



The Pony Express

Headline News

Happy New Year!

State Partnership Update

Setting Sites on the Year Ahead

As the new year rolls out, the EMSC State Partnership is rolling up its collective sleeves and preparing to make 2010 truly successful in the advancement of emergency medical care for children through partnership and collaboration across all sectors and disciplines and through steadfast commitment to the pursuit of excellence in pediatric emergency medical services throughout this great state. This issue of the Pony Express is dedicated to the [EMSC Performance Measures](#), providing an overview of what the program is working to achieve, what is being done to accomplish these goals, and what they mean to pediatric emergency care providers and the children we serve.

In the prehospital emergency care for children, EMTs and paramedics need access to appropriate on-line medical direction at all times and pediatric-specific protocols based on current clinical recommendations and evidence-based guidelines to provide advice and direction in critical pediatric emergencies. Over the next few months, EMSC will be assessing the percentages of EMS agencies in Texas that have pediatric-specific off-line medical direction and on-line medical direction from a higher level medical advisor who can provide both ALS and BLS providers with real-time patient care advice 24 hours a day. This data will help to assure that every EMS provider will have the support they need in a pediatric emergency.

Emergency medical personnel also need the appropriate pediatric equipment to handle critically ill or injured children. The [American College of Emergency Physicians](#), the [American College of Surgeons](#), the [National Association of EMS Physicians](#), the [National EMSC Stakeholder Group](#), and the [American Academy of Pediatrics](#) recently collaborated to publish [Equipment for Ambulances](#), guidelines for essential pediatric equipment and supplies that should be carried on ALS and BLS ambulances. The EMSC State Partnership is working to assure that Texas has the operational capacity to care for

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EMSC State Partnership, TX

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Best Practices

In this edition of Best Practices, the EMSC State Partnership is putting out a [call for pediatric protocols](#) from around the state. As mentioned in the State Partnership Update, pediatric-specific off-line medical direction based on current clinical recommendations and evidence-based guidelines is an essential component of the EMT's and Paramedic's tool boxes. While the federal Emergency Medical Services for Children program has been instrumental in the development of protocols and algorithms for pediatric patients¹, a number of Texas EMS providers, both ALS and BLS, reported that they did not have written pediatric treatment guidelines and protocols available at the scene of an emergency¹.

Part of the problem is that empirical evidence in pediatric prehospital emergency medical care is extremely limited and treatment patterns can vary widely¹. In light of this, a panel of experts convened by the Health and Human Resources Administration (HRSA), the National Highway Traffic Safety Administration (NHTSA), and the Robert Wood Johnson Foundation recommended that pediatric emergency care guidelines be developed through a broad consensus process and a scientific approach³.

The EMSC State Partnership is committed to the continued development and improvement of pediatric emergency care protocols through collaborative multicenter clinical research and ongoing protocol review and evaluation. We are collecting pediatric protocols from around the state in order to compile them for systematic analysis by a panel of pediatric emergency specialists, medical directors, and EMS professionals. The intention is not to create a state-wide protocol, but to develop a compilation of protocols approved by a consensus of experts that EMS agencies and medical directors can use as a resource. In addition, priorities for research will be identified and clinical recommendations made for the development of new pediatric emergency medical care guidelines.

¹ Fuchs, S. Pediatric [Medical protocols]. In Kuehl, A. E. *Prehospital Systems and Medical Oversight* (3rd ed.). Dubuque, IA., National Association of EMS Physicians, Kendall/Hunt Publishing.

² Texas Department of State Health Services. *Texas EMSC Program: 2007-2008 Data*. Submitted to: Health Resources and Services Administration (HRSA) Electronic Handbook (EHB). Obtained via personal communication with the EMSC National EMS for Children Data Analysis Resource Center (NEDARC). Accessed September 30, 2008.

³ Institute of Medicine. *Emergency Care for Children: Growing Pains*. Washington, D.C., The National Academies Press; 2006.

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critically ill and injured children by assessing the percentage of ambulances that have all [essential equipment and supplies](#).

The EMSC State Partnership applauds the [Bureau of Emergency Management](#) for the development of a comprehensive trauma system in which hospitals are recognized for their ability to care for trauma victims of all ages based on standardized criteria that assures appropriate resources and protocols are in place. This has no doubt saved many lives. However, there is still work to be done. Because not all emergency facilities in the state have the resources or expertise to provide appropriate emergency care to critical ill children, a regional system of recognizing those hospitals capable of stabilizing and/or managing critically ill (non-trauma) children, similar to the trauma system, must be established. DSHS has begun to develop standardized criteria for such recognition. However, the project has not moved forward. The EMSC State Partnership is dedicated to the development of a categorization and/or designation process to assist hospitals in assessing their capacity and readiness to deliver appropriate pediatric emergency medical care. EMSC supports the joint AAP/ACEP policy statement, [Guidelines for Care of Children in the Emergency Department](#).

Related to, and dependent on, a pediatric emergency facility recognition system for both trauma and non-traumatic illness is the coordination of pediatric emergency medical care through inter-facility transfer guidelines and agreements that clearly identify the process for selecting an appropriate care facility. In order to assure that all Texas children receive optimal care, the EMSC State Partnership is assessing the existence of appropriate pediatric transfer guidelines and agreements in all hospital emergency departments.

The Texas Administrative Code requires a minimum of 3 hours of [pediatric continuing education](#) in a four year period at the EMT-Basic level, 9 hours for EMT-I, and 12 hours for paramedic in order to qualify for recertification...*or does it?* The fact is that the option to simply take and pass the National Registry exam—entry level competency—is still available as an alternative to acquiring any amount of continuing education. Although very few EMS providers choose this option, the EMSC State Partnership maintains that this rule represents an unacceptable risk to children in Texas and is counter to the development of EMS as an allied health profession. There is sufficient empirical evidence that the lack of continuing education and infrequent utilization of specialized knowledge and skills needed for critically ill or injured pediatric patients results in treatment deficiencies, care-giver anxiety and fear, reluctance to perform critical interventions, and inappropriate care for children in crisis (see pages 158-159 in [Institute of Medicine, Emergency Care for Children: Growing Pains, National Academy Press, Washington, DC, 2007](#)). The EMSC State Partnership is advocating for changes in the current Texas Administrative Code to eliminate any option for recertification/re-licensure that bypasses the minimal pediatric continuing education requirements as listed in [25 TAC §157.38 \(c\)](#) or [25 TAC §157.34\(b\)\(4\)\(B\)](#).

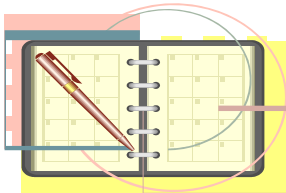
These performance measures represent opportunities to improve the emergency medical care of children in both the pre-hospital and emergency department environments. The Emergency Medical Services for Children State Partnership is dedicated to working with emergency care providers to collect data and conduct clinical research in order to develop evidence-based protocols and procedures; to identify the pediatric equipment and resource needs on ambulances and develop a plan to meet them; to facilitate collaboration between EMS, hospitals, and DSHS to create a statewide system for recognizing and designating hospitals capable of stabilizing and managing critically ill children and/or transferring them to the appropriate level of care; and to find better ways to disseminate quality pediatric training programs, making sure that all EMS personnel receive relevant and informative professional continuing education on an ongoing basis. Working together, we will make Texas a model of excellence in pediatric emergency medical care.

Final Thought

Action is the foundational key to all success.

Pablo Picasso

Upcoming Events



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

February 24-26, 2010: GETAC Meetings in Austin

March 1, 2010: EMSC survey distributed to EMS agencies and hospitals

Mark Your Calendar