



WELCOME
to the
Emergency Medical Services for Children Program
Quarterly Town Hall
May 11, 2022
3:00pm eastern

A program administered by the
Health Resources & Services Administration, Maternal and Child Health Bureau

Vision: Healthy Communities, Healthy People



Agenda

- **Welcome**
- **Guest Speaker:** Kevin Mcculley, Operations Director
- **EIIC:** Kate Remick, Michelle Moegling
- **EMSC Data Center:** Braden Green, Jane Ostler
- **NASEMSO:** Amanda Perry
- **HRSA:** Theresa Morrison-Quinata
- **Questions and Wrap-Up**
- **Adjourn**

Sofia Arias-Moderator

Management Analyst/Project Officer
Emergency Medical Services for Children Program



Guest Presentation

The Regional Pediatric Pandemic Network





PPN

*Better outcomes everyday,
everywhere, for every child*

Kevin McCulley, PPN Operations Director

Charles Macias, MD, MPH Principal Investigator

Chris Newton, MD Principal Investigator

The Basics: Introducing PPN

- Launched in **September 2021**
- Funded through a **5-year HRSA cooperative agreement**
- Bringing together **children's hospitals, a range of subject matter experts, and HRSA and ASPR-funded organizations** to improve pediatric disaster preparedness
- Anchored in **Quality Improvement (QI)** science
- Empowering communities, providers, and responders to provide the **best possible care** to children and families in everyday emergencies and disasters
- A **network of networks** supporting the children's hospital hubs





EIIC
EMSC Innovation and
Improvement Center



WRAP-EM

Western Regional Alliance for
Pediatric Emergency Management



Mission and Vision

PPN's **mission** is to leverage the resources and expertise of **children's hospitals** in collaboration with **national partners** to **empower all healthcare systems and their communities** to be prepared to provide high-quality, equitable pediatric care in **everyday emergencies, disasters, and global health threats**.

PPN's **vision** is for all children and families to receive **high-quality, equitable care** in everyday emergencies, disasters, and global health threats.



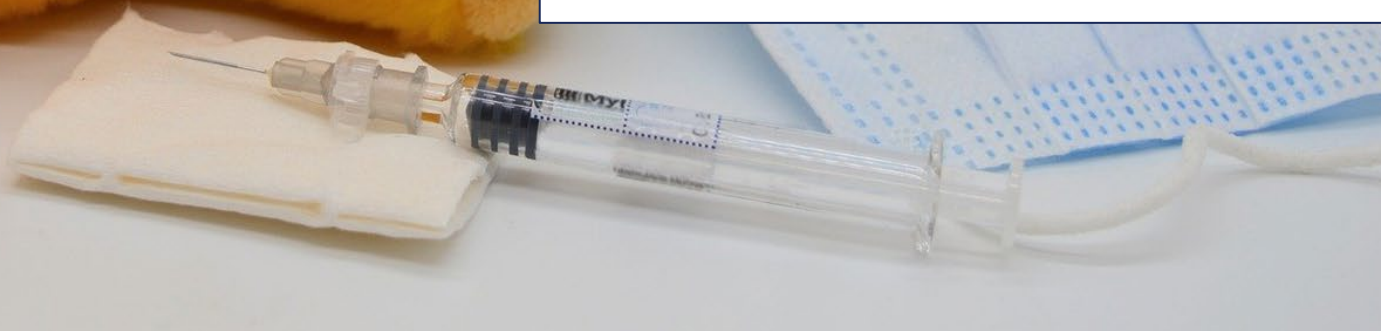
PPN Goals



1. Expand the scope and number of **collaborations and partnerships** of children's hospitals with systems of preparedness.
2. Improve **pediatric readiness** across health systems influenced by children's hospitals.
3. Increase the **capacity and capability of telehealth** to address children's unique needs during disasters or global health threats.
4. Accelerate the **real-time dissemination and uptake** of research-informed pediatric care to address the needs of children and their families.



- **1984:** Emergency Medical Services for Children (EMSC)
- **2001:** Pediatric Emergency Care Applied Research Network (PECARN)
- **2016:** EMSC Innovation & Improvement Center (EIIC)
- **2019:** ASPR Pediatric Disaster Centers of Excellence (COEs)
- **2019:** American Academy of Pediatrics Council on Children & Disasters (COCD)
- **2021:** Pediatric Pandemic Network (PPN)



The Need


- Children (25% of US population) have **unique healthcare needs**
- **30 million children seek emergency care each year**, most (80%+) in general EDs
- **Persistent disparities** in access to and quality of pediatric emergency care
- **Historical focus on adults** in emergency and disaster readiness
- National Pediatric Readiness Project (2013): **<50% of surveyed hospitals** include pediatric-specific needs in disaster plans
- **COVID-19** exposed and exacerbated gaps in pediatric disaster care, which compelled Congress to fund PPN



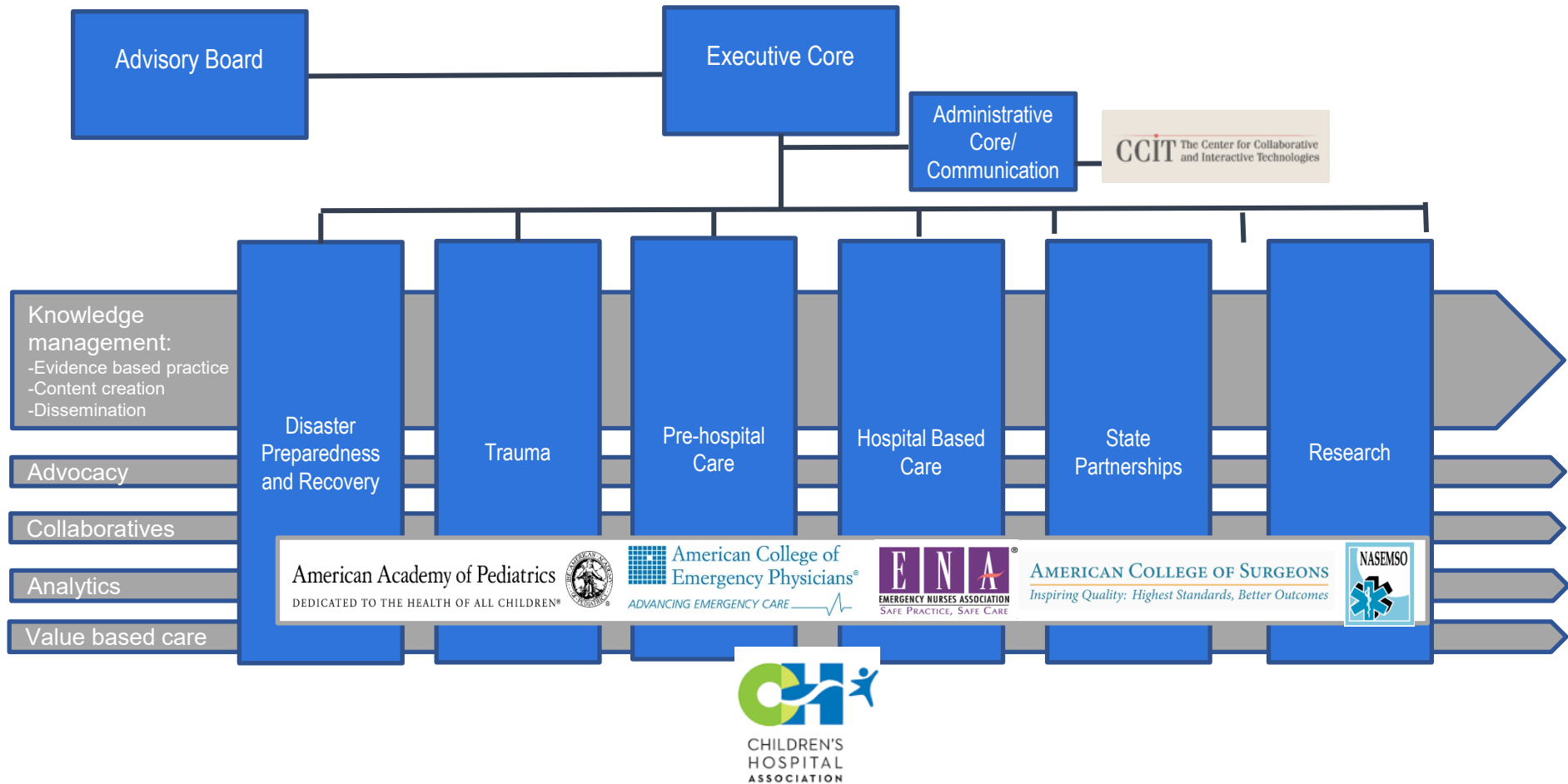
"Meanwhile, disasters affecting children in the US continue to occur -- and in some cases are increasing in magnitude and severity."




EMSC Innovation and Improvement Center

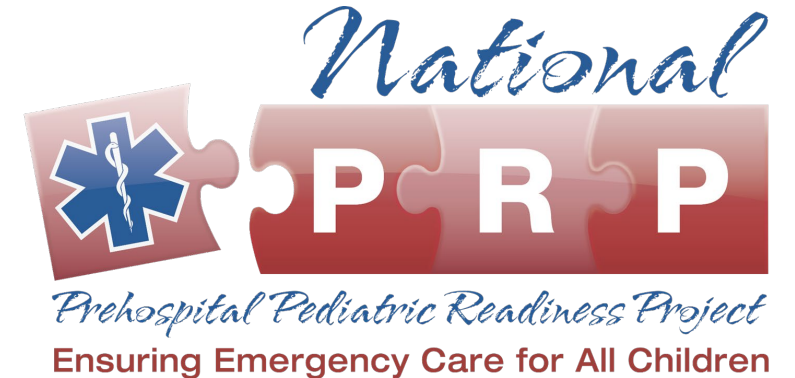



Dell-Rainbow-Baylor-Lundquist-Yale



Pediatric Disaster Readiness

- **Everyday readiness supports disaster readiness**
- **Measuring readiness: National Pediatric Readiness Project (NPRP)**
 - Ongoing QI initiative (EMSC, AAP, ACEP, ENA)
 - Initial assessment (2013-14) focused on EDs
 - Higher NPRP scores correlate to improved mortality for critically ill children
 - What works: Pediatric Emergency Care Coordinators, facility recognition program, Pediatric Champions
- **In progress: Prehospital Pediatric Readiness Project (PPRP)**



The Model: Hub/Spoke & Partners

Benioff Children's Hospitals

(University of California San Francisco - CA)

Cardinal Glennon Children's Hospital

(St. Louis University - MO)

Rainbow Babies & Children's Hospital

(University Hospitals - OH)

WRAP-EM

(Western Regional Alliance for Pediatric Emergency Management)

Funder: ASPR

EIIC

(EMS for Children Innovation & Improvement Center)

Funder: HRSA

Region V for Kids

(Great Lakes Pediatric Consortium for Disaster Response)

Funder: ASPR

Primary Children's Hospital

(University of Utah & Intermountain Healthcare - UT)

Norton Children's Hospital

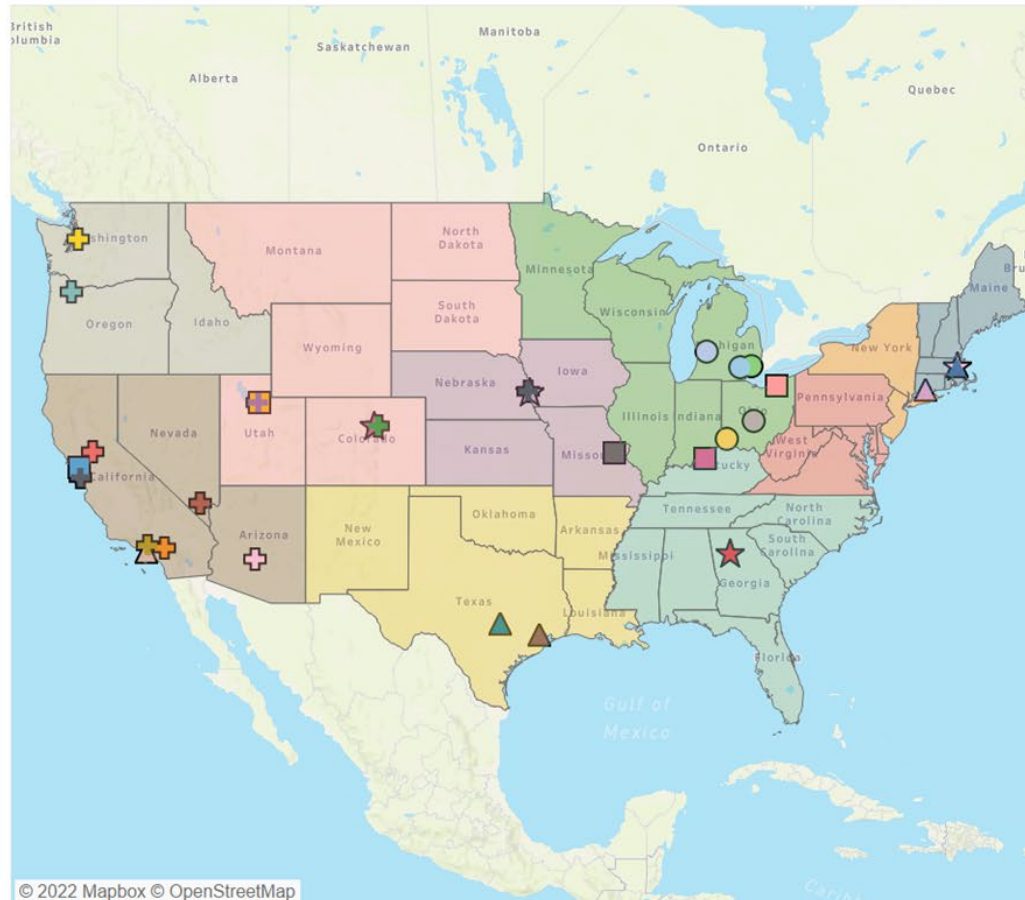
(University of Louisville School of Medicine - KY)

PPN combines the expertise of **five hub hospitals** and **three federally funded partners**, including the two **ASPR Pediatric Disaster Centers of Excellence**.

Geographic Distribution

PPN's pediatric disaster preparedness experts represent **27 institutions** across **15 states**.

Center for Pediatric Everyday Readiness-Pandemic Network Coverage in HRSA Regions



- Affiliation**
- CPER Hub
 - EGLPCDR
 - ▲ EIIC
 - ★ RDHRS
 - ✦ WRAP-EM
- HRSA Region**
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10

- Alias**
- Boston Children's Hospital
 - C.S. Mott
 - Cardinal Glennon
 - Children's Hospital & Medical Center
 - Children's Hospital Colorado
 - Children's Hospital of Michigan
 - Children's Hospital of Los Angeles
 - Cincinnati Children's Hospital
 - Dell
 - Denver Health Medical Center
 - Doernbecher Children's Hospital
 - Emory University
 - Helen DeVos
 - Intermountain Primary Children's Hospital
 - Loma Linda University Children's Hospital
 - Massachusetts General Hospital
 - Nationwide
 - Nebraska Medicine
 - Norton Children's
 - Phoenix Children's Hospital
 - Rainbow
 - Stanford Lucile Packard Children's Hospital
 - Texas Children's
 - The Lundquist Institute
 - U. of Utah
 - UC Davis Children's Hospital
 - UCSF-Benioff Children's
 - University Medical Center Children's Hospital
 - University of Utah Health Burn Center
 - University of Washington Harborview Medical Center
 - Yale



Focus Areas: Domains

19 domains covering four categories of pediatric readiness:

Access to Care

- Community & Medical Home
- Health Information Portability
- Legal Recommendations
- Regionalization & Equity
- Telehealth

Everyday Readiness

- Mental/Behavioral Health
- Pediatric Readiness
- Prehospital
- Trauma/Burns/MCI

Disaster Preparedness

- Capacity & Capability
- CBRN (Chemical, Biological, Radiological, Nuclear)
- Deployable Assets
- Infectious Diseases
- Reunification

Quality Improvement

- Analytics
- Drills & Exercises
- Knowledge, Education & Communications
- Quality Improvement Collaboratives
- Research



Measuring Success: Evaluative Measures

By August 2026, PPN aims to ensure that:

#1: Achieve **90% of children's hospitals who are actively engaged in preparedness activities** (i.e., plans, training, drills and exercises) with their local, state, tribal and national partnerships and coalitions.

#2: At least **65% of EDs and EMS agencies are participating in at least one pediatric readiness activity** (PPN QI collaboratives, PPN-approved assessments, facility recognition programs) annually.

#3: Increase the **number and type of interoperable telehealth** that allows us to improve the delivery of pediatric care (beyond standard referral phone calls) virtual care tool(s) (whether or not a transport takes place).

#4: Increase the **number of unique page views on the PPN website for evidence-based resources** that are specific to pediatric readiness and disaster education, and proportion of pediatric readiness focused page views to total website page views.



Example from the Field

Dr. Hilary Hewes has offered to provide a few comments about the opportunity for enhanced coordination between PPN and EMSC partners.



Q&A

What are ongoing, high priority gaps in our work?

How can PPN help your work move forward?

What should we be doing to increase collaboration?



Acknowledgments & Disclaimer

Funding Sources

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The Western Regional Alliance for Pediatric Emergency Management is supported by Award Number 6 U3REP190616-01-02 from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Disclaimer

The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.



Thank you!

Stay in touch: pedspandemicnetwork.org

Special thanks to the PPN hub sites, to our network partners (EIIIC, Region V for Kids, and WRAP-EM), and to HRSA.



EIIC EMSC Town Hall

May 11, 2022



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Disaster Preparedness Toolkit

Checklist and Assessment



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Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies



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Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Policies



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Progressive Categories



Next Steps

- Study feasibility of toolkit
- Create a national disaster assessment instrument

Regional Metrics Scorecard

Feasibility and Implementation



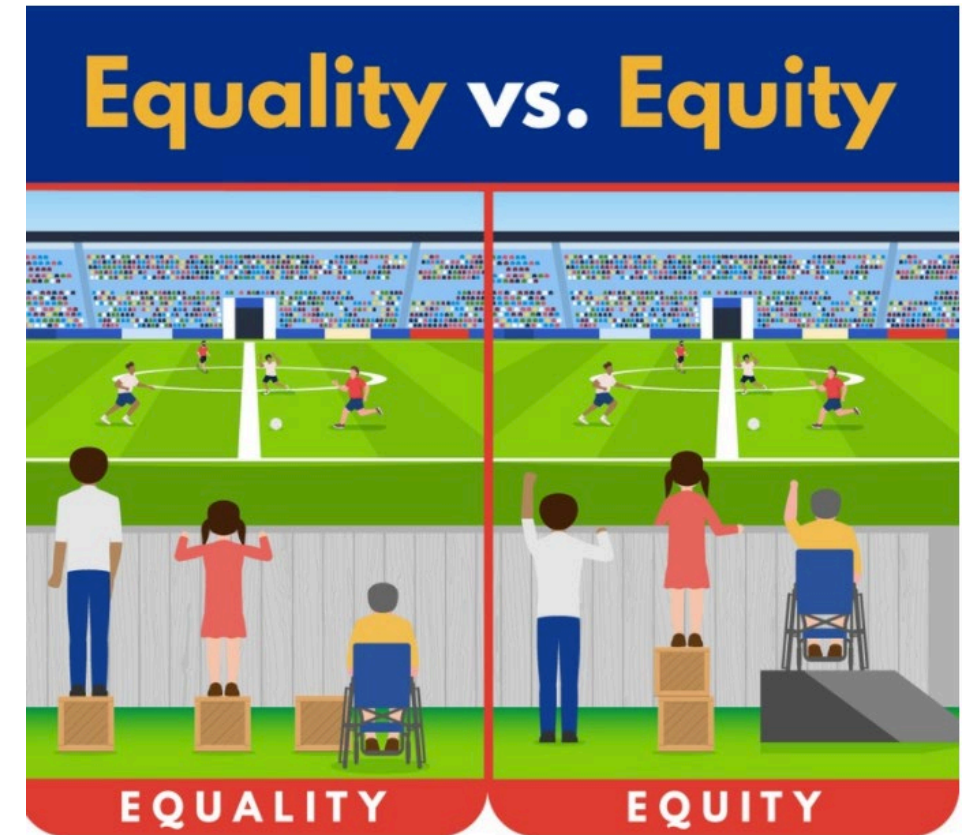
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Background

- Children make up 25% of the population (depending on the jurisdiction)
- Current Hazard and Vulnerability Analysis (HVA) and Threats and Hazard Identification and Risk Assessment (THIRA) do not include population for data for specific groups such as children/families
 - *Example: During the current COVID pandemic the impact to children and families has been in the areas of Mental Health, food insecurities, technology access. This is even more influenced by social and physical determinants of health.*
- Awareness of day-to-day situations that can affect children and families in disasters is an important component to mitigation in the disaster cycle through the development of standardized metrics to evaluate all types of events

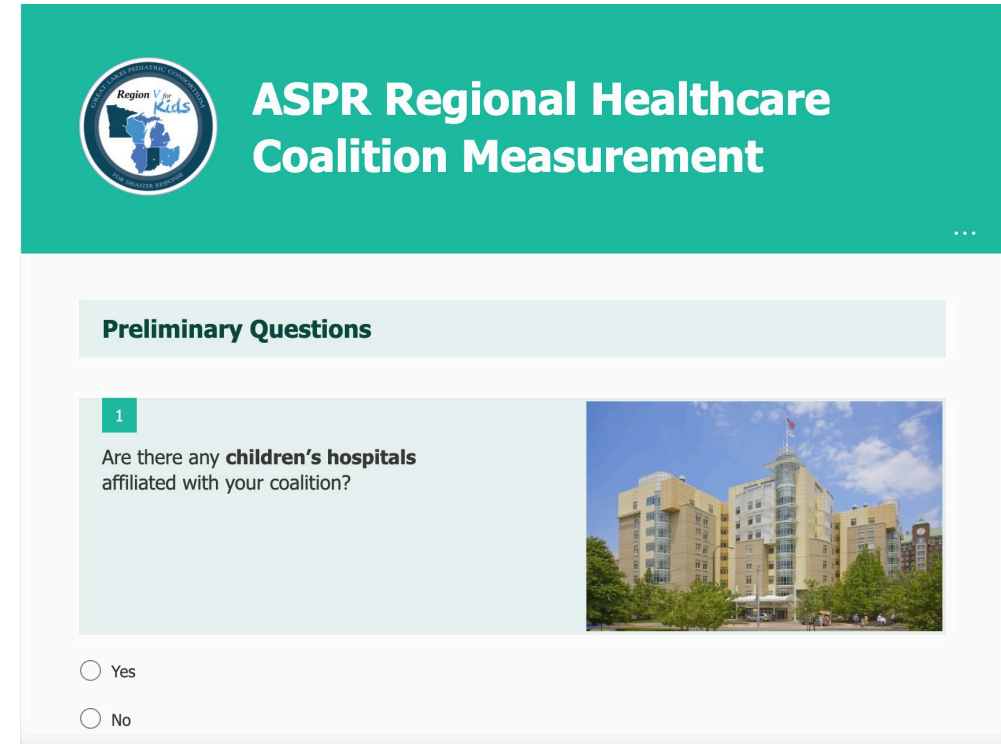
Important Considerations for Scorecard


- Social Determinants of Health
- Physical Determinants of Health
- Differences for Communities
- Creating a Generalizable Tool



Regional Metrics Scorecard

- [Scorecard link](#)
- Begins with series of 8 questions
- Domain Expertise in region
 - 3 questions about professionals
 - types of hospitals
- Domain Mental Health
 - professionals
 - children with behavioral or mental health and trouble accessing
- Domain Community Resilience
 - 9 questions to evaluate child and family resilience
- Complete the form and print for your use

The image shows a screenshot of a web-based form titled "ASPR Regional Healthcare Coalition Measurement". The form has a teal header with the "Region V for Kids" logo on the left. Below the header, there is a section titled "Preliminary Questions". The first question, numbered "1", asks "Are there any **children's hospitals** affiliated with your coalition?". To the right of the question is a photograph of a large, modern hospital building. Below the question, there are two radio button options: "Yes" and "No".

 **ASPR Regional Healthcare Coalition Measurement**

...


Preliminary Questions

1

Are there any **children's hospitals** affiliated with your coalition?

☐ Yes

☐ No





Regional Metrics and Pediatric Annex

Regional Scorecard Domain	Pediatric Annex Section Header
Expertise	2.6 Medical Operations
	1.3 Overview
	2.4.2 Staff
Mental Health	2.5.1 Special Considerations/Behavioral Health
	1.4 Access and Functional Needs
Community Resilience	2.10 Deactivation and Recovery
Early Childhood/School	2.1 Activation
Transport	2.7 Transportation
	2.5.3 Evacuation
	2.4 Logistics
Public health	2.5.4 Special Pathogens
Sheltering/Sheltering in place	2.4.1 Logistics/Space
	1.4 Access and Functional Needs
Supply Chain	2.6 Medical Operations
	2.4.3 Logistics/Supplies
Patient Tracking/Reunification/Evacuation	2.8 Tracking
	2.9 Reunification



Questions?

Contact

*Dina Dornack MSN, RN
Project Manager, EIIIC Disaster Domain
Dina.Dornack@UHhospitals.org*

Please share your thoughts & questions

Additional EIIC updates will be coming in a packet from Sofia

2022 EMS for Children Survey

Not your everyday THC
presentation

Presented by NEDARC

ARE YOU SMARTER

THAN A 5TH GRADER



Trivia Time:

- Questions for audience
- Put answers in chat area
- Keep track of how many you get correct



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THAN A 5TH GRADER



1st grade level questions



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What date did the
2022 EMS for
Children Survey
officially open?

A. December 31,
2021

B. January 5,
2022

C. February 1,
2022

D. There was no 2022
EMS for Children Survey

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What date did the
2022 EMS for
Children Survey
officially open?

B. January 5,
2022



ARE YOU SMARTER
**THAN A 5TH GRADER**

What date did the
2022 EMS for
Children Survey
officially close?

A. January 31,
2022

B. February 28,
2022

C. March 31,
2022

D. It hasn't
officially closed yet

ARE YOU SMARTER



THAN A 5TH GRADER

What date did the
2022 EMS for
Children Survey
officially close?

C. March 31,
2022



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2nd grade level questions



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What types of EMS agencies were surveyed?

A. Those that respond to public 911 calls & render care

B. Those that only do interfacility transfers

C. Those that only provide service for a privately owned mine or factory

D. All of the above

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THAN A 5TH GRADER

What types of
EMS agencies
were surveyed?

A. Those that respond to
public 911 calls & render
care



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True or False: Both
Transporting and
Non-Transporting EMS
agencies were
surveyed.

A. True

B. False

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True or False: Both
Transporting and
Non-Transporting EMS
agencies were
surveyed.

A. True



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3rd grade level questions



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Approximately how many agencies did we survey across the nation?

A. 20,800

B. 15,300

C. 10,500

D. 4,700



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Approximately how many agencies did we survey across the nation?

B. 15,300



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What is the highest number of agencies any one state had to survey?

A. 712

B. 946

C. 1,205

D. 1,584



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What is the highest
number of agencies
any one state had
to survey?

D. 1,584

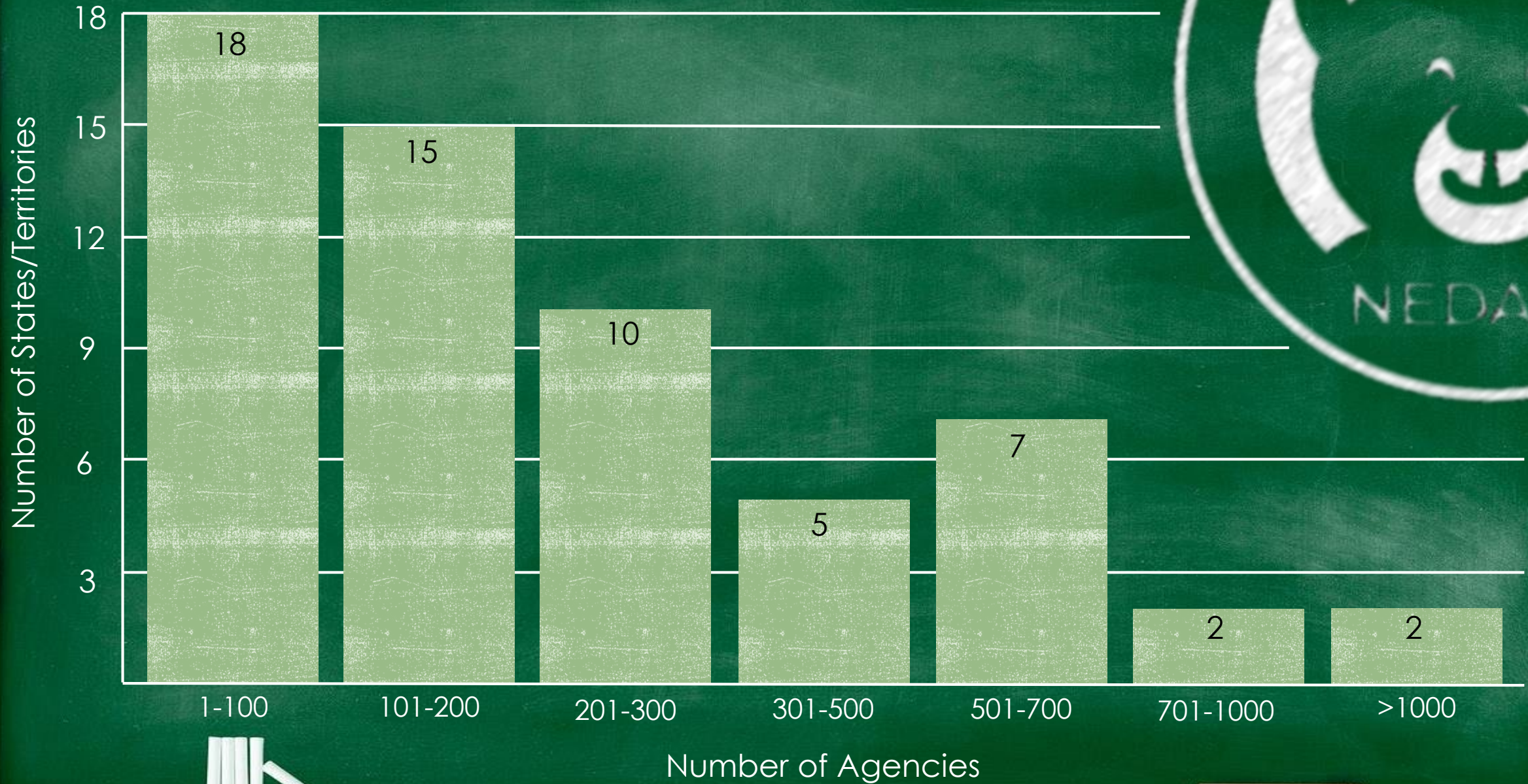


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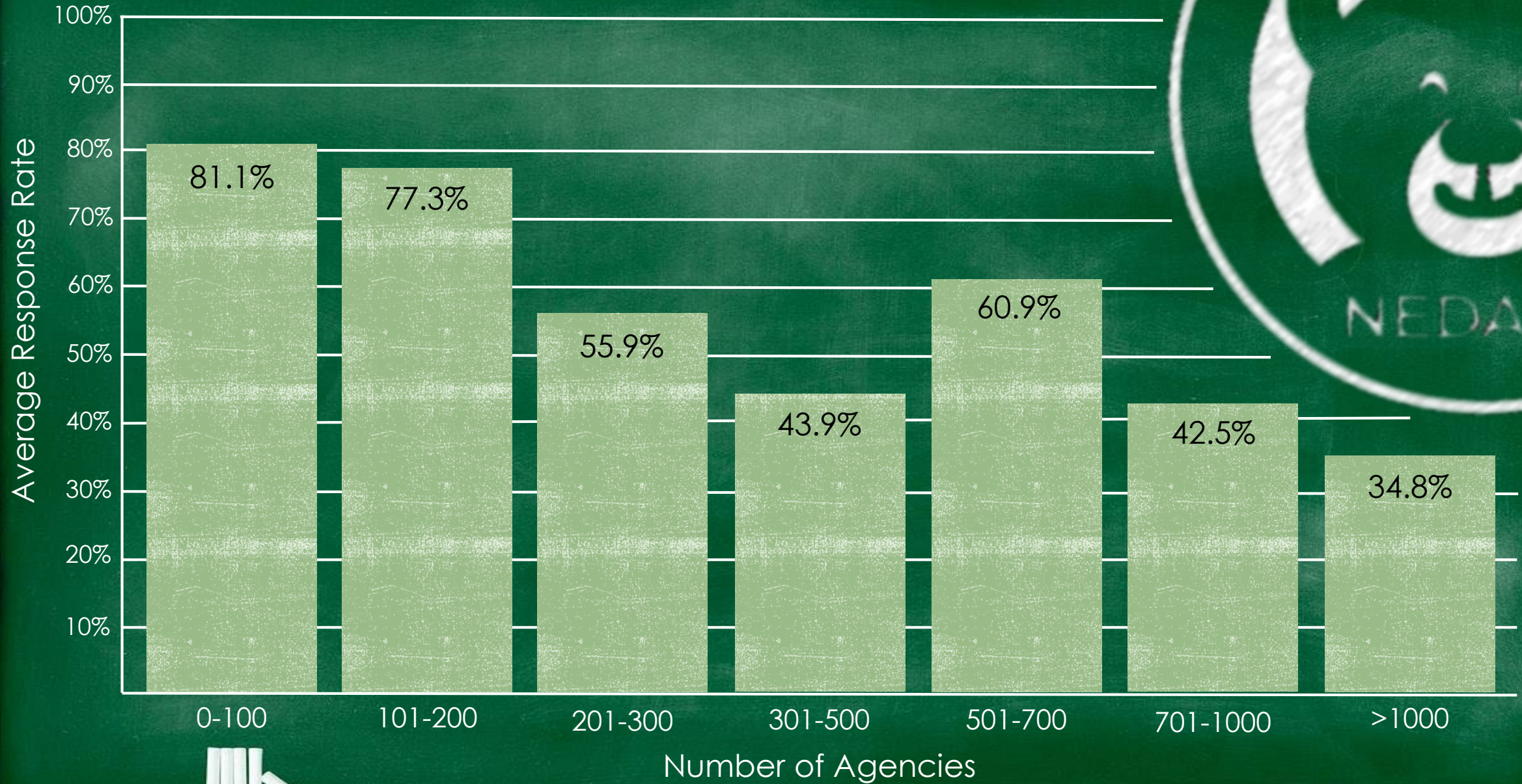
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State/Territory Count by Number of Agencies



Average Response by Number of Agencies



4th grade level questions



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Survey Research

Most respondents
start a survey shortly
after receiving
invitations and
reminders



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What is the worst day of the week to send a survey invitation or reminder, or call an agency?

A. Monday

B. Wednesday

C. Thursday

D. Friday



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What is the worst day
of the week to send a
survey invitation or
reminder, or call an
agency?

D. Friday

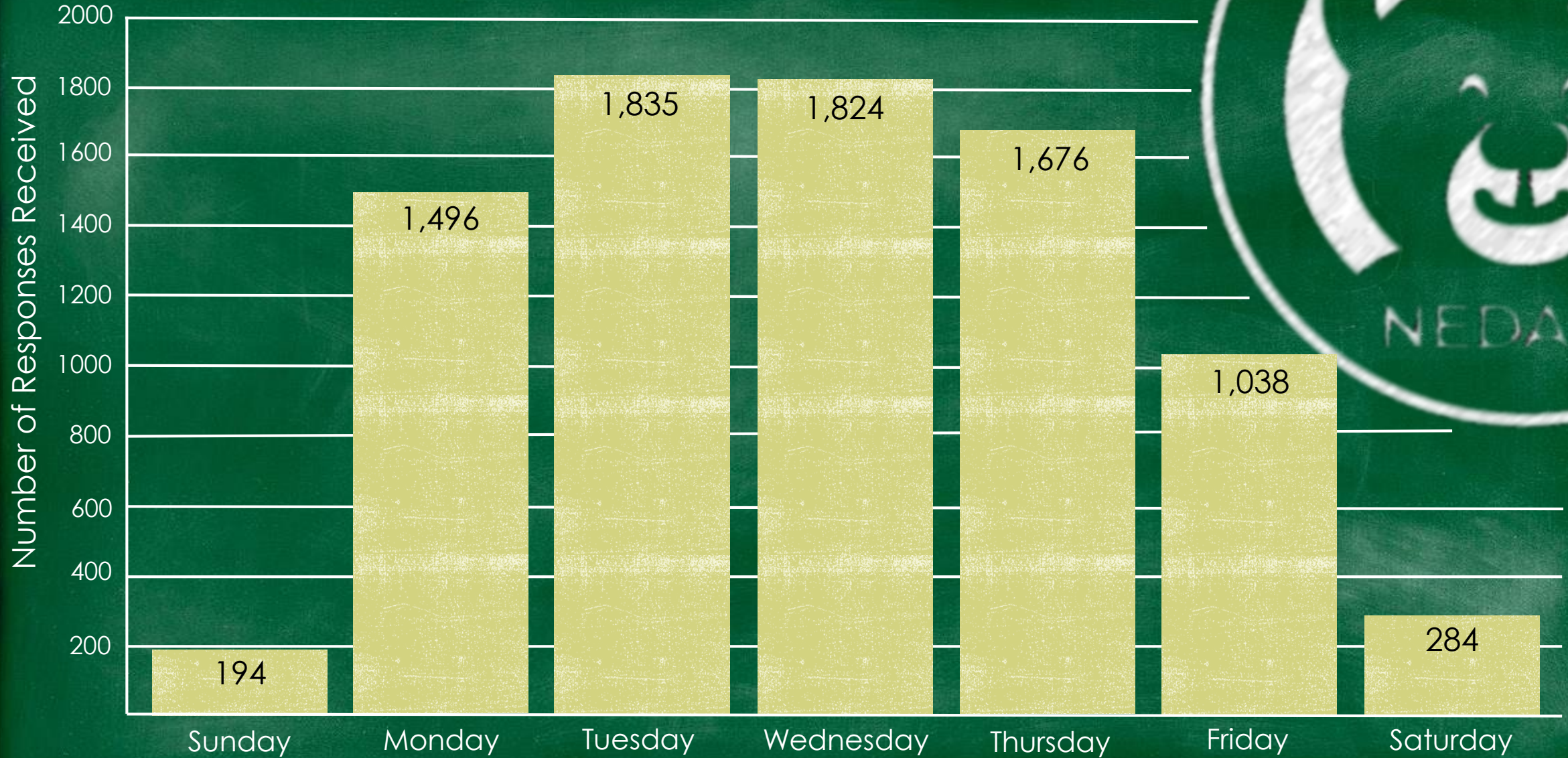


ARE YOU SMARTER



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Number of Responses by Day of the Week



Day of the Week

What is the best time of day to send a survey invitation?

A. 5:00 AM —
8:00 AM

B. 8:00 AM —
11:00 AM

C. 11:00 AM —
1:00 PM

D. 1:00 PM —
4:00 PM

ARE YOU SMARTER

THAN A 5TH GRADER



What is the best
time of day to send
a survey invitation?

B. 8:00 AM —
11:00 AM

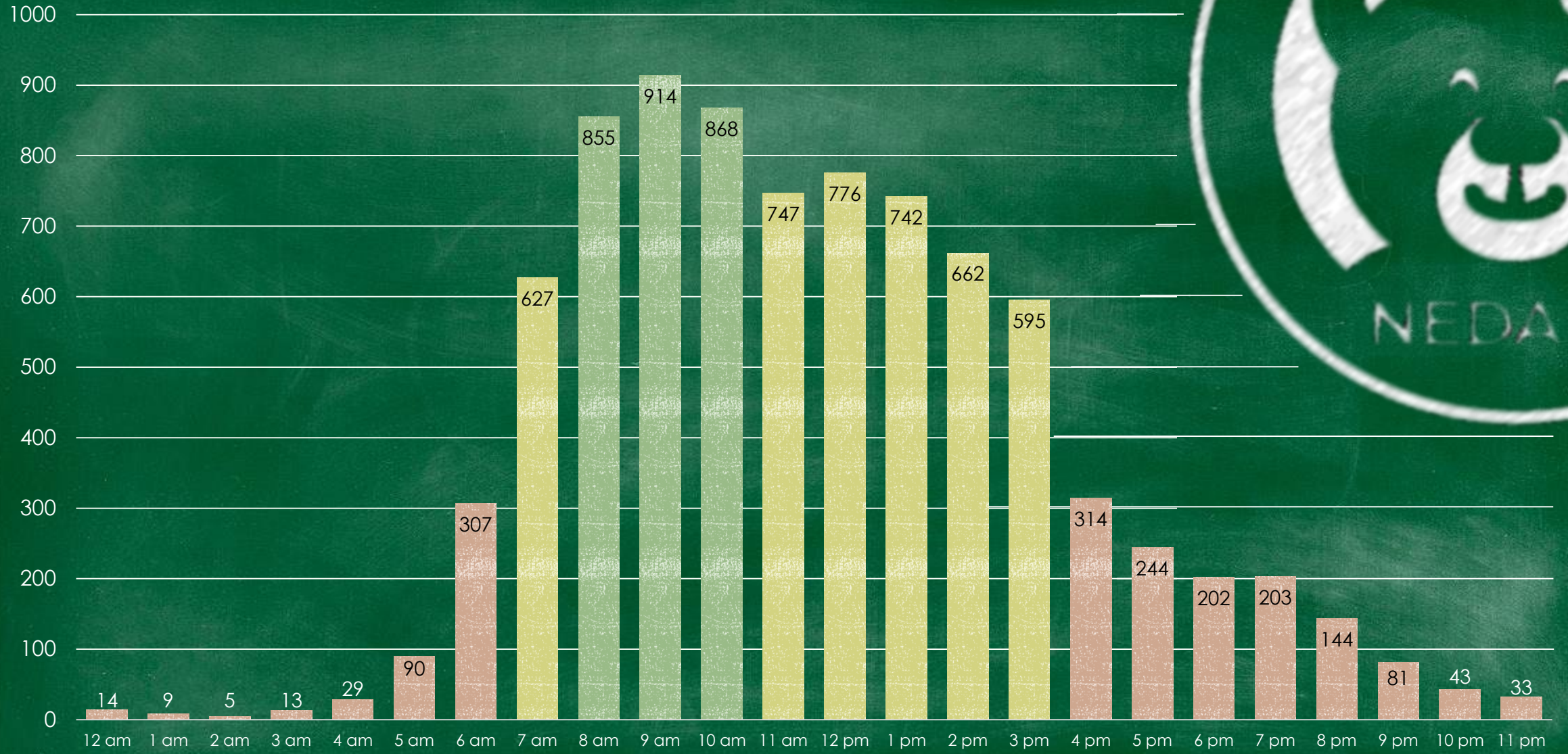


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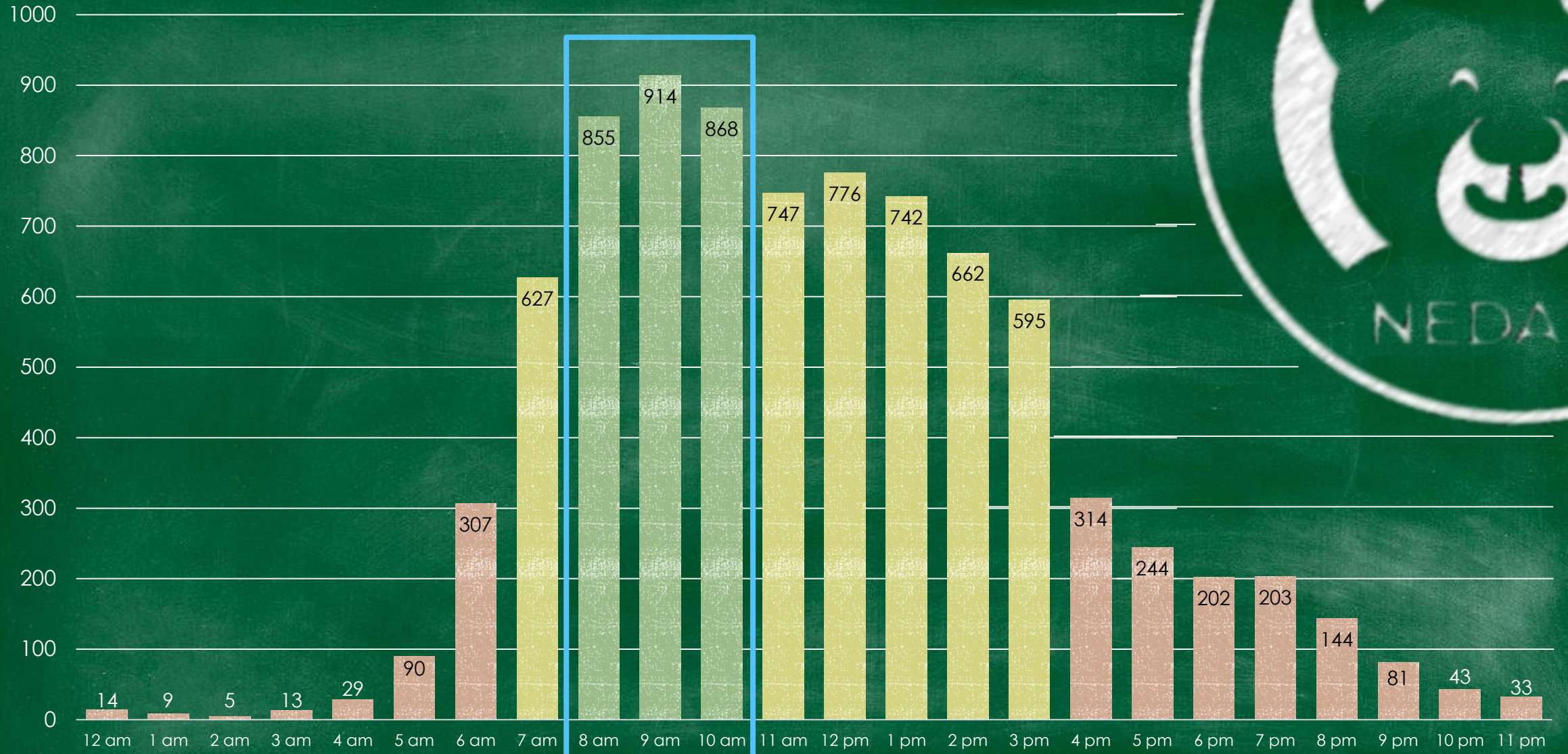
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Number of Responses per Hour of the Day (Adjusted by Time Zone)



Number of Responses per Hour of the Day (Adjusted by Time Zone)



5th grade level questions



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Survey Research

Calling non-respondents is a very important part of increasing response rates and is labor intensive



ARE YOU SMARTER

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For the states NEDARC assisted in calling, what is the average increase in response rate from before calling started to after the last call was made?

A. 3.5%

B. 6.9%

C. 10.8%

D. 14.4%

ARE YOU SMARTER

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For the states NEDARC
assisted in calling, what is the
average increase in response
rate from before calling
started to after the last
call was made?

C. 10.8%



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Min Increase

3.5%

Max Increase

20.8%



Final Scores

How many did you
get correct out
of 9?



Next Steps

- Secure Data Dashboards in May
- Sending National report in August



**ARE YOU SMARTER
THAN A 5TH GRADER**



Thank you!!!!



ARE YOU SMARTER
THAN A 5TH GRADER

National



Pediatric Readiness Project

Ensuring Emergency Care for All Children

NPRP QI Reassessment is NOW OPEN!

- ED name stays in the portal
- Email summary – NOT gap report
- Reviewing QI Monitoring

Thank you for your participation in the National Pediatric Readiness Assessment. We appreciate your commitment to the care of children in your ED. Below you will find a summary of your results, including the overall score, your answers to scored questions, and a copy of all your answers in the assessment. For more information on the importance of the components that comprise your pediatric readiness score, please consult the [Components of Pediatric Readiness – Importance Statements \(pdf\)](#).

NOTE: Please make sure that you save a copy of this email so that you can refer back to this report at any time and share it with your ED team.

DATE ASSESSMENT TAKEN: 5/2/2022 7:48:06 AM

OVERALL SCORE: 63.58 out of 100



Thank You for Visiting the PedsReady Website!

We value quality improvement (QI) efforts made on behalf of pediatric readiness in the Emergency Department (ED). If you would like to take the National Pediatric Readiness Project (NPRP) assessment for your own records and QI purposes, click on the “**Let’s Get Started**” button on the right-hand side of this page.

After completing the assessment, you will receive an email **summary report** with your overall pediatric readiness score and your answers to scored questions. You may return to the site and repeat this process as often as you wish to evaluate your pediatric readiness and receive an updated score.



[Learn more about the 2021 NPRP assessment period, view participation rates here.](#)

For more information about the EMS for Children Program in your state, contact your state program manager at this [link](#).

Let’s Get Started ➔

You may want to [download and print a copy](#) of the NPRP assessment* and review it with your ED Nurse Manager and/or Medical Director to become familiar with the questions before completing it online. Please note the following about this version of the assessment:

- This quality improvement assessment is for your own records and purposes
- It parallels the questions from the 2021 NPRP assessment
- You will receive an email **summary report** with your overall pediatric readiness score and your answers to scored questions
- The summary report **IS NOT** a gap report, so you will not see comparison scores to previous assessments
- You may repeat this process as many times as you like

[Download a PDF version of the assessment here](#)

Supported by:



EMSC
Emergency Medical
Services for Children

ENA
EMERGENCY NURSES
ASSOCIATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



**American College of
Emergency Physicians®**

State Name 2021 National Pediatric Readiness State Summary

2021 Pediatric Readiness Response Rate

Numerator: xxx
 Denominator: xxx
 Response Rate: xx%

2013-14 Pediatric Readiness Response Rate

Numerator: xxx
 Denominator: xxx
 Response Rate: xx%

2021 Average State Score

66

State AVERAGE Hospital Score out of 100 (n=xxx)

NOTE: There are 5 records in this dataset that did not have answers to all the scored questions and are not included above.

2021 Distribution of Scores by Volume

Low: <1,800 pediatric patients (average of 6-13 a day or fewer a day)

Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)

Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)

High: >=10,000 pediatric patients (average of 27 or more a day)

NOTE: There are 5 records in this dataset that did not have answers to all the scored questions and are not included in the scores shown above.

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 points)

	KPI	2021 Number of Eds that Have Item	2021 Percent that Have Item	2013-14 Percent that Had Item	Difference Between Assessments
Endotracheal tubes: cuffed or uncuffed 2.5 mm	●	107/109 (Missing = 0)	98.2%	96.4%	1.8% ▲
Endotracheal tubes: cuffed or uncuffed 3.0 mm	●	108/109 (Missing = 0)	99.1%	98.2%	0.9% ▲
Endotracheal tubes: cuffed or uncuffed 3.5 mm	✓	109/109 (Missing = 0)	100.0%	99.1%	0.9% ▲
Endotracheal tubes: cuffed or uncuffed 4.0 mm	✓	109/109 (Missing = 0)	100.0%	99.1%	0.9% ▲
Endotracheal tubes: cuffed or uncuffed 4.5 mm	✓	109/109 (Missing = 0)	100.0%	98.2%	1.8% ▲
Endotracheal tubes: cuffed or uncuffed 5.0 mm	✓	109/109 (Missing = 0)	100.0%	99.1%	0.9% ▲
Endotracheal tubes: cuffed or uncuffed 5.5 mm	✓	109/109 (Missing = 0)	100.0%	98.2%	1.8% ▲
Endotracheal tubes: cuffed or uncuffed 6.0 mm	✓	109/109 (Missing = 0)	100.0%	99.1%	0.9% ▲
Laryngoscope blades: straight, size 0	●	101/109 (Missing = 0)	92.7%	95.5%	-2.8% ▼
Laryngoscope blades: straight, size 1	●	104/109 (Missing = 0)	95.4%	98.2%	-2.8% ▼
Laryngoscope blades: straight, size 2	●	106/109 (Missing = 0)	97.2%	98.2%	-1.0% ▼
Laryngoscope blades: curved, size 2	●	107/109 (Missing = 0)	98.2%	96.4%	1.8% ▲
Pediatric-sized Magill forcep	●	94/108 (Missing = 1)	87.0%	78.4%	8.6% ▲
Nasopharyngeal airways: infant-sized	●	98/109 (Missing = 0)	89.9%	81.1%	8.8% ▲
Nasopharyngeal airways: child-sized	●	101/109 (Missing = 0)	92.7%	86.5%	6.2% ▲

page 8

Dashboards

Region: 5

2021 Region 5 - Pediatric Readiness Response Rate

Numerator: 4
 Denominator: 5
 Response Rate: 80%

If the numerator is less than 5 hospitals, the scores below will not be shown to protect the privacy of the hospitals.

The overall 2021 National Pediatric Readiness scores (based on the 2018 Joint Policy Guidelines) are not directly comparable with the 2013-14 state scores (based on the 2009 Joint Policy Guidelines). These were two unique assessments based on two different published sets of guidelines. Questions were added/removed and point values changed based on the new guidelines. Although the overall scores are not comparable, several individual questions remained the same and these components can be compared over time.

2021 Average REGIONAL Score

Regional AVERAGE Hospital Score out of 100 (n=4)

2021 Average State Score

71

State AVERAGE Hospital Score out of 100 (n=50)

2021 Median REGIONAL Score

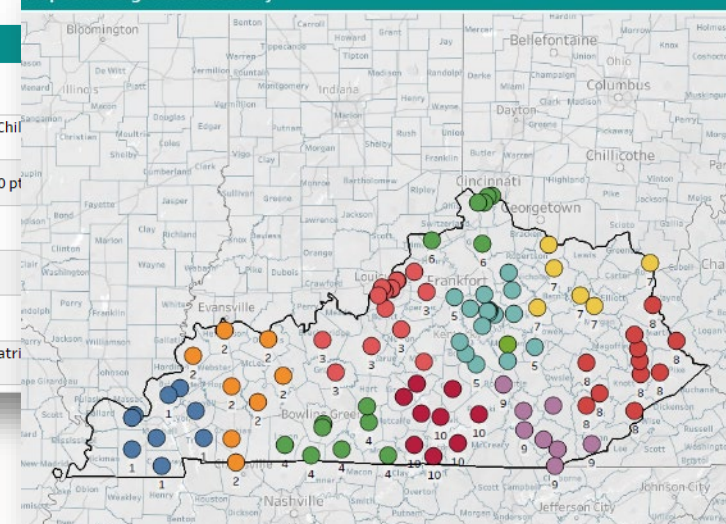
Regional MEDIAN Hospital Score out of 100 (n=4)

2021 Median State Score

68

State MEDIAN Hospital Score out of 100 (n=50)

Map of All Regions in Kentucky



Region 5 - Average Scores By Section

Section

Guidelines for Administration and Coordination of the ED for the Care of Children (10 pts)

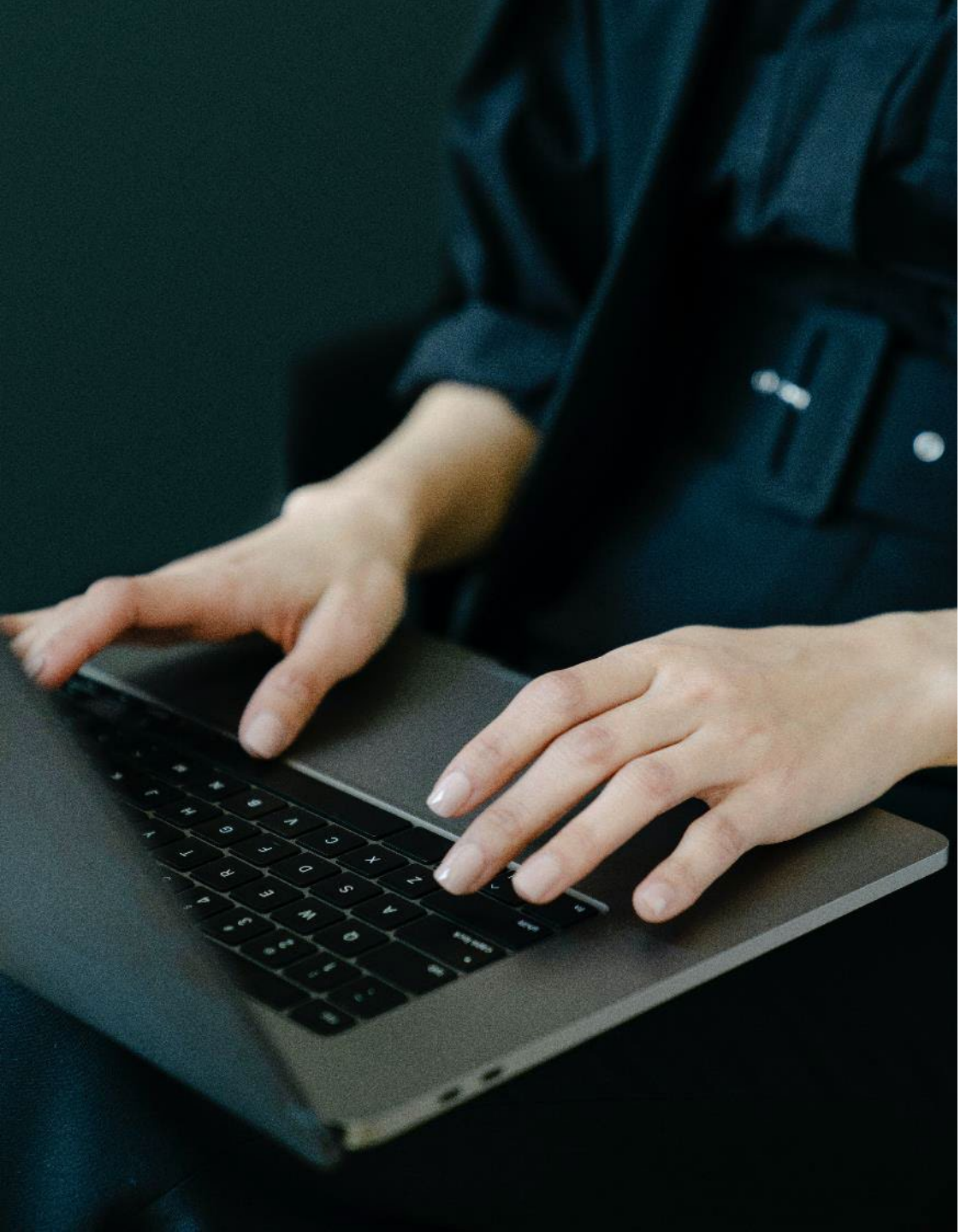
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10 pts)

Guidelines QI/PI in the ED (7 pts)

Guidelines for Improving Pediatric Patient Safety in the ED (14 pts)

Guidelines for Policies, Procedures, and Protocols for the ED (17 pts)

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33 pts)



Manuscript and Marketing

- Manuscript submission by June
- NEDARC and EIIC collaboration
 - Manuscript communications plan
 - NPRP Steering Dissemination Subcommittee

For more information and resources, visit:

pedsready.org

and

pediatricreadiness.org

or email:

PedsReady@hsc.utah.edu

Thank you!

Upcoming TechTalk!

Dashboard Discoveries: *Navigating NPRP Data in Tableau*

Presented by Patty Schmuhl, NEDARC Data Manager

May 26th @ 12PM MST

May Monthly Challenge: *How many of your hospitals are in a rural area?*

Got Ideas for TechTalks? Email Jane Ostler at jane.ostler@hsc.utah.edu

Visit [NEDARC.org](https://nedarc.org) or search our [YouTube Channel](#) for past recordings.

THANK YOU!

NASEMSO Updates



HRSA Update

EMSC Quarterly Town Hall

May 2022

Theresa Morrison-Quinata
EMSC Branch Chief
Division of Child, Adolescent & Family Health
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Emergency Medical Services for Children **DAY**


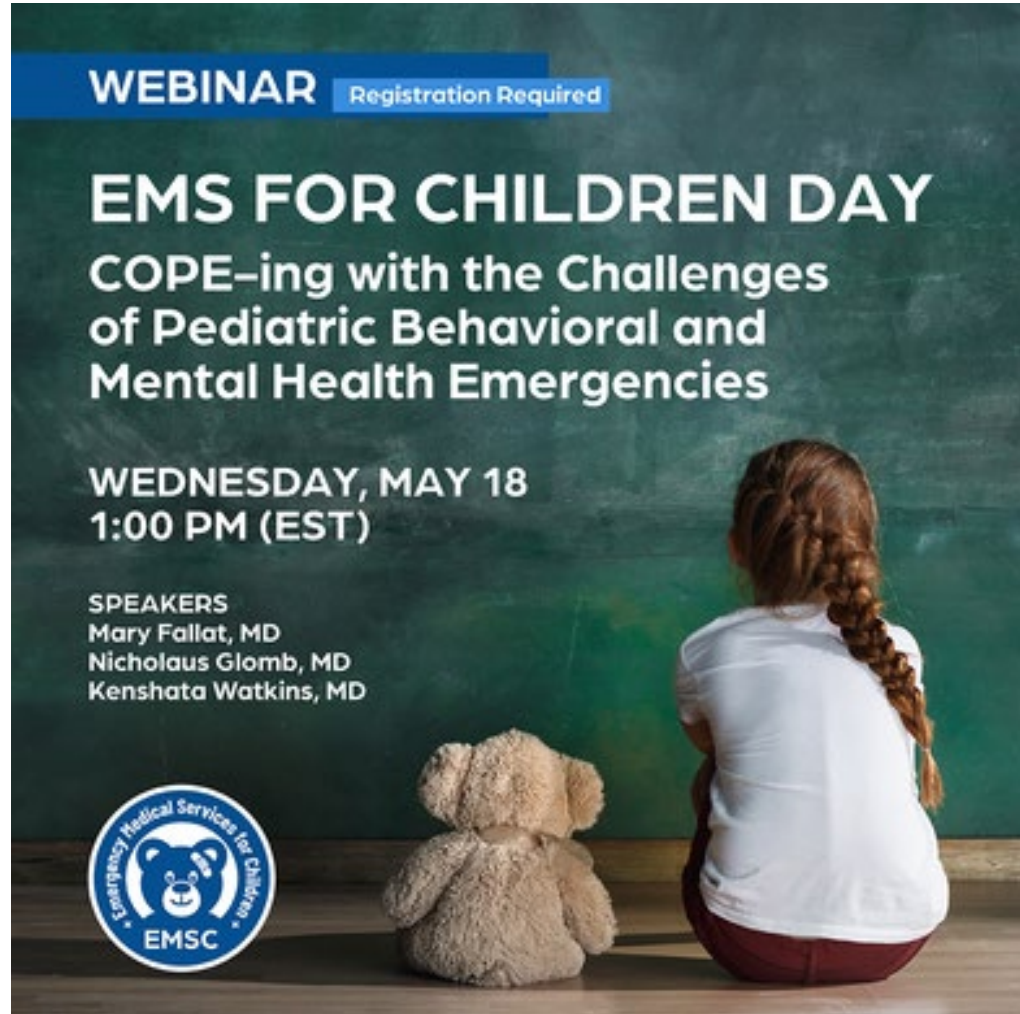
WEBINAR Registration Required

EMS FOR CHILDREN DAY

COPE-ing with the Challenges
of Pediatric Behavioral and
Mental Health Emergencies

WEDNESDAY, MAY 18
1:00 PM (EST)

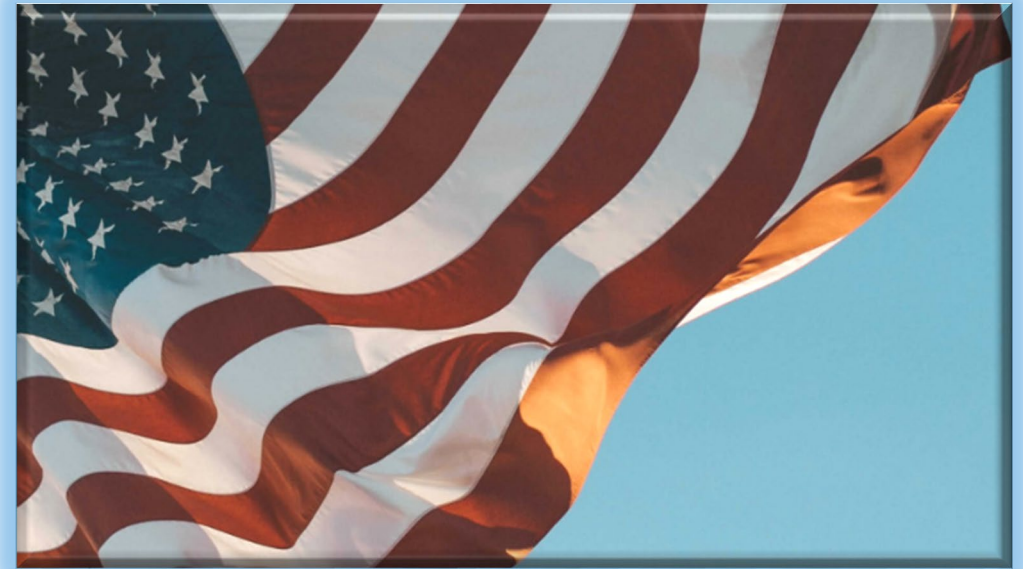
SPEAKERS
Mary Fallat, MD
Nicholaus Glomb, MD
Kenshata Watkins, MD



Emergency Medical Services for Children **Conference**

- In Austin, Texas
- September 11, 2023
PreConference – An important day in our history
- September 12-14, 2023
Conference
- More news coming from HRSA's EMSC IIC Team

**9/11 Patriot Day and
National Day of Service and Remembrance**



EMSC Notable Accomplishments

[budget-justification-fy2023.pdf \(hrsa.gov\)](https://www.hrsa.gov/budget-justification-fy2023.pdf)



DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year
2023

Health Resources and
Services Administration

*Justification of
Estimates for
Appropriations Committees*



MCHB and EMSC Annual Appropriation

Maternal and Child Health (MCH): +\$362.6 million

The Budget supports HRSA's partnership with states and communities by providing resources to improve the health and well-being of mothers, children, and families.

Emergency Medical Services for Children (EMSC): +\$5.8 million increase

Budget provides additional funding to states to address critical gaps that remain for children's' access to high quality emergency and trauma care. The request also supports States building mental health capacity for children in emergency departments.



EMSC Performance Measure Highlighted in Budget

Outcomes and Outputs Tables

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 +/- FY 2022
<u>3050.01</u> : Percentage of responding EMS agencies nationwide that have a pediatric emergency care coordinator (Outcome)	FY 2021: 36% ¹⁵⁷ Target: Not Defined (Target Not In Place)	38%	39%	+1 percentage point

National EMSC Surveys

- Thank YOU so very much
- Excellent National Effort
- End of 2021 NPRP – Outreach to EDs
- Early 2022 Outreach to EMS agencies
 - Determination and Drive Every Year
 - COVID's Impact - a major deterrent



National EMS for Children Survey

- Outreach to 15,309 EMS agencies
 - Pediatric Champions in EMS agencies – **36% (2,934/8,234)**
 - Pediatric skills-checks in EMS agencies – **26% (2,145/8,234)**



Congratulations EMSC Program Managers, EMS Agencies, EMSC Data Center, and National Stakeholders !!!!

<https://www.emscsurveys.org/>

* The denominator is the number of responding agencies that met the performance measure requirements for calculation of the measure.



National EMS for Children Survey

Each Year

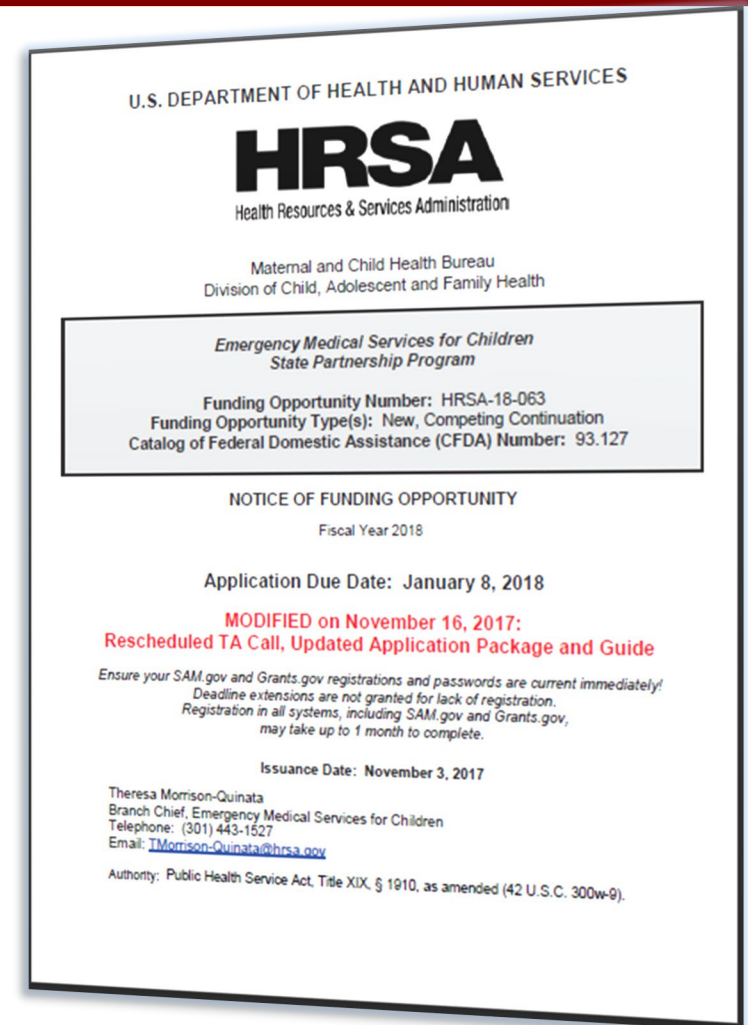
January to **March**



THANK YOU FOR UNITING as a national PDSA !!!!

EMSC State Partnership Program Future Plans

- Performance Period ends March 2023
- Continuation is based on Congressional approval and the Secretary
- Upon approval:
 - New competition will be announced
 - MCHB Application 60 Day Turnaround
 - Grant Review Process approx. 4 months
 - New Awards - on or around April 2023



EMS Workforce Collaborative

Pediatric Emergency Care Coordinator Workforce Development Collaborative

- Purpose: Develop individuals into highly effective champions of pediatric readiness
- Status: Enrollment of 1,558 individuals
- Relaunch – August 16th



More information available at <https://emscimprovement.center/collaboratives/pwdc/>



Resources

Prehospital Pediatric Readiness Project Checklist & Toolkit

- Based on the 2020 *Pediatric Readiness in Emergency Medical Services Systems Joint Policy Statement*
- Aligns with the Checklist's domains of pediatric readiness
- Designed to support EMS agencies

<https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/>

Resources

Pediatric Education & Advocacy Kit (PEAK): Suicide

- [PEAK: Suicide](#)
- 15 multidisciplinary resources
- How to properly screen for pediatric suicide risk and assess acuity
- Develop safety plans
- Advocate for improved mental health care
- Create care pathways to improve care for children and adolescents in crisis

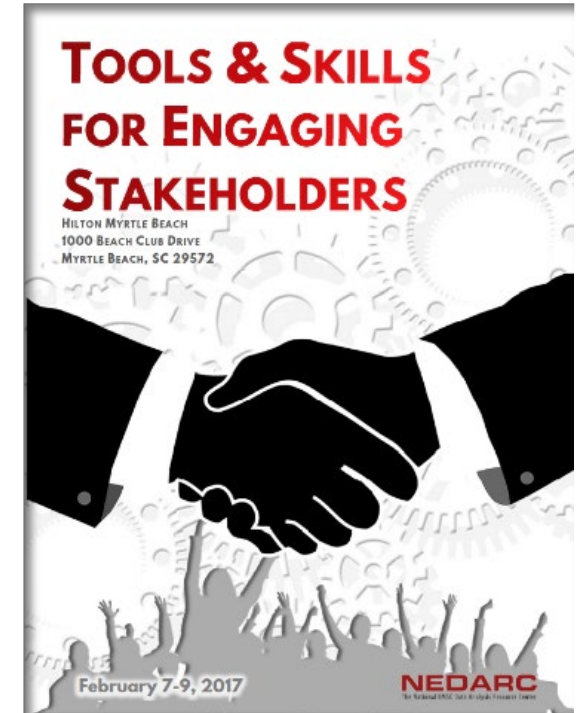
<https://emscimprovement.center/education-and-resources/peak/pediatric-suicide-screening-mental-health/>



Resources

Tools for Hospital and EMS Systems

- [Remote SWOT Process Instruction Manual](#)
- [Facilitator's Outline for Live Facilitated Meetings](#)
- [Remote SWOT Analysis Report Template](#)
- [Remote SWOT Analysis Process Template](#)
- [Technology Checklist for Remote Meetings](#)
- [Remote Meeting User Guide](#)
- [Tools and Skills for Engaging Stakeholders workshop manual](#)



Resources

Maternal-Child Emergency Planning Toolkit

- The [HHS Maternal-Child Health \(MCH\) Emergency Planning toolkit](#)
- To improve the capacity of health care, public health, and social services professionals
- Address maternal and child health in emergency preparedness, response, recovery, and mitigation
- Basic planning steps, highlights key resources and promising practices, and explains critical data and information to be integrated into emergency planning for MCH populations.



HRSA Funding Opportunities

HRSA grant programs

<https://www.hrsa.gov/grants/find-funding>



For More Information Contact

Theresa Morrison-Quinata

EMSC Branch Chief

Division of Child, Adolescent & Family Health

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Department of Health & Human Services

Web: mchb.hrsa.gov



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Learn more about our agency at:

www.HRSA.gov



[Sign up for the HRSA eNews](#)

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Next EMSC Quarterly Town Hall

August 10, 2022

3:00pm - 4:30pm (eastern)

Every 3 months on the 2nd Wednesday of the month

