



Current Changes within the EIIC

As announced in the [December EMSCPulse](#), after 18 months of rapid growth, the Center has settled in after a bit of reorganizing. The recently updated [organizational chart](#) demonstrates that we have formally split the State Partnership (SP) Domain into a fully independent domain. The EIIC is [currently conducting a national search for an experienced SP leader to assume responsibility of this domain](#). This position will be a key to the success of the EMSC Program. The new domain director will be supported by [Sam Vance](#) as Lead Project Specialist for SPs. Diana Fendya will continue to support the SP Domain in conjunction with Sam thus providing full-time dedicated personnel with institutional knowledge of the domain. In addition, Sam will support the Prehospital Domain.

The Center will soon add a Chief Operations Coordinator to assume responsibility for much of the day-to-day business from Program Coordinator, Krisanne Graves. The new hire, who we expect to join the Center in mid-January, will also support the Disaster Preparedness and Research domains as Project Specialist.

Family Advisory Network (FAN) members should be aware that the Advocacy Domain is working to create a well-informed strategic plan. They have conducted meetings with stakeholders and reviewed historical documents. Starting in January, they will begin interviews and focus groups with FAN representatives and SP managers. The information collected from stakeholders, historical documents, and the interviews/focus groups will be used to inform and compile the final strategic plan which is slated to roll out in time for the upcoming meeting, April 30-May 2, 2018.

January 18, 2018

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ENA Seeks Nominations for Pediatric Readiness Award

The Emergency Nurses Association has launched a new “**Pediatric Readiness Improvement Award**” to recognize a nurse who has demonstrated outstanding efforts to improve readiness in caring for children, as defined in the [Guidelines for the Care of Children in the Emergency Department](#).

Nominees for the award must be ENA members. The application **deadline is Monday, February 26, 2018**. For more information, visit the ENA Awards web page:

<https://www.ena.org/about/awards-recognition/achievement>



Pediatric EBGs Now Consolidated Online

The newly renovated EIIC Evidence Based Practice (EBP) page is now [live](#). The EIIC worked in collaboration with the National Association of State EMS Officials (NASEMSO), the American Academy of Pediatrics (AAP) Section on Emergency Medicine Committee on Quality Transformation, and Texas Children’s Hospital’s (TCH) Evidence Based Outcomes Center (EBOC) to develop and share evidence based guidelines (EBGs) for care of pediatric patients across the emergency continuum. Links to the EBGs are now available on the EIIC EBP page. We hope with easy access to these EBGs variation in care will decrease while quality of care will increase. The collection will grow over time. For more information, please email

bslewis1@texaschildrens.org.

Save the Dates!

The EIIIC website now has an [Events page](#) that includes a list of upcoming events and activities pertinent to the EMSC community. Please bookmark and visit often.

- Join the EMS Agenda 2050 team for an interactive webinar, **EMS Agenda 2050: Envision the Future**, on **January 24 at 12 pm EST**. It will provide an opportunity to learn about the two-year project and its mission to create a vision for the future of EMS. You'll also have the chance to share your ideas. The two-hour come and go session will provide an overview of the project and the process being used to ensure EMS Agenda 2050 describes a community-driven vision and hear input from others. Be sure to [register to reserve your seat!](#)
- The next **NEDARC TechTalk** is scheduled for January 25th. They will present Excel tips and tricks for cleaning and updating State Hospital Lists for the upcoming PM 06/07 Data Collection. This kicks off the 2018 series. For suggestions on topics for TechTalk, please email [Maggie Mair](#).
- The EIIIC is proud to announce the launch of its newest initiative - the **Pediatric Readiness Quality Collaborative**. Over the next two years, *100+ hospitals across 18 states* will engage in quality improvement work to collectively improve their pediatric readiness scores by 10 points. The QI efforts will focus on patient safety measures, recognition and escalation of care, inter-facility transfers, and disaster planning. The [official kick-off session](#) is planned for **Tuesday, January 30**. Be on the look-out for more information in the coming months!
- NEDARC will soon email a **workshop needs assessment** for SP managers to rank topics that were submitted in December. *All managers should complete the needs assessment when received.* It will be sent no later than early February.
- Until February 10, 2018, you have the opportunity to **comment on the revisions to the 2007 National EMS Scope of Practice Model**. You may find the [draft online](#). Individuals or organizations that wish to provide input should visit: <https://www.surveymonkey.com/r/scopemodel2>. The comment period will conclude at 5:00 pm EST on February 10, 2018.
- Please mark your calendar for the **first of five EMSC Education webinars for 2018!** The first topic will be **New Guidelines for Pediatric Trauma** and will air on Thursday, February 15, 2018 at 2pm CST.
- The **EMS Agenda 2050** document will guide the direction of EMS in the US moving forward and regional meetings are an opportunity for stakeholders to participate in the process. As pediatric advocates for enhancing quality in EMS, please consider attending the final public meeting where attendees will meet and discuss the future of EMS with the project's Technical Expert Panel, a group of 10 individuals with wide-ranging and diverse experiences within EMS systems and healthcare organizations. The **final meeting will be held on March 1 in Dallas, TX**. [Pre-registration is required](#).
- Details for the **EMSC 2018 Meeting (April 30th – May 2nd)** announced during the most recent town hall are still being finalized. Please bookmark this site <https://emscimprovement.center/events/eiic-and-emsc-meetings/430-522018-emsc-2018-meeting/> as it will be updated as soon as more information is available.

Resources Available

- The recording of the **HRSA EMSC Overview of Health Outcome Development Presentation and Facilitated Discussion** lead by Atlas Research and held on November 27, 2017 has been archived and is now available [online](#).

Please be sure to watch out for items of interest to the EMSC Community including **national projects, webinars, and opportunities to support EMS for Children** on the [EIIIC Facebook page](#) and [Twitter](#). We use these channels to announce items on short notice.



The Listen, Protect and Connect®

The Listen, Protect and Connect is a psychological first aid system designed for families, neighbors, co-workers and first responders. One version is designed for **"all ages"** and two are specifically for supporting children: for [parents](#) and one just for [teachers and schools](#).

The Listen, Protect and Connect approach to psychological first aid suggests ways we all can support each other's resilience and coping before, during and after emergencies, building on strengths and practices that families and community already use and offer additional ideas and tools to call upon in times of disaster or terrorism.

Seeking Part-time State Partnership Domain Director

The EMS for Children Innovation and Improvement Center (EIIIC) is [seeking a part-time \(25%\) State Partnership Domain Director](#). The successful candidate will coordinate and direct the activities of the State Partnership Domain under the direction of the EIIIC Executive Core and the Advisory Board with the goal of ensuring successful progress of the EMSC State Partnership grantees to improve outcomes of care for children in urgent and emergent care settings. The domain lead will also advance Pediatric Readiness in States/Territories and work to continually improve performance measurement scores. The candidate may work with the Center virtually.

The successful candidate must have an understanding of EMSC Program history and the associated performance measures, excellent communication verbal and written skills, and prior work as a provider within the EMSC care continuum.

Required: Master's Degree in a healthcare related field and prior State Partnership Leadership experience.

To apply, please send CV and cover letter to Ms. Aleta Grant at axgrant1@texaschildrens.org

Pediatric Readiness Research Opportunities

The National Pediatric Readiness Project assesses how prepared *all* emergency departments are to treat children. The EMSC Program has made a public research dataset of the 2013-14 National Pediatric Readiness Project available to researchers. The EMSC Data Coordinating Center is managing the research request process. For information about the National Pediatric Readiness public research dataset and how to get access, check out the National EMS for Children Data Analysis Resource Center (NEDARC) website at <http://www.nedarc.org/pedsReady/pedsReadyResearch.html>.



AAP Seeks Nominees for the 2018 Martha Bushore-Fallis APLS Award

The Advanced Pediatric Life Support (APLS) Pediatric Emergency Medicine Steering Committee is now accepting nominations for the 2018 Martha Bushore-Fallis APLS Award. This is the 14th year for the award which recognizes an individual who used the APLS program to help further the goal of early recognition and stabilization of life-threatened children. All interested in pediatric emergency medicine are invited to submit nominations. The nominee need not be a member of the AAP. Qualified candidates should have a demonstrated commitment to the above through innovation of a new procedure or equipment, through development of a new educational methodology, through advancing legislation in support of life-threatened children, through teaching APLS

in underserved communities (either nationally or internationally), or through other accomplishments deemed exceptional by the APLS Steering Committee. The nomination should include a cover letter and curriculum vitae of the nominee. A letter in support of the nomination is required and up to three support letters will be accepted.

Send [nominations and supporting materials by April 27](#) to:

Karen Kostakis/APLS Steering Committee
 American Academy of Pediatrics
 345 Park Blvd.
 Itasca, IL 60143
 Email: kkostakis@aap.org

Tabletop Exercises – AAP Seeking Resources

The American Academy of Pediatrics (AAP) is working to create a resource kit with templates for stakeholders who might want to conduct a pediatric tabletop exercise or integrate a pediatric component into a facility- or community-wide exercise. The AAP is also interested in hearing from EMSC colleagues as to their involvement in pediatric disaster-related exercises to date. See information on AAP [Tabletop Exercises](#) or e-mail DisasterReady@aap.org.

New Personnel at the EIIC

The EMS for Children Innovation and Improvement Center (EIIC) is pleased to introduce **Sam Vance**. Sam joins the EIIC from the Texas Department of State Health Services Office of EMS and Trauma Systems where he served as the Program Manager for the EMS North Compliance Group. In that role, Sam managed six state EMS offices throughout the northern half of Texas overseeing the regulatory and compliance of EMS providers, personnel, and education programs.

Originally from Missouri, Sam began his career in EMS in 1987 with the City of St. Louis EMS and subsequently moved to the Metro West Fire Protection District in St. Louis County as a Firefighter/Paramedic. After retiring from the District, he worked for St. Louis Children's Hospital as the Prehospital

Outreach Coordinator, where he became involved in the EMSC Program in Missouri. He moved on to Texas, where he took over as the Manager of the Texas EMSC State Partnership Grant, prior to working for the State of Texas.

Sam is a veteran of the United States Marine Corps and obtained his Master's Degree in Healthcare Administration from A.T. Still University in Kirksville, Missouri. Sam is married with three children, two step children, and three grand-daughters.

In his new role, Sam will serve as Project Specialist overseeing the State Partnership and Prehospital domains. Please help us welcome Sam to the EIIC. You may reach Sam by email at samuel.vance@bcm.edu.

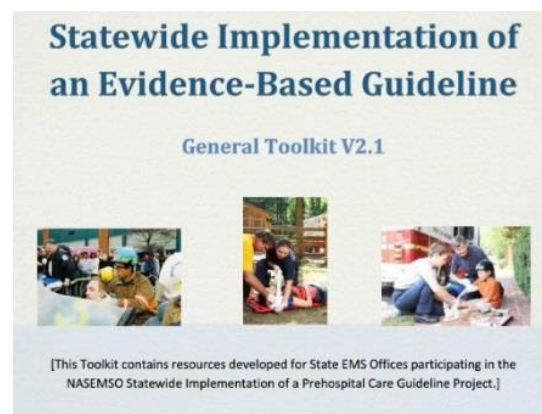
And an EIIC Transition

Making a move within the EIIC, is Betsy Lewis. Betsy is a Master's prepared Clinical Nurse Leader with experience in Pediatric Hematology/Oncology and the Neonatal ICU. Her passion is improving the quality and safety of patient care through the implementation and standardization of evidence based practice. Betsy is a Research Specialist at Texas Children's Hospital where she leads interdisciplinary clinical teams in the review and critical appraisal of evidence for the development of evidence based guidelines, summaries, and pathways. Betsy is a proud Texas A&M Aggie and her interests include baking sugar cookies, exercising, and trying new foods. In her new role, Betsy's assistance will aim to increase the utilization of evidence based practice and provide support for knowledge translation.

Learning about Evidence Based Guideline Implementation in the Real World

The Statewide Implementation of a Prehospital Care Guideline Project is an effort to study the process of statewide implementation of an evidence-based guideline (EBG) for prehospital care. The National Association of State EMS Officials (NASEMSO) was awarded the project grant in 2012 through a competitive application process by the National Highway Traffic Safety Administration (NHTSA). NHTSA supported this project because EBGs promote a consistent approach by providers and facilitate creation of standard for measures to evaluate the quality of prehospital emergency care. NASEMSO chose Management of Acute Traumatic Pain guideline for this project. One of the deliverables for the project was to create a Toolkit for state EMS office use in implementing the guideline.

The Toolkit, including the EBG for Prehospital Management of Acute Traumatic Pain, can now be found on the [NASEMSO](#)



[website](#). In addition to the guideline, the toolkit includes more information on the EBG creation process,

references supporting the guideline, as well as talking points, educational and evaluation resources to support states in successful education, dissemination and implementation of this or other guidelines when continuity is needed.

AAP Disaster Preparedness Webinars Archived Online

The AAP has archived its webinars [online](#). The most recent webinars included:

[Zika Virus, Still a Threat - Updates and Implementation](#)

During this webinar, participants learned more about the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR), "[Update: Interim Guidance for the Diagnosis, Evaluation, and Management of Infants with Possible Congenital Zika Virus Infection - United States, October 2017](#)". This guidance provides updated information for pediatric clinicians on the evaluation and follow-up care for three categories of infants with possible maternal Zika virus exposure during pregnancy. Please see the archived version of this webinar [here](#).



[Are You Ready? The CMS Emergency Preparedness Rule, Exercises and Drills](#)

In 2016, the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers regulation went into effect. Participating facilities are required to demonstrate compliance with the rule by November 2017. The expert speakers described the key elements of the new regulation and shared examples of activities that children's hospitals can undertake to address the exercise requirements of this rule. Please see the archived version of this webinar [here](#).

[Beyond the Basics: The Impact of Zika Virus on Vision and Hearing](#)

During this webinar, participants learned more about the vision and hearing findings seen in infants with Congenital Zika Virus Syndrome (CZVS). Please see the archived version of this webinar [here](#).

EMS Agenda 2050, Second Version of the Straw Man Document

The EMS Agenda 2050 Project team has received tremendous feedback and groundbreaking ideas from people around the country since the release of the first Straw Man document, which laid out a proposed vision and guiding principles for the future of EMS.

Over the past several months, this important input has been collected from regional public meetings, at conference sessions and via the project website. The EMS Agenda 2050 [Technical Expert Panel](#) read and discussed the feedback and developed a second version of the Straw Man for public

review and comment. Additionally, this draft includes vivid scenarios and stories to help stakeholders visualize what the future of EMS may look like three decades from now. Download the new strawman version and provide feedback [via this link](#).



Register Now - Teaching Mass Casualty Triage: Implementing the new MUCC Instructional Guidelines

EMS Focus webinar hosted by NHTSA's Office of EMS on February 7 at 1pm EST --In this webinar, Join Dr. E. Brooke Learner, Kandra Strauss-Riggs, Leaugeay Barnes and host Gam Wijetunge, NRP, with the NHTSA Office of EMS, as they discuss:

- The importance of using evidence-based triage systems during the response to mass casualty incidents

- What educators need to know about the model uniform core criteria
- Lessons learned during implementation of the new MUCC EMS instructional guidelines

Attendees will be encouraged to submit questions during any point of the discussion. The webinar and Q&A will last approximately one hour. [Click here](#) for more details and to register.

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Emergency medical services take on larger role to improve community health

by Toni K. Gross M.D., M.P.H., FAAP

The U.S. Emergency Medical Services (EMS) system was developed in the 1960s and 1970s in response to the primary causes of death and disability at the time - motor vehicle crashes and cardiovascular disease.

Advancements over the last five decades have turned what started out primarily as a transportation service for sick and injured people into a technically specialized and highly effective system for treating life-threatening and other conditions prior to arrival at a hospital. A proportion of EMS responses are for non-emergent events, however, and the EMS reimbursement infrastructure does not support providing care without transportation to a hospital (<http://bit.ly/2wHP7Mm>).

As our nation's health care system evolves, with proposed changes to health care finance infrastructure systems, EMS has been identified as being in a position to support community health care models that are patient-centered, value-driven and outcomes-based. Located at the intersection of medical care, public health and public safety, EMS is uniquely positioned to support the Triple Aim of improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

Community paramedicine and mobile integrated health care are patient-centered mobile services offered outside of medical facilities. While the terms are used interchangeably, there are differences. Community paramedicine is an emerging health care delivery model that can increase access to basic services through specially trained EMS providers in an expanded role. It is an extension of EMS paramedicine practice and can bridge health care gaps, which have been identified in many in communities. Community paramedicine can expand the reach of primary care and public health services by using EMS personnel to perform patient assessments and procedures that are within their skill set and legal scope of practice. Community paramedicine providers care for patients under the supervision of a physician medical director.

Mobile integrated health care is an administrative organization of multidisciplinary health services operated by an agency, facility or system. The concept of mobile integrated health care includes expanded roles and highlights the availability of EMS providers to be more integrated in the health care community to provide emergent and primary care (www.nasemso.org).

The National Association of Emergency Medical Technicians has defined key components of mobile integrated health care programs (<http://www.naemt.org/initiatives/mih-cp>). These components include:

- integration with sharing of patient health information;
- predicated on meeting community needs;
- supplementary to existing systems or resources;
- data driven;
- oversight by engaged physicians and other practitioners, as well as the patient's medical home;
- financial sustainability; and
- legal compliance.

The EMS for Children program sponsored a grant program to study the effect of a community paramedicine program's impact on reducing readmission to the hospital after discharge for asthma exacerbation (<http://www.indianaemsc.org/asthma/grant/>). A small group of paramedics in one EMS agency were trained to provide specialized asthma evaluations in the out-of-hospital setting, generally at the patient's home. The program was associated with a decrease in the 30-day hospital readmission rate from 6.5% to 1.7% (Krupp N, et al. *Am J Respir Crit Care Med*. 191;2015:A4170, <http://bit.ly/2yiDDLg>).

Pediatricians are encouraged to be aware of initiatives in their community and be advocates for children by participating in the development of mobile integrated health care programs. Many state offices of health services have online resources available detailing local efforts and forums.