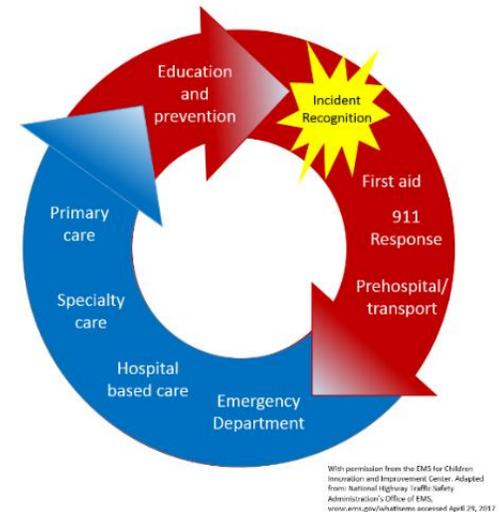


EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) PROGRAM

IMPACT AND OUTCOMES

Established by Congress in 1984, the Emergency Medical Services for Children Program is the only federal program that focuses specifically on addressing the unique medical needs of children by improving the pediatric components of the emergency medical services (EMS) system across the care continuum. This year approximately 30 million children will visit the emergency department (ED), but emergencies involving children can occur anytime, anywhere. The EMSC program is designed to ensure that all children and adolescents who have sustained illness or trauma receive appropriate care in a health emergency.

The EMS for Children program has improved outcomes from health care services delivery for children who have sustained illness or trauma. EMS for Children specifically creates economies of scale through programs and structures that can **maximize the ability of communities and states to tailor to their own local needs** improvement strategies derived from national experts that otherwise would not be available locally or in each state. The EMS for Children program helps to **reduce child and youth mortality and morbidity** sustained as a result of severe illness or trauma and **creates infrastructure improvement for children along the continuum of emergency care in the existing EMS system.**



SUPPORTS STATES AND TERRITORIES TO MEET LOCAL NEEDS OF THEIR COMMUNITIES

Every state and territory has received state partnership grants to expand and improve their capacity to reduce and respond to pediatric emergencies. Because of the relative nascence of pediatric emergency medicine, there is a need to grow excellence in the EMSC continuum across the states and territories. EMSC provides state/territory support to tailor resources, skills training, best practices, innovation and research generation, and quality improvement strategies that would not be available otherwise in each state or territory. Approximately 90% of EMS agencies in the US now have online medical direction when treating pediatric patients and 85% have off-line direction (pediatric inclusive protocols). The majority of hospitals now have interfacility transfer agreements and half have transfer guidelines that incorporate recommended pediatric components. The program has been successful at improving quality of infrastructures, improving processes, and improving outcomes as measured through **Performance Measures applied to the pre-hospital and hospital setting. The program has contributed to a reduction in pediatric morbidity and mortality** such as that demonstrated in Arizona and Illinois.

ENHANCES PEDIATRIC EMERGENCY MEDICAL CARE IN RURAL AND TRIBAL COMMUNITIES

State Partnership Regionalization of Care (SPROC) grants aim to **minimize uneven care delivery by helping regions develop systems of care models to improve pediatric emergency care capacity in rural and tribal communities.** This has allowed grantees to develop and implement innovative strategies into regionalization efforts such as e-medicine/telehealth, triage tools for system efficiency, increasing access to pediatric specialists, and strategies for using community setting assessments (including schools and parks) to assess levels of pediatric acute care preparedness. Dissemination of strategies that can be tailored to local needs improves care delivery and outcomes in communities.

DRIVES RESEARCH ACROSS THE EMSC CONTINUUM

The Pediatric Emergency Care Applied Research Network (PECARN) conducts rigorous research into the prevention and management of acute illness and injuries in children across the continuum of emergency care. More details on PECARN's impact can be found in a PECARN [Infographic](#).

SUPPORTS INNOVATION FOR DEVELOPMENT, IMPLEMENTATION AND DISSEMINATION OF BEST PRACTICES

Targeted Issue grants have been awarded to grantees across the country to **support innovative, cross-cutting projects focused on improving outcomes across the continuum of pediatric emergency care**. This has allowed the development of best practices for dissemination in other states and communities to be tailored as needed. Advances include development of prehospital training modules and evidence based protocol development, mental health screening tool testing and implementation, optimal and appropriate delivery of pain management for specific populations, and strategies to improve outcomes from resuscitation.

ACCELERATES IMPROVED OUTCOMES THROUGH IMPROVEMENT SCIENCE

The EMSC Innovation and Improvement Center (EIIC) supports activities of the EMSC continuum collaborating with professional societies, governmental agencies and other entities effecting pediatric emergency care. The center specifically **supports a foundation of improvement science to accelerate improved outcomes through evidence based practice, analytics, quality improvement (QI) collaboratives, QI and EMSC content education, and patient safety**. The EIIC has supported QI education across the EMSC continuum and across provider types and **implemented QI collaboratives to increase the number of state, community and institutional infrastructures to make more emergency departments ready to care for children in emergencies**. These improvements in pediatric readiness have been demonstrated to decrease pediatric morbidity and mortality [National Pediatric Readiness Project]. Similar decreases in pediatric mortality have been demonstrated in septic shock QI collaboratives supported by the EIIC.

The EMSC program supports a data coordinating center which supports EMSC grantees and the Pediatric Emergency Care Applied Research Network to validate data for rigorous studies, as well as performance measure benchmarks set for the states and territories to assure national Program impact. The data infrastructure has produced over 20 public use datasets from PECARN studies. During the last national assessment of Pediatric Readiness, the center was responsible to technical assistance to the states in the collection of data from over 4,000 EDs across the nation. This center supports EMSC Program's effort to remain a data-driven program; allowing for analytics and educational support on data use for national, state and community based work.

HOW DO EMSC DOLLARS FLOW?

EMSC program funds are **distributed directly to the states and territories** where pockets of excellence for care delivery and infrastructure development, research, innovation, regionalization efforts, analytics, and quality improvement efforts have demonstrated successes. Other infrastructure support allocated by the program allows for iterative support for program activities within and between the EMSC assets to assure gaps are addressed in a timely fashion within the rapidly changing healthcare landscape.

The **relatively small EMSC budget has been leveraged to maximize outcomes for high quality care delivery** and enhance infrastructures in the states and territories (and the communities within them) to assure sustainable outcomes. The activities of the EMSC program align with the needs for prevention and management of illness and injury of children in the emergency care continuum, thus providing synergism between programs and state/community efforts that lead to effective return on investments by stakeholders. Shrinking national community hospital inpatient and/or specialty capability for children's needs intensifies the need for a broad floor of pediatric readiness in the emergency care continuum; an increasing level of regionalization and interfacility transport of children requires more, not less, application and oversight of programmatic performance measures at the system level in order to identify gaps, drive improvement and transform healthcare for better outcomes for children who have sustained severe illness or trauma.

EMSC BUDGET ALLOCATIONS



For more information: <https://emscimprovement.center>; click onto *Impact and Outcomes of the EMSC Program* button