EMSC Performance Measures

Why do the measures exist?

In response to the Government Performance and Results Act (GPRA), the Health Resources and Services Administration (HRSA) requires grantees to report on specific performance measures related to their grant-funded activities. The purpose of the Emergency Medical Services for Children (EMSC) State Partnership performance measures is to demonstrate national outcomes of the Program to improve the delivery of emergency care services to children. Specifically, the set of measures will:

- provide an ongoing, systematic process for tracking progress towards meeting the goals of the EMSC Program;
- allow for continuous monitoring of the effectiveness of key EMSC Program activities;
- identify potential areas of performance improvement among the EMSC State Partnership grantees;
- determine the extent to which the grantees are meeting established targets and standards; and
- allow the EMSC Program to demonstrate its effectiveness and report progress to HRSA, Congress, and other stakeholders.

How were the measures developed/refined?

The process for developing the EMSC State Partnership performance measures included:

- a comprehensive document review of EMSC Program materials to identify the "universe" of measures;
- the selection of a subset of measures using a set of five criteria;
- the convening of a consensus group meeting and follow-up conference calls to identify 10 core performance measures;
- beta-testing at three grantee states to refine the performance measures; and
- refined with feedback from grantees and the Performance Measures Advisory Committee (PMAC).

What are the measures?

Summary of EMSC Performance Measure #71-77	
The degree to which the state/territory has ensured the operational capacity to provide pediatric emergency care.	
#71	The percentage of prehospital provider agencies in the state/territory that have online pediatric medical direction.
#72	The percentage of prehospital provider agencies in the state/territory that have offline pediatric medical direction.
#73	The percentage of patient care units in the state/territory that have essential pediatric equipment and supplies.
#74	The percentage of hospitals with an emergency department (ED) recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.
#75	The percentage of hospitals with an ED recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.
#76	The percentage of hospitals with an ED in the state/territory that have written interfacility transfer guidelines that cover pediatric patients and that contain the following components of transfer: • 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); • process for selecting the appropriate care facility; • 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.); • process for patient transfer (including obtaining informed consent); and • plan for transfer of patient information (e.g. medical record, copy of signed transport consent), personal belongings of the patient, and provision of directions and referral institution information to family.
#77	The percentage of hospitals with an ED in the state/territory that have written interfacility transfer agreements that cover pediatric patients.

Note: Performance measures #71-77 are GPRA-required measures.

Performance measures #71-#77 identify and address gaps in the pediatric emergency care system to improve the quality and adequacy of pediatric emergency care. The Institute of Medicine's Emergency Care for Children: Growing Pains report identified this as a key theme. For example, having online and offline pediatric medical direction available at the scene of all emergencies for both basic life support (BLS) and advanced life support (ALS) providers will help ensure that prehospital providers in the state/territory have access to medical direction facilitating the provision of quality assessment and optimal care in pediatric emergencies. Prehospital providers also need the appropriate pediatric equipment to achieve optimal pediatric outcomes. In addition, the existence of a standardized categorization and/or designation system that recognizes hospitals capable of stabilizing and/or managing pediatric medical and trauma emergencies will help ensure that pediatric patients receive the appropriate care. Lastly, when a child's needs are beyond those available at a receiving facility, interfacility transfer guidelines and agreements ensure appropriate and timely transfer of children to facilities with the resources and competencies to effectively treat pediatric emergencies.

Summary of EMSC Performance Measures #78, #79 and #80	
#78	The adoption of requirements by the state/territory for pediatric emergency education for the license/certification renewal of BLS and ALS providers.
#79	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system. • The establishment of an EMSC Advisory Committee within the state/territory that meets at least four times per year. • The incorporation of pediatric representation on the state/territory EMS Board. • The establishment of a state/territory, federal, and/or other-funded full-time EMSC manager that is dedicated solely to the EMSC Program.
#80	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations.

Note: Performance measure #78 is a GPRA-required measure, and #79 and #80 are EMSC Program measures.

Performance measure #78 emphasizes developing and adopting minimum requirements for pediatric emergency education for the license/certification renewal of BLS and ALS providers. As shown in the Institute of Medicine's Emergency Care for Children: Growing Pains report, most EMS providers do not treat a sufficient number of pediatric patients to maintain the skills necessary to treat pediatric emergencies. Thus, continuing education helps ensure that prehospital providers are prepared to care for pediatric patients in the field and improves the quality and effectiveness of pediatric emergency care. Improved care should improve pediatric outcomes from medical and traumatic emergencies.

Performance measure #79, which establishing permanence of EMSC in the state/territory EMS system, is fundamental to the success of the EMSC Program. The establishment of an EMSC Advisory Committee in every state/territory will assist grantees in strategic planning, provide state/territory leadership support to effect system change, and help to ensure that family issues are part of the EMSC system. Incorporation of pediatric representation on the state/territory EMS Board is crucial so that pediatric issues will be addressed in EMS agendas, goals, practices, and policies. Moreover, given the integral role that EMSC managers have with the EMS/EMSC system, the establishment of one full-time EMSC manager that is dedicated solely to the Program is the cornerstone of the state/ territory EMSC infrastructure. Lastly, performance measure #80, the integration of EMSC priorities into statutes/regulations, ensures that pediatric emergency care issues and/or deficiencies are being addressed system-wide for the long-term.

What are the reporting requirements for each performance measure?

EMSC State Partnership grantees are required to collect and report data on performance measures #71, #72, #73, #76, #77. The intent of data collection is to guide strategic planning efforts by providing benchmark data for planning and implementation. For each performance measure, specific strategic planning activities are conducted (e.g., reviewing baseline data, discussing system gaps with stakeholders) to effect system changes in states/territories. Grantees are expected to comply with the following data collection requirements:

- Data must be collected as specified in the EMSC Performance Measures Implementation Manual.
- Grantees should work with the National EMSC Data Analysis Resource Center (NEDARC) on all data collection activities.
- Grantees may qualify for an exemption from data collection due to certain state/territory mandates. To request an exemption, grantees are required to contact the EMSC Program.
- Data collection is not required for performance measures #74, #75, #78, #79 and #80. For these measures, grantees need to provide documentation to demonstrate their level of progress towards meeting the measures.

For more information...

For more information on the EMSC performance measures, visit the EMSC National Resource Center (NRC) website at www.childrensnational.org/emsc to view the EMSC Performance Measures Implementation Manual for State Partnership Grantees (2009-2010 "Draft" Edition) or contact the NRC at (202) 476-4927.