Nevada Emergency Medical Services for Children (EMSC)
Preliminary Input to Work Plan

The Maternal and Child Health Bureau's EMSC Program, with support from the National EMSC Data Analysis Resource Center (NEDARC), has developed – and is expecting all EMSC State Partnership grantees to achieve – nine defined Performance Measures. These measures steer all grantees toward a common goal of improved pediatric emergency care.

This handout is intended to clarify each Performance Measure and to provide a basis for discussion of possible strategies to meet expected outcomes. Sources (footnoted) used for overviews, "Why is this important?" comments, and suggested questions and talking points, etc., included the following:

1 – **EMS for CHILDREN Performance Measures: Implementation Manual for State Partnership Grantees** (produced by the Department of Health & Human Services, Health Resources and Services Administration, 2017)

2 – ***Getting Started, Staying Involved: An EMSC Toolkit for Family Representatives*** (produced by the EMSC National Resource Center, 2017)

In these documents, again and again, EMSC Program Managers are directed to strategize, in partnership with the EMSC Advisory Committee, solutions to resolve issues with achieving expected outcomes for the Performance Measures:

Performance Measure EMSC 01 ***Submission of NEMSIS Compliant Version 3.x- Data***	**The degree to which EMS agencies submit NEMSIS-compliant version 3.x data to the State EMS Office.** **OUTCOMES EXPECTED:** **By 2018,** baseline data will be available to assess the number of EMS agencies in the state or territory that submit National Emergency Medical Services Information System (NEMSIS) version 3.x-compliant patient-care data to the State Emergency Medical Services (EMS) Office for all 911-initiated EMS activations. **By 2021,** 80 percent of EMS agencies in the state or territory submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations. **STATUS:** By 2019, nearly 100% of EMS agencies in Nevada submit NEMSIS version 3.x-compliant patient-care data for all 911-initiated EMS activations.

Performance Measure EMSC 02 ***Pediatric Emergency Care Coordinator (PECC)***	**The percentage of EMS agencies in the state or territory with a designated individual who coordinates pediatric emergency care.** **OUTCOMES EXPECTED:** **By 2020,** 30 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care. **By 2023**, 60 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care. **STATUS:** *(See forthcoming results of NEDARC's annual EMS-agency survey completed 3/31/2020. Note that Nevada's survey-response rate was 100%.)*

Overview of the Performance Measure [2]

Ensure the operational capacity of the State EMS system to provide pediatric emergency care by ensuring prehospital-provider agencies have on-line and off-line (i.e., written) pediatric medical direction for BLS and ALS providers at the scene of an emergency.[2]

Why is This Important? [2]

Children are not little adults. Without appropriate pediatric medical direction, a prehospital provider could underestimate the pediatric patient's condition, make a medication-dosing error, or be incapable of effectively triaging multiple pediatric patients.[2]

Questions and Possible Strategies . . . [2]

- Are patient- and family-centered care procedures and policies included in off-line (i.e., written) protocols?
- ***An explanation of family-centered care systems is included in Chapter 2, Section IV.***
- If written protocols are not in place, provide feedback to agencies on the importance of ensuring that all EMS providers follow specific procedures to keep a family apprised of their child's medical condition.

NOTES:

	The percentage of EMS agencies in the state or territory that has a process that requires EMS providers to demonstrate physically the correct use of pediatric-specific equipment.
Performance Measure EMSC 03 ***Use of Pediatric-Specific Equipment***	**OUTCOMES EXPECTED:** **By 2020,** 30 percent of EMS agencies will have a process that requires EMS providers to demonstrate physically the correct use of pediatric- specific equipment, which is equal to a score of 6 or more on a 0–12 scale. **By 2023,** 60 percent of EMS agencies will have a process that requires EMS providers to demonstrate physically the correct use of pediatric- specific equipment, which is equal to a score of 6 or more on a 0–12 scale. **By 2026,** 90 percent of EMS agencies will have a process that requires EMS providers to demonstrate physically the correct use of pediatric- specific equipment, which is equal to a score of 6 or more on a 0–12 scale. **STATUS:** *(See forthcoming results of NEDARC's annual EMS-agency survey completed 3/31/2020. Note that Nevada's survey-response rate was 100 percent.)*

Overview of the Performance Measure [2]

Education:
States/Territories will adopt requirements for pediatric emergency education prior to recertification of BLS and ALS providers**.**[2]

> *NOTE – A previous version of this Performance Measure addressed the need for pediatric-specific equipment; the enhanced measure emphasizes the need for both pediatric-specific* ***equipment and education****.*

Equipment:
BLS and ALS patient care units in the State/Territory will have the essential pediatric equipment and supplies, as outlined in national guidelines, **and** EMS providers will have demonstrated physically the correct use of this pediatric-specific equipment.[2]

Why is This Important? [2]

Education:
Nationally, 10% of ambulance emergency runs are for sick or injured children. It is estimated that of that 10%, only one-tenth of the cases are for critically ill and/or injured children. Information gained from national surveys (editor's note: 2017 data) shows that, due to their limited exposure to pediatric emergencies, most prehospital providers often feel inadequate and poorly prepared to provide care to children. Continuing education helps ensure that prehospital providers are ready to take care of a pediatric patient in the field. Continuing education also improves the quality and effectiveness of pediatric emergency care, thereby improving pediatric outcomes (i.e., reduced morbidity and mortality).[2]

Equipment:
Children come in different sizes. Without the right sized pediatric equipment, a pediatric airway cannot be managed, an IV cannot be established, a cervical spine (c-spine) cannot be immobilized, and appropriate medication doses cannot be delivered.[2]

Questions and Possible Strategies . . . [2]

Education:

- Are all EMS providers required to receive pediatric training before they are recertified/relicensed in Nevada? Have they been required to demonstrate physically the correct use of pediatric-specific equipment?
- Which type of pediatric training is received and how often?
- What are the challenges and barriers, and how can they be overcome?

Equipment:

- What are the essential pediatric equipment and supplies "outlined in national guidelines" as needed to save the life of a child?
- Of these, which equipment and supplies does each patient-care unit responding to a 911 call have, and which equipment is missing?

Possible strategies[2]

Education:
Perhaps local EMS agencies can be contacted to discuss their pediatric training programs, and to determine any issues that prevent the agencies from providing and requiring pediatric education prior to recertification?

Equipment:
Partnership development is one strategy grantees have used with great success to help meet this performance measure. For example, the Indiana EMSC program partnered with the Indiana District of Kiwanis through its Young Children Priority One (YCPO) initiative to provide pediatric equipment bags to more than 32 counties in the state. In recognition for its support, the Indiana District of Kiwanis received a 2001 EMSC National Heroes Award for Community Partnership of Excellence.

Since 2000, the Nebraska/Iowa Kiwanis Foundation has partnered with the EMSC Program to provide needed basic level pediatric **equipment and education** to EMS services in Nebraska and Iowa. In 2005, the General Federation of

Women's Clubs' Oconomowoc (WI) Junior Woman's Club (OJWC) worked with the Wisconsin EMSC state project to distribute the Broselow-Luten tape to all 32 fire departments in Waukesha County. Thanks to a $24,000 grant OJWC received from a private foundation, all Waukesba County ambulances now also have ALS and BLS pediatric bags.[2]

Partnering with local civic and community-based organizations is ideal. These types of organizations often make donations to benefit the unmet needs of the community, such as purchasing pediatric medical equipment. For more information on partnership development, see Chapter 3, Section IV, "Building Coalitions and Establishing Community Partners."[2]

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Performance Measure EMSC 04 ***Hospital Recognition for Pediatric Medical Emergencies***	**The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.** **OUTCOMES EXPECTED:** **By 2022,** 25 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. **STATUS:** *(Data unknown. NEDARC's annual hospital survey for 2020, planned to launch in June, has been postponed.)*

Performance Measure EMSC 05 ***Hospital Recognition for Pediatric Trauma***	**The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric trauma.** **OUTCOMES EXPECTED:** **By 2022,** 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma. **STATUS:** *(Data unknown. NEDARC's annual hospital survey for 2020, planned to launch in June, has been postponed.)*

Overview of the Performance Measures[1]

Establish a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.[2]

Why Are These Important?[2]

Without a pediatric emergency-healthcare-facility recognition process, access to appropriate critical care, trauma care, or burn care could be delayed. Delays can result in negative patient outcomes.

Questions and Possible Strategies . . .[2]

- Is there a standardized system for Nevada? If the system merely directs pediatric emergencies to the closest hospital regardless of its capacity to care for children and their unique needs, timely access to urgent specialized care may be jeopardized.
- If there is a standardized system, which hospitals have been designated, which have not, and why? It is important to know which hospitals in the State are capable of managing pediatric emergencies and trauma.
- If a system does not exist, learn more about the importance of a recognition system – especially its effect on EMS providers – then collaborate with the EMSC advisory committee to develop a system.

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Performance Measure EMSC 06

Interfacility-Transfer Guidelines

The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility-transfer guidelines that cover pediatric patients and that include the following components of transfer:

- Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
- Process for selecting the appropriate care facility.
- Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)
- Process for patient transfer (including obtaining informed consent).
- Plan for transfer of patient medical record.
- Plan for transfer of copy of signed transport consent.
- Plan for transfer of personal belongings of the patient.
- Plan for provision of directions and referral institution information to family.

OUTCOMES EXPECTED:

By 2021, 90 percent of hospitals in the state or territory have written interfacility-transfer guidelines that cover pediatric patients and that include specific components of transfer.

Performance Measure EMSC 07

Interfacility Transfer Agreements

The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility-transfer agreements that cover pediatric patients.

OUTCOMES EXPECTED:

By 2021, 90 % of hospitals in the state or territory have written interfacility-transfer agreements that cover pediatric patients.

STATUS:
(Data not verified. It is commonly assumed, at least by Public Health Preparedness [PHP], that all Nevada hospitals have in place appropriate written interfacility-transfer guidelines and agreements. However, the EMSC Program Manager has been unable to identify any DPBH personnel who have ever reviewed, or even seen, an actual copy of these.)

Overview of the Performance Measures [2]

Hospitals in Nevada will have in place effective written pediatric interfacility-transfer agreements and guidelines that ensure patient- and family-centered procedures are incorporated during transfers.[2]

Why Are These Important? [2]

Health insurance status and other factors, such as a receiving hospital's patient capacity, often prevent the immediate transfer of a patient to an institution equipped to provide specialty medical treatment. The most severely ill and injured children sometimes require specialized care that is available only in select hospitals. Without effective interfacility-transfer agreements and guidelines, the timely and appropriate transfer of patients to the right level of emergency care is placed in jeopardy. These delays could result in negative patient outcomes.[2]

Questions and Possible Strategies . . . [2]

- Do all hospitals in Nevada have in place effective interfacility-transfer agreements and guidelines?
- How do we work with hospitals to review their current interfacility guidelines and agreements?

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Performance Measure EMSC 08 ***Permanence of EMSC***	**The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system. Goal: To increase the number of states and territories that has established permanence of EMSC in the state or territory EMS system.** **EXPECTED:** Each year: √ The EMSC Advisory Committee has the required members as per the implementation manual. *(Ongoing compliance)* √ The EMSC Advisory Committee meets at least four times a year. *(3rd Thursday in January, April, July, and October)* Pediatric representation incorporated on the state or territory EMS Board. *(In progress)* The state or territory requires pediatric representation on the EMS Board. (?) √ One full-time EMSC Manager is dedicated solely to the EMSC Program.

Performance Measure EMSC 09 ***Integration of EMSC Priorities into Statutes or Regulations***	**The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system by integrating EMSC priorities into statutes or regulations.** **OUTCOME EXPECTED:** **By 2027,** EMSC priorities will have been integrated into existing EMS, hospital, or healthcare-facility statutes or regulations. **STATUS**: *(Unreviewed)*

Overview of the Performance Measures [2]

Permanence of the EMSC Program will be established in the State/Territory EMS System.

Why Are These Important? [2]

Integration of pediatric priorities into existing EMS rules and regulations ensures that Nevada's EMS system changes will be permanent. An EMSC Program that has permanence includes a dynamic Advisory Committee, pediatric representation on the State EMS Board, and a full-time EMSC project manager. These components will lead to successful EMS improvements for pediatric patients should the Federal EMSC grant program end.[2]

Questions and Possible Strategies . . . [2]

- Have the preceding performance measures been adopted and integrated into Nevada's statutes or regulations?

- A Family Representative is in a position to educate state policymakers regarding the importance of the state EMSC project's initiatives and the performance measures. In particular, a family representative may want to share with the policymaker his/her personal experiences with the EMS system; sharing such real-life experiences reminds others about the importance of EMSC in the community.[2]

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