

- The National EMSC Data Analysis Resource Center and the EMSC Innovation and Improvement Center are supported in part by the Health Resources and Services Administration (HRSA), Maternal Child Health Bureau (MCHB), EMS for Children Program cooperative agreements.
- 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.





Annual Performance Measures Data Collection





EMSC 02 PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

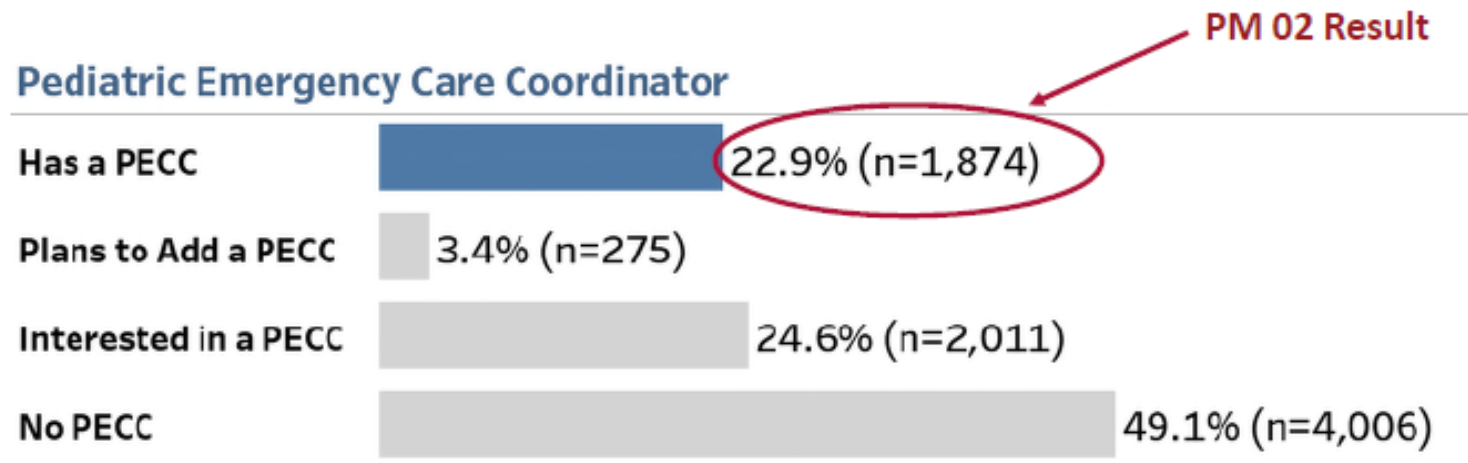
The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

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 Performance Measure 02

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



Prehospital Emergency Care

Article

Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting >

Hilary A. Hewes MD, Michael Ely MHRM, Rachel Richards MStat, Manish I. Shah MD, MS, Stephanie Busch BS, NREMT, Diane Pilkey RN, MPH, Katherine Dixon Hert & Lenora M. Olson PhD

Prehospital Emergency Care

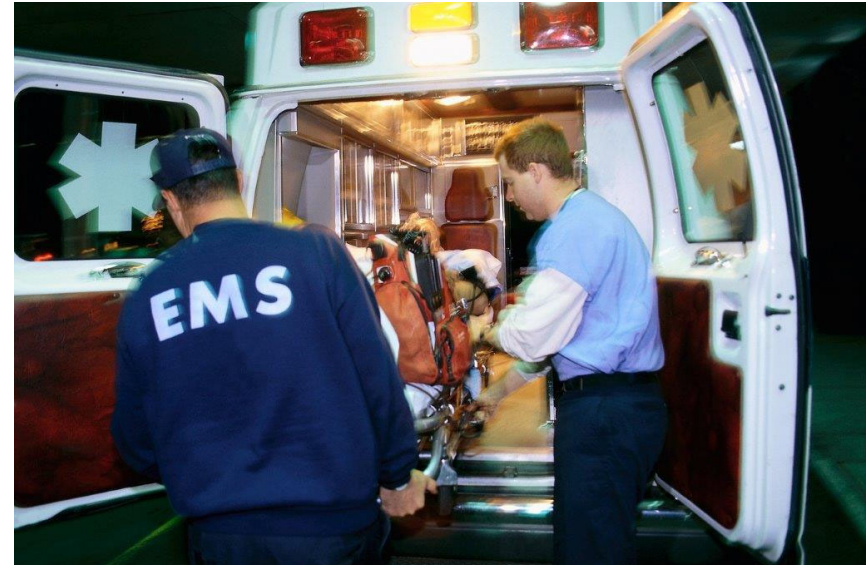
Published Online: 07 Dec 2018



NEDARC

EMS Performance Measures

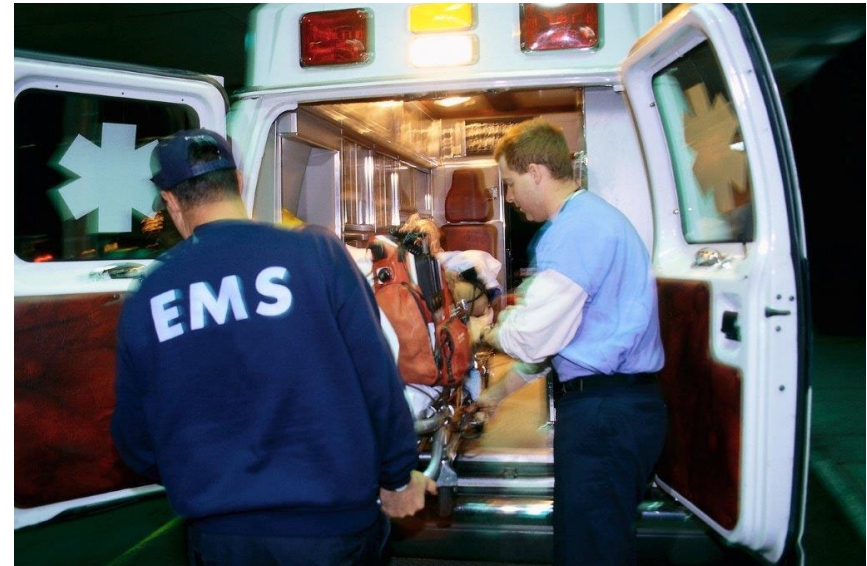
- Need for annual data
- Minimize burden on State EMSC Programs
- NEDARC to send survey invitation/reminders via email to your EMS agencies



NEDARC

Survey Information

- 3 month survey window
 - Winter/Spring 2020
- Invitation and 4 follow-up reminders
- Avg. survey length:
 - 6 ½ minutes



Preparation Tasks

- Work with EMSC managers to update contact lists
- Transition to a web-based agency list/contact management system



NEDARC

Stakeholder Input

EMSC Managers
on NEDARC
Advisory Board

NASEMSO PECC
meeting

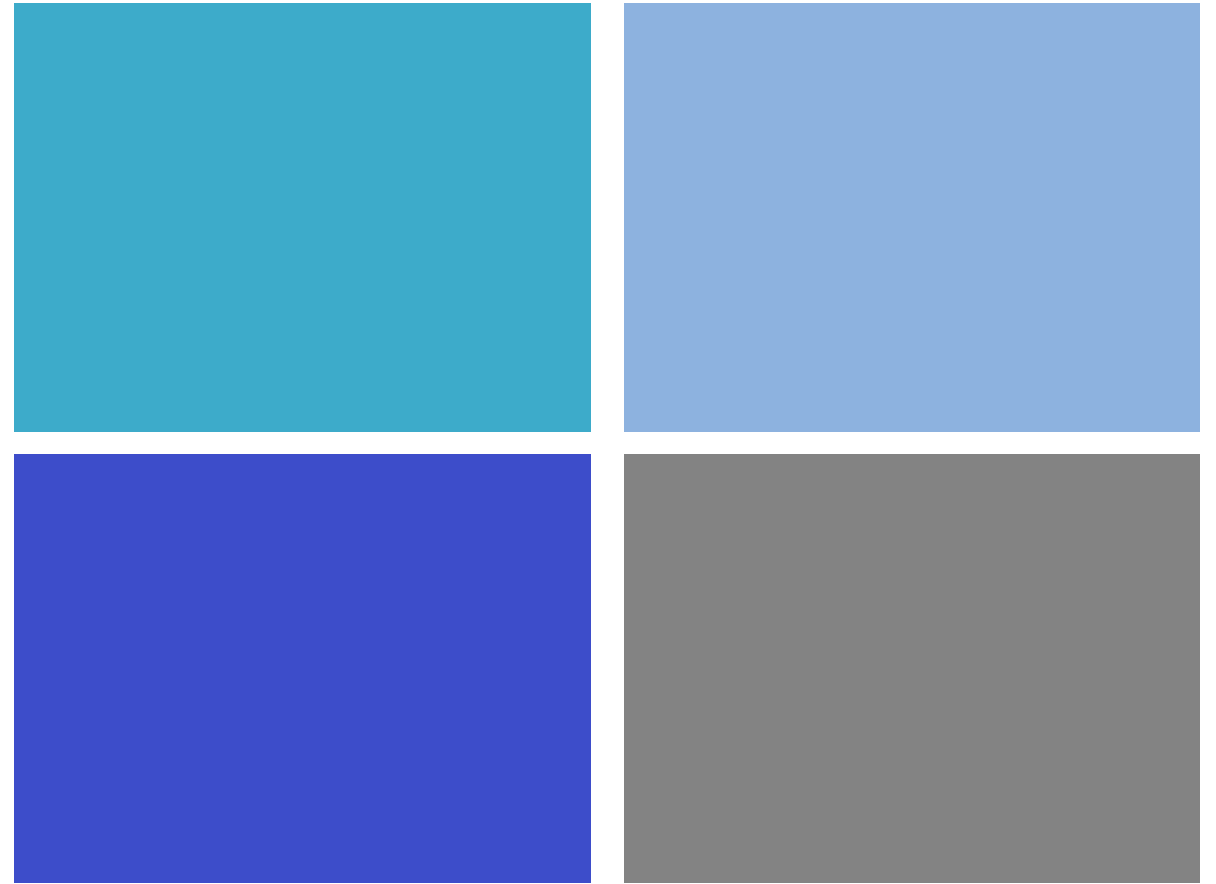
EMS Agency
Directors



Innovation and Improvement Center



Emergency Medical Services for Children



NASEMSO Board of Directors Meeting

March 14, 2019

Background

EMERGENCY CARE FOR CHILDREN GROWING PAINS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

RESOURCE DOCUMENT: COORDINATION OF PEDIATRIC EMERGENCY CARE IN EMS SYSTEMS

Katherine Remick, MD, Toni Gross, MD, MPH, Kathleen Adelgais, MD, MPH,
Manish I. Shah, MD, MS, Julie C. Leonard, MD, MPH, Marianne Gausche-Hill, MD

ABSTRACT

Background: Citing numerous pediatric-specific deficiencies within Emergency Medical Services (EMS) systems, the Institute of Medicine (IOM) recommended that EMS systems appoint a pediatric emergency care coordinator (PECC) to provide oversight of EMS activities related to care of children, to promote the integration of pediatric elements into day-to-day services as well as local and/or regional disaster planning, and to promote pediatric education

across all levels of EMS providers. **Methods:** A systematic review of the literature was undertaken to describe the evidence for pediatric coordination across the emergency care continuum. The search strategy was developed by the investigators in consultation with a medical librarian and conducted in OVID, Medline, PubMed, Embase, Web of Science, and CINAHL databases from January 1, 1983 to January 1, 2016. All research articles that measured a patient-related or system-related outcome associated with pediatric coordination in the setting of emergency care, trauma, or disaster were included. Opinion articles, commentaries, and letters to the editors were excluded. Three investigators independently screened citations in a hierarchical manner and abstracted data. **Results:** Of 149 identified titles, nine were included in the systematic review. The nine articles included one interventional study, five surveys, and three consensus documents. All articles favored the presence of pediatric coordination. The interventional study demonstrated improved documentation, clinical management, and staff awareness of high priority pediatric areas. **Conclusion:** The current literature supports the identification of pediatric coordination to facilitate the optimal care of children within EMS systems. In order for EMS systems to provide high quality care to children, pediatric components must be integrated into all aspects of care including day-to-day operations, policies, protocols, available equipment and medications, quality improvement efforts, and disaster planning. This systematic review and resource document serves as the basis for the National Association of EMS Physicians position statement entitled "Physician Oversight of Pediatric Care in Emergency Medical Systems." **Key words:** emergency medical services (EMS) systems; pediatrics; EMS for children; administration; quality improvement

PRED-HOSPITAL EMERGENCY CARE 2016; Early Online: 1-9

INTRODUCTION

Providing high-quality emergency medical services (EMS) to children requires an infrastructure designed to support the care of pediatric patients. Unfortunately, the 2006 Institute of Medicine (IOM) report on the Future of Emergency Care in the United States Health System described multiple challenges facing EMS systems when it comes to meeting the needs of children.¹ Gaps exist in both the clinical and administrative arenas. EMS providers face challenges related to infrequent encounters with children, particularly the critically ill, and maintenance of pediatric skills. Furthermore, there is a paucity of research on best

PHYSICIAN OVERSIGHT OF PEDIATRIC CARE IN EMERGENCY MEDICAL SERVICES

The National Association of EMS Physicians® believes:

- EMS is a multi-faceted, multidisciplinary field that serves diverse populations.
 - A physician serving the role of EMS medical director must recognize the diverse patient population their EMS program serves. If the EMS medical director has knowledge or experience gaps pertaining to a specific subset of patients in the program's population, the physician should actively engage subject matter experts and other resources to ensure the EMS-related healthcare needs of those groups are appropriately and reasonably reflected in the clinical operations of the EMS program.
 - There is significant value in the EMS medical director establishing relationships with other partners in patient care including healthcare facilities, medical specialty organizations, and government and non-governmental supported entities that advocate for or support efforts to provide medical care to special populations.
- Pediatric patients have unique needs that every EMS program must ensure are appropriately and reasonably met.
- If the EMS medical director does not inherently possess knowledge and experience in pediatric-related EMS healthcare needs, they should engage with stakeholders that can provide EMS-appropriate guidance related to pediatric EMS healthcare needs.
- Ensuring pediatric EMS healthcare needs are represented in the planning of an EMS system will

improve the care of children and can be accomplished by working collaboratively with the pediatric healthcare stakeholders to:

- Identify gaps and ensure available resources to care for children,
- Maintain a relationship with state EMS for Children infrastructure,
- Establish and maintain pediatric specific EMS protocols, and
- Establish quality improvement plans with pediatric specific indicators.

• Some jurisdictions may choose to develop an EMS Pediatric Emergency Care Coordinator or an EMS System Pediatric Advisory Committee, based on EMS program or system needs and resources, in order to augment and advise the EMS medical director(s) for the system or for individual EMS programs.

• If designated by the EMS medical director, the role of the Pediatric Emergency Care Coordinator may be met either by integrating the responsibilities of the role into an existing position, or by establishing a dedicated position, based on jurisdictional needs and resources, e.g. a shared role within a single agency or a shared resource among multiple agencies within a region.

• If formed, an EMS System Pediatric Advisory Committee should be composed of a diverse group of local EMS, emergency medicine, and pediatric stakeholders. The purpose of the committee is to be advisory to the oversight body for the EMS System, and support the EMS medical director(s) in the EMS system or jurisdiction.

Approved by the NAEEMSP Board of Directors June 29, 2016.
doi: 10.1080/10903127.2016.1228526

Definition of a Prehospital PECC

An individual(s) who is responsible for coordinating pediatric specific activities. A designated individual(s) who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual(s) already in place who assumes this role as part of their existing duties. The individual(s) may be a member of your agency, or work at a county or regional level and serve more than one agency.



EMS FOR CHILDREN

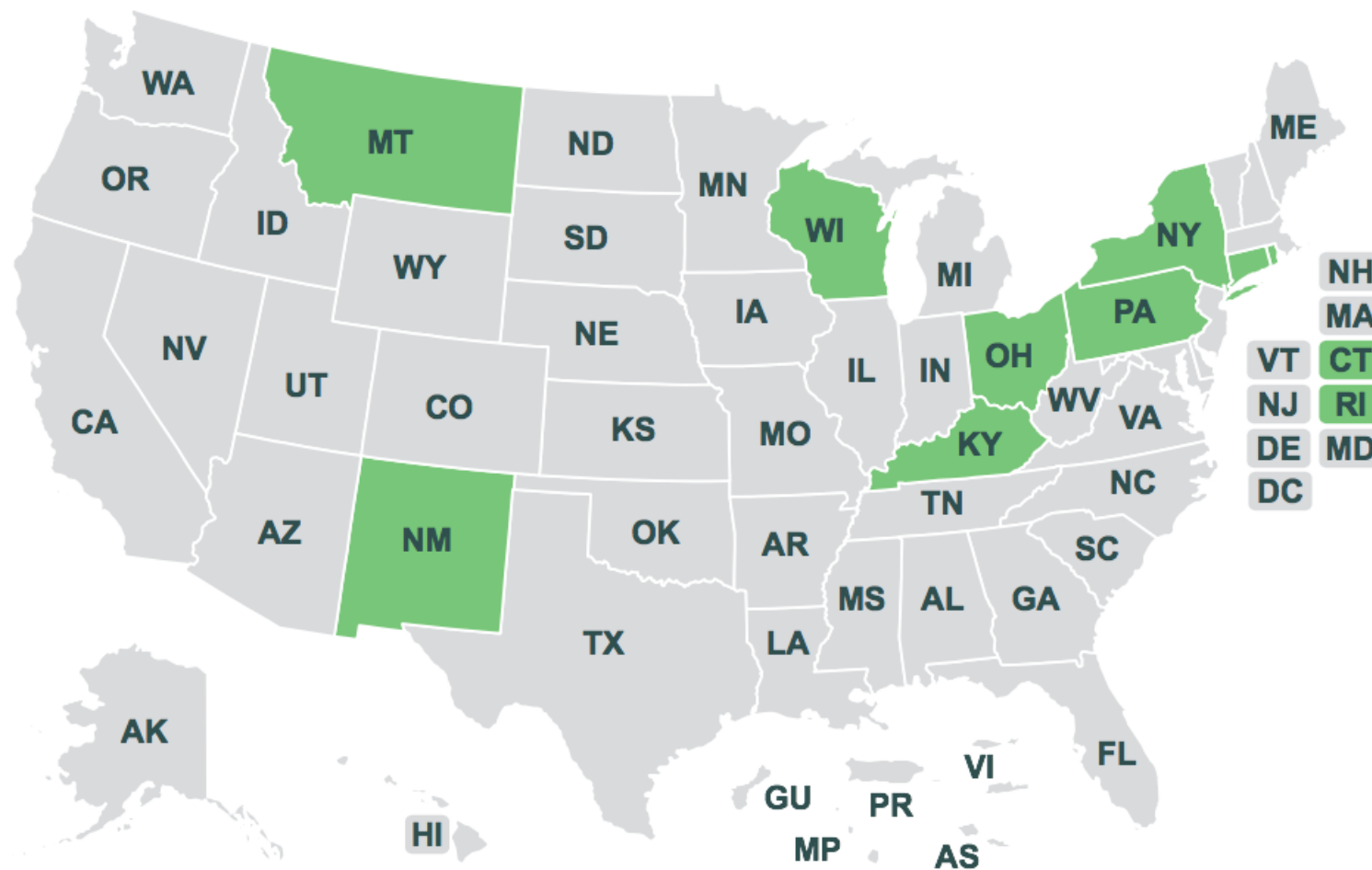
PECC

Prehospital Pediatric Emergency Care Coordinator

LEARNING COLLABORATIVE

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

Number of PECCs in States

