

STATE PARTNERSHIP PROGRAM



Current Performance Measures

- Establish standardized recognition programs for emergency departments (EDs) and emergency medical services (EMS) agencies
- Increase the number of pediatric emergency care coordinators (PECCs) in EDs and EMS agencies
- Ensure EDs and EMS agencies have disaster plans that include children
- Promote weighing and recording of children in kilograms in EDs to prevent dosing errors
- Promote skills-checking on pediatric equipment for EMS agencies
- Prioritize family partnership while improving care

Key Highlights



57 State Partnership Programs (states and jurisdictions)



1 Family Advisory Network



9 current performance measures



8 previous performance measures



19 ED recognition programs

About

EMSC State Partnership Program grant funding supports states, territories, and jurisdictions in meeting the needs of children within their unique emergency care systems. Programs work to achieve federally defined performance measures through locally tailored strategies. By developing, implementing, and sharing resources, tools, and other opportunities to become pediatric-ready, State Partnership Programs are at the forefront of improving pediatric patient outcomes.

Structure

Introduced in 1997, State Partnership Programs currently exist in 57 states, territories, and jurisdictions. Each program includes a director, manager, and family representative. This team works closely with an advisory council of clinicians, state officials, and other experts to enhance the capabilities of emergency care systems and achieve performance measures.

What Makes State Programs Unique

These programs are on the front lines of improving emergency care for children. Their teams build lasting relationships with clinicians, administrators, and other experts who directly impact pediatric emergency care. Over the past several decades, State Partnership Programs have made progress on key performance measures, from ensuring ambulances carry essential pediatric equipment and supplies to making certain prehospital clinicians receive pediatric continuing education.



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