Improving emergency medical care for children all across Texas

Headline News

The EMSC Scientific Frontier: Developing an Evidence Base

One of the major focuses of the EMSC State Partnership is research, and for good reason. In spite of a significant increase in pediatric emergency care research over the past 25 years, the 2007 Institute of Medicine report, Emergency Care for Children: Growing Pains, identifies major information gaps still present today. Questions about the safety and effectiveness of current pediatric emergency care, the efficiency of EMS in the delivery of care, and the equity of care in the prehospital environment remain largely unanswered.

Barriers to research in pediatric emergency care include inadequate funding, limited data availability, and a shortage of investigators dedicated to this field of study. Of particular concern in the prehospital setting is the finding that prehospital personnel have a general lack of knowledge about the purpose of research and, therefore, a lack of interest making them reluctant to be involved (Singh, et al., 2004). However, in order to provide safe and effective pediatric emergency care, EMS professionals must begin to break down these barriers.

EMSC is here to help.

Established in 1984 under the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB), the federal EMSC program was one of the early pioneers of pediatric emergency care research and remains today the only federal program focused specifically on emergency medical care for children (Institute of Medicine, 2007, p. 44). Programs developed by EMSC to facilitate research and data collection, and the translation into EMS Practice include

(See Research, Page 2)

State Partnership Update

The EMSC Stakeholder teleconference was held on October 22. Attendees discussed the next steps in achieving EMSC goals of assuring adequate pediatric equipment on ambulances and the provision of appropriate on-line and off-line medical direction for pediatric patients.

One of the suggestions made by the stakeholders was to post the recommended equipment list. The EMSC State Partnership, Texas supports the Policy Resource Education Paper (PREP) titled Equipment for Ambulances.

(continued pg. 2)

Best Practices

The following is a parent’s response to EMSC partner Parent to Parent’s recent request for input regarding EMS experiences from parents of children with special healthcare needs. P2P is a nonprofit organization created by parents to provide support and information to families of children with disabilities, chronic illness and special healthcare needs. The author is anonymous, but their story highlights a great example of best practices in EMS.

Our local firefighters and EMT’s at the Duval Rd./HWY 183 (Austin) location have shown great interest in being a part of my son’s health care team. In Austin, safety officers display professionalism, dedication, leadership and integrity.

At the beginning of every elementary school year, I visited the Firehouse/EMS site with homemade bread and updated the crews about Tom’s current health status. Because I am the daughter of a retired Firefighter-EMT, I know that multiple crews are assigned to each fire station and EMT bay. Therefore, I made visits to each crew on successive days. I wanted to ensure that all team members received my personal respect and gratitude and instruction in advance of any needed care.

In addition, the EMTs told me that they have an accessible data system that informs firefighters and EMS personnel about my child’s special health care needs. Moreover, the EMTs instructed me to post a neon colored sign on my front door which reads: Vial of Life. I was told to put the Vile of Life in my refrigerator door near the soy sauce and mustard and stuff. I have a clear plastic tube they gave me which holds a piece of paper describing Tom’s emergency health care needs due to peanut and latex allergies, current medications, diagnosis of diseases and conditions, and emergency contact physician which is Tom’s Team Lead Doctor. Fortunately so far, my son has not required the use of Austin’s EMS Services.

Our hats go off to the dedicated professionals of the Austin Fire Department and the Austin-Travis County EMS and to their leadership for providing a higher standard of care and bringing piece of mind to families of children with special health care needs.
The Pony Express

Research continued from page 1

the National EMS Data Analysis Resource Center (NEDARC) and the Pediatric Emergency Applied Research Network (PECARN). NEDARC's function is to help EMSC State Partnership and Targeted Issues grantees with the data collection, analysis, and utilization for quality improvement. Originally designed to group emergency departments (EDs) into Research Node Centers to facilitate multicenter collaborative research, PECARN is now beginning to work its way into the prehospital environment as well. Both of these programs are essential to the success of the EMSC research infrastructure created through State Partnership grants.

Another important EMSC sponsored data collection program is the National EMS Information System (NEMSIS). NEMSIS is a national electronic database system designed specifically to facilitate national EMS data collection and analysis. The system was developed by the National Association of State EMS Directors in conjunction with the National Highway Traffic Safety Administration (NHTSA) and the Trauma/EMS Systems program of the HRSA's Maternal Child Health Bureau (MCHB). Every state, including Texas, has signed a memorandum of understanding to support all EMS data initiatives to conform in the future to the national dataset definitions. This project is a tremendous step forward in the ability to collect and analyze large volumes of data on prehospital care for ill and injured children (and adults). The EMSC State Partnership supports a NEMSIS compliant EMS/trauma registry in Texas.

The National EMS Research Agenda, published by NHTSA, DOT and MCHB in December of 2001, highlights the importance of research to prehospital emergency care providers, stating:

The bravery and dedication of EMS professionals cannot be underestimated. Images of firefighters, EMS personnel and others going into danger while others are evacuating will remain burned in our collective consciousness. These professionals deserve the benefit of research to assist them in providing the best possible care in the challenging circumstances they encounter.


For more information or to send us your comments, just drop an e-letter in the Mail Pouch.

Update continued from page 1

Information and support for these recommendations can be found on the American College of Emergency Physicians’ Practice Resources page at http://www.acep.org/practres.aspx?id=29436.

On-line and Off-line medical direction will be discussed with the Medical Directors' and EMS Committees of BEXAC, the EMS/Trauma Policy Committee of the Texas Hospital Association, the Texas Medical Association, and others to assess needs and address areas of potential improvement in pediatric protocol and access to qualified medical direction. In addition, we are reviewing pediatric protocol samples to be published on the EMSC website as a reference. Most importantly, however, EMSC will continue to support research focused on the development of an evidence base for future pediatric trauma and medical protocols.

Final Thought

The important thing is never to stop questioning. Albert Einstein

Upcoming Events

November 22-25, 2009: Texas EMS Conference. Look for the EMSC booth in the Exhibition Hall on the 22nd and 23rd.

December 17, 2009: EAC Teleconference, 2:00 - 3:00 pm. Call-in information forthcoming.

January 28, 2010: EMSC Stakeholder Teleconference, 2:00 - 3:00 pm. Call in information forthcoming.

Mark Your Calendar