



## **EMSC Performance-Measures Background**

With the implementation of the Government Performance and Results Act of 1993 (GPRA), public sector agencies became accountable for achieving outcomes. GPRA utilizes a results-oriented approach, requiring federal agencies to develop performance measures that inform and guide organizational decisions and communicate to a broad constituency about their success. As a result of GPRA, all federal agencies are obligated to provide information to Congress on the effectiveness of their programs.

In response the EMSC Program created a systematic, uniform process to measure Program activities and promote permanence of EMSC Programs at the state level through the development of performance measures. The performance measures are a set of benchmarks, to measure the long-term progress at both state and national levels of the EMSC Program in key areas of pediatric emergency care. The purpose of the EMSC Program performance measures is to document activities and accomplishments of the Program in improving the delivery of emergency services to children. Information from the measures will provide guidance to the Program on future areas for improvement.

The performance measures underwent a series of revisions, and in 2009 they became ten distinct performance measures, each of which included specific benchmarks and metrics for achievement.

- Four of the areas concentrated on prehospital systems: the availability of on-line and off-line pediatric medical direction (written protocols), the availability of pediatric equipment on ambulances, and pediatric education requirements prior to the recertification of EMS personnel.
- Four measures concentrated on hospital systems: the development of pediatric medical-recognition systems and pediatric trauma systems, and the existence of interfacility transfer guidelines and agreements.
- The final two performance measures focused on establishing EMSC permanence and the institutionalization of pediatrics into state EMS systems.

Data have been collected from 56 states and territories three times since 2004. The findings from the data collection show that the majority of EMS agencies have medical direction and equipment, but there is still room for improvement in the hospital measures. In addition, the EMS and hospital measures concentrated on availability of services and equipment. While availability is an important first step, systematically measuring processes is the logical next step.

The EMSC performance measures have set goals for states, territories, freely associated states, and the District of Columbia that will facilitate consistency in the EMS and trauma systems for the care of children across the nation.

# 9 PERFORMANCE MEASURES

## **EMSC 01 Performance Measure** ***Submission of NEMSIS Compliant Version 3.x-Data***

The degree to which EMS agencies submit NEMSIS compliant version 3.x data to the State EMS Office.

By 2018, baseline data will be available to assess the number of EMS agencies in the state or territory that submit National Emergency Medical Services Information System (NEMSIS) version 3.x-compliant patient-care data to the State Emergency Medical Services (EMS) Office for all 911-initiated EMS activations.

By 2021, 80 percent of EMS agencies in the state or territory submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.

## **EMSC 02 Performance Measure** ***Pediatric Emergency Care Coordinator (PECC)***

The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.

By 2020, 30 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

By 2023, 60 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

By 2026, 90 percent of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.

## **EMSC 03 Performance Measure** ***Use of Pediatric-Specific Equipment***

The percentage of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

By 2020, 30 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

By 2023, 60 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

**EMSC 04 Performance Measure**  
*Hospital Recognition for Pediatric Medical Emergencies*

The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.

By 2022, 25 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.

**EMSC 05 Performance Measure**  
*Hospital Recognition for Pediatric Trauma*

The percent 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 trauma.

By 2022, 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma.

**EMSC 06 Performance Measure**  
*Interfacility Transfer Guidelines*

The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer guidelines that cover pediatric patients and that include 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).
- Plan for transfer of patient medical record.
- Plan for transfer of copy of signed transport consent.
- Plan for transfer of personal belongings of the patient.
- Plan for provision of directions and referral institution information to family.

By 2021, 90 percent of hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer.

**EMSC 07 Performance Measure**  
*Interfacility Transfer Agreements*

The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer agreements that cover pediatric patients.

By 2021, 90 percent of hospitals in the state or territory have written interfacility transfer agreements that cover pediatric patients.

**EMSC 08 Performance Measure**  
*Permanence of EMSC*

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

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

Each year:

- The EMSC Advisory Committee has the required members as per the implementation manual.
- The EMSC Advisory Committee meets at least four times a year.
- Pediatric representation incorporated on the state or territory EMS Board.
- The state or territory requires pediatric representation on the EMS Board.
- One full-time EMSC Manager is dedicated solely to the EMSC Program.

**EMSC 09 Performance Measure**  
*Integration of EMSC Priorities into Statutes or Regulations*

The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system by integrating EMSC priorities into statutes or regulations.

By 2027, EMSC priorities will have been integrated into existing EMS, hospital, or healthcare facility statutes or regulations.