



Innovation and Improvement Center



# EMSCPulse

An online digest of EMSC Program News and Activities from the EICC

December 8, 2016

## EIIC Applauds U.S. House Passage of *Emergency Medications Act*

The EMSC Innovation and Improvement Center is pleased to report the November 14 passage of the **"Protecting Patient Access to Emergency Medications Act of 2016" (H.R. 4365)** in the U.S. House of Representatives. A summary of the bill and its importance to the EMSC community was included in the **October 13 edition of the EMSCPulse**.

The legislation is designed to amend the *Controlled Substances Act of 1970* to permit physician medical directors to issue

standing orders to EMS personnel so they may administer controlled substances to patients. In addition, the legislation clarifies and codifies who is authorized to provide verbal orders for controlled substances; provides the option for a single EMS agency registration; and clarifies receipt, movement and storage rules for



EMS agency controlled substances.

A letter of strong support signed by all 4 of the EICC's professional partner organizations (*American Academy of Pediatrics, American College of Emergency Physicians, Emergency Nurses Association, and National Association of State EMS Officials*) was quickly dispatched to Senate Speaker Ryan and Democratic Leader Pelosi urging rapid passage during the 114th Congress by the end of calendar 2016.

## Interpretation of the New CMS Emergency Preparedness Rule for EMSC

To improve emergency preparedness requirements in health care facilities, the Centers for Medicare & Medicaid Services (CMS) recently enacted **an emergency preparedness rule**. Medicare and Medicaid providers and suppliers, including hospitals, rural health clinics and federally qualified health centers are tasked

with improving preparedness planning by November 15, 2017. Facilities are asked to coordinate with federal, state, tribal, regional, and local emergency preparedness systems to ensure that they are adequately prepared to meet the needs of patients during disasters and emergency situations. These providers must meet

four best practice standards:

- **Emergency plan:** Based on a risk assessment, develop an emergency plan using an all-hazards approach, focusing on capacities and capabilities that are critical to preparedness for a full spec-

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## EMSC Strategic Planning Underway for New 5-Year Plan

For over 30 years, the Department of Health and Human Services (HHS), Health Resources and Systems Administration's (HRSA) Emergency Medical Care for Children Program (EMSC) has improved Emergency Medical Services (EMS) systems throughout the country as part of its mission to manage and improve the emergency medical needs of children.

EMSC has been impactful and longstanding because of its ability to demonstrate measurable improvements in how emergency medical care is provided to children. Much of this success is achieved through EMSC's partnerships with

States, communities, medical institutions, public-private partners, and families.

But the landscape is shifting, and to ensure continuous improvement to children's EMS, the program is going through a necessary transition to meet changing needs. As all thoughtful and diligent organizations must do, EMSC understands it must evolve and is developing a 5-year Strategic Plan, which will serve as the roadmap for the program and those who support it. In order for the transition to be successful, the

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EMSCPulse welcomes articles about people, programs, and initiatives related to emergency medical services for children. Submit to [EMSCInnovation@TexasChildrens.org](mailto:EMSCInnovation@TexasChildrens.org)

**Strategic Planning** (Continued from page 1)

program needs to refocus its strategy, prioritize and explain its investments, and work closely with its stakeholders – those



who care about and are invested in the EMS initiative – to improve emergency care for children.

EMSC leaders are working with EICC and other stakeholders to shape the Strategic Plan every step of the way. EMSC is working with its partners to answer the following ques-

tions: **1) What are our goals and aspirations; 2) Where will we focus; 3) How will we succeed; 4) What capabilities will we need; and 5) What are our priority initiatives?**

Through strategic planning meetings, conference calls, ongoing check-ins and conversations, and ongoing requests for input, EMSC is developing a Strategic Plan that encompasses the priorities, concerns, and solutions of its stakeholders. Most importantly, the EMSC Strategic Plan will help explain EMSC's vision of EMS services for children, and the steps that must be taken to achieve it.

Questions about the Strategic Planning process may be directed to [Theresa Morrison-Quinata](#).

## EMS Compass Releases Candidate Measures for Public Testing

The EMS Compass Initiative is proud to announce the release of candidate measures for public testing. After much deliberation and national collaboration through an NQF-modeled measure development process, we are asking EMS agencies to help us refine these candidate measures before they receive final approval. They've been through the "lab testing" phase, but now it's time to put them to the test in the real world.

**What's in it for you?** Monitoring your performance over time with EMS Compass measures enables you to improve patient care directly in your system. You'll learn a lot about the measures and

provide EMS Compass with feedback that will improve the measures before they are finalized. We urge you to participate in this important phase of the evolution of these measures.

Your vendor may have enabled you to "turn on" EMS Compass measures in your system with little effort on your behalf. If not, you may be able to program these measures into your system. After you've had a chance to implement the measures, please visit our website to submit your feedback.

An EMS Compass Vendor Readiness guide, the information needed for manual implementation in your electronic pa-

tient care or analytic software, and feedback forms are available at <http://www.emscompass.org/ems-compass-measures/>.

If your system is not EMS Compass ready, we encourage you to contact your software vendor to request they incorporate EMS Compass measures into their software.

For more information about EMS Compass or to volunteer to be involved in the national effort or to sign up to receive updates at [www.emscompass.org](http://www.emscompass.org).



## Targeted Issues Updates: The Charlotte, Houston, and Milwaukee Prehospital (CHaMP) Research Node Based at the Medical College of Wisconsin

*In 2013, the Health Resources and Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) Program funded 6 Targeted Issues grants focused solely on pediatric research in the prehospital setting. Targeted Issues grants are intended to support innovative cross-cutting pediatric emergency care projects of national significance. This is the second of 6 newsletter updates highlighting activities and findings from each of the principal investigators (PIs).*

The Medical College of Wisconsin re-

ceived a continuation of the EMSC Targeted Issues grant in September. The 2013 grant funded the development of the Charlotte, Houston, and Milwaukee Prehospital (CHaMP) Research Node and the 2016 continuation will fund continued development and expansion of EMS research activities. CHaMP's overall goal is to conduct innovative and significant prehospital-based pediatric research. As the only prehospital node of the Pediatric Emergency Care Applied Research

Network (PECARN), CHaMP established a functioning network of EMS agencies with a proven capacity for engaging in research. The node also leads the newly-established EMSA Consortium, which brings together the EMS agencies that participate in CHaMP and six additional EMS agencies recruited by the other PECARN nodes. The collaboration of nine PECARN EMS agencies has greatly expanded the pediatric EMS research that

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## One Stop for Resources and Research Tools on Children in Disasters

A unique collaboration between multiple government agencies and the EMSC program produced an online compendium of resources related to medical and public health issues of children in disasters and emergencies. The intent of this compendium is to consolidate the multitude of resources available across a variety of organizations, Web sites, databases and training sites, making the search for relevant materials simpler and more direct. The resources target health providers, emergency and community managers and planners, and others in the disaster workforce who work with or on behalf of children.

The [site](#) contains searches of journal articles indexed in PubMed and to other types of reports and resources indexed in Disaster Lit®, a database of links to the

most authoritative disaster medicine and public health resources freely available on the Internet. Searchers of information about children and disasters can start with the searches within topic areas such as psychological and behavioral health, natural disasters, and children with disabilities, or go directly to the databases and construct a unique search. The list of topic areas will soon to expand to other more cross-cutting topics such as research evaluation and measurement.

Hosted and maintained by the **Disaster Information Management Research Center (DIMRC)** of the U.S. National Library of Medicine, this compendium was developed in collaboration with the Maternal and Child Health Bureau, Health Resources and Services Administration

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## Pediatric Readiness Assessment Portal to Remain Open

Due to the interest of many hospitals to continually improve, the Pediatric Readiness Assessment portal **will be open** to allow hospitals to take the assessment as many times as they would like for QI purposes. This new capability will be available in early 2017. We appreciate the support of so many hospitals who have taken a special interest in this project and desire to improve emergency care for children. Questions, contact [Patty Schmuhi, Pediatric Readiness Information Coordinator](#) or 801-213-3216.



## CHaMP *(Continued from page 2)*

can be conducted.

The CHaMP node's three EMS agencies are Mecklenburg County EMS, (Charlotte, NC), Houston Fire Department (Houston, TX), and Milwaukee County EMS (Milwaukee, WI). Each site is led by a Site Principal Investigator, an Academic Advisor, and a Field Provider Advisory Committee. The Advisory Committees are made up of practicing EMS providers assisting CHaMP to ensure that the research developed is both feasible and relevant to the practice of prehospital medicine.

To date CHaMP has published five peer-reviewed journal articles, two peer-reviewed published abstracts, and made two national presentations. CHaMP's first publication was an [updated list of research priorities](#) developed in collaboration with practicing EMS providers and focused on specific research questions

rather than topic areas.

Next, both an [article](#) and [abstract](#) on the epidemiology of pediatric patients treated by EMS within one of our EMSA sites; manuscripts illustrate how little exposure EMS providers have to seriously ill/injured children that require them to use their more advanced patient care skills.



CHaMP has published both a [single site](#) and a [multi-site analyses](#) demonstrating that despite adopting best practice guidelines, pediatric EMS patients rarely receive analgesics before arriving in the

emergency department.

Finally, they published a [methods paper describing the design of a pilot trial](#) that is currently being conducted at one site comparing intranasal ketamine with intranasal fentanyl for analgesia in pediatric patients with a suspected single extremity fracture to determine if it is feasible for use in the prehospital setting.

CHaMP welcomes outside collaborators to join our effort. We also wish to assist researchers and/or practitioners in developing their skills in conducting EMS research. To that end CHaMP offers a complete lecture series to guide potential investigators in developing and conducting prehospital research projects. These videos and more nodal information can be found on CHaMP's website: [www.mcw.edu/champ](http://www.mcw.edu/champ). You can follow CHaMP's work through our Facebook page: <https://www.facebook.com/champernc>.

## EMSC Resources — Sharing great work!

- ◆ **Stay Alive, Just Drive** — The West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH) developed and produced a safe driving video that puts a face on the effects of unsafe driving practices. — The **"Stay Alive, Just Drive"** campaign, a collaborative initiative of BPH's Emergency Medical Services for Children (EMSC) Program and Violence and Injury Prevention Program (VIPPP), addresses the dangers of impaired and distracted driving. This 10 minute video, entitled "For Andrea", contains interviews highlighting a West Virginia

family and community who tragically lost a 14 year old to an impaired driver. *The video is being shared at **no cost*** with numerous entities across West Virginia, and West Virginia residents to provide education regarding the importance of practicing safe driving. To request a copy of this video or to view information regarding the "Stay Alive, Just Drive" campaign, please visit <http://www.wvoems.org/designation-and-categorization/ems-for-children/Stay-Alive-Just-Drive>.

- ◆ The American Academy of Pediatrics has compiled a list of resources about **Zika and preparation activities**.

## Save the Dates!

- ⇒ AAP to host a **webinar series on ZIKA**. The 1st webinar in this series, *"Recognizing Microcephaly and Other Presentations of Zika Virus Syndrome"*, is taking place on **Tuesday, January 10, 2017, at 2:00pm ET**. Expert speakers will provide an overview of the neurodevelopmental manifestations of congenital Zika virus syndrome. Registration is required. If you would like to participate on this webinar, please click here: <https://cc.readytalk.com/r/viw68r9pls12&eom>.
- ⇒ **NHTSA's Office of EMS** — Hosting a webinar **Reducing EMS Workforce Injuries and Illness - What the Data Tell Us**. December 13, 2016 1-2pm ET. Register [here](#)
- ⇒ **TI Grantee Webinar** — Two of the 2013 TI grant recipients will present a webinar **Blazing Trails in Prehospital Care through Targeted Issues Grants: The Center for Rural Emergency Services and Trauma (CREST) Network for EMS Providers and Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States (PEGASUS)** to update the ESMC program on progress and outcomes. **January 31, 2017 from 1-2:30pm ET**. More details and a registration page will open soon!

## Job Opportunity

**New Hampshire** is seeking a new **EMSC Program Manager**. To view the position description / submit an application, click [here](#) and use 'EMSC' as the key word.

- ⇒ **EMSC Town Hall Webinar** Quarterly update from HRSA for all State Partnership grantees is scheduled for **February 8, 2017 4-5 pm ET**. Details later.

## New AAP Policy Statement - Handoffs: Transitions of Care for Children in the Emergency Department

A new AAP policy statement authored by the Committee on Pediatric Emergency Medicine titled **"Handoffs: Transitions of Care for Children in the Emergency Department"** was released in the e-pages of *Pediatrics* in October. The statement is joint with the American College of Emergency Physicians and the Emergency Nurses Association.

### ABSTRACT:

Transitions of care (ToCs), also referred to as handoffs or sign-outs, occur when the responsibility for a patient's care transfers from one health care provider

to another. Transitions are common in the acute care setting and have been noted to be vulnerable events with opportunities for error. Health care is taking ideas from other high-risk industries, such as aerospace and nuclear power, to create models of structured transition processes. Although little literature currently exists to establish one model as superior, multi-organizational consensus groups agree that standardization is warranted and that additional work is needed to establish characteristics of ToCs that are associated with clinical or prac-

tice outcomes. The rationale for structuring ToCs, specifically those related to the care of children in the emergency setting, and a description of identified strategies are presented, along with resources for educating health care providers on ToCs. Recommendations for development, education, and implementation of transition models are included.

Related AAP NEWS: [What are the best handoff practices in inpatient, critical care units?](#)

Related CLINICAL REPORT: [Standardization of Inpatient Handoff Communication](#)

## Welcome to the EIIC

- **Aleta Grant** — EIIC Meeting Planner. She can be reached at [axgrant1@texaschildrens.org](mailto:axgrant1@texaschildrens.org)

## Welcome to the EMSC

- **Kansas** — Carman Allan State Partnership Project Director and Acting Coordinator. She can be reached via (785) 296-1210 or [Carman.Allen@ks.gov](mailto:Carman.Allen@ks.gov)
- **Oregon** — Rachel Ford State Partnership Project Coordinator. She can be reached via (971) 673-0564 or [Rachel.L.Ford@dhsosha.state.or.us](mailto:Rachel.L.Ford@dhsosha.state.or.us).

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**WELCOME!**  
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## Effort to Create a New EMS Agenda for the Future is Underway

Twenty years ago, pioneers and leaders in the EMS industry described a vision of data-driven and evidence-based EMS systems in the [EMS Agenda for the Future](#). Since then, the profession has worked tirelessly to fulfill the vision set out in that landmark document.

The Office of EMS, alongside colleagues at EMSC within HRSA, ASPR and the Office of Health Affairs within the Department of Homeland Security are pleased to announce joint funding of the NHTSA-awarded contract to support the process to create a new *Agenda for the Future*. The process is anticipated to take about 2 years. [Dr. Manish Shah](#), EIIC Executive Lead, Director of PreHospital Domain and Co-Lead of the State Partnership Domain will represent the EIIC and EMSC as an organizational liaison to the project.



EMS community members, stakeholder organizations and the public are all encouraged to get involved by attending public meetings and providing feedback during public comment periods.

Be on the lookout for future announcements, webinars and conference sessions about this effort and ways you can get involved in writing a new *Agenda for the Future* that will set forth a vision for the next twenty to thirty years of EMS system advancement.

## Children in Disasters (Continued from page 3)

(HRSA) and the Office of the Assistant Secretary for Preparedness and Response, Division of At-Risk Individuals, Behavioral Health & Community Resilience, U.S. Department of Health and Human Services. The Emergency Medical

Services program through the Children National Resource Center, and now the EMSC Innovation & Improvement Center, also partner in this project.

For those interested in *disaster-related research*, DIMRC also collaborated with the National Institute of Environmental Health Sciences (NIEHS) to develop the

[NIH Disaster Research Response Program \(DR2\)](#). DR2 has created a disaster research system consisting of coordinated disaster research data collection tools including epidemiologic questionnaires and clinical protocols that can quickly accessed for a timely research response following an event or a disaster.

## CMS Emergency Preparedness (Continued from page 1)

trum of emergencies or disasters specific to the location of a provider or supplier.

- **Policies and procedures:** Develop and implement policies and procedures based on the plan and risk assessment referenced above.
- **Communication plan:** Develop and maintain a communication plan that complies with Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.

- **Training and testing program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

Although the rule does not apply to private physician offices, improved preparedness planning among clinicians and other community partners is considered critical to achieving overall preparedness. While the rule is not specific to pediatric preparedness, discussions at the state and community levels about how to implement the requirements offer grantees and other stakeholders the opportunity to ensure that children's issues are addressed within preparedness and re-

sponse planning.

The [EIIC](#) and the American Academy of Pediatrics (AAP) offer resources to support improved pediatric preparedness [planning for hospitals](#) and [pediatric office practices](#), as well as to [strengthen connections to AAP state chapters](#). The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) have created some [general resources related to the rule](#). Resources potentially more specific to the EMSC community were forwarded to EMSC grantees on last week. Contact [Diaa Alqusairi](#) for additional information.