



Innovation and Improvement Center



# EMSCPulse

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

January 5, 2017

## Ensuring EMS Safety: A Source for Ambulance Design & Provider Fatigue Information

Emergency Medical Services (EMS) has been described as a safety net for patients because EMS responds and provides patient care wherever and whenever needed. An unfortunate paradox is that according to the US Department of Labor Bureau of Labor statistics, EMS is also one of the most dangerous jobs in the country with an injury rate about three times the national average for all occupations.

There are several factors that contribute to these conditions including, and cer-

tainly not limited to, ambulance design and provider fatigue. Both of these issues continue to be the focus of research projects and standards development by several federal agencies and EMS professional associations. However, an overrid-



ing issue is that of awareness and adjustment within the culture of EMS.

Recognizing the importance of providing information and resources about ambulance safety, the National Institute of Standards and Technology (NIST) provided grant funding to the National Association of State EMS Officials (NASEMSO) to develop an informational website:

[www.safeambulances.org](http://www.safeambulances.org) .

On the home page, readers will find

*(Continued on page 4)*

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

In the [December 8, 2016 issue](#) of the *EMSCPulse*, readers were introduced to the rationale behind the EMSC Strategic Planning process. Here, we continue with a description of the process. Questions about EMSC Strategic Planning may be directed to [Theresa Morrison-Quinata](#).

For over 30 years, the Department of Health and Human Services (HHS), Health

Resources and Services Administration's (HRSA) Emergency Medical Services for Children Program (EMSC) has improved Emergency Medical Services (EMS) throughout the United States as part of its mission to reduce child and youth mortality and morbidity resulting from illness or injury. EMSC leaders are work-

ing with Atlas Research, LLC, comprised of Atlas Research and Deloitte, to develop a 5-year Strategic Plan, which will serve as a roadmap for the EMSC program and those who support it. Understanding that much of the success of the EMSC program is attributed to EMSC's

*(Continued on page 5)*

The EMSC Innovation & Improvement Center (EIIC) is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) Maternal and Child Health Bureau Emergency Medical Services for Children grant number U07MC29829. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

EMSCPulse is published every 3 to 4 weeks by the EMSC Innovation & Improvement Center, 1102 Bates Avenue, Suite 1850, Houston TX 77030. (Email) [EMSCInnovation@TexasChildrens.org](mailto:EMSCInnovation@TexasChildrens.org) (Web) [EMSCImprovement.Center](http://EMSCImprovement.Center) Subscriptions are free. Subscribe: <https://emscimprovement.center/resources/publications/emsc-pulse/>

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

## What's This NEMSIS Thing Everyone is Talking About?

It's about improving care. The National Emergency Medical Services Information System (NEMSIS) is a universal standard for the collection of patient care information resulting from an emergency response to a 9-1-1 request for assistance. NEMSIS is also the repository for clinical care information from each 9-1-1 call, which is used to measure emergency service performance and the quality of care offered to the patient. In short, NEMSIS is a collaborative system to improve care through the standardization, aggregation and utilization of point of care EMS data at a local, state and national level.

In 2015, the National EMS Database included over 30.2 million EMS activations, used by researchers and local EMS agencies to evaluate and improve the care offered. Recent revisions to NEMSIS (moving from Version 2 to Version 3) has resulted in improved data quality, more accurate assessments of care quality and the ability to exchange patient information with hospitals in near real time!

For EMS agencies, NEMSIS improves billing accuracy, offers additional protections from liability and facilitates the accurate assessment of provider perfor-

*(Continued on page 5)*

## My Days as an EMSC State Partnership Grantee — An EIIC Interview with Martha Gohlke

*The activities of an EMSC State Partnership (SP) Grantee are NEVER the same, by day or by location. In recent issues, the EMSCPulse has featured SP Program Managers describing activities in their territory. This article is the result of an interview with Martha Gohlke, BA, EMT-B, EMSC Program Manager for New York.*

Martha Gohlke, EMSC Program Manager for New York (NY) is an EMT and has volunteered for her town's EMS service for the last 16 years. Her life of service extends over 25 years. She advocated for those affected by HIV/AIDS and earlier, as a Peace Corps Volunteer, worked as a Health Extensionist in Ecuador. Now,

Mom to two boys, ages 12 and 14, civic duty and a career aiding those who can't



*Martha Gohlke participating in a bike marathon, one of her favorite past-times.*

necessarily advocate for themselves, has given purpose to her paid and unpaid work. With this history, she became NY's EMSC Program Manager in 2007.

After almost 10 years with EMSC, Martha understands the organizational structure and processes for implementing change within NY. She believes that a healthy introduction to the structure and relationships within one's territory may be the most important knowledge point for a new EMSC manager. In NY, the implications of proposed EMSC changes, while believed to be good for children, require

*(Continued on page 3)*

## National EMS Advisory Council Update & Request for Input Regarding EMS Nomenclature

During the December 2016 National EMS Advisory Council (NEMSAC) meeting, members approved final drafts of these advisories:

- EMS System Funding and Reimbursement
- Recognizing the EMS Workforce as Essential Decision Makers within the Health Care Industry and Assuring Adequate Fiscal Support
- Universal Health Information
- Standardized Training for Local Data Managers to Ensure High-Quality Data
- Aligning the Model Trauma System Planning and Evaluation Document and the National Academies of Sciences, Engineer and Medicine (NASEM) Military and Civilian Trauma System Report
- Formalized Education Credentialing for EMS
- Alignment of the EMS Scope of Practice Model and EMS Education Agenda for the Future

NEMSAC also approved initial drafts of the following advisories:

- Changing the Nomenclature of EMS is Necessary
- Successful Integration of Improvement Science in EMS
- Mental Health and Wellness in EMS

The nomenclature advisory generated significant discussion. There was overall support among NEMSAC members and public commentators about having the Federal Interagency Committee on EMS (FICEMS) and the Department of Transportation (DOT) recognize "paramedicine" as a standard generic term nationally for the discipline and profession within the

health care field that encompasses EMS, medical transportation, community paramedicine and mobile integrated health care services. However, there was controversy about whether FICEMS and the DOT should officially recognize and use "paramedic" as the all-inclusive standard generic term nationally to describe all practitioners performing within the field of paramedicine, regardless of certification or licensure. **Please send your feedback by January 31<sup>st</sup> about this issue to Dr. Manish Shah**, who is the Pediatric Emergency Physician sector representative on NEMSAC.

All advisories are posted on the NEMSAC website (<https://www.ems.gov/nemsac-meetings.html>). The next meeting will be **April 4<sup>th</sup>-5<sup>th</sup> at the Hilton Crystal City in Arlington, VA**. Visit the NEMSAC website 1-2 weeks prior to the meeting for exact times for public comment. Though NEMSAC members serve 2 year terms, several of the current NEMSAC members will be ending their second and final terms at this meeting. They represent the following sectors:

- ⇒ 911 Dispatcher
- ⇒ Emergency Nurse
- ⇒ EMS Medical Director
- ⇒ Fire-based EMS
- ⇒ State EMS Director
- ⇒ Volunteer EMS

If you know someone who is qualified to serve on NEMSAC, especially for one of these sectors, the National Highway Traffic Safety Administration (NHTSA) Office of EMS will announce a call for applications in the coming months.

## 2012 SPROC Grant Increases Reach of Specialty Emergency Care in West Pennsylvania

In 2012, Health Resources and Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) awarded \$1.2 million in demonstration grants. [State Partnership Regionalization of Care \(SPROC\)](#) grants were to support the 6 states striving to meet HRSA's vision to improve health and achieve health equity for children through in tribal, rural, and territorial through areas access to quality services, a skilled health workforce and innovative programs. Past newsletters have included a [summary of 2012 SPROC work](#) and an update on the [New Mexico Child Ready Program](#). In this issue, we provide an update on University of Pittsburgh's OUTREACH Program.

Telemedicine in rural emergency departments may improve access to high quality emergency care for children. To better understand the role of telemedicine in pediatric emergency care, a team of researchers from the University of Pittsburgh and Children's Hospital of Pittsburgh of UPMC implemented and evaluated a pediatric emergency telemedicine program as part of a Pennsylvania State Partnership Regionalization of Care (SPROC) grant.

Led by Dr. Jeremy Kahn, the OUTREACH ([Optimizing Utilization](#)

[and Rural Emergency Access for Children](#)) study team first surveyed emergency department providers from rural hospitals to understand what factors would facilitate or hinder telemedicine success. The team learned that providers would be most likely to use telemedicine in situations when the child needed advanced subspecialty care and when it was valuable to avoid transfer to a children's hospital, such as when a children's hospital is very far away. Suggestions for improving pediatric emergency telemedicine included providing education during the encounter, emphasizing use for specific medical conditions, and making the technology simpler and easier to use.

Based on these findings, the OUTREACH team refined its approach to pediatric emergency telemedicine, which is currently being offered at 8 community hospitals throughout Western Pennsylvania. Next, the team will be evaluating the impact of the SPROC program on clinical and financial outcomes.

The preliminary findings were published in [Pediatric Emergency Care](#). A video primer is available on Pediatric Emergency Telemedicine [here](#).

## EMSC All Grantee Program Meeting | Arlington VA | August 15-17, 2017

### Gohlke (Continued from page 2)

study, assessment and reassessment to ensure adequate evidence and acceptable operational impact. Acting as a good steward of NY resources, Martha uses this process to garner support of decision makers with each new initiative.

Reflecting on her work, Martha identified common threads between efforts to advance a pediatric medical hospital recognition program and her time spent as a volunteer in the Peace Corps; both required patience, relationship-building, an understanding of the processes for navigating change and building a coalition of support. The Peace Corps emphasized tenets of grassroots development and identifying informal counterparts or "champions" with local influence to mobilize the community toward change. Martha has applied the same philosophy in her EMSC work.



*New York EMSC Champions (L-R) Dr. Robert Kanter, SP Manager Martha Gohlke & Dr. Art Cooper in 2014.*

Martha sees members of the NY EMSC Advisory Committee as champions for children. The Committee, within NY's change framework, has led the way to develop pediatric critical care (PICU) regulations. PICU standards were crafted and adopted into NY regulation by strategically bundling them with other priority regulations focused on pediatric sepsis. Work continues to ensure validation

processes are adopted for the 31 self-identified PICUs.

Often, one solution leads to other unanticipated challenges in a complex system. Martha demonstrates that creative problem solving is critical to the change process and key to a successful EMSC program. While a complete pediatric recognition program may not be in place (yet) in NY, Martha and her NY champions have set components in place to improve the care for children--ultimately EMSC's goal. To date Martha and NY have successfully met 4 of the EMSC performance measures and integrated 5 of the 8 EMSC priorities into NY's statutes/regulation.

**EMS Safety** (Continued from page 1)

“Guide Me” pages that provide an overview about EMS safety from the perspective of regulators, providers, and the public. The home page also includes a scrolling news feed, a map of state regulations regarding ambulance design standards, and crash test videos. Other pages include information about organizations involved in EMS safety, a glossary, web links, references and publications, and Frequently Asked Questions with information about safely transporting children in ambulances.

The NIST grant funding to develop the site ended

December 31, 2016. Ongoing maintenance and further updates will be provided by NASEMSO. Please direct any questions or feedback about the site to NASEMSO Project Manager, [Jay Bradshaw](#).

**Save the Dates!**

- ⇒ **TI Grantee Webinar** — Two 2013 Targeted Issue (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**. Continuing education credits will be provided to those who attend the live presentation. You **must register** to attend.
- ⇒ **EMSC Town Hall Webinar** Quarterly update from HRSA for all State Partnership grantees is scheduled for **February 8, 2017 4-5 pm ET**. Details to follow from HRSA.
- ⇒ **Introducing Stop the Bleed to the EMSC Community**—A webinar presentation by Dr. Mary Fallat, Dr. Lenworth Jacobs, and Rick Patrick of U.S. Department of Homeland Security. **March 29, 2017, 3-4pm ET**. Registration information will follow soon.
- ⇒ **2017 American Academy of Pediatrics Section on Emergency Medicine/Section on Hospital Medicine, Leadership Development Conference**. *April 7-9, 2017* in St. Petersburg, FL, Conference for PEM and PHM providers, including those from community and children's hospital settings, experienced leaders and leaders-in-the-making and learners of all levels of training. [Registration now open!](#)
- ⇒ **EMSC All Grantee Program Meeting** will be held in Arlington VA on **August 15-17, 2017**. More details and targeted meeting dates by program to come 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.

**Joint AAP, PTS and STN Policy Statement on Management of Pediatric Trauma Released Earlier this Year**

A revised joint policy statement from the American Academy of Pediatrics, Pediatric Trauma Society and Society of Trauma Nurses on “Management of Pediatric Trauma” was released this year.

Injury is still the number [1 killer of children](#) ages 1 to 18 years in the United States. Children who sustain injuries with

resulting disabilities incur significant costs not only for their health care but also for productivity lost to the economy. The families of children who survive childhood injury with disability face years of emotional and financial hardship, along with a significant societal burden. The entire process of managing childhood injury is enormously complex and

varies by region. Only the comprehensive cooperation of a broadly diverse trauma team will have a significant effect on improving the care of injured children.

Find the policy statement here: <http://pediatrics.aappublications.org/content/early/2016/07/21/peds.2016-1569> .

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

partnerships with states, communities, medical institutions, public-private partners, families, federal agencies, the Atlas Research is engaging these stakeholders in every step of the strategic planning process.

The strategic planning process kicked off with the HRSA EMSC Strategic Planning Meeting held in Rockville, MD in October 2016. Forty-six stakeholders came together to discuss how the EMSC program should prioritize its resources in ways that will advance the program's vision amidst the trends and forces in the environment. During the meeting, participants assessed existing and potential stakeholders' assets and priorities as they relate to the EMSC program's vision, strengths, and investments; and identified factors needed to advance elements of the vision and measure progress.

Atlas Research is utilizing the outcomes of Strategy Meeting to

inform ongoing engagements with EMSC partners, such as national organizations, federal agencies, EICC Implementation Advisory Board, EICC Quality Improvement Advisory Board, and EMSC Town Hall participants to elevate and validate the Strategy Meeting's results. Additionally, Atlas Research is hosting a series of conversations with existing and potential stakeholders to understand tensions and opportunities impacting the EMSC program. Input from each of these groups is collectively helping Atlas Research identify the range of strategic choices available to the EMSC program, and will eventually help narrow the path that the EMSC program will take on its journey to achieve its 5-year Strategic Plan.

Ultimately, the intent of this series of activities is to create the clarity and focus needed to ensure meaningful value for the children served by the HRSA EMSC program through the development of a Strategic Plan for the EMSC program.

**LEARN — Targeted Issues Webinar**

HRSA and the EMSC Program will be presenting a webinar updating two of the 2013 Targeted Issues projects from **1-2:30 pm ET on January 31, 2017** entitled: **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).

Speakers will be Drs. Tom Timarco and Manish Shah, respective principal investigator for each grant. Diane Pilkey, RN, MPH, Senior Nursing Consultant for the EMSC Program will moderate.

Continuing education credits for nursing and prehospital providers are pending.

Registration is required via: <https://hrsaseminar.adobeconnect.com/targetissuesgrants/event/registration.html>

**Pediatric Readiness Assessment Portal Remains 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 Schmuhl](#), Pediatric Readiness Information Coordinator or 801-213-3216.

**EMSC All Grantee Program Meeting | Arlington VA | August 15-17, 2017****NEMSIS** *(Continued from page 1)*

mance. Prominent areas of performance measurement include; cardiac arrest, STEMI, stroke, trauma, airway, pediatrics—where EMS can make a real difference. For state and national organizations, national EMS data can be used to analyze types of EMS care, benchmark local performance and can serve as an excellent resource for emergency situation surveillance. The NEMSIS architecture also empowers the inclusion of EMS data in electronic health care records and health infor-

mation exchanges. Mr. Noah Smith, EMS Specialist at NHTSA who oversees the NEMSIS program for the government, said "NEMSIS is a critical component of improving EMS care today and in the future. Standard data collection tied to industry-wide quality measures and clinical research put EMS on the path to evidence-based improvement. We're excited to help the EMS community turn mountains of clinical data into meaningful information."

You can learn more about NEMSIS at [www.nemsis.org](http://www.nemsis.org).