Acknowledgement

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- 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 endorsements be inferred by HRSA, HHS or the U.S. Government.
The State of Prehospital Emergency Care for Children

- Children account for 13% of EMS patients
  - Most EMS agencies (>80%) see < 8 children/month

- Known gaps in day-to-day readiness
  - Unique pediatric characteristics and needs

- Lags in translation of pediatric evidence base
Institute of Medicine: Call to Action

- More training and guidelines is **not** sufficient
- EMS agencies should appoint a pediatric emergency care coordinator (PECC)
- Ensure adequate skill and knowledge of EMS providers
- Oversee pediatric clinical QI initiatives
- Ensure availability of pediatric medications/equipment/supplies
Institute of Medicine: Call to Action

- Adoption of clinical protocols
- Represent the pediatric perspective re: development of protocols and procedures
- Participate in prevention and research programs

- Credentialing and certification organizations should define pediatric emergency care competencies
Institute of Medicine: Call to Action

- Paramedics could serve in this role
- Must have interest, knowledge and skills in pediatric emergency care
- Coordinators are most important for EMS agencies that lack strong pediatric expertise
- A PECC can also be the liaison to get feedback/ close the loop between EMS and ED and hospitals
Coordination of Pediatric Emergency Care in EMS Systems

- PECC associated with:

  - Improved documentation
  - Improved clinical management
  - Increased staff awareness of high-priority pediatric areas
EMSC 02
PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

Goal for this measure is that by 2026:

Ninety percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
EMS for Children Data Collection 2017-2018

- 11,027 EMS agencies contacted
- 8,730 EMS agencies responded (79.2%)
- 80% of EMS agencies see fewer than 8 pediatric patients per month

### Annual 911 Pediatric Call Volume*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - Zero pediatric calls in the last year</td>
<td>2.8%</td>
<td>226</td>
</tr>
<tr>
<td>Low - Twelve (12) or fewer pediatric calls</td>
<td>39.4%</td>
<td>3,219</td>
</tr>
<tr>
<td>Medium - Between 13-100 pediatric calls in</td>
<td>39.0%</td>
<td>3,186</td>
</tr>
<tr>
<td>the last year (1 or fewer pediatric calls per month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium High - Between 101-600 pediatric</td>
<td>13.9%</td>
<td>1,138</td>
</tr>
<tr>
<td>calls in the last year (8 - 50 pediatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calls per month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High - More than 600 pediatric calls in the</td>
<td>4.4%</td>
<td>357</td>
</tr>
<tr>
<td>last year (more than 50 pediatric calls per</td>
<td></td>
<td></td>
</tr>
<tr>
<td>month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Call Volume Not Reported</td>
<td>0.5%</td>
<td>40</td>
</tr>
</tbody>
</table>

* n represents the number of agencies that fit in each category.
EMS for Children Performance Measure 02

- The percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care

<table>
<thead>
<tr>
<th>Pediatric Emergency Care Coordinator</th>
<th>PM 02 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a PECC</td>
<td>22.9% (n=1,874)</td>
</tr>
<tr>
<td>Plans to Add a PECC</td>
<td>3.4% (n=275)</td>
</tr>
<tr>
<td>Interested in a PECC</td>
<td>24.6% (n=2,011)</td>
</tr>
<tr>
<td>No PECC</td>
<td>49.1% (n=4,006)</td>
</tr>
</tbody>
</table>
EMS FOR CHILDREN

Prehospital Pediatric Emergency Care Coordinator

LEARNING COLLABORATIVE
Objective

To form a cohort of EMSC State Partnership Grant recipients to participate in a learning collaborative that will demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC.
By March 31, 2019, nine participating states will have established a PECC in > 50% of local EMS agencies that indicated an interest in adding this role on the 2017 – 2018 National EMSC Survey.
State Partnership Teams

- Connecticut
- Kentucky
- Montana
- New Mexico
- New York
- Ohio
- Pennsylvania
- Rhode Island
- Wisconsin

Participating states represent 10% of EMS agencies in the US.
New PECCs Established

<table>
<thead>
<tr>
<th>Number of PECCs in States</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>369</td>
<td>10/1/2018</td>
</tr>
<tr>
<td>369</td>
<td>11/16/2018</td>
</tr>
<tr>
<td>369</td>
<td>12/21/2018</td>
</tr>
<tr>
<td>369</td>
<td>1/31/2019</td>
</tr>
<tr>
<td>369</td>
<td>2/28/2019</td>
</tr>
<tr>
<td>369</td>
<td>3/31/2019</td>
</tr>
<tr>
<td>340</td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

- NASEMSO Resolution on PECC in EMS
- EMSC PECC in EMS Community of Practice
- Prehospital Pediatric Readiness Initiative
Questions
Contact Information

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