EMSC 08
PERMANENCE OF EMSC

The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system.

Annual goal for this measure is:

To increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system.

Components of this Measure:

The purpose of this measure is to establish permanence of EMS for Children in your state or territory by establishing the following components:

1. A state or territory EMSC Advisory Committee that meets regularly
2. A pediatric representative on the state or territory EMS Board
3. A full-time EMSC program manager

Significance of Measure:

Establishing permanence of EMSC in the state or territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to establish one full time equivalent EMSC Manager whose time is devoted solely (i.e., 100%) to the EMSC Program. Moreover, by ensuring pediatric representation on the State or Territory EMS Board, pediatric issues will more likely be addressed.

The three components, of this measure, are geared toward meeting the goal of EMSC representation and awareness in the prehospital and hospital system. This ensures that pediatric issues are always represented and discussed so that emergency care for children can be improved. Having these components in place as soon as possible will also assist you in meeting the performance measures.

This measure will be broken into three separate sections in order to address the significance of each component, the requirements, and the reporting of data.

COMPONENT 1:
A STATE OR TERRITORY EMSC ADVISORY COMMITTEE THAT MEETS REGULARLY

Annual goal for this component is:

- An EMSC Advisory Committee has the required members as per the implementation manual (see below).
- The EMSC Advisory Committee meets at least four times a year.

Significance of Component 1:

The purpose of this component is to establish permanence of the EMS for Children Program in your state or territory by ensuring that an EMS for Children Advisory Committee has been established and will remain in place for the future. An EMSC Advisory Committee is important because it assists EMSC grantees in meeting each of the performance measures and state or territory goals to improve the emergency care of children.

Resources for Component 1:

The most recent resources and tools available to support the implementation of the EMSC performance measures are available within the "Measurement" section of the EIIC's website. Visit emscimprovement.center/measurement to find the resources available to support your efforts to implement the performance measures in your state. This section is updated as resources related to each performance measure become available.

Definitions for Component 1:

EMSC Advisory Committee: A group of either appointed or elected individuals who are responsible for guiding the EMSC Program, prioritizing EMSC issues, working on special projects, ensuring that pediatric emergency issues are addressed within the EMS system (including both the prehospital and hospital settings), and providing policy recommendations pertaining to the improvement of emergency medical services for children.

The EMSC Advisory Committee may be outside state or territorial government control; in other words, the Advisory Committee does not have to be mandated by the state or territory. To ensure program sustainability, however, it is strongly recommended that the committee be mandated by the state or territory. The EMSC Advisory Committee can be part of the state or territory EMS Committee or Subcommittee, such as the Pediatric Subcommittee of the EMS Board, provided that the eight core members (see below) are on the EMS Committee or Subcommittee as voting members (members who exercise full membership rights). If the state or territorial government controls or limits the number of EMSC Advisory Committee members, the grantee is still required to have the eight core members on the committee in order to achieve the measure.

Establishment: Establishment is defined by two elements: 1) The EMSC Advisory Committee is composed of the eight core members; and 2) the EMSC Advisory Committee meets at least four times during the grant year.

1. **The EMSC Advisory Committee is composed of the following eight core members (required):**
   - Nurse with emergency pediatric experience
   - Physician with pediatric training
   - Emergency physician
   - Emergency medical technician (EMT) or paramedic who is currently a practicing, ground-level prehospital provider
   - EMS state agency representative
   - EMSC project director
   - EMSC grant manager
   - Family representative

   Note: No single individual may serve in more than one role for each of the following positions: EMT or paramedic, nurse, emergency physician, pediatric-trained physician, and family representative. Each of these roles must be served by a distinct individual. For the other core members, however, a single individual can function in dual or multiple roles as long as all eight roles are represented. For example, the EMSC project director may be the same person as the EMSC program manager.

Based on the unique needs of each individual state or territory, the EMSC Program has also identified a list of recommended committee members. The following sixteen members are strongly encouraged (but not required) to play a role on the Advisory Committee:

- Hospital association representative
- State trauma manager
- EMS training manager
- Tribal EMS representative
- EMS or hospital data manager
- School nurse
- Ambulance association representative
- Child death-review representative
- Fire-based EMS representative
- Police representative
- Bioterrorism representative
- Disaster preparedness representative
- Parent-teacher association representative
- Recipient of MCH block grant for Children with Special Health Care Needs (CSHCN)
- Highway Safety representative
- Legislator

2. **The EMSC Advisory Committee must meet either face-to-face or by conference call at least four times each grant year.** If one of the core EMSC Advisory Committee members is unable to attend a meeting, a substitute can be designated to attend on the member's behalf.

Data-Collection Methods and Requirements for Component 1:

DATA-COLLECTION METHOD: This measure does not require data collection through a survey administered by the National EMS for Children Program. To report progress on this measure, the EMS for Children State or Territory Program Manager will enter a score directly into the Electronic Handbook (EHB) worksheet (see below).

OWNERSHIP: All data collected by states and territories belongs to the respective state or territory EMSC Program as well as to the National EMSC Program and may be used for other analyses. The data is stored in a secured environment at Health Resources and Services Administration (HRSA) facility.

Supporting Documentation for Component 1:

Supporting documentation should be available to support EHB entries and may be requested by HRSA at any point. Examples of supporting documentation for this measure include:

- Sign-in sheet of attendees at meetings
- Meeting agendas
- Meeting notes or minutes
- Any additional documentation requested from HRSA

Strategic Plan for Component 1:

The EMSC Advisory Committee plays a pivotal role in ensuring that the state or territory meets all the required performance measures. While having an Advisory Committee that meets regularly is a requirement of State Partnership grant funding, building a strong and effective Advisory Committee that is passionate about making change and improving care for children should be a priority. The following can help you get started:

- Review the required eight core members with your project director and discuss individuals who may fit those roles and who can participate in regular meetings.
- Develop talking points about the reason you are establishing an EMSC Advisory Committee; use these talking points to invite individuals to participate.
- Consider implementing terms of membership for your Advisory Committee such as two or three years. This can help members assess their level of commitment.
- Review available best practices for running effective meetings.
- Organize and coordinate schedules of members and set regular meeting times (quarterly).
- Create an agenda and assign individuals to take minutes and record any "to-do items" or tasks. Follow-up on these items.
- Utilize EMSC Advisory Committee members as experts with the experience and expertise needed to help advise in the implementation of performance measures. The variety of representation is a strength to your program.

COMPONENT 2:
A PEDIATRIC REPRESENTATIVE ON THE STATE OR TERRITORY EMS BOARD

Annual goal for this component is:

- There is pediatric representation on the EMS Board.
- There is a state or territory mandate requiring pediatric representation on the EMS Board.

Significance of Component 2:

The purpose of this component is to establish permanence of the EMS for Children Program in your state or territory by incorporating pediatric representation into the decision-making body for EMS, which assures that pediatric issues will be addressed in EMS agendas, goals, practices, and policies.

Resources for Component 2:

The most recent resources and tools available to support the implementation of the EMSC performance measures are available within the "Measurement" section of the EIIC's website. Visit emscimprovement.center/measurement to find the resources available to support your efforts to implement the performance measures in your state. This section is updated as resources related to each performance measure becomes available.

Definitions for Component 2:

EMS Board: The EMS Board is the state or territory governing entity that has the primary responsibility on EMS issues. The EMS Board's oversight and authority ultimately affect the decision-making process.

EMS regulatory structure and authority can vary across states and territories. The decision-making body for EMS rules, regulations, and procedures may be a board or Ministry of Health with broad healthcare oversight, an EMS subcommittee or advisory committee, or an independent EMS board. Regardless of the organizational structure, for the purposes of this performance measure, that body is referred to as the EMS Board.

If your state or territory does not have an EMS Board, please consult with your HRSA Project Officer.

Mandate: A mandate is defined as a state or territorial statute, rule, regulation, or policy developed and issued by a legally authorized entity with enforcement rights to ensure compliance.

Representation: Representation is defined by two elements: 1) a designated pediatric representative has been identified and is part of the EMS Board and 2) the incorporation of a voting position for the pediatric representative is mandated by the state or territory.

1. **Pediatric Representative:** A pediatric representative will be defined by each state or territory. Examples of pediatric representatives include but are not limited to:

    - EMSC Advisory Committee chairperson
    - Practicing pediatricians
    - Pediatric critical care physicians
    - Board-certified pediatric emergency physicians
    - Neonatologists
    - Pediatric rehabilitation physicians
    - Registered nurses with pediatric interests
    - EMTs or paramedics with pediatric interests
    - Pediatric surgeons
    - Parent or family representative

2. **Incorporation:** Incorporation of pediatric representation means the existence of a formal, designated ***voting position*** for a pediatric representative on the EMS Board. ***In addition, a state or territory mandate must exist to have a pediatric representative on the EMS Board***. Without an official board member, there is no guarantee that pediatric considerations will be taken into account or considered for inclusion in EMS rules or regulations, even if presented by the EMSC Advisory Committee.

Supporting Documentation for Component 2:

Supporting documentation should be available to support EHB entries and may be requested by HRSA at any point. Examples of supporting documentation for this measure include:

- Identification (name, title, position) of the representative on the state or territory EMS Board.
- Copy of the state or territory mandate describing requirements for a formal, designated voting pediatric representative on the state or territory EMS Board.
- Any additional documented requested by HRSA

Strategic Plan for Component 2:

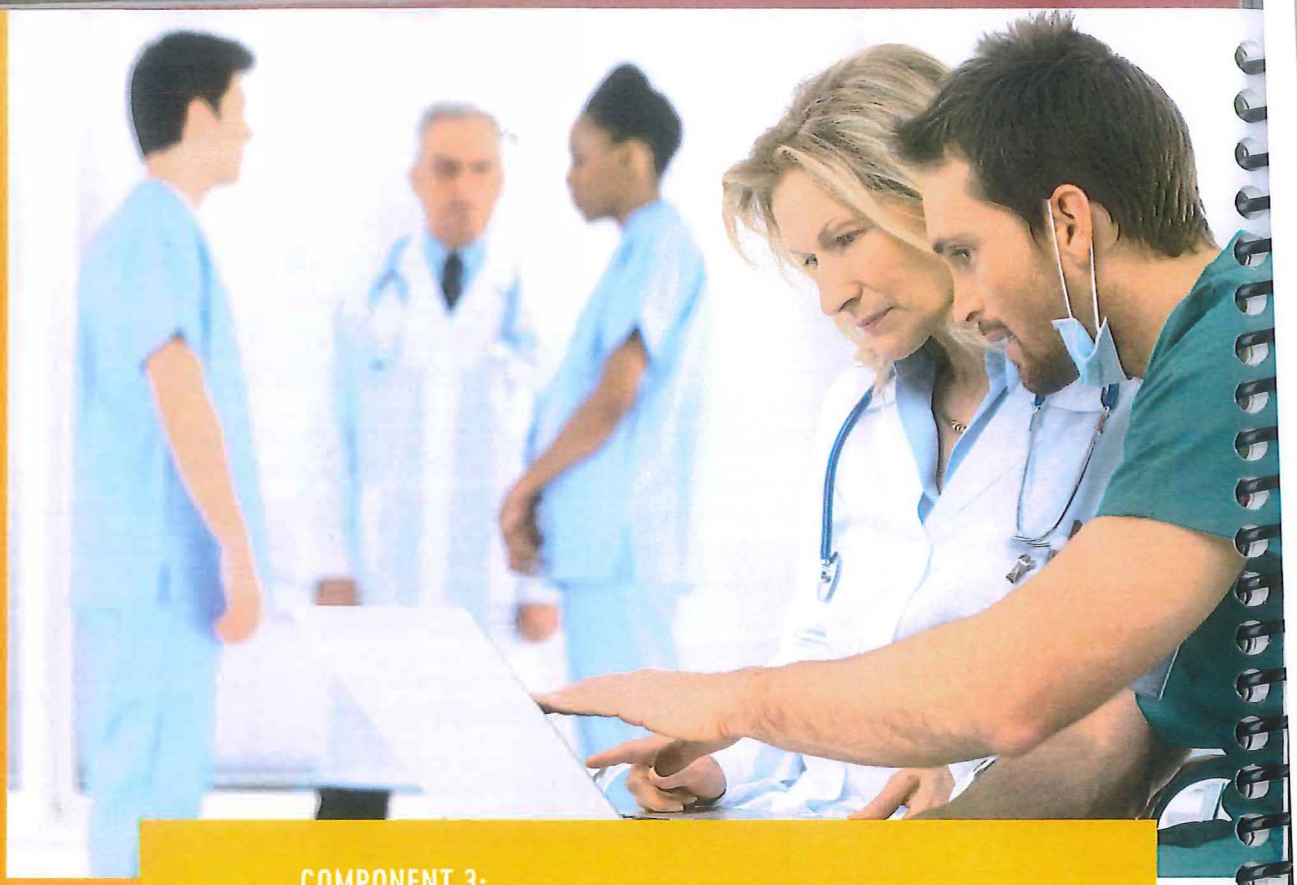
Some specific strategic-planning activities grantees may undertake to effect system change and work toward achieving this measure include:

- Assessing the reasons, if applicable, that the state or territory has not incorporated pediatric representation on the state or territory EMS Board.
- Engaging the EMSC Advisory Committee and other stakeholders to discuss the barriers and challenges to incorporating pediatric representation on the state or territory EMS Board, and brainstorming solutions with these individuals.
- Engaging the EMS Board in a discussion regarding the addition of a pediatric position, and presenting relevant data, including census data on the percentage of children in the state or territory (on average, about 23 percent nationally[1]), the number of children that enter the EMS or hospital system annually, EMSC performance measures, and other national or state EMSC initiatives, such as the National Pediatric Readiness Project.
- Engaging pediatric champions in the state or territory, such as state or territory pediatric leaders or family advocates, to assist in making a case for a pediatric representative.
- Determining the feasibility of the state or territory to incorporate pediatric representation on the state or territory EMS Board.

Program Targets for Component 2:

YEAR	TARGET
Annually	Pediatric representation will have been incorporated on the state or territory EMS Board.
Annually	The state or territory will mandate pediatric representation on the EMS Board.

1 United States Census Bureau (July 1, 2015). QuickFacts: United States. Retrieved in July 2016 from www.census.gov/quickfacts/table/PST045215/00.



COMPONENT 3:

FULL-TIME EMSC PROGRAM MANAGER

Annual goal for this component is:

- There is one full-time EMSC Manager that is dedicated solely to the EMSC Program.

Significance of Component 3:

The purpose of this component is to establish permanence of the EMS for Children Program in your state or territory by ensuring that one full-time EMSC Program Manager is dedicated solely to the EMSC program. The EMSC Program Manager is an integral staff member of the EMSC Program tasked to manage and coordinate the activities of the program. Having at least one full-time manager dedicated solely to the EMSC Program is an indication that the program is achieving permanence in the state or territory.

Resources for Component 3:

The most recent resources and tools available to support the implementation of the EMSC performance measures are available within the "Measurement" section of the EIIC's website. Visit emscimprovement.center/measurement to find the resources available to support your efforts to implement the performance measures in your state. This section is updated as resources related to each performance measure becomes available.

Definitions for Component 3:

Federal, state, territory, and other-funding for an EMSC Program Manager: Federal funding refers to any funding received from a federal government agency. State- or territory-funded refers to any funds provided by state or territorial government organizations or by the state or territorial legislature (a line item in the state or territorial budget, for example) to support the EMSC program manager position. Other funding refers to any funding received from other sources, such as professional, private, or philanthropic groups (foundations, nonprofits).

Dedicated Solely: The EMSC manager's effort is dedicated 100 percent to the EMSC Program, EMSC activities, and other EMSC-related projects or initiatives. Each state or territory ***needs one individual*** who is designated as the full-time equivalent (FTE) for EMSC and who is responsible for the program. If the position is split among multiple individuals, EMSC Program goals may become a lower priority than other activities.

Data-Collection Methods and Requirements for Component 3:

DATA-COLLECTION METHOD: This measure does not require data collection through a survey administered by the National EMS for Children Program. To report progress on this measure, the EMS for Children State or Territory Program Manager will enter a score directly into the EHB worksheet (see below).

OWNERSHIP: All data collected by the states and territories belongs to the respective state or territory EMSC Program as well as to the National EMSC Program and may be used for other analyses. The data is stored in a secured environment at HRSA's facility.

Supporting Documentation for Component 3:

Supporting documentation should be available to support EHB entries and may be requested by HRSA at any time. Examples of supporting documentation for this measure include:

- Name of full-time EMSC Program Manager
- Job description
- Biographical sketch
- Any other requested documentation from HRSA

Strategic Plan for Component 3:

Some specific strategic-planning activities grantees may undertake to effect system changes in their states or territories that are needed to meet this measure include:

- Assessing the reasons that the state or territory has not established a federal, state, territorial, or other-funded 100 percent FTE for an EMSC manager.
- Engaging the EMSC Advisory Committee, EMS director, EMS medical director, and other stakeholders to discuss the barriers and challenges of establishing a federal, state, territorial, or other-funded FTE for an EMSC manager who is dedicated solely to the EMSC Program, and brainstorming solutions with these individuals.
- Determining the feasibility of the state or territory of establishing a federal, state, territorial, or other-funded FTE for an EMSC manager.

Program Targets for Component 3:

YEAR	TARGET
Annually	One full-time EMSC Manager who is dedicated solely to the EMSC Program has been established.