



Pediatric Emergency Care

Goals and Strategic Directions 2011



Goals and Strategic Directions

The Pediatric Emergency Care Council of the National Association of State EMS Officials vision is to improved health outcomes for children by promoting an emergency medical care system that addresses the unique needs of children. With a mission to provide leadership, promote policies and research, and share resources to improve the emergency medical care system for children.

Leadership refers to the role of state EMS offices as “lead agencies” for EMS as well as thoughtful leaders in public policy development. State EMS offices are looked to by the EMS community for guidance and approval, as well as regulation and licensure. NASEMSO works to support EMS officials nationwide in understanding and implementing processes that improve EMS practice and subsequent patient outcomes.

The Your Specific Council supports leadership under these principle goals:

- Goal #1
 - Collaborate with Education and Professional Standards Council on recommendations for continuing education standards
- Goal #2
 - Establish and maintain partnership with CDC SAFE states stakeholders for continued injury prevention initiatives

Systems Development refers to the role of state EMS offices in the development of effective systems of emergency medical care. The growing national awareness of the importance of coordinated systems of care places NAEMSO squarely in a leadership role, demonstrating the need for state offices to coordinate the disparate functions that support effective systems. Such functions include Emergency Medical Dispatch (EMS), communications systems; regional asset coordination in daily operations and in natural and man-made disasters; EMS data collection, analysis and reporting; and ongoing review and refinement of systems operations.

The Your Specific Council supports systems development under these principle goals:

- Goal #1
 - Provide states with a listing of linkages or references to best practices for various pediatric topics such as but not limited to: pediatric disaster preparedness, and family centered care
- Goal #2
 - Identify/create pediatric performance indicators from the currently available NEMSIS data points with the assistance of NEDARC.
- Goal #3
 - Collaborate with Trauma Manager’s Council on their prioritized action areas, including rural trauma, potentially telemedicine, and special populations.



Quality Improvement or "QI" is the process of continually reviewing, assessing and refining practices to improve outcomes. The steps of developing an effective cycle of collecting high quality data, reviewing it in proven multidisciplinary processes, identifying strategies to implement needed changes and communicating them to all stakeholders are the key to QI success, and to subsequently improving patient outcomes.

The Pediatric Emergency Care Council does not have any goals within this focus area at this time.

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2011 Work Plan
Goals, Objectives and Action Steps

Goal #1: Collaborate with Education and Professional Standards Council on recommendations of continuing education standards.

Objective/Strategy: Ensure pediatric core content and pediatric competencies inclusion within continuing education standards

Description of the objective and expected outcome,

Task	Responsibility	Due Date	Done	Budget
Provide pediatric education resources for the Education and Professional Standards Council	PEC council (possible council liaison)	On-going		
Conduct joint council meeting to enable information exchange	PEC and EPSC councils	On-going		

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done

Goal #1: Collaborate with Education and Professional Standards Council on recommendations of continuing education standards.

Objective/Strategy: Ensure pediatric core content and pediatric competencies inclusion within continuing education standards

Description of the objective and expected outcome,

Task	Responsibility	Due Date	Done	Budget
Provide pediatric education resources for the Education and Professional Standards Council	PEC council (possible council liaison)	On-going		
Conduct joint council meeting to enable information exchange	PEC and EPSC councils	On-going		

Task	Responsibility	Due Date	Done	Budget
Identify frequency of meetings needed	PEC and EPSC councils or identified workgroup			
Identify potential dates for meetings (On or between Annual and Mid-Yr. Meetings?) (Conf. call or workgroup)	PEC and EPSC councils or identified workgroup			
Identify a workgroup of PEC Council members with lead.	PEC and EPSC councils			
Identify methods of exchanging information with EPSC	PEC and EPSC workgroup			



Goal #2: Establish and maintain partnership with CDC SAFE states stakeholders for continued injury prevention initiatives

Objective/Strategy:

Description of the objective and expected outcome,

Working relationships are formed with SAFE states and other federally supported injury prevention programs.

Task	Responsibility	Due Date	Done	Budget
Contact with MCHB Representatives				
Develop relationship and partnership with SAFE states group, federally funded IP program.	NASEMSO			
Task	Responsibility	Due Date	Done	Budget
Forward the PEC Council Motion to NASEMSO Exec Council to support developing relationship and partnership with SAFE states group.	PEC Chair		X	
Integrate EMSC into state IP programs	EMSC Managers			

Goal #3: Provide states with a listing of linkages or references to best practices for various pediatric topics such as but not limited to: pediatric disaster preparedness, and family-centered care

Objective/Strategy:

Description of the objective and expected outcome,

Developed resources and information is available to EMSC Managers and others on a multitude of pediatric topics. This Goal sounds much like what the NRC is already doing. Is it duplication?

Task	Responsibility	Due Date	Done	Budget
Posting resources or links to guides for implementing family-centered care programs to the PEC Council web page.	PEC Steering Committee	On-going		
Posting resources or links to guides for policies and forms, program brochures for medically-fragile children identification programs to the PEC Council web page.	PEC Steering Committee	On-going		

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done
Posting resources or links to guides for implementing family-centered care programs to our Council web page.													
Posting resources or links to guides for policies and forms, program brochures for													



medically-fragile children identification programs to our Council web page.														
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Add Disaster Preparedness resources & information

Goal #4: Identify/create pediatric performance indicators from the currently available NEMIS data points **with the assistance of NEDARC**

Objective/Strategy:

Description of the objective and expected outcome,

Identify pediatric performance indicators to aid in the evaluation and improvement of pediatric emergency care.

Task	Responsibility	Due Date	Done	Budget
Meet with Trauma Managers Council to identify mutual data needs	Council leadership			
Collaborate with NEDARC to develop pediatric performance measures	Council leadership			

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done

Objective/Strategy:

Description of the objective and expected outcome,

Identify pediatric performance indicators to aid in the evaluation and improvement of pediatric emergency care.

Task	Responsibility	Due Date	Done	Budget
Meet with Trauma Managers Council to identify mutual data needs	Council leadership			
Create pediatric data workgroup	PEC Council			
Collaborate with NEDARC to develop pediatric performance measures and identify existing ones	Council leadership			
Use the identified pediatric indicators with available data	State EMSC programs			
Pediatric data workgroup to provide some guidance on use of the indicators	PEC data workgroup			

Goal #5: Collaborate with Trauma Manager’s Council on their prioritized action areas, including rural trauma, potentially telemedicine, and special populations.

Objective/Strategy:

Description of the objective and expected outcome,

Pediatric issues and concerns are always “at the table” regarding development of trauma care policy.

Task	Responsibility	Due Date	Done	Budget
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Including PEC Council representative in joint NASEMSO and ACS task force focusing on 5 goals, including patient safety and system benchmarking, regionalization, developing standards for definitive care, emergency preparedness and surge capacity, and air and ground care.				
Be cognizant of the release of the ACS revision of Rural Trauma Team Development Course and revised ACS "green" book in order to provide comments on draft.				

Task Schedule													
Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done

Task	Responsibility	Due Date	Done	Budget
Including PEC Council representative in joint NASEMSO and ACS task force focusing on 5 goals, including patient safety and system benchmarking, regionalization, developing standards for definitive care, emergency preparedness and surge capacity, and air and ground care.				
Be cognizant of the release of the ACS revision of Rural Trauma Team Development Course and revised ACS "green" book in order to provide comments on draft.				
Identify a PEC Council representative to the joint NASEMSO and ACS task force.	PEC Chair			



Parked Issues – Numerous issues and strategies are on the council's radar, but are currently parked due to various reasons – awaiting completion of dependant activities; currently no champions to assign this to; limited funding, etc.

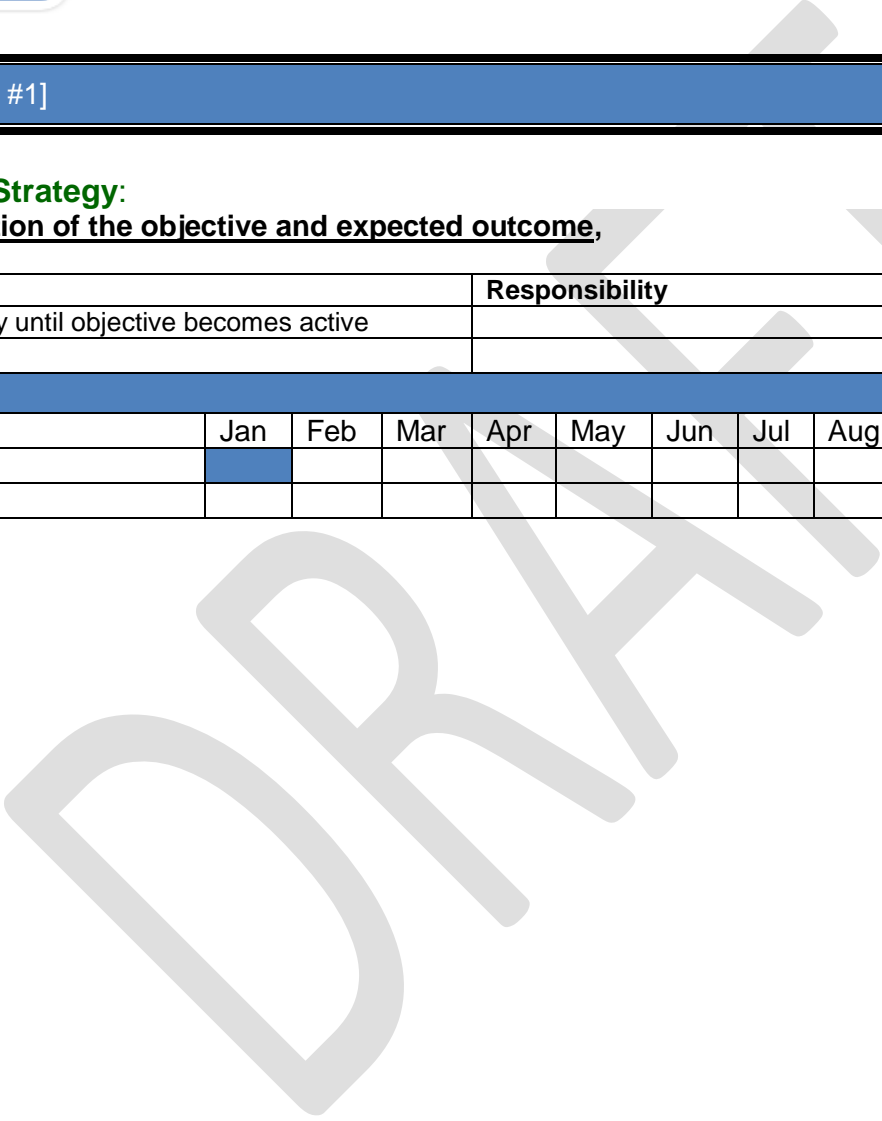
As practical, these will be moved up into the 2011 work plan or carried into the next year.

Goal: [goal #1]

Objective/Strategy:

Description of the objective and expected outcome,

Task	Responsibility												Due Date	Done	Budget	
Not necessary until objective becomes active																
Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done			





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