

EMS Advisory Council Special Interest Subcommittee

Pediatric Emergency Care Coordinators (PECC)

Pediatric Emergency Care Coordinator's Committee
RETI Training Center
Flatwoods, West Virginia
August 27, 2018



Emergency Medical Services for Children (EMSC)



West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
Division of Trauma Designation and Categorization
Emergency Medical Services for Children
www.wvoems.org/EMSC · (304) 558-3956

Introduction

- WV pediatric population (18 years and under) is approximately 21% of WV population (375,376).
- 2016 WV Prehospital Medical Information System (PreMIS) data demonstrated 554,252 patient transports
 - 4% (23,133) of these were children 18 years of age and under

The EMS for Children Program

- In 1984, US Congress enacted legislation for federal funds to be utilized for the Emergency Medical Services for Children (EMSC) Program.
- The EMSC Program is administered by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) and Maternal and Child Health Bureau (MCHB).
- The EMSC Program provides grant funds to help improve emergency medical services for critically ill and injured children in US states, territories, freely associated states and the District of Columbia.
- Aim of the EMSC Program is to reduce childhood death and disability caused by severe illness or injury. To ensure that all children and adolescents, regardless of where they live, attend school, or travel, receive appropriate care in a health emergency.

The EMS for Children Program

- Since its establishment, grant funding has been provided to all 50 states, the District of Columbia, and five U.S. territories.
- The West Virginia (WV) EMSC Program is housed within the WV Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Emergency Medical Services (OEMS), Division of Trauma, Designation and Categorization.
- WV has received consistent federal EMSC funding since 2009.
- WV EMSC Program has been fully funded through March 31, 2022.

EMSC Performance Measures

- EMSC Performance Measures – A systematic, uniform process of focusing and measuring Program activities and promoting permanence of EMSC Programs at the state level.
- All grantees are required to report on each specific performance measures.
- Benchmarks, originally implemented in 2004 to measure the long-term progress of the EMSC Program in key areas of pediatric emergency care.
 - Ensuring operational capacity to provide pediatric emergency care
 - Setting training requirements in pediatric emergency care for prehospital providers
 - Establishing permanence of EMSC within the state

EMSC Performance Measures

- Measures revised in 2009 – 10 distinct performance measures:
 - Prehospital Systems
 - Availability of on-line and off-line pediatric medical direction
 - Availability of pediatric equipment on ambulances
 - Pediatric education requirements prior to recertification of EMS personnel
 - Hospital Systems
 - Development of pediatric medical-recognition systems
 - Development of pediatric trauma systems
 - Existence of interfacility transfer guidelines and agreements
 - Establishing EMSC permanence and institutionalization of pediatrics into state EMS systems.

- **2017 Measures – Next Generation of Performance Measures**
 - Revised as a result of Data collected from 56 states and territories 3 times since 2004, comprehensive literature review, subject matter interviews, advisory council meetings, cognitive interview with EMS agencies in 5 states.
 - Development of prehospital EMS systems-based performance measures
 - www.nedarc.org/performanceMeasures
- **9 Performance Measures**
 - 3 New Prehospital EMS Systems Based Measures
 - Hospital Systems Based Measures
 - Permanence Based Measures

EMSC Performance Measures

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|-------------------------------|--|
| Performance Measure 01 | The degree to which EMS agencies submit NEMESIS compliant version 3.x data to the State EMS Office. |
| Performance Measure 02 | The percent of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care. |
| Performance Measure 03 | The percent of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. |
| Performance Measure 04 | The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. |
| Performance Measure 05 | The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric trauma. |
| | |

EMSC Performance Measures

| | |
|------------------------|--|
| Performance Measure 06 | The percentage of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer guidelines that cover pediatric patients and that include pre-defined components of transfer. |
| Performance Measure 07 | The percentage of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer agreements to cover pediatric patients. |
| Performance Measure 08 | The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system. |
| Performance Measure 09 | The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system by integrating EMSC priorities into statutes or regulations. |

The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care (PECC).

- By 2020, 30% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
- By 2023, 60% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
- By 2026, 90% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

Performance Measure 02

Current Status: WV obtained a 100% response to the 2017-2018 National EMSC Data and Resource Center (NEDARC) EMS Performance Measure Assessment. WV Data Analysis revealed:

- 16% (21/129) - Have a designated PECC
- 5% (6/129) – Plan to add a PECC
- 35% (45/129) – Interested in a PECC

Goal: A PECC representative will be identified/designated at 30% of WV Prehospital EMS agencies by 2020. (39/129)

EMS Advisory Council (EMSAC)

- In June 2018, a presentation was made before the EMS Advisory Council requesting a Special Interest Subcommittee for “Pediatric Population”.
- EMSAC agreed to support the EMS for Children Program’s request to create a subcommittee to address Performance Measures 02 and 03.



What is a Pediatric Emergency Care Coordinator?

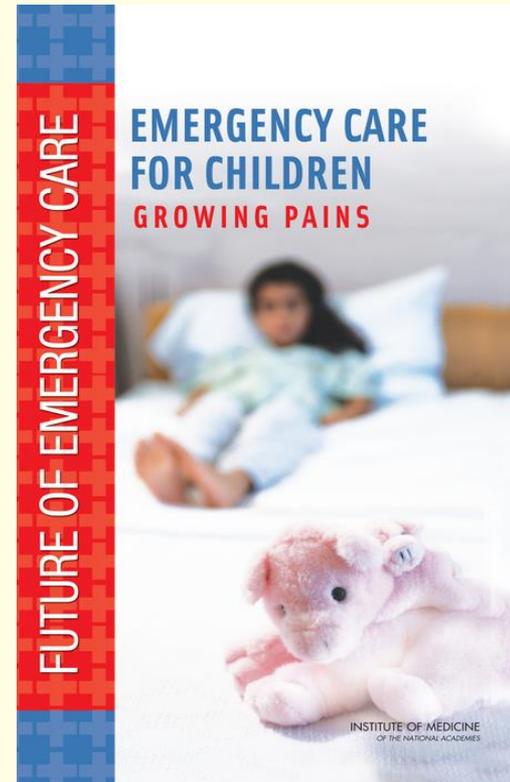
The Pediatric Emergency Care Coordinator (PECC) is a designated individual within your EMS agency who ensures that the ambulance service and its providers are prepared to care for ill and injured children.



Significance of a PECC

The Institute of Medicine (IOM) report “Emergency Care for Children: Growing Pains” recommends that EMS agencies appoint a pediatric emergency care coordinator to provide pediatric leadership for the organization.

- **The report further states that:**
 - PECCs are necessary to advocate for improved competencies and the availability of resources for pediatric patients.
 - The presence of an individual who coordinates pediatric emergency care at EMS agencies may result in ensuring that the agency and its providers are more prepared to care for ill and injured children.



Role of a PECC

This individual does not need to be dedicated solely to this role and could be personnel already in place with a special interest in children who assumes this role as part of their existing duties. The biggest role of this person is to be a “Champion” for the Pediatric population.



PECC COMMITTEE MEMBERS

| MEMBER | TITLE | ORGANIZATION | E-MAIL |
|------------------------------|--|---|--|
| Jonathan Evans | EMT-P, Field Training Officer | KCEAA | jonathanevans@kceaa.org |
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| Melvin Wright | DO, FAAP; Associate Professor, Pediatrics; Medical Director, Pediatric Critical Care and Pediatric Transport; WV EMSC Medical Director | WVU Medicine Children's Hospital | mwright@hsc.wvu.edu Melvin.L.Wright@wv.gov |

(Revised 06/14/18)

PECC Committee Meeting Outcome

- In June 2018, the EMS Advisory Council agreed to support the formation of a subcommittee to address this performance measure.
- PECC Committee met on August 27, 2018 in Flatwoods, WV.
- Updates were made to the role(s) of the PECC.
- It was agreed upon that a letter would be sent out to the Official Agency Representative, Squad Training Officer, and Quality Improvement/Quality Assurance Representative describing PECC.
- A form indicating who the designated PECC is for your agency was sent on September 7, 2018 via the Continuum to the Official Agency Representative, Squad Training Officer, and Quality Improvement/Quality Assurance Representative. The completed form should be returned via e-mail to Vicki.L.Hildreth@wv.gov by September 30, 2018.

Role of a PECC (Cont'd)

- The EMSC Agency PECC will be responsible for coordinating each of the roles listed below but is **NOT** solely responsible for carrying each one out.
 - This is an opportunity to pull together a team that is responsible for the growth of pediatric awareness within your agency.
 - Having an assigned EMSC PECC within your agency will allow the EMSC Program Manager to have a contact person for dissemination of pertinent information regarding training and other pediatric-related topics.
1. Participate in a periodic review and/or recommendation(s) of statewide pediatric protocols.
 2. Identify opportunities for improvement related to the pediatric-process improvement program, including pediatric clinical-practice guideline compliance.
 3. Promotes pediatric continuing-education opportunities.
 4. Review availability of pediatric medications, equipment, and supplies, including the procedure for procurement of items and restocking of ambulances.

Role of a PECC (Cont'd)

4. Promote agency participation in pediatric outreach for prevention/safety.
5. Encourage and promote agency participation in pediatric-research efforts, including, but not limited to data collection as requested by EMS for Children Program.
6. Communicates with emergency department Always Ready for Kids hospital contact.
7. Promote and encourage family-centered care by all agency personnel.

**As the EMS for Children Program continues to grow,
so must the way we view our pediatric population.**

Significance of a PECC

The Pediatric Emergency Care Coordinator (PECC) should:

- Be a member of the EMS agency
- Be familiar with the day-to-day operations and needs at the agency.
- Have a special interest in the Pediatric Population.



Examples of Who Can Serve as a Pediatric Emergency Care Coordinator?

The Pediatric Emergency Care Coordinator (PECC) can be:

- Medical Director
- EMS Director
- Squad Training Officer
- Prehospital Field Provider



Mission

The mission of the West Virginia EMSC PECC Committee is to develop a program to ensure EMS agencies in the state of West Virginia have a designated individual who coordinates pediatric emergency care.

Goals

To goal of the PECC Committee is to ensure the development of a program that ensures 90% of EMS agencies in the state of West Virginia have a designated individual who coordinates pediatric emergency care by 2026.

Objectives

1. Develop a committee of content experts;
2. Determine potential barriers to completion of the project;
3. Recognize and involve potential collaborative partnerships (i.e. hospitals, etc.);
4. Research potential funding mechanisms to ensure project sustainability;
5. Outline the steps necessary to ensure project completion and success.
6. Develop timelines for completion and rollout of the training program.
7. Develop training program to ensure clear and concise instructions are available to PECC.
8. Following review by the WV EMS Director, WV EMS State Medical Director, and EMSC Medical Director present the completed project to the EMS Advisory Council and EMSC Advisory Committee.
9. Determine WV EMSC PECC rollout method(s) and invitees.
10. Collect EMSC PEC Coordinators in the EMS Credentialing Information System.
11. Add the EMSC PECC requirement to the WV OEMS licensure application to ensure sustainability.

Performance Measure 03

The percent of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

- By 2020, 30 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.
- By 2023, 60 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.
- By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

Contact

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