

INNOVATION & IMPROVEMENT CENTER

Accelerating Improved Outcomes

National Partners

- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Surgeons
 Committee on Trauma
- Emergency Nurses Association
- National Association of State
 EMS Officials
- Pediatric Pandemic Network

Key Highlights

13 quality improvement collaboratives hosted, enrolling 3,000+ participants

115,000 users accessing online resources and opportunities annually



5 clinical resource toolkits and 5 system-level improvement toolkits developed



30+ scholars and fellows mentored

2 national pediatric readiness projects supported

About

The EMSC Innovation & Improvement Center (EIIC) accelerates the work of the EMSC Program through quality improvement, education, and collaboration. The EIIC acts as the synthesizing arm



of the EMSC Program, identifying and implementing strategies that help translate evidence into change in practice. The EIIC also provides technical assistance to grantees and supports program-wide communications and operations.

Structure

Established in 2016, the EIIC is led by five academic and medical institutions. Its team includes several dozen physician, nursing, and emergency medical services (EMS) subject matter experts who focus on 11 high-priority areas ranging from analytics to advocacy.

What Makes the EIIC Unique

By leveraging quality improvement science, the EIIC helps shorten the time for evidence to reach practice to as few as 3 to 5 years instead of an average 15 years, leading to better outcomes for children, faster. The EIIC serves as both a thought leader and driving force in improving pediatric emergency care. Its work has resulted in or contributed to foundational research papers and policy statements, vital collaborations amongst professional organizations and networks, and attention from national media.



Learn more at emscimprovement.center

This EMSC Innovation and Improvement Center resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$2.5M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, IHS or the U.S. government. For more information, visit HRSA.gov.