 0.9% of children. Approximately 30% of children received ED neuroimaging, with just over half of them undergoing CT scans.

## ED-STARS

The ED Screen for Teens at Risk for Suicide (ED-STARS) has published the "Understanding adolescent responses to differently worded suicide attempt questions: results from a large US pediatric sample" in Psychological Medicine and most recently published the "Risk and protective factors for suicide among sexual minority youth seeking emergency medical services" in the Journal of Affective Disorders. We are also working on 8 other manuscripts for submission throughout 2021.

## FLUID

The FLUID study enrolled ~1,800 children with diabetes: ~1400 with DKA and 400 without DKA. The main analysis was published in the NEJM and demonstrated no significant differences between fast and slower fluid rates on neurological outcomes. This liberates clinicians to use their clinical judgment when hydrating children with DKA. There have been several secondary analyses. Most recently, we have had important publications in Diabetes Care (Effects of Fluid Rehydration on Correction of Acidosis and Electrolyte Abnormalities), Pediatrics (Serum Sodium Concentration and Mental status; with a great accompanying editorial) and Western J Emerg Med (Factors Associated with Parental Permission to Participate). Another manuscript is currently under review at a medical journal (Clinical and Laboratory Predictors of Dehydration Severity). Several other manuscripts are being drafted. The abstract pertaining to predicting level of dehydration was presented at the 2021 PAS meeting. Finally, the FLUID Public Use Dataset (PUD) is currently under review.

## STEC

Hyperhydration to Improve Kidney Outcomes in Children with Shiga Toxin-Producing E. coli Infection (HIKO STEC): A Multinational Cluster Randomized Crossover Trial is a 26 site phase III, embedded, cluster-randomized, crossover trial is to compare hyperhydration (e.g. early aggressive intravenous treatment) with conservative fluid management as treatment for STEC-infected children. This study has the potential to mitigate the renal and extrarenal complications of the hemolytic uremic syndrome (HUS) and improve health outcomes in STEC-infected children. The NIAID has approved an extended over-the-cap R01 application. It received an impact score of 17 and scored at the 2nd percentile. Council review will occur in October 2021.

## PECARN Registry

The PECARN Registry is an emergency care visit registry with automated transmission from the electronic health record data for pediatric patients at participating sites. The Registry currently contains data from all ED visits from nine sites with data spanning calendar years 2012 through 2020. Each site transmits data to the DCC monthly. Comprehensive data quality assurance rules have been automated to assess data quality and validation of the transmitted data. The Registry is about to undergo an upgrade to the data collection system and is currently onboarding three new sites. The Registry has data on over 4.4 million visits and 1.6 million unique patients. Data are also used for health services research, comparative effectiveness research, hypothesis generation and grant planning for the network. The Registry data are utilized in four other funded PECARN grants.

## SPEED

The aim of this study is to develop an electronic health record clinical decision support (EHR-CDS) tool for outpatient antibiotic prescribing of pediatric urinary tract infections (UTI) and community acquired pneumonia (CAP). Currently we have developed EHR-CDS for both UTI and CAP, and completed end-user testing. The EHR-CDS is now in a live pilot here in Colorado. An EHR agnostic version of the EHR-CDS is being developed concurrently. EHR-CDS is the centerpiece of an implementation trial we are presently designing, to eventually implement large-scale ED-based antimicrobial stewardship programs.

## AZ-SWED

AZithromycin Therapy in Preschoolers with Severe Wheezing Episode Diagnosed at the Emergency Department (AZ-SWED) is a parallel group, double blind, efficacy clinical trial comparing oral AZ to placebo. Participants will be stratified by presence of Moraxella catarrhalis, Streptococcus pneumoniae or Haemophilus Influenzae in their nasopharynx. AZ-SWED will enroll up to 2,000 18-<60 month old patients presenting to the ED with acute wheezing episodes across six PECARN sites. Enrollment is scheduled to open in 2021. This study aims to find better ways to treat acute preschool wheezing illnesses, which are a major cause of morbidity and hospital admissions in this age group.

## STArT

The STArT study investigates the benefits and safety of arginine for the treatment of patients with Sickle Cell Disease and pain. To date, we have activated four sites for enrollment and have enrolled our first patient. Our goal is to have all remaining sites activated by the end of September. We are also nearing finalization of our REDCap database and plan to roll it out to all sites shortly. Lastly, we have met our milestones and the UG3 grant has been approved by NHLBI to transition to the UH3 for funding.

## C-SPINE

The Development and Testing of a Pediatric CSI Risk Assessment Tool (C-Spine study) has completed enrollment for Round I (derivation phase) of the study! The Round I sites enrolled 12,554 patients and surpassed their goal of 240 cervical spine injuries with a total of 268 cervical spine injuries, 121 of those being EMS arrivals. The Round II sites are currently enrolling for the validation phase of the study and are moving along with 6,946 patients enrolled, 91 CSIs identified out of their goal of 160 CSIs. We are at 162/134 CSI via EMS arrivals for the whole study. Additionally, we have begun coding the transcripts from the first 70 user-centered design (UCD) interviews and are preparing the first UCD related manuscripts. Lastly, the diversity supplement, which was awarded to support Dr. Jordee Wells, has completed 43/180 phone interviews to collect data to investigate disparities amongst cervical spine injured patients from Round I!

# Good Clinical Practice Tip

## Overview of Investigator Responsibilities

Compiled by: Renee Kuhn (DCC)

As the PECARN team grows, we welcome new investigators. Investigators are responsible to supervise the conduct of the clinical investigation and to protect the rights, safety, and welfare of participants in all types of clinical trials. It is also common practice for investigators to delegate certain study-related tasks to employees, colleagues, or other third parties. When tasks are delegated by an investigator, the investigator is responsible for providing adequate supervision of those to whom tasks are delegated. The investigator should have sufficient time to properly conduct and supervise the clinical trial and is accountable for regulatory violations resulting from failure to adequately supervise the conduct of the clinical study. In assessing the adequacy of supervision by an investigator, FDA focuses on four major areas:

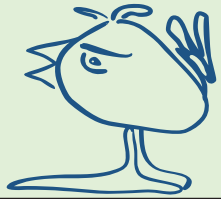
1. Delegation of study-related tasks to qualified individuals,
    a. Investigators are responsible to ensure those individuals are qualified by education, training and experience in accordance with the protocol (see 21 CFR 312.60, Form FDA-1572, 21 CFR 812.43 and 812.100).
    b. The investigator should maintain a list of the appropriately qualified persons to whom significant trial-related duties have been delegated.

2. Verify staff are provided adequate training on how to conduct the delegated tasks and have adequate understanding of the study:,
    a. Confirm staff are competent and aware of the study purpose and the protocol inclu ding any changes throughout the life of the study.
    b. Confirm staff are aware of regulatory requirements and acceptable standards for the conduct of clinical trials and the protection of human subjects.

3. Oversee that staff has adequate supervision and involvement in the ongoing conduct of the study:
    a. There should be a distinct individual identified as an investigator who has supervisory responsibility for the site that individuals report directly to.
    b. The level of supervision should be appropriate to the staff, the nature of the trial, and the subject population and the investigator should develop a plan for oversight;
    ex. routine meetings, documentation (even those who are highly qualified).

4. Verify there was adequate supervision or oversight of any third parties involved in the conduct of a study to the extent such supervision or oversight was reasonably possible.
    a. Similar to all requirements mentioned in #3, the investigator should be particularly cautious where documentation needed to comply with the investigator's regulatory responsibilities is developed and maintained.
    b. The investigator is responsible for supervising the study tasks performed by this staff, even though they are not in his/her direct employ during the conduct of the study regardless of the qualifications and experience of staff members.

You can find the ICH GCP Guideline at: https://ichgcp.net/4-investigator



"to protect the rights, safety and welfare of participants in all types of clinical trials."

# Federal Corner

## HHS Releases Best Practice Guide on Direct-to-Consumer Telehealth

Telehealth.HHS.gov has published a best practice guide for providers on direct-to-consumer (DTC) telehealth. Health providers can learn about ways to integrate telehealth into their workflow to meet the needs of their patients and practice, from developing a DTC strategy to telehealth billing.

**The Biden-Harris Administration** announced today that it is providing nearly $90 million to help rural communities combat opioid use disorders (OUD) and other forms of substance use disorders (SUD), and to improve access to maternal and obstetrics care. This funding is being distributed by the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA).

## HRSA Announces Coverage of Over Five Million Claims for COVID-19 Vaccinations for Uninsured Individuals

Announcing the COVID-19 Care for Uninsured Individuals program, a voluntary federal program that reimburses providers for vaccine administration fees associated with uninsured individuals. This important milestone reflects the Biden-Harris Administration's commitment to ensuring equitable access to COVID-19 vaccines. There are approximately 29 million uninsured individuals living in the United States. Communities of color have been especially hard-hit by both the COVID-19 pandemic and the associated economic downturn.
The Uninsured Program allows anyone without health insurance, no matter their immigration status, to receive their COVID-19 vaccines for free by reimbursing providers for the cost of administering the vaccine. The program also covers COVID-19 testing and treatment claims for individuals without health insurance.

## EMSC State Partnership Rural Expansion Program

In August, HRSA awarded four EMSC state parternership supplements to ensure access to age-appropriate, high-quality care during the COVID-19 pandemic in rural, remote, and or tribal areas. The program's objectives are to increase the number of hospitals that are recognized by a state, regional or territorial pediatric medical recognition program; and increase the number of pediatric emergency care coordinators in EMS. **AWARDEES include:** The regents of the University of Colorado, Kentucky Community & Technical College System, Tennessee Vanderbilt University Medical Center and Wisconsin Department of Health Services.

## National Pediatric Readiness Project
### NPRP Assessment

The 2nd national pediatric readiness assessment launched May 1, 2021 and closed August 31, 20212. The NPRP assessment is helping to determine progress in pediatric readiness, identifying existing gaps, promoting quality improvement efforts in hospital EDs around the country, developing national collaboratives to address common and critical gaps, and identifying best practices. Thank you so much for participating, please stay tuned for more information.

## Regional Pediatric Pandemic Network

In August, HRSA also awarded one Regional Pediatric Pandemic Network cooperative agreement to University Hospitals Rainbow Babies and Children'ts Hospital (CO-PI, Charles Macias) and UCSF (CO-PI, Chris Newton). The purpose of the program is to coordinate among the Nation's pediatric hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics. The Network will also work to strengthen partnerships with existing local, state, regional and national emergency preparedness systems to ensure the needs of all children are addressed within preparedness and response activities.

The Regional Pediatric Pandemic Network is comprised of five children's hospitals including UCSF-Benioff Children's Hospital (Hub PI, Nicolaus Glomb), University of Utah-Primary Children's Hospital (Hub PI, Hilary Hewes), Cardinal Glennon Children's Hospital (Hub PI, Rachael Charney), Rainbow Babies and Children's Hospital (Hub PI, Deanna Dahl-Grove), and Norton Children's Hospital, (Hub PI, Mary Fallot) as well as many other PECARN leadership members.

Appropriation – 10 million in FY2021. The project's performance period is from September 1, 2021 to August 31, 2026.

# SPARC Node

EMSA RC Derek Hanley recently self-published a book, 'Behind the Skirmish Line,' that follows medics from the Falck Alameda County tactical EMS team on the night of the major George Floyd protest in Oakland. Nodal PI Tom Chun, with support from SPARC EMSA Advisor Nick Glomb, presented PECARN's past & present mental health efforts at the August EMSC All Grantees meeting.

EMSA Advisor Nick Glomb's son

NA Erin Ryan's baby Madison

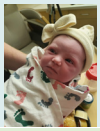
Ivan Bahamon, Hasbro RC
Dylan Hurley, Emory RC
Chris Pathmanabhan, UCSF RC

# DCC

**The DCC is pleased to welcome the following new staff: Project Managers, Kammy Jacobsen and Ulrike Ott, Clinical Data Managers, Lauren Cutler, Ashley Hagemann (not pictured) and Aleksey Mason-Bradach (not pictured), Biostatisticians, Kimia Ghaffari (not pictured) and Angela Larkin and Administrative Assistant Jenn Burton. Also joining us in 2021 are 3 babies, Congratulations to the new parents, John VanBuren, Frances Sebahar and Caleb Bracken.**

Alexis Rae VanHum
7/7/21 8lbs 1oz

George David Sebahar
8/15/21 7lbs 4oz



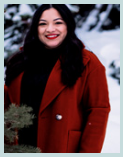
Sage Bracken March 2021

# CHAMP Node

Michelle Larimore, MPH
Research Manager UBMD
Secretary, PECARN Nodal Administrator

# NEW FACES & NODAL NEWS

# WPEMR Node



WPEMR would like to introduce 2 new RC's Seattle Children's Andrea Rivero Chavez, MPH and Children's Hospital Los Angeles Jocelyn "Jocy" Perez, BA.

"After 11 years of service to PECARN, it is with mixed emotions that we announce the departure of Kathleen Grice from the PEM-NEWS node. Kathleen has served as our PECARN Research Coordinator and Section research coordinator at Children's Hospital Colorado (CHCO) for many years, and has been integral to our success. Her service to PECARN extended beyond CHCO and PEM-NEWS, as she was a founding member and eventual Chair of the PECARN Research Coordinator (RC) Subcommittee, contributing to the development of best practices and supporting the RCs across the network. We are so grateful for her dedication and commitment to the success at CHCO, PEM-NEWS, and PECARN. Please join me in thanking and congratulating Kathleen for her years of service in PECARN."

Gonzalo Lerner
Lead RC, DECH
August 2021

Megan Nye
February 2021
Clinical Research Coordinator

# PEM-NEWS Node

# PRIME Node

Lexi Lemon

Hannah Edelmann

Jacqueline Kopaygorodsky

PRIME Node is excited to welcome nine new Research Coordinators at all of our sites.

Nicole Burrowes

Sofia Arruda

Tyne Hernandez

Katie Reddick

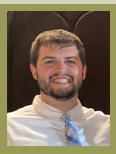
Bryan Villaseñor

Devika Shenoy

# HOMERUN Node

HOMERUN is excited to welcome Fahd Ahmad MD MSc and Michelle Pickett MD MS to our node. Dr. Ahmad will transition to the Washington University School of Medicine & St. Louis Children's Hospital HEDA PI effective 9/1. Dr. Pickett will serve as our HOMERUN Nodal Disparities Champion effective 8/1. Welcome to the team!

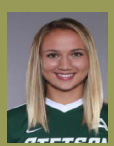
# GLEMSCRN Node



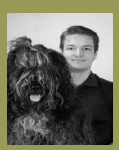
CONGRATULATIONS to Dustin Nelson (shown on the left) who was promoted to Clinical Research Coordinator at NWCH. Dustin is one of the new RCAC Newsletter co-Editors. He was also recently recognized with a Business Process Improvement Award for developing a survey tool to track EM/UC moonlighting shifts.

Welcome to all of our new staff at NWCH, MICH and UPMC.

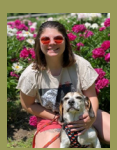
Fikir Abayneh RA



Ellie Hackett RA



Tim Hagemeister RA



Clarice Kruse RC

Zach Harkey RC

Megan Ruefle CRC

Shanon Young CRM

Congratulations to 4 members of the NWCH RC team heading to medical school this fall, Ryan Czarnecki (RC)-MD/MS Clinical and Translational Science Dual Degree Program at the Medical College of Wisconsin, Allie Stefan (RA)-Michigan State University College of Osteopathic Medicine, Kayla Rice (RA)-Lake Erie College of Osteopathic Medicine and Stephanie Cox (RA)-Michigan State University College of Osteopathic Medicine.

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