PECARN

Pediatric Emergency Care Applied Research Network

FALL 2023

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Counting Kids: How Many in PECARN Studies?

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How many patients are enrolled each year in PECARN studies? Or, how many patients have been enrolled by PECARN since the network began? These, and similar questions, have been asked by our federal partners, by colleagues, or even by family and friends at the dinner table. We have also wanted to include this information in grant applications to show the impact of PECARN. We do track enrollment in all PECARN studies. However, such questions are not as easily answered as they might seem. Here, we discuss some of the nuances and issues faced when trying to come up with the number of patients enrolled in PECARN research studies.

First, we must define what "enrolled" actually means. In clinical trials, we usually consider randomization to be synonymous with enrollment. In other studies, we might consider enrollment to be completion of the consent/permission process. Many studies, however, have a waiver of consent or a different process. As an example, consider the PECARN study on sexually transmitted infections (STI) that recently completed accrual. That study relied on nursing staff to assess criteria and hand tablets to eligible patients. Only a fraction of patients seen in the Emergency Department (ED) received tablets and filled out information on a sexual health survey. However, electronic health record (EHR) data were transferred to the EMSC Data Center (EDC) on all teens in the appropriate age range. Thus, does the number "enrolled" include only those who participate and fill out the survey information? Or does it include all patients seen and analyzed? Similarly, for the PECARN Registry, which consists of EHR data on all patients seen in the participating EDs, there is no real "enrollment" process for anyone. The EHR is a powerful tool to capture patient data but may be different from a study that more formally enrolls participants.

Another issue that comes up is that we can have multiple enrollments for the same patient. This is perhaps most obvious in PECARN Registry, where we collect each ED visit and patients return to the ED. It may be less well known in other studies, but it can occur. For example, in the FLuid therapies Under Investigation in Diabetic ketoacidosis (FLUID) trial, patients experiencing diabetic ketoacidosis (DKA) on a second occasion could be re-enrolled in the trial. Those situations demonstrate repeats within a study. There is also the scenario where a patient is enrolled in multiple PECARN studies. This is certainly true with PECARN Registry, as any patient who is enrolled in another study (which essentially means they visited the ED) will also be in PECARN Registry. We currently have no way to track which patients have been enrolled in multiple PECARN studies and account for that in our calculations.

"The important point is that just because a study enrolls many more patients than another does not make that study more important."

You have probably heard the saying "Don't judge a book by its cover." Here's another one: "Don't judge a PECARN study (or PECARN, in general) by its sample size." The sample size is the total number of patients that are intended to be enrolled in the study. Why is it that some PECARN studies have a small sample size (for example, the Magnesium in Sickle Vaso-occlusive Crisis, or MAGiC trial, with 208) compared to other studies (for example, PECARN Registry, with over 9 million visit records and growing)? Sometimes the sample size simply comes down to however many patients arrive at the emergency department. However, most studies use a complex process involving scientific, statistical, and feasibility input to determine what the target sample size will be. Different scientific questions or outcome measures may lead to varying required sample sizes. Populations that are more homogeneous will often lead to low levels of variability between individuals, which leads to smaller sample sizes compared to heterogeneous populations. It is easier to detect large differences or effects compared to smaller ones. Once a particular scientific question, outcome, and comparison groups have been chosen, the statistician will work with the lead investigator(s) to estimate variability (standard deviation), rates of outcome (e.g., how many clinically important traumatic brain injuries), and a plausible effect size (difference we expect between groups). This information, along with the desired power, is used to calculate the required sample size. The reason some

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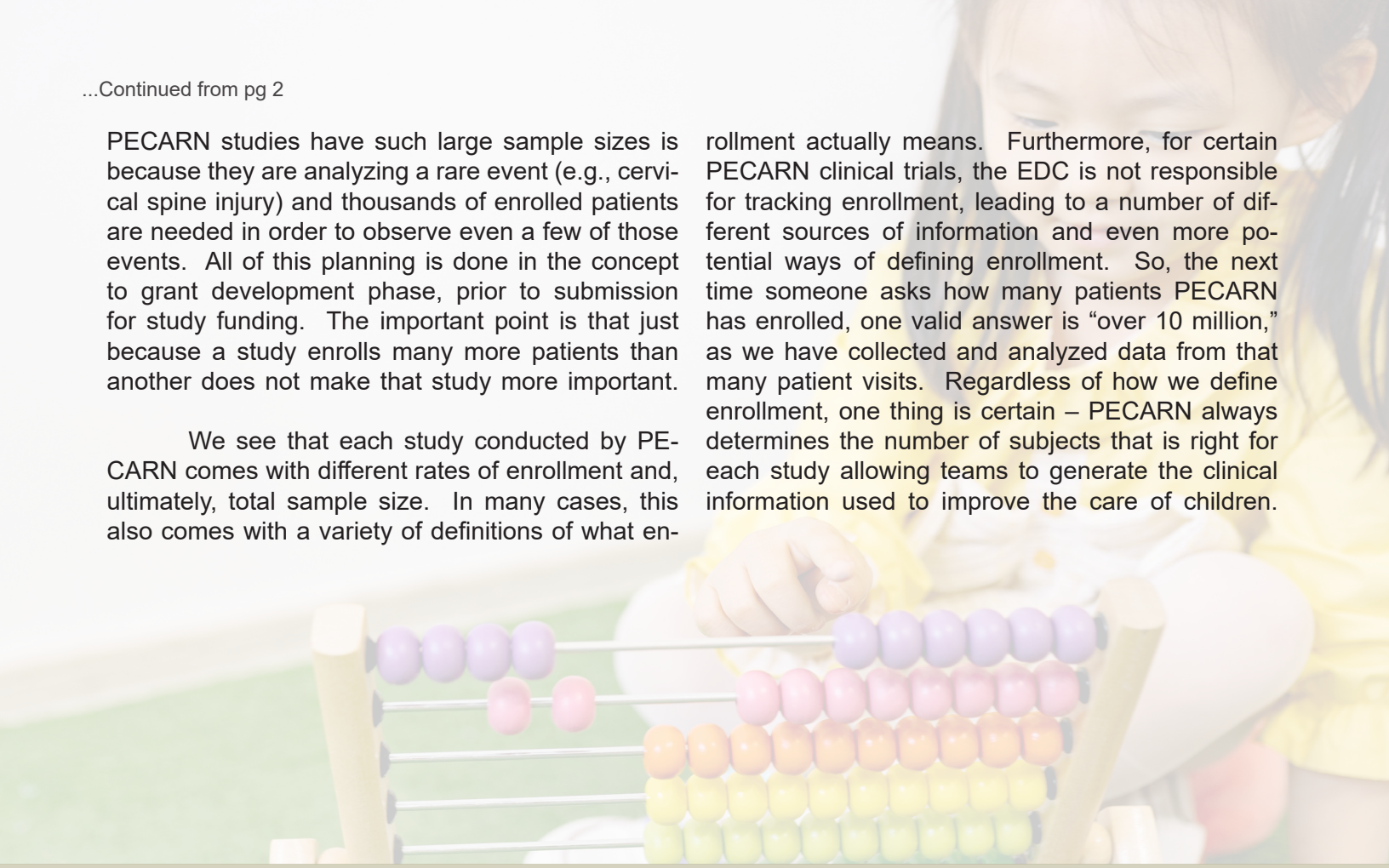
PECARN studies have such large sample sizes is because they are analyzing a rare event (e.g., cervical spine injury) and thousands of enrolled patients are needed in order to observe even a few of those events. All of this planning is done in the concept to grant development phase, prior to submission for study funding. The important point is that just because a study enrolls many more patients than another does not make that study more important.

We see that each study conducted by PECARN comes with different rates of enrollment and, ultimately, total sample size. In many cases, this also comes with a variety of definitions of what enrollment actually means. Furthermore, for certain PECARN clinical trials, the EDC is not responsible for tracking enrollment, leading to a number of different sources of information and even more potential ways of defining enrollment. So, the next time someone asks how many patients PECARN has enrolled, one valid answer is "over 10 million," as we have collected and analyzed data from that many patient visits. Regardless of how we define enrollment, one thing is certain – PECARN always determines the number of subjects that is right for each study allowing teams to generate the clinical information used to improve the care of children.



Study Updates

IMPACT-ED

Study enrollment is complete for this 3-arm pilot randomized trial of intravenous magnesium in children with severe acute asthma at three sites - Primary Children's Hospital, Nationwide Children's Hospital, and Children's Hospital of Philadelphia. The study team is working on analysis, publications (a main study manuscript and separate manuscripts on safety and pharmacology), and grant application in 2024 to fund a conclusive trial at more sites.

SCIENCE II

The investigators on the SCIENCE trial have successfully enrolled 2,954 patients and moved 4 sites to study implementation, with two sites transitioning towards study implementation. In July we had our fourth DSMB meeting and both the DSMB and central IRB approved the continuation of the study. We are excited to continue our work improving the emergency department pain treatment for children with sickle cell disease.

HIKO STEC

Hyperhydration to Improve Kidney Outcomes in Children with Shiga Toxin-producing E. coli Infection (HIKO STEC): A Multinational Cluster Randomized Crossover Trial recently concluded its first full year of recruitment. HIKO STEC is a 26-site phase III, embedded, cluster-randomized, crossover trial comparing hyperhydration (e.g. early aggressive intravenous treatment) with conservative fluid management as treatment for STEC-infected children. This study aims to discover which treatment method most effectively mitigates the renal and extrarenal complications of hemolytic uremic syndrome (HUS) and improves health outcomes in STEC-infected children. To date, HIKO STEC has enrolled 283 participants with the ultimate goal of enrolling a total of 1040 over 4 years. A recent large outbreak in Calgary, AB resulted in a spike in enrollment along with an unprecedented opportunity to define long-term outcomes and risk of sequalae following STEC infection in children. A supplemental funding request has been submitted for three year follow-up of participants at Calgary.

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 ten healthcare systems including seventeen EDs with data spanning calendar years 2012 through 2022. Each site transmits data to the EDC monthly. Comprehensive data quality assurance rules have been automated to assess data quality and validation of the transmitted data. The Registry has just upgraded its data collection system and is currently onboarding three new sites. Data are also used for health services research, comparative effectiveness research, hypothesis generation and grant planning for the network and is utilized in many other funded PECARN grants. Please plan to join us for the bi-monthly PECARN Registry Study Development Working Group meetings. The next two meetings are scheduled for Monday, Nov. 13 and Monday, January 8. Please notify Cara Elsholz at the EDC if you'd like an invitation sent to you.

STArT

The STArT study investigates the benefits and safety of arginine for the treatment of patients with Sickle Cell Disease and pain. There are 10 sites enrolling and to date our sites have screened more than 1,900 patients. We have exceeded our enrollment milestones with 190 enrolled participants! Remote monitoring visits began late summer and are continuing with 2 sites completed, and the remaining visits scheduled through the end of September. The STArT protocol manuscript was recently published in Trials. In August, STArT was recently highlighted during an invited talk at the NHLBI's annual sickle cell research symposium. Our project period runs through the end of August 2026 and our goal is to enroll 360 subjects.

PedCAPS

We are conducting a prospective observational study of children 3 months to 18 years old who present to participating EDs. The primary outcome is community-acquired pneumonia (CAP) severity within 7 days of ED presentation, measured using a 3-tiered ordinal outcome of mild, moderate, and severe CAP. A rule for predicting CAP severity will be derived in 2000 analyzable children in 7 EDs over the first 2.5 years of the project period. The rule will then be externally validated in a distinct cohort of 2000 analyzable children in 7 different EDs. On August 8, 2023, the study went live. As of September 7, 2023, five of the seven sites are actively screening and have recruited 80 participants.

PediDOSE

The Pediatric Dose Optimization for Seizures in Emergency Medical Services (PediDOSE) study aims to measure the effectiveness and safety of a standardized pediatric seizure protocol with age-based midazolam dosing. Approximately 1250 subjects have been enrolled among the 20 sites, and national presentations have been given to present the community consultation findings for this Exception from Informed Consent (EFIC) study. If the intervention is safer and more effective than current practice (calculation-based dosing), the potential impact is a paradigm shift in EMS pediatric seizure treatment that can be implemented across the country.

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. We have enrolled over 9,100 children and completed over 625 interrater assessments over the past 30 months. Emergent intracranial abnormalities have been identified in approximately 1% of children. Approximately 35% of children received ED neuroimaging, with over 63% of them undergoing CT scans.

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 are 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. Data transmissions are complete for all centers and there are 3 manuscripts in progress.

FAST

In the evaluation of hemodynamically stable children who have experienced blunt torso trauma the benefits of using the Focused Assessment with Sonography in Trauma (FAST) examination is unclear and therefore is variably used. In the PECARN intra-abdominal injury (IAI) prediction rule study, the FAST examination was used in only ~ 15% of children but resulted in decreased abdominal CT use in those children considered at 1-5% or 6-10% risk of IAI a priori (relative risk of CT use 0.81 and 0.85 respectively). Therefore, we are now studying this prospectively in the NICHD-funded PECARN FAST study. This is an RCT of the FAST examination in 6 PECARN centers to definitively determine its utility in hemodynamically stable pediatric trauma patients. Four of the 6 sites are up and enrolling, and all enrolling sites are meeting their target numbers! We are excited to determine the ideal use of FAST in the evaluation of pediatric trauma!

C-SPINE

Enrollment and data cleaning are complete for the prospective observational study the Development and Testing of a Pediatric CSI Risk Assessment Tool (C-Spine study). The derived and validated clinical decision rule for neck imaging after blunt trauma abstracts were presented at the annual meetings of the American Academy of Pediatrics and the Pediatric Trauma Society. Sixteen secondary analyses are currently in progress 6 of which have been presented as abstracts at National meetings. Next steps for the clinical decision rule will be validation using the observations from EMS providers. The first manuscript utilizing the first 70 user-centered design interviews has been published. Two additional manuscripts are in the works. Lastly, the diversity supplement, which was awarded to support Dr. Jordee Wells, has been completed. This included parental surveys which will be used to investigate disparities in injury risk and health care delivery for children with cervical spine injuries. There are 2 manuscripts and 2 abstracts in progress related to the Diversity Supplement work.

PRoMPT BOLUS

PRoMPT BOLUS is a large pragmatic clinical trial comparing normal saline to balanced fluids for resuscitation in pediatric sepsis. The primary outcome is MAKE30: a composite outcome that includes persistent kidney injury, dialysis, and death. PRoMPT will be the largest pediatric acute care trial in history, and aims to enroll 8800 children at 46 sites across 3 international networks. This effort is led by PECARN and includes our sister networks PERC in Canada and PREDICT in Australia/New Zealand. We are now enrolling at 43 sites around the world: 21 PECARN sites and 22 international sites, and are just about halfway finished with enrollment! PROMPT also now has two NIH funded ancillary studies: one investigating blood biomarkers of endothelial dysfunction and the other studying long term kidney outcomes by linking with PEDS NET data at several sites. The DSMB met in July and determined that both arms are safe and that the study should continue without modification.

IMPROVE

IMPROVE 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. 7,462 English and Spanish-speaking subjects were enrolled between July 2019 and our last enrollment date of August 31st, 2023. Linkage to the Registry is expected to be completed by the end of October, and manuscript writing and manuscript analyses are in progress. Thank you to the study teams who worked so hard over the past 4 years to make this study a success!

BEEPER

BEEPER is chugging along up to the 75% milestone with over 3000 enrollments. Our awesome adjudication committee (Drs. Corwin, Kaplan and Mercurio) have found that we are very close to our predicted prevalence, which was thought by many to be impossibly optimistic. We also have published the BEEPER protocol manuscript (https://www.rpthjournal.org/article/S2475-0379(23)00011-0/fulltext). With crucial help and diligence from the EDC team, we have set the titles, authorship order and basic analytic plan for 11 manuscripts. Based upon current projections, we anticipate completion of enrollment in Summer 2024 and data lock in the fall of 2024. BEEP-BEEP! Keep on chugging.

T-RECS

The Treating Respiratory Emergencies in Children Study (T-RECS) was funded in the summer of 2023. T-RECS is a pilot trial designed to evaluate the feasibility of implementing a prehospital treatment bundle for children with life-threatening asthma that includes ipratropium and dexamethasone. The overall goal is to reduce the rate of hospitalization and improve the quality of life for participants. The primary aim of the pilot study is to evaluate the feasibility of collecting the study outcomes. The three enrolling sites (Utah, Buffalo, Charlotte) are in the process of IRB approval in anticipation of community consultation efforts which will begin in the fall of 2023.

BIOSIGNATURES I & II

The Biosignature I/II studies are evaluating 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. We have published more than a dozen manuscripts on Biosigs I and II, have several manuscripts under review, and are working on others, including the main Biosignatures 1 and 2 transcriptomics manuscripts. Finally, we recently submitted a PECARN-endorsed grant to PCORI regarding Implementation of the PECARN SBI Prediction Rule which will involve computerized decision support and shared decision-making. All these studies will help facilitate a more expeditious, accurate and safer evaluation of the febrile infant.

PediPART

The Pediatric Prehospital Airway Resuscitation Trial or Pedi-PART is a new study that will help in determining the best strategy for prehospital airway management in critically ill children. Because airway management must be done immediately this study will have an Exception from Informed Consent (EFIC). There are currently 10 EMS communities across the US that will enroll patients in the trial. The study was funded in September 2023 and many pre-enrollment activities are underway. Enrollment is expected to begin in May 2024.

SCREEN 2 PREVENT

The scientific premise of the Screen 2 Prevent study stems from the PECARN STI study foundational work. This study seeks to adapt our previous intervention for broad-scale opt-out HIV screening, specifically addressing diagnosis and prevention goals from the national End the HIV Epidemic (EHE) including 1) increasing HIV screening rates in pediatric EDs, 2) using computer-facilitated collection of patient-reported outcomes to confidentially and efficiently assess PrEP eligibility, and 3) leveraging mHealth to improve linkage to care for HIV prevention and treatment. We received the NOA in April and are currently waiting for IRB approval while finalizing data elements.

AZ-SWED

The AZithromycin Therapy in Preschoolers with a Severe Wheezing Episode Diagnosed at the Emergency Department (AZ-SWED) trial launched in September 2021 with the goal of testing the hypotheses that azithromycin, given for 5 days to preschool children with severe acute wheezing, will decrease the severity of the acute episode in those who do and/or do not harbor pathogenic bacteria in their nasopharynx. Expected enrollment is 1476; a sub-group (n=370) will be tested for the development of antibiotic resistance. As of 9/11/2023, we have randomized 413 participants. If successful, AZ-SWED could greatly impact preschoolers with acute wheezing illnesses by decreasing the severity of symptoms and reducing the length of hospital admissions.

PEACH

The Post-Emergency Department Access to Care for Headaches (PEACH) study aims to determine if disparities exist in follow-up care and neuroimaging rates for children with headache after their discharge from the ED. We also interviewed caregivers to evaluate their lived experiences of attempting to obtain post-ED follow-up appointments through the lens of race/ethnicity and insurance type. Our study findings will help generate caregiver-informed interventions to improve post-ED care connections for children with headaches. As of September 2023, we have enrolled 197 study participants, determined outcomes for 49 patients, and interviewed 9 caregivers over the past 11 months.

FEDERAL CORNER

EMSC Emergency Medical Services for Children

U.S. Department of Health & Human Services (HHS) Update

For Immediate Release: HHS Launches Environmental Justice Community Innovator Challenge

As part of the Biden-Harris Administration's historic climate and environmental justice agenda, the U.S. Department of Health and Human Services (HHS) announced the launch of a nation-wide HHS Environmental Justice Community Innovator Challenge to support disadvantaged communities and Tribes facing the brunt of environmental injustices, including health harms due to climate change. This Challenge aims to uplift community-level solutions to address health inequities with prizes totaling $1,000,000 that will be awarded in two phases.

Submission period: Phase 1 open until 01/30/24 11:59 PM EST | For more details on how to enter, please visit CHALLENGE.GOV

Health Resources and Services Administration (HRSA) Updates

HRSA Invests More than $4 Million to Address Maternal Mortality and Improve Maternal Health in North Carolina

Funding supports Biden-Harris Administration's strategy to increase access to maternal care; address maternal depression; and grow the maternal health workforce. Today, the U.S. Department of Health and Human Services' (HHS), Health Resources and Services Administration (HRSA) announced more than $4 million in awards to North Carolina to support the White House Blueprint for Addressing the Maternal Health Crisis (PDF - 912 KB), a whole-of-government strategy to combat maternal mortality and improve maternal health, particularly in underserved communities.

To learn more, please visit: https://www.hrsa.gov/about/news/press-releases/hrsa-north-carolina-maternal-health-funding

Health Professional Students' Loan Repayment Application Open Now

HRSA opened the application cycle for the 2024 National Health Service Corps (NHSC) Students to Service Loan Repayment Program. Final-year students studying to become a physician assistant, nurse practitioner, certified nurse midwife, medical doctor, or dentist can apply for awards of up to $120,000 in exchange for a three-year commitment providing primary care services at NHSC-approved sites in high-need areas.

This year, HRSA added an additional $40,000 supplement for medical students and certified nurse midwives who commit to providing OB/GYN services in a maternity care target area (MCTA). Designated MCTAs are areas within an existing health professional shortage areas that are experiencing a significant shortage of maternity health care professionals.

Applications are due Thursday, December 7, 7:30 p.m. ET. To learn more, please visit: https://nhsc.hrsa.gov/loan-repayment/nhsc-students-to-service-loan-repayment-program

News from our Federal Partners

From the Centers for Disease Control and Prevention:

Research shows the most effective strategy to increase booster seat use is through updating, implementing, and enforcing state child restraint laws with booster seat laws. These laws reduce crash injuries and deaths in children under age 9 who are covered by these laws. Yet, most state laws do not align with best practice recommendations. Download the Booster Seat Planning Guide and learn how to keep children safe on the road. CDC supports young families and caregivers and invites you to join us in spreading this information during Child Passenger Safety Week. Here are a few things you can do: Share our updated Child Passenger Safety webpage with your partners: Child PassengerSafety | Motor Vehicle Safety | CDC Injury Center Check out CDC's Booster Seat Planning Guide. Retweet @CDCInjury to highlight CDC resources on child passenger safety. Read "Belt fit for children in vehicle seats with and without belt-positioning boosters," in Traffic Injury Prevention

Resources and Workshops

In preparation for the anticipated respiratory syncytial virus (RSV) season, experts with HRSA's Pediatric Pandemic Network created a comprehensive resource guide for RSV management with nirsevimab.

These resources include FAQs for providers, surveillance tools, as well as resources for parents.
Nirsevimab (Beyfortus) – FAQs for Healthcare Professionals
Empowering Parents and Providers: a Comprehensive Resource Guide for RSV Management with Nirsevimab

Register Now: Disaster Networking Collaborative (DNC)

Not yet registered? Registration for the Disaster Networking Collaborative (DNC) is extended through the end of September. A select team leader from any children's hospital can register here. The first DNC Collaborative Session was held on September 19, 2023. View the recording and slides. Register here to attend the second DNC Collaborative Session, scheduled for October 10, 2023.

WORKSHOP SERIES: Medical Countermeasures- Expanding Delivery and Increasing Uptake Through Public-Private Partnerships: A Workshop Series

The National Academies Forum on Medical and Public Health Preparedness for Disasters and Emergencies will host a series of virtual public workshops to examine lessons learned and future opportunities for public-private partnerships to facilitate delivery, monitoring, uptake, and utilization of medical countermeasures to the public during a public health emergency.
WHEN: October 3, 12, 17, 26, and November 2, 2023 | The workshop will be accessible via webinar.
Learn more on the project page.

Webinar for Preventing Gender-Based and Intimate Partner Violence

Join our Office of Women's Health (OWH), the Bureau of Health Workforce, and the Director of Sexual and Gender-Based Violence within the HHS Office of the Assistant Secretary for Health for a webinar, Preventing Gender-Based and Intimate Partner Violence. It will be held Thursday, October 12, 2-3:00 p.m. ET, in observance of Domestic Violence Awareness Month. Register to learn about HRSA and HHS programs that address gender-based and intimate partner violence.
Download HRSA OWH's newly released Implementation Framework for Preventing and Responding to IPV.

Coming October 2: Release of Annual Data from the National Survey of Children's Health (NSCH)

Mark your calendars for Monday, October 2 to access the latest 2022 data from the NSCH. This is the largest and most comprehensive national and state level survey on the health and well being of children, their families, and their communities.
The survey provides data on a range of factors such as the prevalence and impact of special health care needs, health care quality and access, physical and mental health, and adverse childhood experiences. HRSA's Maternal and Child Health Bureau (MCHB) funds and directs this survey. The survey data can support your research, program and policy development, and evaluation efforts.
Contact MCHB for more information.

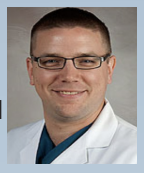
NODAL NEWS & NEW FACES

With the latest Nodal Grants Awarded from HRSA September 1st, 2023, we are excited to share new faces and activities from each group.

CHaMP

The **Charlotte, Houston, and Milwaukee Prehospital** EMS Research Node (CHaMP) would like to welcome and introduce the newest members of the CHaMP team:

Kevin Schulz, MD, joined the team September 1, 2023 as the Academic Facilitator for the Houston site. Dr. Schulz is an Assistant EMS Medical Director for the Houston Fire Department, and his experience in EMS clinical operations and education will provide important perspective to guide future PECARN EMS search.



Ariel Peters, MSW, joined the team in May 2023 as CHaMP Nodal Administrator. Ariel's experience includes grant management and program development and working with children and young adults. Ariel is excited to be with CHaMP and support our health equity goals for children.

Joelle Donofrio-Odmann, DO, joined CHaMP in March 2023 as our Dissemination expert. Dr. Donofrio-Odmann has combined her expertise in the fields of pediatric emergency medicine, EMS, and research with her expertise in social media and podcasting to help CHaMP develop and implement a new social media strategy that will take our dissemination game to the next level.

The CHaMP team is excited to start the 2023-2027 grant cycle with the goal of sustaining and strengthening our capacity to conduct high-quality multi-center pediatric prehospital research that closes priority knowledge gaps. We will conduct multi-center, rigorous, clinical research to advance equitable pediatric emergency care. Most notably we will continue to support our first two CHaMP sponsored federally funded research projects, PediDose and T-RECS, while continuing to support the development and dissemination of additional cutting-edge pediatric EMS research that will contribute to and drive new evidence-based guidelines for EDs and EMS.

PEM-NEWS

PEM-NEWS is excited to continue as a node in PECARN.

We would like to introduce a few new faces on the PEM-NEWS team. Dr. Halden Scott is an Associate Professor at the University of Colorado School of Medicine and an internationally known expert in pediatric sepsis. She is the HEDA Principal Investigator at the Children's Hospital Colorado. (Special thank you to Dr. Rakesh Mistry for his years of outstanding work as HEDA PI; we wish him the best at Yale).

Dr. Elyse Portillo is an Assistant Professor at Baylor College of Medicine. She is the PEM-NEWS Diversity, Equity and Inclusion Lead and will work with PECARN to help identify and eliminate inequities in the emergency care for children.

Yaylin Toribio is the PEM-NEWS lead research coordinator at Morgan-Stanley Children's Hospital, Columbia University Irving Medical Center. She has extensive experience as a research coordinator and has served as a lead on several multi-site studies. She is replacing Joandalys Tejada who we wish the best as she attends school to become a physician's assistant. Carl Elston is the new EMSA RC at Children's Hospital Colorado. Carl was a CNA for 5 years; since joining the research team, he has been working on site with EMS agencies across Colorado, and enrolling and administering studies in the Children's ED.

PRIME

PRIME Node includes many familiar faces and welcomes several new nodal members.

Drs. Leah Tzimenatos, Angela Ellison and Mike Johnson are continuing as HEDA PIs, with Dr. Daniel Nishijima as our EMS Scientific Advisor. Dr. Tiffani Johnson has been leading PRIME's efforts to address health disparities and will continue as our Health Equity Lead. Dr. Julia Magaña is the PRIME Dissemination Lead and continues to co-chair the Dissemination Working Group. Drs. Fran Balamuth (Precision Medicine), Joe Zorc (Informatics) and Warren Frankenberger (Nursing) at CHOP and Walt Schalick (Ethics) at UW-Madison are continuing as PRIME experts in their respective areas. Jessica Albert is joining CHOP as Research Manager and HEDA RC as we say goodbye to Marlena Cook, our dear colleague who was an integral part of PRIME for 18 years. Good luck and best wishes to her in her new position!

The Primary Children's research team includes Toni Harbour and Jessica Jung and new coordinators, Veronica Villalobos and Rebecca Cobes.

At UC Davis, Kyle Pimenta, Amia Andrade and Sophia Graham welcomed new coordinators, Roxana Dines, Amber Ellis and Bryce Ramirez to the research team.

SPARC

The SPARC node had a productive summer and is excited for another four years with PECARN.

Nodal Co-PI Claudia Morris, Emory HEDA PI Mark Griffiths, and Nodal Administrator Bridget Wynn met with Senator Jon Ossoff's staff and discussed PECARN's important role in pediatric health.

We are saying goodbye to our Brown research coordinator Nicole Hinz as she leaves for medical school this fall at Brown. We welcome our new coordinator, Mhina Johnbaptiste. She has a Master of Public Health and previous research coordinator experience.

Chris Rees, a SPARC Node Future Investigator, has an article in JAMA, Trends and Disparities in Firearm Fatalities in the United States, 1990-2021. It has now reached the top 5% of all research outputs in Altmetric. Congratulations!

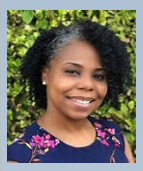
SPARC is delighted to announce its first K23 scholar. Aaron Kornblith received a K-23 Career Development Award from the NICHD for his work titled "Accurate and Reliable Diagnostics for Injured Children: Machine Learning for Ultrasound." He aims to explore how machine learning methodologies may enhance the accuracy, reliability, and fairness of an ultrasound-enhanced diagnostic strategy for injured children.

All images in this publication are resources of freepik.com and pexels.com

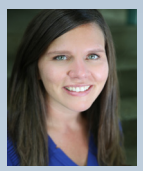
STELAR

STELAR would like to introduce our nodal members filling new leadership roles for Dissemination, Implementation and Equity in our node.

Mohsen Saidinejad, MD
(Dissemination Lead) - Harbor UCLA
Dr. Saidinejad will lead the STELAR node dissemination strategies and will serve as liaison between the node and the PECARN Dissemination Working Group (DWG). He will lend his expertise to STELAR's efforts to disseminate PECARN science to community EDs and non-pediatric trained clinicians.

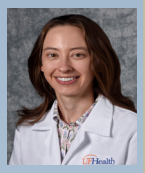


Jeanine Hall, MD (Health Equity Lead)
Children's Hospital Los Angeles
Dr. Hall is Assistant Professor of Pediatrics. She is currently funded through an NIH Diversity Supplement to the HEADACHE study and has just applied for an internal K award. As a Health Equity Lead, she will focus her efforts on stakeholder engagement through interactions with health equity research partners and inclusion of community and family stakeholders.



Emily Hartford, MD, MPH
(Health Equity Lead) – Seattle Children's
Dr. Hartford is Assistant Professor of Pediatrics. As a health equity lead, Dr. Hartford will focus on ensuring that studies address health disparities and will assist with study design and implementation. Dr. Hartford is a Co-I on a concept proposal to increase implementation of interpretation in the pediatric ED setting for families speaking a language other than English.

Jen Fishe, MD
(Implementation Lead) – University of Florida



Dr. Fishe is a graduate of the UF Health Outcomes and Biomedical Informatics graduate Implementation Science program. As implementation lead, she will consult on all STELAR concept proposals and study designs to incorporate aspects of implementation science. Dr. Fishe's research focuses on implementing best practices for pediatric prehospital asthma care. She is currently funded by a NHLBI K23, and her concept proposal to utilize an implementation mapping approach (including a pilot implementation trial) to increase frontline EMS clinician utilization of evidence-based guidelines for pediatric asthma treatment was recently endorsed by PECARN.

Colleen Gutman, MD
(Health Equity Lead) – University of Florida

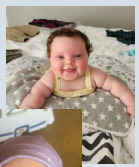
Dr. Gutman is Assistant Professor of Pediatrics. As a Health Equity Lead, Dr. Gutman will provide expertise and oversight in recruiting and retaining minoritized children in nodal studies and in ensuring intentional, inclusive enrollment and recruitment methods are present in all nodal proposals. Dr. Gutman has been a mentored affiliate investigator within the STELAR node since 2020 and is also a Co-I on a concept proposal to increase implementation of interpretation in the pediatric ED setting for families speaking a language other than English.

HOMERUN

The Hospitals of the Midwest Emergency Research Node (HOMERUN) is up for bat and excited for another PECARN cycle.

This cycle, we welcome our HOMERUN co-nodal Dissemination Champion, James Gray, MD, MEd, Assistant Professor, Cincinnati Children's Hospital. James will continue to partner with Brad Sobolewski MD MEd, HOMERUN co-nodal Dissemination Champion, on our HOMERUN Dissemination Plan. James also serves as the Dissemination Working Group co-chair with Julia Magaña (PRIME). Together with representatives from all the nodes, they coordinate dissemination efforts across the network. The DWG's mission is to reduce the time from investigation to implementation by sharing what PECARN learns withthose at the bedside. DWG membership is open to anyone and meets monthly. Please contact James if you'd like to join!

We are also excited to welcome new Research Coordinators to our Node: Vincetta Kahmann BA- Cincinnati Children's Hospital, Lily Klein BS- Cincinnati Children's Hospital, Kavya John BS- St Louis Children's Hospital



Please join us in congratulating Michelle Pickett, HOMERUN Equity Working Group Champion, on the arrival of her daughter, Madison Lynn Herzberg. Madison arrived on May 18, weighing 7lb, 2 oz and 18.5 in long. She's already growing so fast!

GLACiER

Welcome to GLACiER, Nemours!

Dr. Brousseau joined Nemours Children's Health as the Chair of Pediatrics in March 2023. You may recognize Dr. Brousseau from his longstanding membership in PECARN, previously in the HOMERUN node. Dr. Brousseau is the study PI on the Sickle Cell Improvement: Enhancing Care in the Emergency Department (SCIENCE) study aimed at improving timeliness of sickle cell care across PECARN sites. We are ecstatic to have Dr. Brousseau represent GLACiER as Chair of the Scientific Advisory Committee!

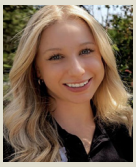
Dr. Thompson is a PEM at Nemours Children's Hospital and serves as Associate Fellowship Director of Pediatric Emergency Medicine. Her strong research background with multisite research and research networks will allow her to successfully lead Nemours as the HEDA PI. We are excited to have Dr. Thompson represent GLACiER!

Claire is a Clinical Research Coordinator at Nemours Childrens Hospital. She is joining GLACiER as Nemours' HEDA RC. Claire has experience working with PediLyme Net. Please join us in welcoming Claire to PECARN!

EDC

Charlie Casper, PhD, and Hilary Hewes, MD, serve as the Principal Investigators for the EMSC Data Center (EDC) which is a part of the University of Utah Data Coordinating Center (DCC). The Utah DCC provides support for many clinical research networks, and, with Dr. Casper's leadership, functions as the EMSC Data Center (EDC) for PECARN.
We'd like to announce the recent arrival of Jamie Dwyer, MD, an adult nephrologist. Dr. Dwyer has joined the University of Utah as the co-Director of the DCC along with Mike Dean, MD who is on phased retirement for the next 10 months. Dr. Dwyer will eventually replace Dr. Dean as Utah DCC Director next July. Jamie is an experienced clinical researcher and clinical trialist in both adult and pediatric trials and has relationships with the US FDA. Dr. Dwyer will lead the DCC and continue the Utah DCC's commitment to conducting and supporting quality multi-site clinical research across multiple research networks, multi-site trials and industry trials. Dr. Dwyer's experience will be an additional valuable resource for PECARN from the Utah DCC.

The EDC welcomes a wealth of new staff including Manager of Biostatistics & Clinical Data Management Erna Serezlic, Biostatistican Faustina France-Nkansah, 2 new Project Managers Ella Dixon and Kerry Williams and Program Director Mary Pautler.



We would also like to congratulate the following staff on recent promotions: Melissa Laws will continue her role as the lead PECARN Program Director as she moves to the role of Associate Director of Research & Science for the Utah DCC. Russ Telford is the Director of Biometrics, Michelle Robinson is a Project Manager IV, and Kammy Jacobsen is now a Clinical Research Manager and Program Director within PECARN. Congratulations to all!

The EDC would like to congratulate Huong Meeks on the birth of her son, Leon Athe Tuan, born 8/21.

PECARN
Pediatric Emergency Care Applied Research Network

PECARN is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), in the Maternal and Child Health Bureau (MCHB), under the Emergency Medical Services for Children (EMSC) program through the following cooperative agreements: EMSC Data Center (EDC)-University of Utah, GLACiER-Nationwide Children's Hospital, HOMERUN-Cincinnati Children's Hospital Medical Center, PEM-NEWS-Columbia University Medical Center, PRIME-University of California at Davis Medical Center, CHaMP node- State University of New York at Buffalo, STELAR- Seattle Children's Hospital, and SPARC- Rhode Island Hospital/Hasbro Children's Hospital . This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endoresements be inferred by HRSA, HHS or the U.S. Government. HRSA/EMSC Contact: Patty Fanflik: pfanflik@hrsa.gov.