



*Emergency Medical Services For Children Funding Opportunity for the New  
Innovation and Improvement Center (EIIC)*



## **Opportunities for NASEMSO Involvement**

### **Background**

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The federal Emergency Medical Services for Children (EMSC) program was established in 1984 with the programmatic mission to reduce child and youth morbidity and mortality resulting from serious illness or injury. In 1991, the EMSC National Resource Center (NRC) was established and began offering technical expertise to states with EMSC funding and not-yet-funded states in the areas of project development, needs assessment, coalition building, public policy, long-term sustainability and children with special health care needs. Specifically, the role of the resource center focuses on:

- Promotion of EMS system development at local, regional and national levels.
- Ensuring that the entire spectrum of emergency services - including primary prevention of illness and injury, acute care, and rehabilitation - is provided to infants, children, adolescents and young adults.
- Providing of technical assistance (TA) to nearly 100 grantees across four distinct funding categories: state partnerships (SP), targeted issues (TI), network development demonstration project (NDDP) for research and TA centers.
- Facilitating effective transfer of knowledge among all relevant constituents and stakeholders including state program managers, EMS directors, health care providers, clinical researchers, family representatives, as well as federal partners and national and professional organizations.

### **New [Resource] Center Design**

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The HHS - Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health (DCAFH) have released the new cooperative agreement for the "Innovation and Improvement Center (EIIC)", the next generation/redesigned NRC dedicated to enhancing the pediatric capabilities of EMS systems. The proposed EIIC, will be expected to ***guide states to integrate pediatric considerations into policy and make system changes where needed***, and implement best practices to improve both the delivery and access children have to healthcare systems. The EIIC will work to utilize QI and innovative strategies to help advance both pre-hospital and hospital-based pediatric emergency care systems and promote the attainment of the EMSC program performance measures.

Specifically, the cooperative agreement will fund a center (*award is for \$1.5 million for 4 years*) intended to provide consultative and technical support to EMSC State Partnership, State Partnership Regionalization of Care, Targeted Issues, and Pediatric Emergency Care Applied Research Network Program grant recipients, in order to help them to develop and implement Quality Improvement (QI) strategies to improve pediatric emergency medical services in both pre-hospital and hospital care settings, and rehabilitation and reentry of the child from the emergency care environment into the community.

The EIIC will support the work of EMSC grant recipients to achieve this goal of optimal pediatric emergency care, as well as support, education, and skills to effectively implement QI strategies by:

- Employing a cadre of subject matter experts (SMEs)<sup>1</sup> and create a technical support arm that provides education, training and consultation on pre-hospital and hospital pediatric emergency care through subject matter experts;

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<sup>1</sup> Grant guidance indicates SMEs may be employees of the applicant, consultants, volunteers, and / or organizations such as the National Association of State EMS Officials (NASEMSO), National Association of Emergency Medical Technicians (NAEMT), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Educators (NAEMSE), National Association of EMS Physicians (NAEMSP), American Academy of Pediatrics (AAP), Emergency Nurses Association (ENA), American College of Emergency Physicians (ACEP), American College of Surgeons (ACS), and Pediatric Trauma Society (PTS).

- Facilitating cross-state collaboration, peer learning and data sharing. The approach should use current performance measure data to identify areas for improvement, and develop interim QI measures in this process that ultimately lead to the performance measures;
- Identifying evidence-based, evidence-informed, and innovative strategies and tools to improve pediatric emergency medical services;
- Educating the EMSC community regarding evidence-based, evidence-informed, and innovative strategies and tools; and
- Helping recipients to achieve the national EMSC performance measures and improve pediatric readiness in both pre-hospital and hospital systems.
- Advancing the National EMSC Performance Measures through the development and implementation of QI collaboratives. Collaboratives will focus on strategies that facilitate and improve *state implementation* of performance measures and outcomes;
- Working closely with the EMSC Data Center to facilitate the collection, synthesis and use of performance measure data.

The program includes a number of performance objectives, a.k.a. *SMART* (specific, measurable, achievable, relevant and time measurable) objectives for the four-year award:

- By 2017, at least 90% of the EMSC State Partnership recipients will be prepared for the pre-hospital baseline assessment of the new EMSC performance measures;
- By 2019, 20 states will have adopted and or engaged in at least one QI strategy/ process;
- By 2019, at least 30% of hospitals will show an increase in their Pediatric Readiness score by 10%.

### **Opportunities for NASEMSO Involvement**

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EMSC by nature, has been focused on, and engaged in the development of state EMS systems, and the improvement and continued focus on optimal pediatric care. Since our inception, NASEMSO has played a key role in advising, directing and supporting the EMSC program in the efforts through programmatic support, topic expertise, and most importantly supporting the work of state EMSC program managers within state programs.

The release of a renewed/revised Resource Center solicitation provides an opportunity for NASEMSO to expand its current role in the larger EMSC program. However, eligible applicants for this opportunity are limited to “state governments and accredited schools of medicine.” As such, NASEMSO originally engaged Carolinas Medical Center in the hopes of a coordinated partnership that would result in an active role for NASEMSO if successfully awarded. NASEMSO was then contacted by Texas Children’s Hospital/Baylor College of Medicine inquiring if NASEMSO would like to partner with their team in their planned submission. Below is a description of the projects and summary of conversations with the potential partners. An assessment of the options is provided to assist the Board in making a determination of who to work exclusively with.

#### **Carolinas Health System (Dr. Randy Cordle)**

NASEMSO leadership had hand selected Carolinas Healthcare as a possible collaborator for the EIIC opportunity. Carolinas Health System houses the Center for Pre-hospital Medicine, a education and research center that works with the region and nation to train pre-hospital providers, EMS fellows and agencies. The system houses a Level I adult and pediatric trauma center (Carolinas Medical Center / Hemby Pediatric Trauma Institute). Dr. Cordle and his team have previously worked with the EMSC program and integrating pediatric emergency care within all of their training and research activities.

*NASEMSO Role/Assessment:* Partnership with Carolinas Health System would afford NASEMSO the opportunity to dictate the scope of the EMSC EIIC submission. While Carolinas would be the primary recipient, through the agreement, NASEMSO would be responsible for selecting all program SMEs and

dictating the operational activities and direction of the center to meet program objectives. However, Carolinas Health System is a less-involved entity within the EMSC program. They are likely to provide a more unique/alternative approach to program objectives without the extensive historical knowledge of the full scope of EMSC.

**Texas Children's Hospital and Baylor College of Medicine** (*Drs. Charles Macias & Manish Shah*)

Prior to conversations with NASEMSO leadership, Texas Children's Hospital (TCH) and Baylor College of Medicine (BCM) began discussions and planning for a submission to serve as the EIIC. The proposal includes and expands on the work already underway within the BCM/TCH system and include an Executive Core of faculty researchers and project manager pairs who will be engaged in the day-to-day operations of the Center and its core domains of focus. In addition to the Executive Core, there would be two Advisory Boards: a Quality Improvement Advisory (member representing a domain of focus and possessing foundational knowledge of healthcare QI) and an Implementation Advisory (those historic knowledge and tactical implementation experience in Pediatric Emergency Care) to inform the work of the Center.

*NASEMSO Role/Assessment:* NASEMSO would be offered the opportunity to fund 1-2 SMEs dedicated to enhancing the work of the State Partnership managers related to state EMS system integration and adherence to performance measures. Additionally, NASEMSO would have the option to appoint 1 participant to each of the Advisory groups (Quality Improvement and Implementation). The BCM/TCH collaboration is likely to be one of the strongest "schools of medicine" applicant to the EIIC solicitation. Both Drs. Macias and Shah currently or previously served on the EMSC Advisory Board, served as Principle Investigators for EMSC Targeted Issues grants and have been engaged as facility "nodes" with the EMSC Pediatric Emergency Care Applied Research Network (PECARN). While NASEMSO's role is likely to be smaller in this scenario, the BCM/TCH team has a well organized and thought out approach to the new design of the EIIC, which is likely to be viewed favorably by HRSA.

*Question to the Committee*

**Do you favor an option that requires a significant investment of time and risk in proposal development that allows NASEMSO control over the award, partnered with a less-known entity, or a smaller (advisory) role, perhaps negotiating up from the point of involvement they envision for NASEMSO with a well-known entity?**