



# Health Resources and Services Administration, Emergency Medical Services for Children

## State Partnership Regionalization of Care Program - 2016 Awardees Announced

Implementing regionalized healthcare systems focusing on the unique pediatric anatomical, developmental, physiological, and psychological needs of children, while integrating the complex, geographical, and cultural diversities of tribal, territorial, insular, and rural locations, provides the focal point for the Emergency Medical Services for Children (EMSC) State Partnership Regionalization of Care (SPROC) Program. SPROC projects work to develop and implement regionalized systems of care that encompass the sharing of resources and improving access to pediatric healthcare services in tribal, territorial, insular, and rural areas.

In 2006, the EMSC Program rolled out performance measures to guide state and territorial grantee activities, set basic strategies and standards to consistently benchmark progress, and evaluate the overall achievement of the Program in specific targeted and focused areas of emergency medical services. These measures created a uniform set of goals for all of the states and territories. Related to these goals are activities to develop and implement organized systems of care for children by establishing interfacility guidelines and agreements between hospitals and developing pediatric medical and trauma recognition systems.

The EMSC Program recently awarded a second round of SPROC funding to state governments and/or accredited schools of medicine. Projects funded will develop models of inclusive care that may be replicated in other regions where access to specialized pediatric medical treatment is limited due to geographical distances or jurisdictional borders. The development of models of inclusive care highlight approaches to community engagement, cross-jurisdictional governance, improved pediatric capabilities, and establishment of processes to facilitate and assure sustainability of the developed regionalized systems of care.

The awardees include:

**California - Regents of the University of California, Office of Research, Sponsored Programs.** TACTICAL: Transport of Acutely Ill and Injured Children to Institutions of Higher Care from Allied Localities. Point of Contact: James Marcin, MD, MPH (Amount: \$200,000 year/4 years)

This project will build upon the successes of a 2012 SPROC grant received by the University of California, TACTICAL. The 2012 project successfully developed a coordinated, regionalized, and culturally sensitive system of care for emergency medical services for children in a rural, underserved, three-county EMS agency, North Coast EMS (NCEMS), in northern California. The project facilitated quality improvement (QI) efforts, comprehensive pediatric coverage thru the use of telemedicine, and the participation and successful recognition of all NCEMS receiving hospital emergency departments (EDs) in a pediatric readiness recognition program known as Emergency Departments Approved for Pediatrics (EDAP). The project team plans to enhance pediatric capabilities by expanding TACTICAL into a second service region in California, the Sierra-Sacramento Valley (S-SVEMS). The targeted regions being addressed by TACTICAL serve rural and underserved communities inadequately prepared to provide high quality care to seriously ill children.

Project goals include:

- Implement, improve, and sustain continuous pediatric-specific quality improvement in EDs located in rural and underserved communities in both NCEMS and S-SVEMS regions.
- Improve the ability of EDs in the S-SVEMS region to care for acutely ill and injured children by increasing readiness to evaluate and treat pediatric patients via expansion of telemedicine and EDAP; and

- Provide pediatric education and training in the management of acutely ill and injured children to prehospital and hospital providers, as well as a monitoring process for care that includes establishment of a data collection system in the NCEMS and S-SVEMS regions.

**Montana – Department of Health and Human Services, Office of Research, Sponsored Programs.** Child Ready Montana Project. Point of Contact: James DeTienne (Amount: \$200,000 year/4 years)

The Montana project will build upon the state’s 2012 SPROC work , the Montana Inclusive Model for Pediatric Emergent Care (MIMPEC) Program. This program worked to develop an accountable, culturally competent, and accessible system of care for pediatric patients across the state that focused on providing the right care at the right time in the right place.

The 2016 Child Ready Montana Project will continue the development of systems of care to increase access, pediatric readiness, and strength-based approaches for all children. This is planned through achievement of the following goals:

- Expand the state facility recognition program to ensure the pediatric readiness of Montana’s hospitals while ensuring inclusion of children in tribal, territorial, rural, and insular communities;
- Continue the development of coordinated systems of care to reduce and prevent pediatric morbidity and mortality by increasing timely access to pediatric specialists through established networks and pediatric-specific educational opportunities;
- Improve the transfer process of pediatric patients to higher levels of care;
- Establish baseline data reporting processes for healthcare facilities included in the regionalized network; and

- Improve clinical quality performance metrics for pediatric emergency services in service area/network hospitals.

**New Mexico – University of New Mexico, Health Science Center, Department of Emergency Medicine.** A Child Ready System of Regionalized Pediatric Emergency Care. Point of Contact: Robert Sapien, MD, MMM (Amount: \$200,000 year/4 years)

The New Mexico project team is also building upon lessons learned from a prior Child Ready SPROC award. The 2012 project utilized a community self-assessment approach to attempt to regionalize care where very limited resources exist. Using the community self-assessments, the project team designed, developed, and disseminated a Child Ready System of Regionalized Pediatric Emergency Care in New Mexico and the border regions of Arizona, Colorado, Texas, and Mexico. The team worked with communities to assess levels of preparedness to care for the acutely ill or injured child, regardless of where the emergency occurred – at school, in the park, in the prehospital rig, in the health center or in the local ED.

The New Mexico Child Ready Project now plans to continue its efforts to:

- Expand the Child Ready novel community self-assessment process;
- Prepare facilities to manage pediatric emergencies;
- Assist providers caring for acutely ill or injured children;
- Conduct community injury prevention activities; and
- Continue the development and expansion of the Child Ready Virtual Pediatric Emergency Department Telehealth Network (CR-VPedED) as a mechanism to support regionalization of resources.

For more information, contact Elizabeth Edgerton, MD, MPH at [EEEdgerton@hrsa.gov](mailto:EEEdgerton@hrsa.gov) or Theresa Morrison-Quinata at [tmorrison-quinata@hrsa.gov](mailto:tmorrison-quinata@hrsa.gov) at the U.S. HHS, HRSA, Maternal and Child Health Bureau’s EMS for Children Program, 5600 Fishers Lane, Rockville, MD 20857.