

This is an *example* of wording of the Evaluation and Technical Support Capacity section for the Emergency Medical Services for Children (EMSC) State Partnership grant. If you have been asked to make revisions to this section, do NOT copy this word-for-word. Rather, use this as an example to ensure you have addressed what is required for this section.

## **VI. EVALUATION AND TECHNICAL SUPPORT CAPACITY**

**Evaluation Plan Overview:** Measurable progress toward reaching stated project goals will be evaluated through the achievement of defined progress measures for each objective as described below. Each of these measures will be demonstrated through documentation on EMSC Progress and Performance Reports. Ongoing monitoring of progress will include weekly EMSC staff meetings and quarterly reports to the EAC, FAN, partners and stakeholders.

### **Aim #1: Prehospital Pediatric Readiness**

**Associated Performance Measures: EMSC: 1,2,3**

**Aim Statement:** To ensure the operational capacity to provide pediatric emergency care in the prehospital setting in [STATE] by improving the availability of prehospital data, Pediatric Emergency Care Coordinators (PECC), and hands-on methods for demonstrating skills competency in using pediatric-specific equipment.

**Objective #1a:** To improve the percentage of EMS agencies submitting National EMS Information Systems (NEMIS) version 3.3 compliant data with a goal of 70% by 2020.

**Progress of Objective #1a** will be assessed through data collection from the State Department of Health for EMSC Performance Measure #1 in years 2 and 4.

**Objective #1b:** To develop a plan that enables 25% of EMS agencies to identify a Pediatric Emergency Care Coordinator (PECC) in their organization by 2022.

**Progress of Objective #1b** will be assessed through data collection from EMS agencies for EMSC Performance Measure #2 in years 2 and 4.

**Objective #1c:** To develop a plan to enable 25% of EMS agencies to have a process for physically demonstrating skill competency with pediatric-specific equipment as part of their training program by 2022.

**Progress of Objective #1c** will be assessed through data collection from EMS agencies for EMSC Performance Measure #2 in years 2 and 4.

**Data Collection:** Data collection for EMSC PMs 1,2, and 3 will be completed in year 2 and year 4 through the EMSC EMS assessment.

### **Aim #2: Hospital Pediatric Readiness**

**Associated Performance Measures: EMSC: 4,5,6,7**

**Aim Statement:** To ensure the operational capacity to provide pediatric emergency care in the hospital setting in [STATE] by developing a standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical and traumatic emergencies and have inter-facility transfer agreements and guidelines with essential components for transfer.

**Objective #2a:** To implement a Pediatric Readiness Program (PRP) by year 2 with a goal of reviewing and evaluating the program by year 3 such that 20% of hospitals in the state are recognized as able to stabilize and/ or manage pediatric medical emergencies by 2021.

**Progress of Objective #2a** will be assessed by completion of at least three hospital pediatric readiness quality improvement stakeholder meetings by year 1 and a written PRP-based quality improvement plan for hospitals in [STATE] that incorporates all stated components and is signed by all NPRP partners by year 2. In years 3 and 4, we will assess progress by calculating the % of hospitals that are participating in the PRP.

**Objective #2b:** To identify all Level I-IV trauma centers in the state and to encourage all facilities to participate in the PRP program by Year 2 with the goal of having 50% of hospitals in the state recognized by the VPRP as able to stabilize and/or manage pediatric trauma by 2021.

**Progress of Objective #2b** will be assessed by inclusion of trauma-specific components in the written PRP-based quality improvement plan for hospitals in [STATE] that incorporates all stated components and is signed by all NPRP partners by year 2. In years 3 and 4, we will assess progress by calculating the % of hospitals that are participating in the PRP as designated trauma centers at any level.

**Objective #2c:** To ensure that by 2020, at least 80% of hospitals in the state have written interfacility transfer guidelines and agreements that cover pediatric patients, and include the eight components of transfer described in the EMSC Performance Measure Implementation Manual.

**Progress of Objective #2c** will be assessed by a  $\geq 80\%$  response rate on statewide data collection for EMSC PM 6 and 7 from hospitals in Years 1 and 3.

**Data Collection:** Data collection for the development of a standardized hospital recognition system plan for pediatric medical and traumatic emergencies (EMSC PM 4 and 5) will be derived from documentation of hospital readiness QI stakeholder meeting minutes in year 2 and a written PRP-based QI plan that includes hospital recognition in years 3 and 4. Data on the current status of hospital designation will be collected from statewide hospital designation databases and submitted on the EMSC Performance Report. Data collection for hospital transfer guidelines and agreements (EMSC PM 6 and 7) will be collected from hospitals in Years 1 and 3.

### **Aim #3: EMSC Program Sustainability**

#### **Associated Performance Measures: EMSC: 8**

**Aim Statement:** To ensure that the [STATE] EMSC Program is active and sustainable by creating and maintaining programs, policies and practices that incorporate family, youth and consumer participation and integration into the State's health care infrastructure.

**Objective #3a:** To conduct quarterly in-person EMSC Advisory Committee meetings each year, facilitated by a full-time EMSC Program Manager.

**Progress of Objective #3a** will be assessed by documentation of EAC meeting minutes for EMSC PM 8 on the annual Performance Reports.

**Data Collection:** Data demonstrating continued achievement of the required elements of EMSC permanence in [STATE] (EMSC PM 8) will be collected annually from EAC meeting documentation indicating at least 4 meetings with a quorum and specified personnel, employment records indicating 100% FTE for the program manager, and state statutes regarding pediatric representation on the state EMS board.

#### **Aim #4: Policy Initiatives**

**Associated Performance Measures: EMSC: 9**

**Aim Statement:** To establish permanence of EMSC in the [STATE] health care system by integrating EMSC priorities into existing State mandates.

**Objective #4a:** To draft a written policy agenda with the EMSC Advisory Committee, Family Advisory Network representatives and stakeholder input in Years 1 and 3 of the grant with the goal of integrating EMSC priorities into existing State mandates and hospital/ health care facility statutes or regulations.

**Progress of Objective #4a** will be assessed through documentation on the EMSC Performance Report data collection form for EMSC PM 9.

**Data Collection:** Data demonstrating the current status of the integration of each element of the EMSC program into existing state mandates will be collected from [STATE] statutes and the State Administrative Code. Achievement of a written policy agenda will be documented on EMSC Progress and Performance Reports in years 2 and 4.

#### **Data Analysis and Utilization:**

All EMS and hospital assessments will be conducted through the NEDARC online assessment tool. EMSC staff will work with NEDARC to collect and analyze descriptive data for EMSC PM 2,3,6,7. Pediatric readiness data will be collected through the NEDARC online assessment tool. This data will be prepared and analyzed by the [STATE] research team and provided to the [STATE] EMSC staff for state-level analysis. The EMSC staff data analysis team will conduct further analysis of all data to identify trends and variances across geographical regions and between urban and rural EMS agencies and hospitals in [STATE]. Data will be used to identify, prioritize and target gaps, inform stakeholders, direct project planning, and evaluate progress. It will be used to establish regional, state, and national level benchmarks and will be central to the development of quality improvement measures and resource tools for EMS agencies and hospitals. In addition, the EMSC State Partnership will use the data to establish baseline statistics for outcome measures and future research initiatives.

#### **Technical Support Capacity**

**NEDARC:** The National EMSC Data Analysis Resource Center (NEDARC) is a national resource center that provides technical assistance to EMSC projects in developing their data capabilities. NEDARC is located at the University of Utah, School of Medicine and funded through a cooperative agreement with the Maternal and Child Health Bureau (MCHB). NEDARC hosts a data analysis workshop on analysis of EMSC assessment data, which the EMSC Program Manager plans to attend.

**EMSC Staff Data Analysis Team:**

**XXX, MS:** XXX has over 15 years of experience in epidemiological research and a Master's Degree in Epidemiology. She is experienced with asthma surveillance with six years of data preparation programming, and linking datasets. She is integral to conducting the routine quality assurance reports for EMSC data by developing SAS programs to check for inconsistencies and errors. Moreover, her experience with automated data collection forms makes her an invaluable resource for database issues and the conduction of data quality reports. Ms. XXX was instrumental in the analysis of the 2010 EMSC EMS and Hospital Survey data. She has co-authored 6 peer-reviewed publications and authored or co-authored 13 abstracts and presentations (see Biographical Sketch). Ms. XXX will facilitate data management for the EMS and hospital assessments. In addition, she will transform raw data from the Pediatric Readiness assessment into information that can be used by the State Partnership to create its statewide QI program for hospitals.

**ZZZ, MS:** ZZZ is a research statistician and biostatistician with EMSC, since July, 2011. He has a Master's in Biostatistics and fulfills all statistical needs for the EMSC program, which include study design, sampling strategy, power and sample size calculations, data collection methodology, data management, data analysis and interpretation. His unique programming and biostatistical skills fill a unique niche. Mr. ZZZ has authored or co-authored 13 peer reviewed publications (see Biographical Sketch). Mr. ZZZ will facilitate data analysis for the EMS and hospital assessments. In addition, he will analyze Pediatric Readiness data in order to summarize the data based on hospital type and region.