

The Pony Express

Improving emergency medical care for children all across Texas



EMSC State Partnership, TX

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EMSC

Headline News

Texas Administrative Code Chapter 157 Open for Review

[Texas Administrative Code \(TAC\) Chapter 157](#), the rules governing emergency medical services, has been opened for review. The chapter consists of 31 rules covering all aspects of EMS in Texas from provider licensing to certification and training to trauma systems and is guided by statute in the [Health and Safety Code Title 9, Subtitle 9, Chapter 773, Emergency Medical Services](#). The Department of State Health Services (DSHS) announced the opening at the May GETAC meetings and asked each committee to begin their review and make recommendations for revisions by September. The recommendations will then be compiled and drafted in the appropriate language prior to presenting to stakeholders for public comment.

In response to meaningful feedback from stakeholders in the wake of [Senate Bill 1808](#) relating to pediatric equipment on ambulances and EMS continuing education in the 2011 legislative session, the EMSC State Partnership agreed that a collaborative effort to revise TAC Chapter 157 might better address stakeholder concerns and provide greater flexibility than the legislative alternative, while still achieving the primary goal of improving pediatric emergency care in Texas. The EMS and Medical Directors Committees of [GETAC](#) have agreed to work closely with EMSC and others to find workable solutions in the rules and have been responsive to pediatric concerns in the early stages of the review. The Partnership will also work with other committees and various stakeholder groups throughout the process.

It is evident that the progress made in recent years and the continued momentum forward in pediatric emergency care in Texas is dependent on collaborative partnerships and a spirit of cooperation among the key stakeholders. Now more than ever, cultivating and nurturing consensual efforts to achieve common goals is paramount. Therefore, while EMSC maintains that continuing education should be documented every two years by all EMS personnel and minimum standards for essential pediatric equipment on ambulances should be clearly defined and consistent with practice delegated by medical directors, we must also make every effort to bring the stakeholders together to find common ground.

EMSC State Partnership Update

Update on Pediatric Prehospital Research: Integrating Evidence-Based Pediatric Prehospital Protocols into Practice

In 1993, the Institute of Medicine (IOM) reported significant knowledge gaps in pediatric emergency medicine, noting that "research is needed to validate the clinical merit of care that is given, to identify better kinds of care, to

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Best Practices

Seeking Out Best Practices Across the Nation

There is mounting evidence to suggest that critically injured children cared for in pediatric specific trauma centers or in adult trauma centers with added pediatric qualifications have significantly better outcomes than those treated in non-pediatric prepared adult trauma centers.^{1,2} Although there is currently little research measuring the impact of pediatric prepared hospitals for critically ill non-trauma patients, studies continue to show alarmingly few hospitals have the essential equipment, training, or procedures in place necessary to provide basic stabilization and management of critically ill or injured children, especially those hospitals that do not have a pediatric ward or admit children.³

In response to this crisis, a growing number of states across the nation now have standardized categorization and/or designation processes in place to assist hospitals in determining their capacity and readiness to effectively deliver pediatric emergency medical and trauma care. The categorization programs vary widely from state to state in design, essential criteria, administration, costs and funding structure, but most have two or more levels of preparedness to accommodate varying resources and capabilities, and each are focused on assisting hospitals to be better prepared for children. The common theme appears to be shared accountability.

The State Partnership is working closely with the EMSC leadership in several of these states, looking at both well established programs, such as in [Illinois](#), and newly developed programs such as those in [Arizona](#) and [Ohio](#). The idea is to seek out the best practices from around the country and to bring that information to key stakeholders in Texas in order to develop our own plan to help our hospital emergency departments, whether urban, rural or frontier, be well prepared to provide the best possible care for every child in the state during their time of need.

¹ Amini R, Lavorie A, Moore L, et al. Pediatric trauma mortality by type of designated hospital in a mature inclusive trauma system. *J Emerg Trauma Shock* [serial online] 2011; 4:12-19.

² Potoka D, Schall L, Gardner M, et al. Impact of pediatric trauma centers on mortality on a statewide system. *J Trauma-Injury, Infection, & Critical Care*. August. 2000; 49(2): 237-245

³ Burt C, Middleton K. Factors associated with the ability to treat pediatric emergencies in US hospitals. *Pediatric Emergency Care*. 2007; 23(10): 681-689.



[Mail Pouch](#)

EMSC State Partnership, TX

Check out the *EMSC State Partnership website* at
www.bcm.edu/pediatrics/emsc

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Research (continued from page 1)

devise better ways to deliver that care, and to understand the costs and benefits of the system now in place and toward which the nation should move."¹ In response, EMSC established the National EMS Data Analysis Resource Center (NEDARC), aimed at helping state grantees collect and analyze data to improve the delivery of emergency and trauma care, and the Pediatric Emergency Care Applied Research Network (PECARN), focused primarily on hospital emergency department-based multi-center, randomized controlled trials and observational studies.

Despite significant progress in pediatric emergency care research since the 1993 report, the 2006 IOM report *Emergency Care for Children: Growing Pains* noted that significant gaps remain, especially in the area of research in the prehospital environment.² However, through a series of Targeted Issue (TI) grants aimed specifically at prehospital emergency care and featured in the [August 2010 issue of the Pony Express](#), the EMSC State Partnership is leading the way in closing these gaps. This issue highlights the progress of TI Project, "Integrating Evidence-Based Pediatric Prehospital Protocols into Practice."

Under the direction of Principal Investigator and EMSC Co-Director Dr. Manish Shah, the protocol development team has drafted a new evidence-based pediatric respiratory distress protocol and is preparing for the next phase of the project. The team consists of 13 Protocol Development Committee members including paramedics, pediatric emergency physicians, researchers, and data management specialists from Baylor College of Medicine, University of Texas Southwestern, Dell Children's Medical Center, Texas Children's Hospital (TCH), City of Austin/Travis County EMS, BioTel EMS, Houston Fire Department EMS, and a parent representative, together with five members of the TCH Evidence-Based Outcomes Center (EBOC). The protocol is the result of many hours of literature review and analysis, deliberation, and consensus building and represents the first steps towards the long awaited move of EMS into evidence-based protocol development.

Specific data will be tracked before and after protocol implementation to evaluate patient and systems-centered structural, process, and outcome measures as well as the effectiveness of an online educational tool used to train EMS providers on the new protocol. Implementation is expected to begin in January of 2012 in Houston with subsequent implementation in Dallas and Austin by June of 2012. Implementation will be preceded by a 6 week training period for each of the EMS agencies participating in the study. Following initial implementation in Houston, the new protocol will be made available on the EMSC State Partnership website at www.bcm.edu/pediatrics/emsc to allow other EMS agencies both within and outside of Texas to view the protocol and integrate it into their own systems. Keep watching for updates on this trail-blazing advance in pediatric prehospital emergency care.

References:

¹Institute of Medicine. *Emergency medical services for children*. Durch, JS, Lohr, KN, Eds. Washington, DC., National Academy Press. 1993.

² Institute of Medicine. *Emergency care for children: Growing pains*. Washington, DC., National Academy Press. 2007.

EMSC Attends Annual Texas Parent to Parent Conference

EMSC Advisory Committee member Liz Yankiver and Program Manager Tony Gilcrest took part in the annual [Texas Parent to Parent](#) Conference held in San Marcos on June 24 - 25. On Friday, Liz made a short presentation to attendees highlighting the partnership between P2P and EMSC. Together, TxP2P and EMSC are improving emergency medical care for children with special health care needs by raising public and professional awareness through collaborative efforts on newsletters and information sharing, advocating for change at the state and local level through networking advocacy groups, listservs, and professional associations, and educating emergency medical technicians and emergency nurses about patient- and family-centered care for CSHCN through a one-of-a-kind joint continuing education project that brings EMTs, nurses, educators, and families together in the classroom.

Pediatric CE Opportunities

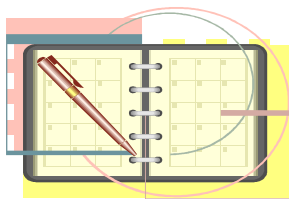
[Dell Children's Medical Center](#), Texas Parent to Parent, and EMSC are working together to bring "Assessment and Management of Children with Special Health Care Needs" to the Austin area this fall. Be watching for more information as it becomes available at www.bcm.edu/pediatrics/emsc.

Final Thought

Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved.

Mattie Stepanek

Upcoming Events



Mark Your Calendar

- July 28, 2011, 2:00 pm: EMSC Stakeholder Teleconference
<https://texasemsc.webex.com/texasemsc/j.php?ED=156517467&UID=0&PW=NODYwNTdlOGRm&RT=MIM3>
OR 408-600-3600
Meeting Number: 807 132 653
Meeting Password: EMSC
- **August 18, 2011: EMSC Advisory Committee Workshop.**
Austin Airport Hilton, Wildflower Room, 4:00 – 8:00 pm.
- August 17-19, 2011: GETAC Meetings, Austin Airport Hilton