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MCHB/EMSC

December, 2007 Webcast

Major Revisions to the Implementation Manual for the EMSC State Partnership Performance Measures

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Moderator:

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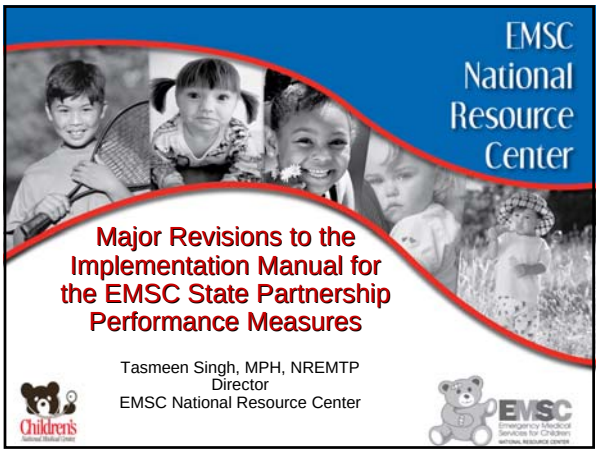

Presentation Overview

- Purpose of performance measures
- New format for Revised Implementation Manual
- Major changes for each performance measure
  - Changes to the measure
  - EHB entry
  - Requirements for supporting documentation

Purpose of Performance Measures

Overall Purpose of the EMSC Performance Measures

The EMSC Performance Measures were developed in 2005 in order to demonstrate national outcomes for the EMSC Program and to improve the delivery of emergency care for pediatric patients at the local level.

The measures will also allow systematic collection of data from all states and territories.

Priorities for EMSC Performance Measures

The EMSC Performance Measures represent the best thinking of EMSC experts throughout the country on how to improve the care for children through the EMSC State Partnership grants!

Priorities for 2007: Begin/continue data collection, establish/continue advisory committee and strategic planning

Priorities for 2008: Continued data collection and implementation of system change

New Format for Revised Implementation Manual

Purpose of Revised Implementation Manual

- Incorporate feedback from the State Partnership Grantees, as well as the analysis and assessment of data entered into the HRSA Electronic Handbook (EHB).
- Provide a more streamlined Manual and improve the ease, accuracy, and consistency of data collection and reporting for the performance measures across all grantees.

New Format for Revised Implementation Manual

The Manual includes the following information for each measure:

- ***Performance Measure:*** Lists the performance measure.
- ***Significance of Measure:*** Explains the importance of the measure including resources, publications, etc
- ***Definition(s):*** Provides definitions of key terms

New Format for Revised Implementation Manual (cont.)

- ***Data Collection Methods:*** Description of the appropriate data collection methods and supporting documentation
- ***Data Entry:*** EHB entry requirements
- ***Strategic Planning:*** Specific strategies and tools grantees to effect system change.

Appendices of Revised Implementation Manual

- **Appendix A:** Annotated bibliography for each reference listed in the "Significance of Measure" section
- **Appendix B:** Case studies that highlight best practices,
- **Appendix C:** A crosswalk that maps each performance measure to the relevant 2006 Institute of Medicine (IOM) Report: *Emergency Care for Children: Growing Pains* recommendation(s).

General Considerations Section of Revised Manual

- The "General Considerations" section addresses a broad spectrum of issues that are applicable to all performance measures.
- Section includes:
  - Definitions for terms used
  - Implementation considerations for data collection methods.

General Data Collection Implementation Considerations

- The changes to the performance measures are in effect for the 2007 partnership cycle (March 1, 2007 to February 29, 2008). Data must be collected by February 29, 2008. EHB entry will occur in July 2008 for this data.
- Data must be collected every year for each performance measure.

Survey Implementation Considerations

- Grantees must use surveys either developed or approved by NEDARC. A response rate of at least 80% is required; 100% is the ideal standard.
- Measures requiring data collection:
  - 66a
  - 66b
  - 66d
  - 66e

Inspection Report Implementation Considerations

- Collect aggregate electronic data
  - Must be able to query specific data points
- Collect and review data for 100% of available paper reports.
  - Available in terms of state/territory inspection cycle
- All data collection should be done with NEDARC consultation

State/Territory Mandate Implementation Considerations

- Exemption from data collection
  - Certain state mandates may qualify for an exemption from data collection.
  - Note: you only apply for an exemption from data collection for those performance measures requiring an exemption (66a, 66b, 66d, 66e).

Supporting Documentation Implementation Considerations

- Supporting documentation should be available to submit upon request from the federal EMSC program
- The new manual specifies what supporting documentation should be kept for each measure depending on the data collection method used.

Major Changes for Each Performance Measure

Performance Measure #66

By 2011, the State/Territory has ensured the operational capacity to provide pediatric emergency care.

This measure includes 5 sub-measures.

Performance Measure #66a

By 2011, 90% of agencies will have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers.

Updated Definitions

On-line pediatric medical direction: Grantees will be permitted to use either a definition established by their State/Territory or the following definition:

- An individual is available 24/7 on the phone, radio, or email to EMS providers who need on-line medical direction when transporting a pediatric patient to a hospital.
- This person must be a medical professional (e.g., nurse, physician, physician assistant, EMT) deemed to have pediatric expertise by the hospital in which they work and needs to have a higher level of pediatric training/expertise than the EMS provider to whom he/she is providing medical direction.
- For survey purposes, if a provider does not know the specific pediatric expertise of the person providing medical direction, their confidence in the medical direction will be used.

Updated Definitions (cont.)

Off-line pediatric medical direction: Grantees will be permitted to use either a definition established by their State/Territory or the following definition:

- Treatment guidelines and protocols used by EMS providers to ensure the provision of appropriate PEDIATRIC patient care, available in written or electronic form in the patient care unit or with a provider, at the scene of an emergency.

Updated Definitions (cont.)

***At the scene of an emergency**:* Medical direction available to the EMS provider from the time the patient care unit is dispatched through patient transport to the hospital.

Data Collection Options

- Surveys
  - Consult NEDARC
- Inspection reports (if they have a way of capturing this information)
  - Consult NEDARC
- Exemption from data collection due to state mandate for ON-LINE medical direction:
  - State mandate must include specific language directed at *pediatric* medical direction during an EMS event.
  - State mandate must have an enforcement process that ensures that pediatric medical direction is available.
  - Obtain approval from NRC.

Data Collection Options (cont.)

- Exemption from data collection due to state-wide pediatric protocols/guidelines for OFF-LINE medical direction:
  - All EMS patient care units in the state are required to use the state-wide pediatric protocols/guidelines.
  - A training or testing program is in place to ensure that the content of state-wide pediatric protocols/guidelines is known by all pre-hospital providers.
  - Copies of the state-wide pediatric protocols/guidelines are available in all patient care units (in paper or electronic form).
  - Obtain approval from NRC.

EHB Entry

Performance Measure	Percentage
Percentage of agencies in the State/Territory that have *on-line* pediatric medical direction at the scene of an emergency for *BLS* providers	
Percentage of agencies in the State/Territory that have *on-line* pediatric medical direction at the scene of an emergency for *ALS* providers	

EHB Entry (cont.)

Performance Measure	Percentage
Percentage of agencies in the State/Territory that have *off-line* pediatric medical direction at the scene of an emergency for *BLS* providers	
Percentage of agencies in the State/Territory that have *off-line* pediatric medical direction at the scene of an emergency for *ALS* providers	

Supporting Documentation

- Surveys:
  - Copy of survey results from NEDARC or raw data
- Inspection reports:
  - If using aggregate data:
    - List of the data elements available in the dataset and a data dictionary;
    - Query parameters used to generate final results; and
    - Copy of final results.
  - If reviewing inspection reports:
    - Copy of the inspection report indicating how on-line or off-line medical direction is checked as defined in the manual; and
    - Copy of tabulations from data collected.
- Exemption from data collection:
  - Approval letter from NRC

Performance Measure #66b

By 2011, 90% of Basic Life Support (BLS) and Advanced Life Support (ALS) patient care units in the State/Territory will have the essential pediatric equipment and supplies, as outlined in the American Academy of Pediatrics (AAP)/American College of Emergency Physicians (ACEP) Joint Guidelines.

Data Collection Options

- Surveys
  - Consult NEDARC
- Inspection reports (if they have a way of capturing this information)
  - Consult NEDARC
- Exemption from data collection due to state mandate:
  - Inspection process with 1:1 match with the 1996 ACEP list.
  - Inspection process must be regular and must cover ALL patient care units in the state in the given inspection cycle.
  - Documented enforcement process that covers ALL patient care units and removes a patient care unit from service if any pediatric inspection deficiencies are not met in a state-defined time limit.
  - Obtain approval from NRC.

EHB Entry

Performance Measure	Percentage
Percentage of BLS patient care units that have the essential pediatric equipment and supplies as outlined in the 1996 AAP/ACEP Joint Guidelines	
Percentage of ALS (including ILS) patient care units that have the essential pediatric equipment and supplies as outlined in the 1996 AAP/ACEP Joint Guidelines	

Supporting Documentation

- Surveys:
  - Copy of survey results from NEDARC or raw data
- Inspection reports:
  - If using aggregate data:
    - List of the data elements available in the dataset and a data dictionary;
    - Query parameters used to generate final results; and
    - Copy of final results.
  - If reviewing inspection reports:
    - Copy of the inspection report indicating a 1:1 match with the 1996 AAP/ACEP essential equipment list; and
    - Copy of tabulations from data collected.
- Exemption from data collection:
  - Approval letter from NRC

Performance Measure #66c

By 2011, the State/Territory will have in existence a statewide, territorial or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies *and* trauma.

Supporting Documentation

- Measure does not require specific data collection
- Supporting documentation:
  - Facility recognition application packet;
  - Criteria that facilities must meet in order to receive recognition as a facility able to stabilize and/or manage pediatric medical emergencies/trauma; and
  - List of hospitals participating in the pediatric medical emergency/trauma facility recognition program and their corresponding designation/recognition level.
- If measure not met, supporting documentation will be required to demonstrate progress made towards meeting the measure (based on scale of 0-6)

EHB Entry

Performance Measure	
The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric *medical emergencies*	Yes/No
Number of hospitals recognized for pediatric *medical emergencies*	Number =___
The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric *trauma*	Yes/No
Number of hospitals recognized for pediatric *trauma emergencies*	Number =___
Score of the degree to which a standardized system for pediatric *medical emergencies* exists	Score 0-6
Score of the degree to which a standardized system for pediatric *trauma* exists	Score 0-6

Performance Measures #66d/e

66d. By 2011, 90% of hospitals in the State/Territory will have written pediatric inter-facility transfer guidelines that include six pediatric components of transfer (see next slide for pediatric components).

66e. By 2011, 90% of hospitals in the State/Territory will have written pediatric inter-facility transfer agreements.

Pediatric Components of Transfer

1. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)
2. Process for selecting the appropriate care facility
3. Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.)

Pediatric Components of Transfer (cont.)

4. Process for patient transfer (including obtaining informed consent)
5. Plan for transfer of patient information (e.g. medical record, copy of signed transport consent), personal belongings of the patient, and provision of directions and referral institution information to family
6. Process for return transfer of the pediatric patient to the referring facility as appropriate

Updated Definitions

Inter-facility transfer guidelines

- Hospital-to-hospital, including out of State/Territory, guidelines that outline procedural and administrative policies for transferring critically ill pediatric patients to facilities that provide specialized pediatric care.
- All hospitals in the State/Territory should have guidelines to transfer to a tertiary care center capable of taking care of children, except for tertiary care centers capable of taking care of *all* pediatric needs (trauma and medical).

Updated Definitions (cont.)

Inter-facility transfer agreements

- Written contracts between a referring facility and a specialized pediatric center or facility with a higher level of care and the appropriate resources to provide needed care required by the child. The agreements must formalize arrangements for consultation and transport of a pediatric patient to the higher-level care facility.
- All hospitals in the State/Territory should have at least one agreement to transfer to a tertiary care center capable of taking care of pediatric patients regardless of whether the care center is out of the State/Territory, except for tertiary care centers capable of taking care of *all* pediatric needs.

Data Collection Options

- Surveys
  - Consult NEDARC
- Other state data
  - Consult NEDARC
- Exemption from data collection due to state mandate for PM #66d:
  - State mandate must include requirements for pediatric inter-facility transfer guidelines, and all hospitals in the state are required to follow the mandate.
  - State mandate meets the required pediatric components of transfer.
  - Obtain approval from NRC.

Data Collection Options (cont.)

- Exemption from data collection for PM #66e:
  - A state mandate with requirements for pediatric inter-facility transfer agreements exists, and all hospitals in the state are required to follow the mandate; OR
  - A hospital licensure system exists that licenses all hospitals and has as one of its requirements for licensure the existence of pediatric-specific transfer agreements.
  - Obtain approval from NRC.

EHB Entry

Performance Measure	Percentage
Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that include the six pediatric components of transfer	
Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements*	

Supporting Documentation

- Surveys:
  - Copies of hospitals' transfer guidelines/agreements
  - Copy of state transfer guidelines/agreements utilized by all hospitals in the state
  - Copy of survey results from NEDARC or raw data
- Other state data:
  - Consult NEDARC

  Exemption from data collection:
  - Approval letter from NRC

Performance Measure #67

By 2011, the State/Territory will have adopted requirements for pediatric emergency education for the recertification of Basic Life Support (BLS) and Advanced Life Support (ALS) providers.

Supporting Documentation

- Measure does not require specific data collection
- States that require 100% of their EMS providers re-certify through the NREMT may report those hours and answer "Yes" in the EHB.
- Supporting documentation:
  - Copy of the State/Territory or County/Regional mandate describing requirements for pediatric emergency medical education for the recertification of BLS and ALS providers in the State/Territory

EHB Entry

Performance Measure	
Has your State/Territory adopted requirements for pediatric emergency education for the recertification of *BLS* providers?	Yes or No
Has your State/Territory adopted requirements for pediatric emergency education for the recertification of *ALS* providers?	Yes or No
If **"Yes,"** please provide the following:	Total hrs
Total number of hours required for the recertification of *BLS* providers	Total hrs
Of the total number of hours required for the recertification of *BLS* providers, number of hours that need to be dedicated to pediatrics	Total hrs

EHB Entry (cont.)

Performance Measure	
Total number of hours required for the recertification of *ALS* providers	Total hrs
Of the total number of hours required for the recertification of *ALS* providers, number of hours that need to be dedicated to pediatrics	Total hrs
If **"No,"** please indicate the reasons why your State/Territory has not adopted requirements for pediatric emergency education for the recertification of BLS and ALS providers. Please also indicate what steps you have taken toward adopting requirements, highlighting any major barriers toward adoption. *Note: 1500 characters limit.*	
If **"Not Applicable,"** please provide reasons why the measure is not applicable to your State/Territory (e.g., State/Territory does not have ALS providers). *Note: 1500 characters limit.*	

Performance Measure #68

The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.

This measure includes 4 sub-measures.

Performance Measures #68a/b/c/d

68a. By 2006, an EMSC Advisory Committee will have been established within the State/Territory.

68b. By 2007, pediatric representation will have been incorporated on the State/Territory EMS Board.

68c. By 2011, an in-State/Territory, Federal, and/or Other-funded full time equivalent (FTE) for an EMSC Manager that is dedicated solely to the EMSC Program will have been established.

68d. By 2011, all six EMSC priorities (PM #66a-e and PM #67) will have been integrated into existing EMS or hospital/healthcare facility mandates.

#68a: New 8 Core Members

1. Nurse with emergency pediatric experience;
2. Physician with pediatric training (e.g., pediatrician or pediatric surgeon)
3. Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)
4. Emergency Medical Technician/Paramedic who is currently a practicing, ground level pre-hospital provider
5. EMS state agency representative (e.g., EMS medical director, EMS administrator)
6. EMSC Principal Investigator
7. EMSC Grant Manager
8. Family Representative

#68a: 16 Recommended Members

The EMSC Program also has identified a list of 16 *recommended* committee members that should be selected based on the unique needs of each individual state:

Hospital association representative; State trauma manager; EMS training manager; Tribal EMS; Data manager; School nurse; Ambulance association representative; Child death review representative; Fire-based EMS representative; Police representative; Bioterrorism representative; Disaster preparedness representative; Parent teacher association representative; Recipient of MCH block grant for CSHCN; Highway representative; and Legislator.

Other Changes for Performance Measure #68a

- Committee must meet either face-to-face or by conference call at least four times in every grant year.
- If one of the core Committee members is unable to attend a meeting, an alternate substitute can be designated to attend on his/her behalf.
- Committee can be outside state government control.
- Committee can be part of the state EMS Committee or Subcommittee as long as the core members are on the EMS Committee or Subcommittee as voting members.
- If the state government controls or limits the number of Committee members, the grantee is still required to have the 8 core members on the committee in order to meet the measure.

Supporting Documentation for Performance Measure #68a

- Measure does not require specific data collection
- Supporting documentation (from each meeting):
  - Sign in sheet
  - Agenda
  - Meeting notes/minutes

EHB Entry for Performance Measure #68a

Performance Measure	
Does the EMSC Advisory Committee have the required 8 members?	Yes/No
Number of times the EMSC Advisory Committee met between March 1 and February 28	Number of meetings

Supporting Documentation for Performance Measure #68b

- Measure does not require specific data collection
- Supporting documentation:
  - Copy of the state mandate describing requirements for a formal, designated voting pediatric representative on the state EMS Board

EHB Entry for Performance Measure #68b

Performance Measure	
Is there a pediatric representative on the EMS board?	Yes/No
Is there a State/Territory mandate to have pediatric presentation on the EMS board?	Yes/No
If "No" to any of the above, describe the reasons why. (Limit 1500 characters)	Text response

Supporting Documentation for Performance Measure #68c

- Measure does not require specific data collection
- Supporting documentation:
  - Name and job description for the full-time EMSC Manager

EHB Entry for Performance Measure #68c

Performance Measure	Yes/No
Do you have a State/Territory, Federal, and/or Other-funded full time equivalent (FTE) for an EMSC Manager that is dedicated solely to the EMSC Program?	

Supporting Documentation for Performance Measure #68d

- Measure does not require specific data collection
- Supporting documentation:
  - Copy of the EMS or hospital/healthcare facility mandates stating requirements related to each of the 6 EMSC priorities
  - If the priorities have not been mandated, supporting documentation will be required to demonstrate progress made towards integration (based on scale of 0-5)

EHB Entry for Performance Measure #68d

Performance Measure	
The integration of EMSC priorities into existing EMS or hospital/healthcare facility mandates	Yes/No
Score of the degree to which integration has occurred	Score from 0-5

EMSC Performance Measure Priorities for FY07 and FY 08

- Submit baseline data in the EHB.
- Complete online data worksheet (on NEDARC website)
- Stay on track with advisory committee cohesion and planning for EMS system changes as defined by the measures and your grant objectives.
- Review your grant application with your grant manager and know what you need to accomplish this year.
- By September 2008, conduct a strategic discussion to identify EMSC performance measures activities for FY2009 through FY2011.

Resources for EMSC Performance Measures

- EMSC web casts at www.mchcom.com
- Performance Measures Revised Implementation Manual and FAQs available at www.mchb.hrsa.gov/emsc
- EMSC National Resource Center
- National EMSC Data Analysis Resource Center

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- National EMSC Data Analysis Resource Center (NEDARC), Michael Ely, MHRM, Director, 801-585-9761 or michael.ely@hsc.utah.edu

Questions and Answers

Thank you for attending this event.

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Archives of the event are located at

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