



# Pediatric Emergency Care

## Goals and Strategic Directions 2012



## 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 Pediatric Emergency Care Council supports leadership under these principle goals:

- Goal #1
  - Establish and maintain cohesive relationships with NASEMSO councils and committees and professional organizations
- Goal #2
  - Collaborate with Education and Professional Standards Council on recommendations for core and continuing education standards
- Goal #3
  - Establish and maintain partnership with state, regional and federal organizations for continued injury prevention collaboration

**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 NASEMSO 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 Pediatric Emergency Care Council supports systems development under these principle goals:

- Goal #4
  - 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 #5
  - Collaborate with Trauma Manager’s Council on their prioritized action areas, including rural trauma, 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.

- Goal #6
  - Identify quality indicators to evaluate and improve pediatric emergency care across the continuum of EMS Systems

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## 2011 Work Plan

### Goals, Objectives and Action Steps

#### Goal #1: Establish and maintain cohesive relationships with NASEMSO councils and committees and professional organizations

**Objective/Strategy:** PEC leadership will actively participate on NASEMSO EC, maintaining committee and work group involvement, provide liaisons to outside organizations concerning pediatric emergency care, and exploring other opportunities for collaboration with specific councils.

**Description of the objective and expected outcome:** NASMEO will have pediatric expert participation and representation from with the PEC Council to support the organizations vision, mission and goals and advocate for best practices in the care and advocacy for children, youth and families.

Task	Responsibility	Due Date	Done	Budget
PEC Council Chair and Chair elect will serve on the NASEMSO Executive Committee	PEC leadership and NASEMSO staff for current communication	Ongoing	Started 2007 and ongoing	Conference Calls
PEC will select a liaison to Rural EMS Committee of NASEMSO	PEC Steering Committee	2007 – Dave Bohr	Ongoing	Conference Calls
PEC will select a liaison to Disaster Committee of NASEMSO	PEC Steering Committee	2007 – Dave Edwards	Ongoing	Conference Calls
PEC will select a liaison to Highway Incident and Transportation Systems (HITS) Committee of NASEMSO	PEC Steering Committee	2009 – Cyndy Wright Johnson (appointed by EC)	Ongoing	NHTSA Contract supported travel
PEC will select a liaison to AAP PEPP Steering Committee	PEC Steering Committee	2005 – Cyndy Wright Johnson (appointed by EC and reappointed 2010 by PEC)	Ongoing	AAP covers travel
PEC will select a liaison to AAP COPEM	PEC Steering Committee	2009- Cyndy Wright Johnson	Ongoing	2 Meetings a year average \$2000
PEC will explore committee and work groups with NASEMSO with pediatric concerns	PEC Council			
PEC will respond to NASEMSO requests for liaisons as membership and funding are able to support	PEC Council & NASEMSO Staff			

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done
PEC Council Chair and Chair elect will serve on the NASEMSO	CC	CC	CC	CC	MTG	CC	CC	CC	CC	MTG	CC	MTG	



Executive Committee													
PEC will select a liaison to Rural EMS Committee of NASEMSO	Dave B												
PEC will select a liaison to Disaster Committee of NASEMSO	Dave E												
PEC will select a liaison to Highway Incident and Transportation Systems (HITS) Committee of NASEMSO	CC		CC		MTG		CC		MTG		CC		
PEC will select a liaison to AAP PEPP Steering Committee													PEPP Steering has not met in 4 years
PEC will select a liaison to AAP COPEM	CC/MTG		CC		MTG		CC					CC/MTG	
PEC will explore committee and work groups with NASEMSO with pediatric concerns													
PEC will respond to NASEMSO requests for liaisons as membership and funding are able to support													



**Goal #2: Collaborate with Education and Professional Standards Council on recommendations for core and continuing education standards**

**Objective/Strategy:** Ensure pediatric content and pediatric competencies inclusion within both core and continuing education standards for the scope of practice at each level of EMS provider

**Description of the objective and expected outcome,**

PEC members will facilitate implementation of pediatric competencies within national educational core and continuing education standards to include evidence based recommendations, educational research, and curricula developed with pediatric experts included

Task	Responsibility	Due Date	Done	Budget
Establish minimum of annual joint council meetings (PEC & EPSC) for review of joint goals and prioritization of joint objectives	NASEMSO staff to arrange meeting location and logistics. PEC & EPSC leadership to identify joint agenda	On-going annual joint session within NASEMSO meeting	Started & On going	Included in meeting fees
Share pediatric education resources with existing NASEMSO councils developed with pediatric expert input	PEC council members to populate Documents Section of website and provide NASEMSO staff with linkages to resources	On-going		None
Identify methods of exchanging information with EPSC and other councils	PEC and EPSC councils to explore platform with NASEMSO staff	2011		Unknown
Promote pediatric emergency care education research presentations at NASEMSO meetings	PEC member to serve on annual conference planning to work with NASEMSO staff	September 2012		Faculty travel & per diem

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done
Establish minimum of annual joint council meetings (PEC & EPSC) for review of joint goals and prioritization of joint objectives					2011 MTG  2012 MTG					2010 identified			
Share pediatric education resources with existing NASEMSO councils developed with pediatric expert	X CC				X CC					X MTG			



input													
Identify methods of exchanging information with EPSC and other councils					X MTG						X MTG		
Promote pediatric emergency care education research presentations at NASEMSO meetings			X EC CC		X EC CC						X MTG		X EC MTG

**Goal #3: Establish and maintain partnership with state, regional and federal organizations for continued injury prevention collaboration**

**Objective/Strategy:** Maintain partnerships within each state and expand partnerships with new organizations and agencies learning from other states. Maintain partnerships with injury prevention resources at regional and federal organizations to include governmental agencies, university based programs, professional associations and grass roots organizations.

**Description of the objective and expected outcome**

Share existing working partnerships from state to state and explore new partnerships focused on injury prevention for children and families within the wider community. Where they exist, injury prevention programs should be based upon evidence based practice and research.

Task	Responsibility	Due Date	Done	Budget
Contact with HRSA/MCHB Representatives to organize a workshop for PEC annual meeting on prevention resources at national level with state centers of excellence	PEC Council Chair in partnership with Dr. Beth Edgerton (HRSA/MCHB/EMSC)	2010	X at 2011 Meeting	Funded by MCHB & CDC
Forward the PEC Council Motion to NASEMSO Exec Council to support developing relationship and partnership with SAFE state contacts	PEC Chair		X 2010 & 2011	None
Develop partnerships and establish formal communication with state contacts in Safe State Alliance (formerly STIPTA) IP programs and identify those funded by Core Injury Grants (CDC)	PEC council members	On-going		None
Integrate EMSC managers into state IP programs and network EMSC Regions into the CDC 5 COIP networks	PEC council members with CDC Injury project contacts (regional and states)	On-going		None
Review existing injury prevention curricula for EMS providers from state and federal resources for current content and resources	PEC council work group to be set up that will need document sharing and conference calls support from NASEMSO	2012		Unknown

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Done
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Contact with HRSA/MCHB Representatives to organize a workshop for PEC annual meeting on prevention resources at national level with state centers of excellence		X			X		X		X	X held 2011			Oct 2011
Forward the PEC Council Motion to NASEMSO Exec Council to support developing relationship and partnership with SAFE state contacts		X 2011											
Develop partnerships and establish formal communication with state contacts in Safe State Alliance (formerly STIPTA) IP programs and identify those funded by Core Injury Grants (CDC)	X CC		X CC		X MTG			X CC		X MTG			
Integrate EMSC managers into state IP programs and network EMSC Regions into the CDC 5 COIP networks	X CC				X MTG					X MTG			
Review existing injury prevention curricula for EMS providers from state and federal resources for current content and resources	X SC CC		X SC CC		X SC MTG					X SC MTG			

**Goal #4: 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:** To provide pediatric best practice, evidence based guidelines and research findings on pediatric resources that are archived for new and existing membership of NASEMSO members.

**Description of the objective and expected outcome,**

Developed platform to share and archive resources on pediatrics that is available to new and existing PEC council members as well as other council membership on high priority pediatric topics. Priority topics will be identified for each year.

**Resources include:** guidelines, policies, tools and forms, program brochures, web resources and teaching resources.

Task	Responsibility	Due Date	Done	Budget
Identify a platform with review and venting processes for posting pediatric resources for PEC and other council membership.	NASEMSO Staff	2011		Probably \$0
Develop a process of regular review for documents that have been shared.	PEC Steering Committee to set up review subcommittee for each topical area	3 year cycle proposed		Conference Call with document



				sharing
Share existing & future resources on Family centered care through the PEC documents section of NASEMSO website.	PEC Council Subcommittee on Family Centered Care	On-going		None
Share existing & future resources on medically-fragile children identification programs through the PEC documents section of NASEMSO website.	PEC Steering Committee PEC Council Subcommittee on CSHN	On-going		None
Share existing & future resources pediatric disaster preparedness through the PEC documents section of NASEMSO website.	PEC Steering Committee PEC Council Subcommittee on Pediatric Disaster Preparedness	On-going		None

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done
Identify a platform with review and venting processes for posting pediatric resources for PEC and other council membership.	X CC		X CC		2012 MTG		X CC			2012 MTG			
Develop a process of regular review for documents that have been shared.					2012 MTG								
Share existing & future resources on Family centered care through the PEC documents section of NASEMSO website.	X CC		X CC		2012 MTG		X CC			2012 MTG		X CC	
Share existing & future resources on medically-fragile children identification programs through the PEC documents section of NASEMSO website.	X CC		X CC		2012 MTG		X CC			2012 MTG		X CC	
Share existing & future resources pediatric disaster preparedness through the PEC documents section of NASEMSO website.	X CC		X CC		2012 MTG		X CC			2012 MTG		X CC	



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

**Objective/Strategy:** Through ongoing collaboration with the Trauma Managers Council of NASEMSO, serve on committees and task forces to ensure that the pediatric issues and concerns are included in projects, document review and educational programs.

**Description of the objective and expected outcome**

The needs of children, youth and families will be included in projects, policy statements and educational programs whether NASMEO is asked to supported outside organizations or NASEMSO is the primary author.

Task	Responsibility	Due Date	Done	Budget
Establish minimum of annual joint council meetings (PEC & TM) for review of joint goals and prioritization of joint objectives	NASEMSO staff to arrange meeting location and logistics. PEC & TM leadership to identify joint agenda	On-going annual joint session @ NASEMSO	Started & On going	Included in meeting fees
PEC Council representative to be included 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 & ground care.	PEC and Trauma Managers Council leadership – Chairs and Steering Committee	2011		Supported by ACS partnership (maybe in NHTSA cooperative)
Identify a PEC Council representative to the joint NASEMSO and ACS task force.	PEC and Trauma Mangers Council Chairs with NASMEO Staff to facilitate communication	2011		None
PEC membership to provide input on the pediatric components for the revised ACS Optimal Care of the Trauma Patient (due out in 2012) and disseminate linkages within states once published.	PEC and Trauma Managers Council leadership to maintain communication	2011		Conference Call
PEC membership to review the ACS Rural Trauma Team Development Course and consider opportunities to include pediatric components.	PEC membership to share implementation in states and identify course structure & flexibility	2011 and 2012		Conference Call

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Done
Establish minimum of annual joint council meetings (PEC & TM) for review of joint goals and prioritization of joint objectives					Plan yearly					2010 2011			
PEC Council representative to be included in joint NASEMSO and ACS task force focusing on 5 goals including: patient safety and system benchmarking,					X					2010 ongoing		X EC	



regionalization, developing standards for definitive care, emergency preparedness and surge capacity, and air & ground care.												
Identify a PEC Council representative to the joint NASEMSO and ACS task force					X				2010			X EC
PEC membership to provide input on the pediatric components for the revised ACS Optimal Care of the Trauma Patient (due out in 2012) and disseminate linkages within states once published.	X				X				2010			
PEC membership to review the ACS Rural Trauma Team Development Course and consider opportunities to include pediatric components.			X CC		2012 MTG				2010 2011 2012			X CC

**Goal #6: Identify quality indicators to evaluate and improve pediatric emergency care across the continuum of EMS Systems**

**Objective/Strategy:** Ongoing evaluation of pediatric emergency care through common NEMSIS data elements and QI indicators to improve pediatric emergency care, regional and state benchmarking in pediatrics, and share QI process successes.

**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	PEC and Trauma Managers Council leadership	2012		Conference Call
Collaborate with NEDARC to identify pediatric data elements within NEMSIS that can evaluation state system pediatric care	PEC Council leadership, NEDARC staff	2011-2012		Included in HRSA partnership
Create joint pediatric data workgroup to compare common data elements within NEMSIS and identify one QI project for 2012-2014 work plan	PEC and Data Managers councils	2012		Conference call with document sharing
Pediatric data workgroup to provide some guidance on use of the indicators	PEC & DM data workgroup	2013		Conference call
Share state specific pediatric indicators with available data and QI process successes	PEC membership	2012-ongoing prospective		None – done within MTG

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	done
Meet with Trauma Managers Council to identify mutual data needs										2012			
Collaborate with NEDARC to identify pediatric data elements within NEMSIS that can evaluation state system pediatric care					2012					2011			
Create joint pediatric data workgroup to compare common data elements within NEMSIS and identify one QI project for 2012-2014 work plan					2012								
Pediatric data workgroup to provide some guidance on use of the indicators					X MTG		X CC			X MTG		X CC	
Share state specific pediatric indicators with available data and QI process successes					X MTG					X MTG			



## Goal # F : Place holder for future PEC Goals

### Objective/Strategy:

Description of the objective and expected outcome,

Task	Responsibility	Due Date	Done	Budget

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



**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 2012-2014 work plan or carried into the next year.

## FUTURE Goals of PEC Council (as a new Council we do not have goals to “park” from previous plans).

### Objective/Strategy:

Description of the objective and expected outcome,

Task	Responsibility	Due Date	Done	Budget

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