

EMSC State Partnership Performance Measures

With the implementation of the Government Performance and Results Act (GPRA), public sector agencies are increasingly being held accountable for achieving outcomes. GPRA focuses on 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.

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. Additionally, information from the measures will provide guidance to the Program on future areas for improvement.

The following performance measures have been selected as the focus of the Program for the next few years.

Performance Measure #1 – *The degree to which the State/Territory has ensured the operational capacity to provide pediatric emergency care.*

This measure has five sub-measures:

- 1.a. Pre-hospital provider agencies have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers.
- 1.b. Pre-hospital provider agencies have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS providers.
- 1.c. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.
- 1.d. Ninety % of hospitals in the State/Territory have written pediatric inter-facility transfer guidelines that specify the following:
 - Roles and responsibilities of the referring facility and referral center
 - Process for requesting consultation and patient transfer
 - Specific sections of the patient's medical record to be sent to the referral center
 - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
 - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
 - Level of care to be provided to the patient during the transfer
- 1.e. Ninety % of hospitals in the State/Territory have written pediatric inter-facility transfer agreements that specify the following:
 - Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer

- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate.

Performance Measure #2 – *The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.*

Performance Measure #3 – *The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS System.*

The measure has four elements:

- a. Establishment of an EMSC Advisory Committee within the State/Territory
- b. Incorporation of pediatric representation on the State/Territory EMS Board
- c. Establishment of an in-State/Territory-funded full time equivalent (FTE) for an EMSC Coordinator that is dedicated solely to the EMSC Program.
- d. Integration of EMSC priorities into existing EMS statutes/regulations.