



Welcome to the inaugural issue of the *EMSCPulse* from the Emergency Medical Services for Children (EMSC) Innovation and Improvement Center (EIIC). The EIIC brings together multiple organizations from across the EMSC continuum with the goal of accelerating improvements in quality of care and outcomes for children who are in need of urgent or emergency care. This is implemented through an infrastructure that ensures routine, integrated coordination of quality improvement activities between key stakeholder organizations and their champions. To learn more about the Center, click [EMSCImprovement.Center](#)

This newsletter is one of the mechanisms that the new Center will use to disseminate information. It will develop iteratively and we welcome comments and suggestions to make it more useful to you.

National Pediatric Readiness Work Continues at the EIIC

After 25 years of groundbreaking efforts to promote pediatric emergency care in the United States, the Emergency Medical Services for Children National Resource Center (NRC) set the stage and provided the foundation for the EIIC. The National Pediatric Readiness Project (NPRP) brought together stakeholders and fostered collaboration across professional organizations, federal and regulatory agencies, and state lines. Many of you worked closely with the NRC to carry that momentum forward. Pediatric readiness will remain one of the core areas of focus of the EIIC.

With common goals of promoting pediatric emergency care across the health care continuum and by coordination of efforts, the EIIC will integrate im-

provement science across all activities in order to rapidly translate evidence into clinical practice. We look to our partners to ensure our priorities, communication structure, resources, and programs are purposeful, effective, and accessible.

At the EIIC, we have a team with experience working within the EMSC program who possess a range and depth of knowledge in emergency & trauma care, disaster planning, improvement science, education, quality improvement collaboratives, and integrative technologies. [Diana Fendya](#), MSN, RN who has long championed NPRP will continue her work at the EIIC. In addition, the EIIC will continue to cultivate strong partnerships with the three sister

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EMSC *Pulse* welcomes articles about people, programs, and initiatives related to emergency medical services for children.

Submit to EMSCInnovation@TexasChildrens.org

Quality of Pediatric Resuscitative Care Differs

The National Pediatric Readiness Project is a multi-phase quality improvement initiative that aims to ensure that all US EDs have the essential guidelines and resources to provide effective care to children. The next step for this work requires the correlation of pediatric readiness measures (evaluating the system of care) with patient outcomes in US EDs.

When children with life-threatening medical conditions receive high quality care they have are more likely to survive. However, the quality of pediatric resuscitative care delivered to children in EDs is poorly described (due to the low frequency of cases in any individual ED).

A recent study by the Connecticut EMSC group (Auerbach, Whitfill, Gawel, et al) aimed to measure and compare the quality of resuscitative care delivered to simulated patients (2 infants and one child) across a spectrum of

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State Partnership Activities

The EIIC has the global aim of improving outcomes in pediatric emergency care through the dissemination of quality improvement (QI) knowledge and the joint implementation of QI-based activities among EMSC grantees and stakeholders in emergency care. Specifically what this means for State Partnership grantees is that your input will be solicited soon to identify important priorities in pediatric emergency care, with a specific focus on domains such as disaster preparedness, trauma, research, evidence-based practice, patient/provider safety, education, and advocacy. These priorities will serve as a basis for the development of educational materials and the creation of state-driven QI collaboratives to reduce emergency related morbidity or mortality of children in the prehospital and/or hospital based

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NPRP Continues (Continued from page 1)

organizations for NPRP: American Academy of Pediatrics, American College of Emergency Physicians, and the Emergency Nurses Association.

Within the EIIC, NPRP activities will be overseen by [Dr. Kate Remick](#) and Fendya with support from the EIIC and the Implementation and Quality Improvement Advisory Boards. These board members represent numerous organizations and a wealth of

experience in pediatric emergency care. Specific activities related to pediatric readiness will include: national quality improvement collaboratives targeting the development of pediatric medical facility recognition programs, pediatric emergency care coordinators, and EMS agencies; maintenance of tools and resources on the pediatric readiness website; and collaboration with national partners and stakeholders including provision of education and training.

HRSA EMSC Program Announces New 2016 Targeted Issues Grants

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal Child Health Bureau's Emergency Medical Services for Children (EMSC) Program is pleased to announce the release of five Targeted Issues (TI) grant awards as part of its investment to improve the quality of pediatric patient care across the continuum of emergency care. The awarded TI grant awards focus on pediatric emergency care research and innovative cross-cutting projects in both the prehospital and emergency department setting to improve pediatric health outcomes related to emergency care. The TI awards, which will begin on September 1, 2016, include:



- Medical College of Wisconsin. Project title: The Charlotte, Houston, and Milwaukee Prehospital (CHaMP) Research Node. The Principal Investigator (PI) is Dr. Brooke Lerner and co-PIs include Drs. Manish Shah, Jon Studnek, and Lorin Browne.
- Western Michigan University School of Medicine. Project title: The Michigan Pediatric EMS Error Reduction Study (MI-PEERS). The Principal Investigator is Dr. John Hoyle and the co-PI is Dr. William Fales.
- Johns Hopkins University. Project title: PDTree: An EMS triage tool for Pediatric
- Destination Decision Making. The Principal Investigator is Dr. Jennifer Anders and the co-PI is Dr. Kevin Psoter.
- Children's Hospital of Philadelphia. Project title: Advancing Family Centered Care and Quality Self-Assessment for Pediatric Resuscitation Readiness. The Principal Investigator is Dr. Sage Myers and the co-PI is Dr. Nancy Kassam-Adams.
- University of North Carolina at Chapel Hill. Project title: Pediatric Performance Measures: Improving EMS Care for Time-Critical Illness and Injury. The Principal Investigator is Dr. Jane Brice and the co-PI is Dr. Brooke Lerner.

Further information is available on the [EIIC Website](#).

Job Opportunities

Arizona Office of Injury Prevention

- Injury and Substance Abuse Prevention Manager, Job ID [25041](#)
- Epidemiologist, Job ID [25042](#)

Welcome to EMSC!

New State Partnership Grantee

- **Iowa**

Please welcome Eric Enderton, new Program Manager. He can be reached via phone at 515-229-6213 or email at eric.enderton@idph.iowa.gov

We need your help! We need prehospital photos that are freely available for use in our newsletter. Please send us what you have that we may use for public distribution.

Save the Date! National Healthcare Coalition Preparedness Conference will be in Washington DC December 13 & 14, 2016. Registration information can be found on the [web](#).

EMSC Resources — Sharing great work! Need information on **Hospital Incident Command Systems**? Check out this terrific work from Loma Linda and Karen Greeley RN NICU Disaster Coordinator. [Pediatric/Neonatal Disaster Reference Guide](#)

Care Differs (Continued from page 1)

EDs. Additionally, the team examined the correlation of the participating institutions Pediatric Readiness Scores with composite resuscitation quality measures. 58 inter-professional teams (1-2 MD, 2-4 RN, 1-2 EMS/tech) were evaluated in their native resuscitation bay caring for a series of 3 simulated patients (sepsis, seizure, and cardiac arrest). The study noted differences in the quality of pediatric resuscitation measured by simulation with a mean comprehensive quality score of 82% in 8 pediatric EDs compared with a score of 66% in 22 general EDs. The Pediatric Readiness Score correlated moderately well ($r = 0.51$) with the composite resuscitation quality score. This provides supportive evi-

dence that the pediatric readiness score is an important measure for all EDs. Additional work is needed to explore whether differences in quality are associated with variability in patient outcomes.

These data are now being used to develop targeted interventions to improve pediatric resuscitative care across all US EDs. The CT EMSC team is looking for additional states to get involved in simulation-based measurement and the creation of targeted improvement interventions based on our data. Through further dissemination of our work we can impact the maximum number of patients!

The full JAMA publication is available [here](#). For more information about getting involved please contact marc.auerbach@yale.edu.

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settings.

EIIC staff members [Diana Fendya](#), [Kate Remick](#) and [Manish Shah](#) provide support to the State Partnerships grantees. Manish Shah will be at the upcoming Pediatric Emergency Care Council (PECC) meeting at the National Association of State EMS Officials (NASEMSO) Fall Meeting and is looking forward to having an in-person dialogue with State Partnership grantees about how the EIIC can assist States and Territories in meeting their own, NASEMSO PECC, and EMSC programmatic goals, especially when it comes to improving the quality of care for children.

In addition, more information will become available in the coming months, in collaboration with the National EMSC Data Analysis Resource Center (NEDARC) and the Health Resources and Services Administration (HRSA), to equip State Partnership grantees to be ready for statewide data collection for new and current measures for both EMS and emergency department (ED) readiness to care for children. Having an updated baseline assessment of these measures is essential to begin equipping States and Territories with the tools to address gaps in the quality of care. The EIIC looks forward to providing the State Partnerships with the QI-based skills and tools to make emergency care for children more timely, integrated, and equitable in the United States.

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**Get ED Ready Program underway in Indiana**

The Pediatric Community Outreach Mobile Education (PCOME) and Riley Hospital for Children at Indiana University Health has continued their study to address pediatric readiness in emergency departments by identifying gaps and establishing improvements in pediatric care through the new novel project **Get ED Ready**. The **Get ED Ready** project goals are to improve emergency departments' readiness to care for pediatric patients by on-site evaluations, targeted recommendations, and bringing resources and experiences to all EDs and to implement a network that reaches and connects Riley Hospital for Children to multiple EDs in the state of Indiana to improve community EDs access to pediatric protocols and educational materials and resources.

The **Get ED Ready** team is a multidisciplinary team that consists of pediatric intensivists, emergency physicians, RNs, RTs and other health care profes-

sionals. The team address identified gaps in the national pediatric readiness project (NPRP) and propose mechanisms to improve the quality of pediatric emergency care in Indiana' hos-

pital EDs through three on-site visits. The first consists of an on-site assessment by **Get ED Ready** coordinators using a nationally recognized checklist. The second visit is the follow-up PCOME simulation day, where collected data & recommendations are presented with an open forum education session. The final visit is a follow-up assessment using the pediatric readiness checklist and any additional resources needed. For more information contact [Kellie Leeper, RRT, NPS](#), **Get ED Ready** Coordinator or [Kamal Abulebda, MD, FAAP](#), **Get ED Ready** Medical Director.

