Emergency Medical Services for Children

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“Unfortunately, although children make up 27 percent of all visits to the ED, many hospitals and EMS agencies are not well equipped to handle these patients.”
Considerations

• On average, 10% of EMS runs involve children and adolescents (rare event)

• 90% of ED visits by children occur in hospitals not specifically designed to treat children. (pediatric hospital recognition)

• Last national assessment of EDs showed that only 6% of EDs in the United States have all the recommended equipment and medication needed to treat children (pediatric readiness)
Mr. INOUYE. Mr. President, I rise today to speak about the importance of the Emergency Medical Service for Children, or EMSC, Program. Recently, we celebrated National EMSC Day, an annual event raising awareness about the need to improve and expand specialized care for children in the prehospital and acute care settings. The EMSC Program holds great personal importance to me. More than 30 years ago, Senator HATCH and I, on a bipartisan basis, took note of the systematic problems and deficiencies surrounding emergency care for children. With these deficiencies in mind, we authored legislation to address the gaps in emergency care for children. Through the support of the American Academy of Pediatrics and the Surgeon General the bill became law in 1984 authorizing Federal funding for EMSC.
The **Emergency Medical Services for Children (EMSC)** Program is authorized under section 1910 of the Public Health Service Act (42 U.S.C. 300w–9). It is the only Federal program that focuses specifically on improving the pediatric components of emergency medical care.
The EMSC Program addresses the entire continuum of pediatric emergency services, from injury prevention and EMS access through out-of-hospital and emergency department care, intensive care, rehabilitation and reintegration into the community.

Senator Inouye 6-14-11
EMSC Portfolio

Grants
14.4 Million (73%)
- PECARN (6)
- Targeted Issue (9)
- State Partnership (59)
- Regionalization of Care (4)

Support Services
4.3 Million (22%)
- Data Coordinating Center (DCC)
- National Resource Center (NRC)

IAA
0.675 Million (3%)
- DOT/NHSTA -Office of EMS
- Indian Health Service
- Agency for Health Care Research AHRQ
EMSC State Partnership Program

Provides funding to 49 states, DC, and 5 territories to improve pediatric care through performance measures:

- Medical direction
- Pediatric equipment
- Facility recognition
- Inter-facility transfer
- Institutionalization of EMSC in the State system
Welcome to

EMSC Surveys

Thank you for making a difference!

Emergency Medical Services for Children

Enter Your State/Territory:

Select your State/Territory, click “Submit”

State / Territory: California

Submit

This site is for Emergency Medical/Hospital Professionals who have been invited to take an on-line survey for the Emergency Medical Services for Children (EMSC) Program.

Please follow the directions in the box to the left.

Thank You!
• Data collected from EMS agencies
  • Over 6,300 agencies surveyed
  • Overall survey response rate was 82%

• Data collected from hospitals
  • 2,644 hospitals surveyed
  • Overall survey response rate was 79%

• More information available at www.nedarc.org
From EMS Preparedness....

....to ED Preparedness
• Based on 2009 National Guidelines.
• Developed by Readiness Working group
• Web based survey
• Nurse Leader to complete the survey
• Released in California January 2012
• National roll out-2013
National Pediatric Readiness Survey

Welcome to the National Pediatric Readiness Project
Measuring Pediatric Readiness in Emergency Departments to Improve Care for Kids

Welcome! This site is for hospital professionals who have been invited to take an on-line survey regarding the pediatric readiness of hospital emergency departments.

We recommend that you PRINT a paper copy of the survey FIRST before you take the survey to assist you in compiling your answers. You can download a copy of the survey by clicking on the link below:

Paper Version of Survey
(for reference purposes)

To view the survey response rates, select the link below:

View Response Rates

To view the national results, select the link below:

View National Results
Targeted Issue Grants

• Issues of national significance with potential to improve practice in the field.
• Many focus on the pre-hospital environment.

Pediatric Emergency Care Applied Research Network (PECARN)

• Creating an infrastructure to conduct rigorous studies in pediatric emergency care.
• Use of medications in the pre-hospital setting
PECARN Structure

**PECARN Steering Committee**

- Protocol Review and Development
- Quality Assurance, Safety and Regulatory
- Feasibility and Budget
- Grant Writing and Publication

**PECARN Subcommittees**

- Data Coordinating Center (DCC)
  - PI: Mike Dean
- Pediatric Emergency Medicine Northeast, West and South (PEM-NEWS)
  - PI: Peter Dayan
- Great Lakes Emergency Medical Services for Children Research Network (GLEMSCRN)
  - PI: Rachel Stanley
- Hospitals of the Midwest Emergency Research Node (HOMERUN)
  - PI: Rich Ruddy
- Washington, Boston, Chicago Applied Research Node (WBCARN)
  - PI: Jim Chamberlain
- Pediatric Research in Injuries and Medical Emergencies (PRIME)
  - PI: Nate Kuppermann

**HRSA/MCHB/EMSC**

Federal Project Officer: Tasmeen Weik

**PIs**

- Peter Dayan
- Rich Ruddy
- Rachel Stanley
- Bob Hickey
- Jim Chamberlain
- Nate Kuppermann

**HRSA**

Health Resources and Services Administration
PECARN has published 33 papers and 68 abstracts.

Recent publications include:

- A new diagnosis grouping system for child emergency department visits. Acad Emerg Med 2010;17:204-210
- The effect of observation on head computed tomography (CT) utilization for children after blunt head trauma. Pediatrics 2011


- Typically, the projects result in a new product or resource or demonstrate the effectiveness of a model system component or service of value.

- Objectives must meet a demonstrable need. Methodologies and strategies for achieving the objectives must be realistic, appropriate, and scientifically sound. Each project must contain an evaluation plan that contains measurable outcomes and clearly defined time frames for conducting the evaluation.

- **Awards range up to $300,000 per year for up to three years.**

- In FY 2010, the EMSC Program awarded nine new TI grants, each receiving up to $300,000 a year for up to three years. Anticipate a new competitive competition in FY2013.
Grants focusing on Disasters and Preparedness

- **Connecticut**: (Year 2) “Small Victims, Big Challenges: Refining Pediatric Disaster Triage Algorithms and Education in the Prehospital Setting.”
- **Massachusetts**: (Continuation) “REUNITE: A Novel Imaging System for Children Separated During Disaster.”

Grants focusing on Regionalization and EMS Systems

- **Illinois**: (Year 2) “Pediatric Facility Recognition/Categorization: Models of Best Practice, Implementation and Evaluation.”
- **North Carolina**: (Year 2) “EMS and Pediatric Trauma: A North Carolina Population Based Performance Improvement Intervention and Evaluation Using Multiple Linked Healthcare Databases.”
- **North Carolina**: (Year 2) “Evaluation of a Pediatric Emergency Care Recognition Program on Care of Injured Children.”
Current Grants

Grants focusing on Clinical Efficacy and Patient Safety

- **California**: (Year 2) “Utility of Abdominal Ultrasound during Emergency Department Evaluation of Children with Blunt Trauma.”
- **Michigan**: (Year 2) “Progesterone for Traumatic Brain Injury in Children: Planning a Safety and Efficacy Trial.”
- **Michigan**: (Continuation) “Michigan Pediatric Errors and Excellence Discovery with Simulation.”
- **Texas**: (Year 2) “Integrating Evidence-Based Pediatric Prehospital Protocols into Practice.”
- **Washington, DC**: (Year 2) “Reducing Errors in Pediatric Trauma Resuscitation Using a Checklist.”
- **Washington, DC**: (Continuation) “Family Presence During Pediatric Trauma Team Activation: Measuring the Effects of a Multidisciplinary Approach to Patient-Family-Centered Care.”

Grants focusing on Injury and Illness Prevention

- **Connecticut**: (Continuation) “Efficacy of Driving Simulator Training for Novice Teen Drivers.”
- **Massachusetts**: (Year 2) “ExSTRA: Evidence-Based Screening for Siblings and Contacts of Abused Children.”
• Engage diverse stakeholder groups (across disciplines and systems of care)
• Support forums for strategic partnership
  • Adoption of policy, guidelines, or evidence
• Disseminate current best practices to appropriate audiences (grantees, providers, public, decision makers)
• Support initiatives to institutionalize EMSC within other systems of care
EMSC Initiatives

- Knowledge translation of PECARN findings
  - Clinical decision making for mild TBI
- Pediatric Readiness Initiative
  - 22 stakeholder groups
- Evidence Based Guideline (EBG) protocol development
  - Impacts practice in EMS field
- Regionalization of care
State Partnership Regionalization of Care (SPROC) Program

- Program intends to develop Models of Inclusive Care that can be replicated in other regions were access to specialized pediatric medical treatment is limited due to geographical distances or jurisdictional borders
- Focus is to develop regionalized systems that encompass the sharing of resources and improved access to pediatric healthcare services for children and families in tribal, territorial, insular and rural areas
- In June 2012, HRSA awarded $1.2 million over the next four years to six awardees: Alaska, Arizona, California, Montana, New Mexico, Pennsylvania
Training

• The EMSC National Resource Center has free resources accessible by public.
  • Online trainings
  • Searchable resources
    • Disaster Preparedness
  • Fact sheets
  • Educational curricula on pediatrics
  • Podcasts on patient safety
  • Print ready materials for grantees for EMSC related events
QuickNews is a weekly listserv message that is disseminated to over 700 subscribers. Academic articles that may be of interest to the pre-hospital and hospital community are also featured.
Initiatives At EMSC

NHTSA -
Federal EMSC Program

• Support of EMS Leadership
  • FICEMS
  • NEMSAC
  • NASEMSO
• Preshospital Education-National Standards
• Evidence-Based Guidelines Framework
  • EMS pediatric protocols
  • Helicopter transport protocols
• Culture of Safety
Initiatives At EMSC

Indian Health Service - Federal EMSC Program

- Ensure the presence of EMSC in the delivery of care
- Supporting pediatric specific training in prehospital and hospital setting
- Supporting regionalization of care with State Partnership Grants
- Integrating Pediatric Readiness into IHS Quality of Care Initiative
- Integrating activities of the AAP Committee on Native American Child Health
What is EMSC doing

Quality Improvement

• State Partnership Grants
• State Partnership-Regionalization of Care

Knowledge Generation

• Targeted Issues Grants
• Pediatric Emergency Care Applied Research Network-PECARN

Support & Dissemination

EMSC National Resource Center
EMSC Data Coordinating Center
Contact Information

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