

EMSC National Resource Center



State Partnership Performance Measures *Looking at the horizon*

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Overview of State Partnership Grants

- 47 will be in submitting a “competing continuation” in the Fall of 2008
- 9 will be in “non competing continuation” and submit in the Fall of 2008
 - California
 - Delaware
 - Kentucky
 - Missouri
 - Nebraska
 - New Mexico
 - Rhode Island
 - Virginia
 - Wyoming

Implementation Manual Change Process **2007**

- Review of EHB data and assessment of data collection efforts (August 2007)
- Feedback from grantees (ongoing)
- Changes to manual (**2007 Edition**)
 - Changed definitions
 - Added exemption from data collection
 - Standardized data collection options
 - Use of NEDARC for data collection
- Feedback from NASEMSO pediatric committee
- Revised implementation manual 4 month roll out
- Enhanced technical assistance from NRC and NEDARC

Implementation Manual Change Process **2009-2010**

- Feedback from grantees (ongoing)
- Performance Measures Advisory Committee (April 2008)
- Grantee meeting feedback on PMAC recommendations (June 2008)
- Consultation with National Partnership for Children Stakeholder Group (June 2008)
- Report of Grantee and Stakeholder Feedback sent to all grantees (August 2008)
- HRSA Approval of EHB Changes (September 2008)
- Finalization of EHB Changes (October 2008)

Implementation Manual 2009-2010

- Changes will go into effect March 1, 2009 for all SP grantees
- Draft manual will be released in early Oct. Final manual will be released February 2009.
 - Comments are welcome during the Draft release period.

Implementation Manual Changes

Disclaimer: The following changes are still considered draft and are subject to HRSA approval. Further changes may occur.

Implementation Manual Changes Performance Measures

- All grantees have to work on the following performance measures
 - 66a—online and offline medical direction
 - 66b—pediatric equipment on patient care units
 - 66c—hospital recognition for trauma
 - 68a—EMSC advisory with 8 required members and 4 meetings per year
 - 68b—pediatric representation on EMS board
 - 68c—full time EMSC manager
 - 68d—integration of priorities into statutes, rules and regulations

Implementation Manual Changes Performance Measures

- Grantees are encouraged to work on the following measures but only need to do so if they have the resources in their State.
 - 66c—hospital recognition for medical emergencies
 - 66d—interfacility transfer agreements
 - 66e—interfacility transfer guidelines

Implementation Manual Changes Performance Measures

- All grantees will need to report data in EHB for all measures.
- For 66d/e, grantees can report previously collected data each year
- All grantees will need to finish collecting data for all performance measures before being able to stop working on 66d/e

Performance Measures

What it means to “meet” a measure

- Target for most measures is 90% compliance
 - E.g. Online and offline medical direction available to 90% of agencies.
- Example:
 - State X conducted a survey for PM 66a in 2007-2008 and achieved a **82%** response rate. Analysis of the survey showed that **95%** of agencies have online AND offline medical direction.
 - Result: State has met the performance measure!

Performance Measures

What it means to “meet” a measure

• Example:

- State X conducted a survey for PM 66a in 2007-2008 and achieved a **76%** response rate. Analysis of the survey showed that **95%** of agencies have online AND offline medical direction.
- **Result:** State needs to continue collecting data until 80% response rate is achieved.

Performance Measures

What it means to “meet” a measure

• Example:

- State X conducted a survey for PM 66a in 2007-2008 and achieved a **76%** response rate. Analysis of the survey showed that **95%** of agencies have online AND offline medical direction.
- **Result:** State needs to continue collecting data until 80% response rate is achieved.

Performance Measures

What it means to “meet” a measure

- If you feel you have met a measure, please get a letter from the Federal Project Officers (Dan or Tina) confirming they agree.

Data Collection Requirement

- Data collection required only for
 - 66a—online and offline medical direction
 - 66b—pediatric equipment on patient care units
 - 66d—interfacility transfer agreements
 - 66e—interfacility transfer guidelines
- Once data collection is complete, grantee does not need to collect data until the 2010-2011 grant year.
 - 80% response rate on surveys
 - 80% of inspection reports reviewed
- Exemption from data collection
 - Check letter

Data Collection Requirement

- NEDARC will provide survey template to be used
 - If requesting to use your own survey, contact Federal Project Officer (PO)
- Exemption from data collection
 - If requesting an exemption from data collection, contact the Federal PO

66a: medical direction

- *On-line pediatric medical direction: An individual is available 24/7 to EMS providers who need on-line medical direction when providing care to a pediatric patient.. This person must be a medical professional (e.g., nurse, physician, physician assistant [PA], nurse practitioner or EMT-P) and must have a higher level of pediatric training/expertise than the EMS provider to whom he/she is providing medical direction.*

EHB Entry

- Numerator and Denominator numbers will be asked for each subcomponent:
 - Online for BLS
 - Offline for BLS
 - Online for ALS
 - Offline for BLS
- Numerator=number of agencies that have component
- Denominator=number of agencies responding to survey
- EHB will calculate percentage
- Note: Targets are 2011 targets.

66a: EHB Entry

| Elements of Operational Capacity | Percentage OR Yes/No | Target | Target Met? | |
|--|----------------------------|--------|-------------|---------|
| | | | Yes ✓ | No ✓ |
| a. The percentage of pre-hospital provider agencies that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS providers and ALS providers | | 90% | | |
| a.1 Percentage of agencies in the State/Territory that have online pediatric medical direction at the scene of an emergency for BLS providers <ul style="list-style-type: none"> o Number of BLS agencies with online pediatric medical direction (numerator) o Number of BLS agencies in the State (denominator) | _____ _____ | 90% | | |
| a.2 Percentage of agencies in the State/Territory that have online pediatric medical direction at the scene of an emergency for ALS providers <ul style="list-style-type: none"> o Number of ALS agencies with online pediatric medical direction (numerator) o Number of ALS agencies in the State (denominator) | _____ _____ | 90% | | |
| a.3 Percentage of agencies in the State/Territory that have offline pediatric medical direction at the scene of an emergency for BLS providers <ul style="list-style-type: none"> o Number of BLS agencies with <u>offline</u> pediatric medical direction (numerator) o Number of BLS agencies in the State (denominator) | _____ _____ | 90% | | |
| a.4 Percentage of agencies in the State/Territory that have offline pediatric medical direction at the scene of an emergency for BLS providers <ul style="list-style-type: none"> o Number of ALS agencies with <u>offline</u> pediatric medical direction (numerator) o Number of ALS agencies in the State (denominator) | _____ _____ | 90% | | |

66b: Pediatric equipment

- **Patient Care Unit:** *A patient care unit is defined as a vehicle staffed with EMS providers (BLS and/or ALS) dispatched in response to a 911 or similar emergency call AND responsible for transporting a patient to the hospital. Examples include an ambulance, or other type of transporting unit. This definition excludes non-transport vehicles (such as chase cars) to provide additional personnel resources, air ambulances, exclusively defined specialty care units, water ambulances/units.*

66b: Pediatric equipment

- New equipment list is currently in final draft and being sent to national organizations for endorsement
- Anticipated release date is December-March
- **Current data collection will continue under 1996 list.**
- New equipment list will include essential and optional items. Essential items will require 100% compliance at patient care unit level.

66b: Pediatric equipment

- Exemption from data collection:

- The State/Territory must have an inspection process that verifies a 1:1 match with the national list (for all equipment and supply sizes; excluding out-of-scope equipment/supply). Remember to verify with the NRC if a piece of equipment can be legitimately considered “out-of-scope.”
- The inspection process must be regular (as defined by the State/Territory; this typically occurs every year or every two years) and must cover all patient care units in the State/Territory in the given inspection cycle.
- A documented enforcement process (as defined by the State/Territory) to ensure that missing equipment will be replaced.

EHB Entry

- Numerator and Denominator numbers will be asked for each subcomponent:
 - BLS
 - ALS
 - Numerator=number of agencies that have equipment
 - Denominator=number of agencies responding to survey
- EHB will calculate percentage
- Note: Targets are 2011 targets.

66b: EHB Entry

| | | | | |
|--|-------|-----|--|--|
| | | | | |
| <p>b. The percentage of BLS and ALS patient care units that have the essential pediatric equipment and supplies as outlined in national Guidelines for:</p> <ul style="list-style-type: none"> ▪ BLS ambulances ▪ ALS ambulances | _____ | 90% | | |
| <p>b.1 Percentage of BLS patient care units that have the essential pediatric equipment and supplies as outlined in national guidelines</p> <ul style="list-style-type: none"> o Number of BLS patient care units with essential pediatric equipment (numerator) o Number of BLS patient care units in the State (denominator) | | 90% | | |
| <p>b.2 Percentage of ALS patient care units that have the essential pediatric equipment and supplies as outlined in national guidelines</p> <ul style="list-style-type: none"> o Number of ALS patient care units with essential pediatric equipment (numerator) o Number of ALS patient care units in the State (denominator) | | 90% | | |

66c: Hospital Recognition

- EHB entry change to delineate medical and trauma

| | | | | |
|--|---------------------------|------------|--|--|
| <p>c. The existence of a statewide, territorial or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric medical and traumatic emergencies.</p> <p>If "Yes" is entered, then enter the percentage of hospitals in c.1 and c.2. If "No" is entered, then enter a score in c.3 and c.4 to demonstrate progress.</p> | <p>_____</p> | <p>Yes</p> | | |
| <p>c.1 Percentage of hospitals recognized for pediatric medical emergencies</p> <ul style="list-style-type: none"> o Number of hospitals recognized for pediatric medical emergencies (numerator) o Number of hospitals in the State (denominator) | <p>_____</p> <p>_____</p> | <p>90%</p> | | |
| <p>c.2 Percentage of hospitals recognized for pediatric trauma emergencies</p> <ul style="list-style-type: none"> o Number of hospitals recognized for pediatric trauma emergencies (numerator) o Number if hospitals in the State (denominator) | <p>_____</p> <p>_____</p> | <p>90%</p> | | |

66c: EHB entry

| | | | | |
|---|-------|---|--|--|
| c.3 Score the degree to which a standardized system for pediatric medical emergencies exist (see implementation manual for scoring guide lines) | _____ | 5 | | |
| c.4 Score the degree to which a standardized system for pediatric trauma exists (see implementation manual for scoring guidelines) | _____ | 5 | | |

66d: Interfacility guidelines

- **Deleted:** Process for return transfer of the pediatric patient to the referring facility as appropriate.
- There are now only 5 guideline requirements.

EHB Entry

- Numerator and Denominator numbers will be asked for each of the 5 guidelines
- Numerator=number of hospitals that have component
- Denominator=number of hospitals responding to survey
- EHB will calculate percentage
- Note: Targets are 2011 targets.

66d: EHB entry

| | | | | |
|--|--------------|------------|--|--|
| <p>d. The percentage of hospitals that have written pediatric inter-facility transfer <i>guidelines</i> that specify the following:</p> | <p>_____</p> | <p>90%</p> | | |
| <p>d.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).</p> <ul style="list-style-type: none"> o Number of hospitals with component in place (numerator) o Number of hospitals in the State (denominator) | <p>_____</p> | <p>90%</p> | | |
| <p>d.2 Process for selecting the appropriate care facility.</p> <ul style="list-style-type: none"> o Number of hospitals with component in place (numerator) o Number of hospitals in the State (denominator) | <p>_____</p> | <p>90%</p> | | |
| <p>d.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.).</p> <ul style="list-style-type: none"> o Number of hospitals with component in place (numerator) o Number of hospitals in the State (denominator) | | <p>90%</p> | | |
| <p>d.4 Process for patient transfer (including obtaining informed consent).</p> <ul style="list-style-type: none"> o Number of hospitals with component in place (numerator) o Number of hospitals in the State (denominator) | <p>_____</p> | <p>90%</p> | | |
| <p>d.5 Plan for transfer of patient information (e.g., medical record and copy of signed transport consent), personal belongings of the patient, and provision of directions and referral institution information to family.</p> <ul style="list-style-type: none"> o Number of hospitals with component in place (numerator) o Number of hospitals in the State (denominator) | <p>_____</p> | <p>90%</p> | | |



66e: Interfacility agreements

- *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. Tertiary Care Facilities should have transfer agreements in place to facilitate movement of patients in the need of a mass casualty event and need to increase surge capacity*
- The following was deleted “Tertiary care centers capable of taking care of pediatric patients do not need to have agreements for transferring the patient out of their facility unless they do not have the specialty resources required to provide care for all diagnoses (e.g. burn care).”

EHB Entry

- Numerator and Denominator numbers will be asked
- Numerator=number of hospitals that have agreements
- Denominator=number of hospitals responding to survey
- EHB will calculate percentage
- Note: Targets are 2011 targets.

66e: EHB entry

| Elements of Operational Capacity | Percentage OR Yes/No NA | Target by 2011 | Target Met? | |
|--|----------------------------------|----------------------|-------------|---------|
| | | | Yes ✓ | No ✓ |
| e. The percentage of hospitals that have written pediatric inter-facility transfer <i>agreements</i> : o Number of hospitals in the State (denominator) o Number of hospitals with agreements in place (numerator) | _____ _____ | 90% | | |

PM 66

- EHB will automatically calculate whether 66 has been met in total
- Requires 90% for:
 - 66a: all 4 subcomponents
 - 66b: all 2 sub components
 - 66c: all 2 subcomponents
 - 66d: all 5 subcomponents
 - 66e

67: Pediatric education

• Updated EHB

Data Collection Form for Performance Measure #67

1. Has your State/Territory adopted requirements for pediatric education for the license/certification renewal of BLS providers?

YES NO NOT APPLICABLE

1.a If “Yes,” please provide the following information. If your State/Territory does not track this information, enter “N/ A.”

- Total number of hours required for BLS license/certification renewal: _____
- Of the total number of hours required for BLS license/certification renewal, number of hours that need to be dedicated to pediatrics: _____

Note: Supporting documentation for the measure will only need to be submitted if requested by HRSA.

67: EHB Entry

Comments:

1.b. If No, please indicate the reasons why your State/Territory has not adopted requirements for pediatric education for the license/certification of BLS providers. Please also indicate what steps you have taken towards adopting requirements, highlighting any major barriers towards adoption.

1.c. If Not Applicable, please provide reasons why the measure is not applicable to your State/Territory (e.g., State/Territory does not have BLS providers).

67: EHB Entry

2. Has your State/Territory adopted requirements for pediatric education for the license/certification renewal of ALS providers?

YES NO NOT APPLICABLE

2.a. If “Yes,” please provide the following information. If your State/Territory does not track this information, enter “N/A.”

- Total number of hours required for ALS license/certification renewal:
- Of the total number of hours required for ALS license/certification renewal, number of hours that need to be dedicated to pediatrics: _____

Note: Supporting documentation for the measure will only need to be submitted if requested by HRSA.

Comments:

67: EHB Entry

2.b. If “No,” please indicate the reasons why your State/Territory has not adopted requirements for pediatric education for the license/certification of ALS providers. Please also indicate what steps you have taken towards adopting requirements, highlighting any major barriers towards adoption.

2.c. 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).

68a: Advisory Committee

- EHB will allow entries to be changed each year
- Measure requires annual compliance
 - 8 members
 - 4 meetings a year (telephone or face to face)

68a: EHB Entry

| Elements Indicating Permanence of EMSC in the State/Territory EMS System | Yes/No* Number or text | Target Annual | Target Met? | |
|--|---------------------------|---------------|-------------|---------|
| | | | Yes ✓ | No ✓ |
| a. The establishment of an EMSC Advisory Committee within the State/Territory. | | Annual | | |
| a.1 Does the EMSC Advisory Committee have the required members as per the implementation manual? | | Yes | | |
| a.2 Number of times the EMSC Advisory Committee met during the grant year | | 4 | | |

68b: Pediatric Rep EMS Board

- **EMS Board:** *The EMS Board within the State/Territory refers to the State/Territory governing entity or body that provides oversight for emergency medical services and that has the primary responsibility and authority of advising on EMS issues in the State/Territory, which ultimately affects the decision-making process. The EMS Board may have different names in different States/Territories. The structure of EMS oversight could be referred to as an EMS advisory committee or similar reference. If the State/Territory does not have an EMS Board, please consult the NRC.*

68b: EHB Entry

| Elements Indicating Permanence of EMSC in the State/Territory EMS System | Yes/No* Number or text | Target Annual | Target Met? | |
|--|------------------------------|------------------------|----------------|---------|
| | | | Yes ✓ | No ✓ |
| d. The incorporation of pediatric representation on the State/Territory EMS Board. | | | | |
| Is there a pediatric representative on the EMS Board? | | Yes by 2011 | | |
| Is there a State/Territory mandate requiring pediatric representation on the EMS Board? | | Yes by 2011 | | |
| If there is no representative and no mandate requiring representation there a mechanism to provide pediatric input to the State EMS board? | | Yes by 2011 | | |
| If "no" to any of the above, describe the reasons why. (Limit 1500 characters) | | | | |

68c: Full time EMSC manager

- *State/Territory, Federal, and/or other-funded: State/Territory-funded refers to any funds provided by State/Territorial government organizations or the State/Territory legislature (e.g., line item in the State/Territory budget) to support the EMSC manager position. Federal funding refers to any funding received from a Federal governmental agency. Other funding refers to any funding received from other sources, such as professional, private, and/or philanthropic groups (e.g., foundations, non-profits).*
- *Solely: The EMSC manager is to dedicate 100% of his/her effort to the EMSC Program, EMSC activities, or other EMSC-related projects. The EMSC manager could have other responsibilities from the performance measures, but they should be EMSC-related priorities. Grantees need one individual that is designated as the FTE for EMSC and responsible for the program. If the position is split between multiple individuals, it is easy for EMSC activities to be prioritized lower than other activities.*

68c: EHB Entry

| Elements Indicating Permanence of EMSC in the State/Territory EMS System | Yes/No* Number or text | Target Annual | Target Met? | |
|--|---------------------------|---------------|-------------|---------|
| | | | Yes ✓ | No ✓ |
| e. The establishment of a full time EMSC Manager that is dedicated solely to the EMSC Program. | | | | |
| o Number of FTEs designated for an EMSC | | | | |

| | | | | |
|---|--|--|--|--|
| manager or equivalent position | | | | |
| Funding for this position comes from which source? | State Federal Private Combination | | | |
| <input type="checkbox"/> Total number of other FTEs working on the EMSC Program within the grantee organization | | | | |

68d: Integration of Priorities

- Please note the integration and meeting this measure is defined as having in mandate all of the following priorities:
 - On-line and off-line pediatric medical direction
 - BLS and ALS patient care units have the essential pediatric equipment
 - Existence of a statewide, territorial, or regional standardized system that recognizes hospitals able to stabilize and or manage pediatric medical emergencies and trauma.
 - Hospitals in the State/Territory have written pediatric inter-facility transfer guidelines that include the 5 components of transfer.
 - Hospitals in the State/Territory have written pediatric inter-facility transfer agreements.
 - The adoption of requirements by the State/Territory EMSC for pediatric emergency education for the license/certification renewal of BLS and ALS providers.

68d: Integration of Priorities

- New section on how strategic planning and how to write legislative language

68d: EHB Entry

| Elements Indicating Permanence of EMSC in the State/Territory EMS System | Yes/No* Number or text | Target Annual | Target Met? | |
|--|------------------------------|------------------------------------|----------------|---------|
| | | | Yes ✓ | No ✓ |
| d. The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations for each of the following priorities: | | | | |
| Pediatric online and offline medical direction for BLS and ALS providers | | "Yes" by 2011 | | |
| Pediatric equipment for BLS and ALS agencies as per national equipment standards | | "Yes" by 2011 | | |
| Hospital recognition system for identifying hospitals capable of dealing with pediatric emergencies for: Medical Trauma | | "Yes" by 2011 "Yes" by 2011 | | |
| Written transfer guidelines that include pediatric components for pediatric interfacility transfer within hospitals | | "Yes" by 2011 | | |
| Written hospital transfer agreements for pediatric interfacility transfer | | "Yes" by 2011 | | |
| The adoption of requirements for continuing pediatric education during recertification of BLS and ALS providers | | "Yes" by 2011 | | |

PM 68

- EHB will automatically calculate whether 68 has been met in total
- Requires 90% for:
 - 68a
 - 68b: have a mandated position
 - 68c
 - 68d: all 5 priorities

Overall EHB

- EHB will calculate overall meeting all 3 performance measures
 - 66
 - 67
 - 68
- Note: it's important to show progress in each measure.

FAQs

- Can I work on programs other than performance measures?
 - Can only be proposed if:
 - ✦ Core performance measures have been met
 - ✦ States can work on performance measures and other activities
 - ✦ Activities should be relevant to EMSC strategic plan
- What about survey changes?
 - NEDARC is working on it

Looking forward

- The current measures expire in 2011
- PMAC will be engaged to develop new measures
- What role can the EMSC council play?

Technical Assistance Resources

- PM Best Practices Conference calls
- NRC Town Halls
- See www.childrensnational.org/emsc and click on Events

EMSC Grantee Meeting!

Save the Date!

- June 9-12, 2009--Alexandria, VA
- June 9—
 - 1P-6P new coordinator orientation
 - 6P-9P FAN reception
- June 10-11 (full days)
- June 12 (half day)
- Don't forget to nominate someone for a Heroes Award!
- Suggestions for grantee meeting events or sessions should be emailed to tsingh@cnmc.org

Federal Project Officer Contacts

- Dan Kavanaugh

- State Partnership Grants for: AK, AS, AZ, CA, CO, GU, HI, ID, IL,, IA, KS, CNMI, MI, MN, MO, MT, NE, NV, ND, OH, OR, SD, UT, WA, WI, WY (26)
- PECARN (5)
- EMSC National Resource Center (1)

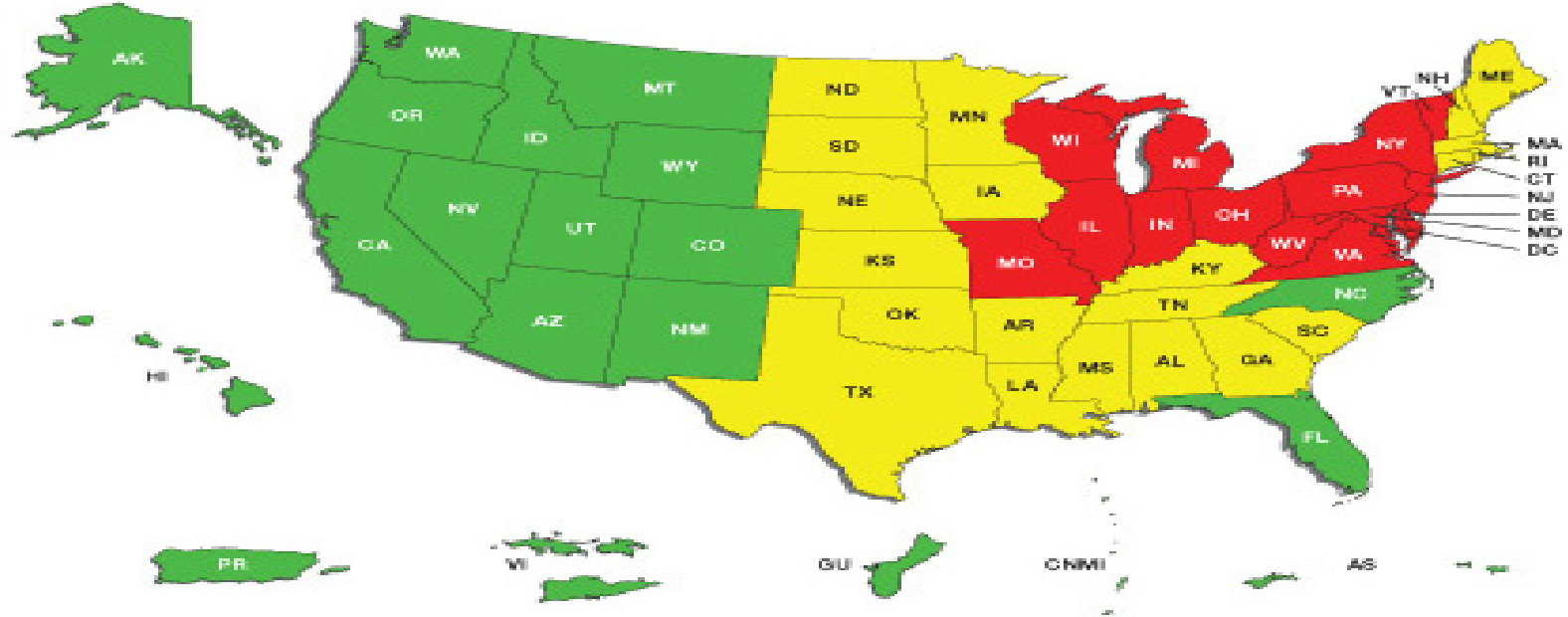
- Tina Turgel

- State Partnership Grants for: AL, AR, CT, DE, DC, FI, GA, KY, LA, ME, MD, MA, MS, NH, NM, NJ, NY, NC, OK, PA, PR, RI, SC, TN, TX, VT, VI, VA, (28)
- Targeted Issues (13)
- National EMSC Data Analysis Resource Center (1)



NRC Contacts

State Partnership Staff Liaisons (Large image in pdf format)



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