



*Illinois
Emergency
Medical
Services for
Children
(EMSC)*

EMSC Overview

- Emergency Medical Services for Children (EMSC) Overview
 - National
 - Illinois



Development of EMS Systems



- Began development in the late 1960's - early 1970's
- Based on medical advancements
 - Vietnam War
 - American Heart Association
- Primarily designed for adult trauma/cardiac patient
- Unintentionally overlooked the needs of children



In 1984, a National EMSC Program was created through federal legislation when studies found

- Emergency Care Systems were not adequately prepared to meet the needs of children**
- Children had higher mortality rates than adults in certain similar emergency situations**



Emergency Medical Services for Children

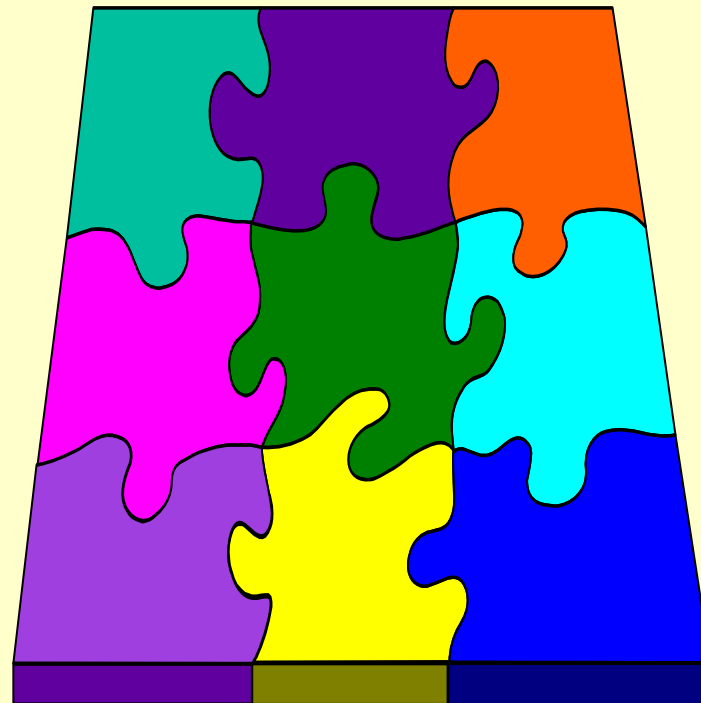
- National EMSC Program established in 1984 through federal legislation
- Jointly sponsored by
 - Maternal & Child Health Bureau
 - National Highway Traffic Safety Administration
- Funding provided to states to enhance the pediatric component of their emergency medical services system



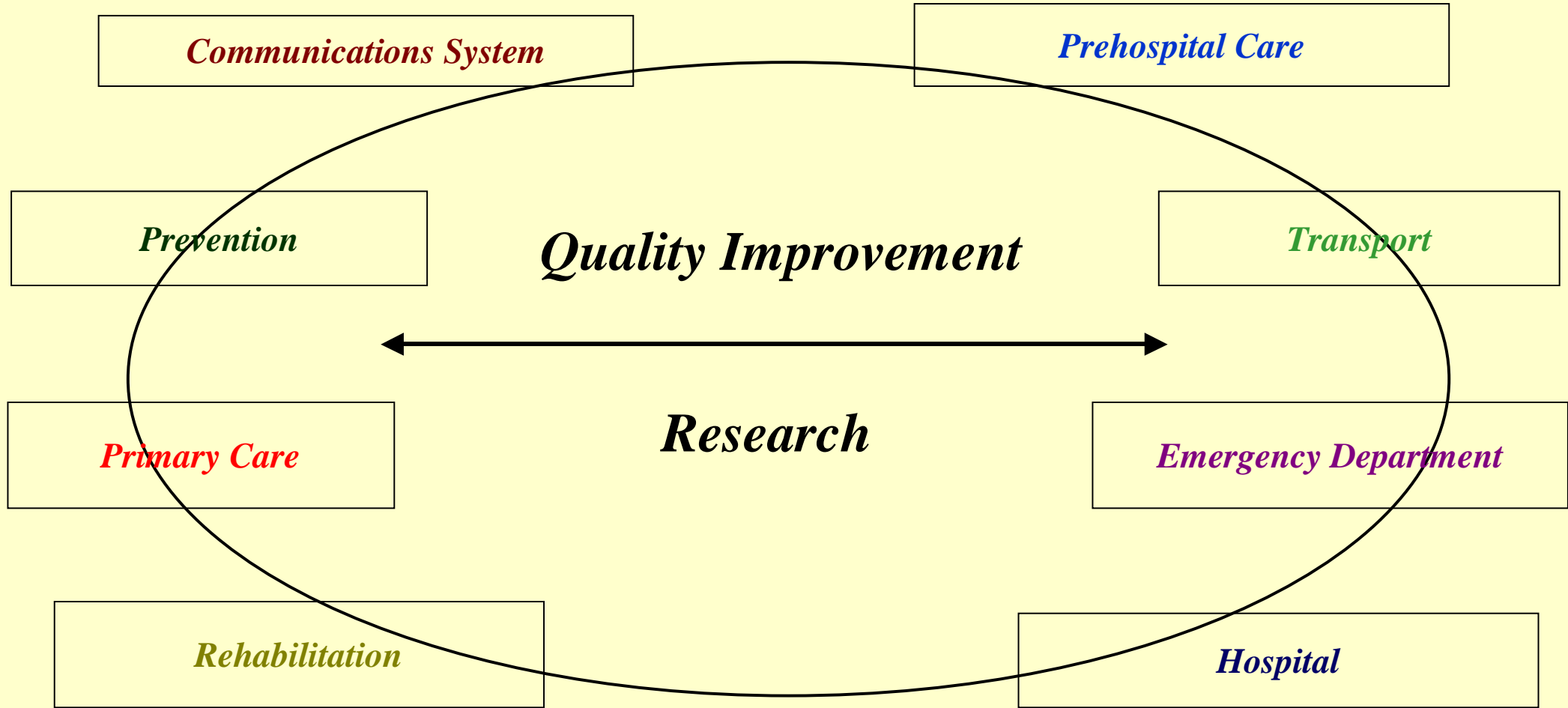
Emergency Medical Services for Children

Developed to address gaps in the system

- General lack of preparedness in managing the emergency care needs of the seriously/critically ill or injured child
- No widespread availability or dissemination of healthcare practitioner pediatric emergency care education
- Lack of pediatric emergency care treatment standards/protocols
- Lack of range of pediatric sized equipment in ambulances and emergency departments
- Others



EMSC Continuum of Care





Illinois EMSC



A Collaborative Program

Established in 1994

Illinois Department of Public Health

- Division of EMS & Highway Safety
- Division of Family Health

Loyola University Medical Center

- Division of Emergency Medical Services

Illinois EMSC Needs Assessment 1994-1995

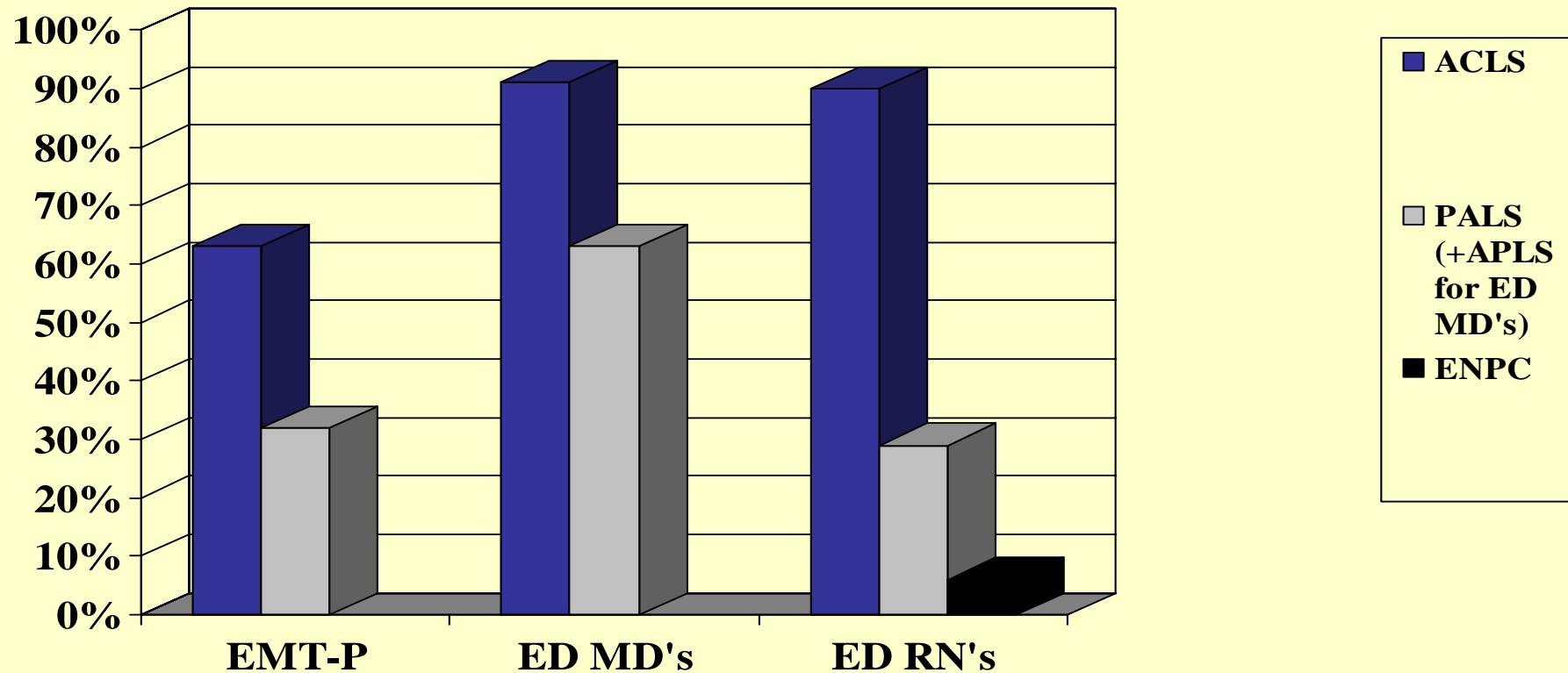
Evaluation of pediatric resources and capabilities within:

- Prehospital provider agencies
- Emergency departments
- EMS Systems
- Hospital pediatric inpatient units
- Rehabilitation programs within hospitals
- Rehabilitation centers
- Poison control centers
- Schools



EMSC Needs Assessment (1995)

Pediatric Education



EMSC Needs Assessment (1995)

Pediatric Quality Improvement



- 50% of emergency departments identified that pediatric emergency care CQI activities are conducted
- 38% of EMS Systems noted conduction of pediatric prehospital quality improvement

Illinois EMSC Areas of Priority



- Enhance Healthcare Professional Pediatric Education and Training
- Develop Practice and Care Standards/Guidelines
- Develop a Pediatric Data Surveillance System
- Promote Pediatric Injury Prevention Initiatives
- Develop a process to assure Emergency Department preparedness for the pediatric patient - *Facility Recognition*

Pediatric Emergency Preparedness

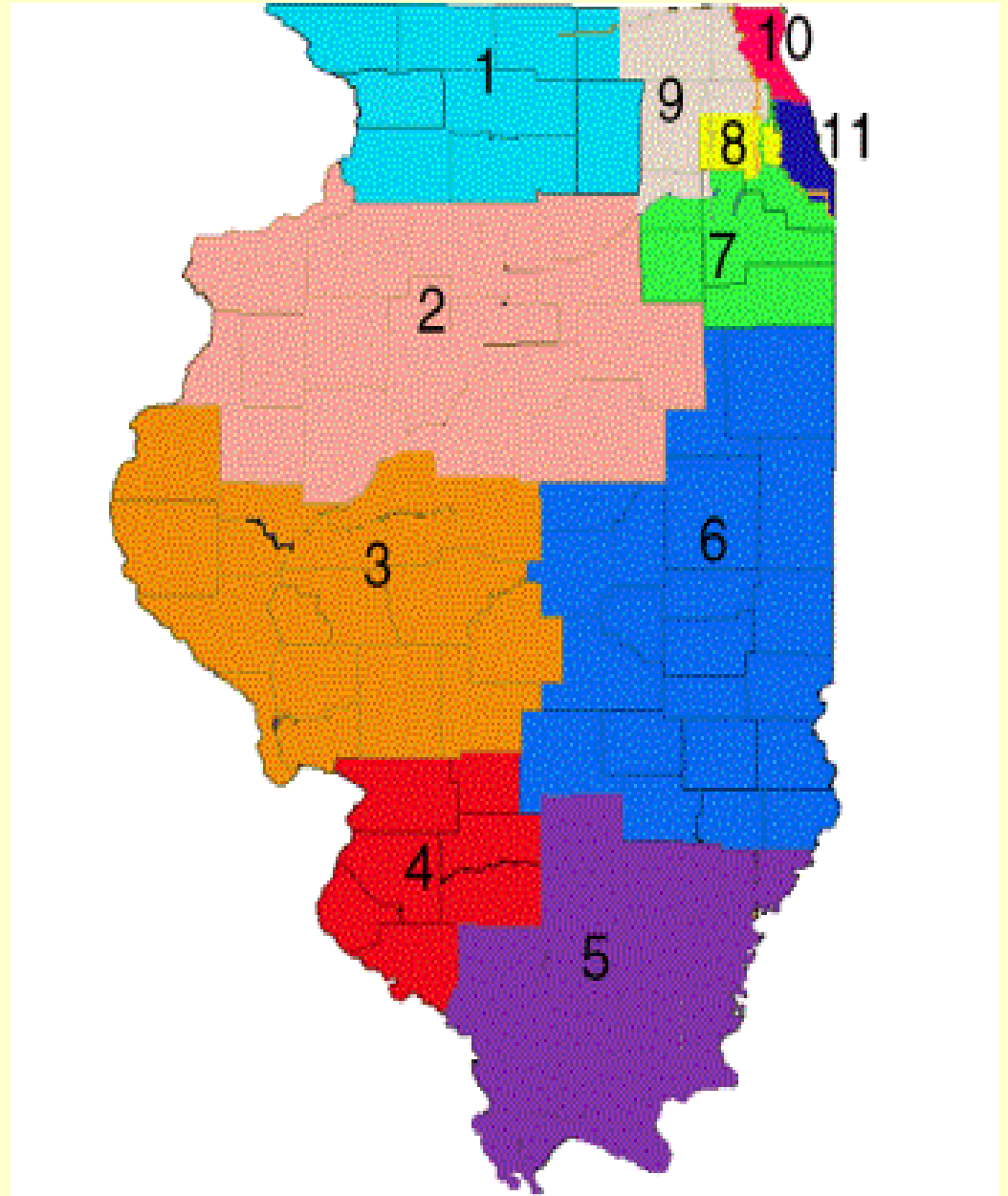


- Emergency care for life-threatening pediatric illness and injury requires:
 - Specialized resources
 - Trained personnel
 - Medical direction
 - Equipment
 - Medications
 - Properly staffed and equipped hospitals
 - Transfer agreements
- Emergency Department settings
 - Rural community hospitals
 - Large urban medical centers

Illinois EMS Regions

Illinois Population Stats

- Population - 12.5 million
- 5th most populous state
- 1/3 of population ≤ 20 y/o
- Children are a growing population group;
Age ≤ 17 increased
10% from 1990 - 2000



Quality Improvement

- ED multidisciplinary CQI committee and process with documented monitors addressing pediatric care (≤ 15 y/o)
- Must minimally address all pediatric ED deaths, resuscitations and interfacility transfers
- Designation of a pediatric CQI Liaison responsible for:
 - Work with ED nurse manager and ED medical director to assure documentation of pediatric continuing education requirements
 - Coordinate pediatric focused CQI activities and maintain a data summary of these CQI projects. Be sure that prehospital pediatric cases undergo review
 - Participate along with other hospital CQI Liaisons within the region in their Regional CQI Subcommittee meetings and conduct regional quality improvement activities
 - One CQI Liaison designated per region to report on Regional CQI Subcommittee activities to Regional EMS Advisory Board

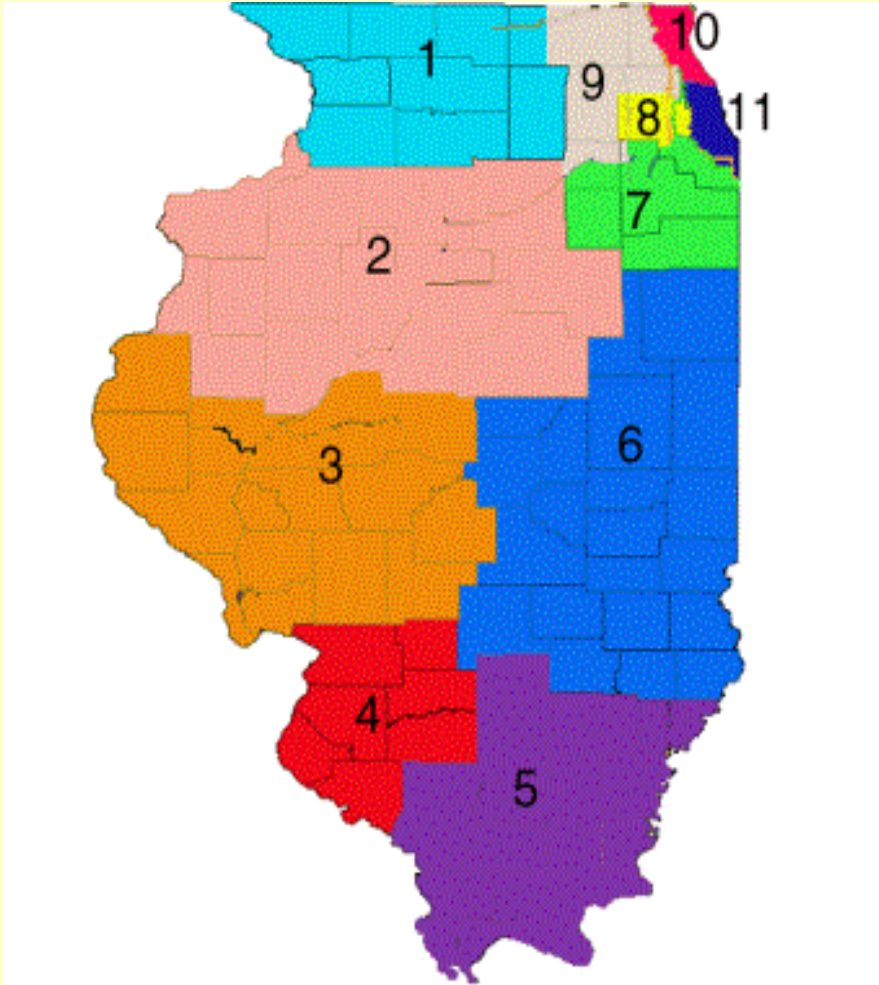
CQI Goal/Objectives

Improve overall pediatric emergency care

- Enhance individual emergency department pediatric quality improvement activities
- Bring together hospitals within a region
 - Networking
 - Mentoring
 - Sharing of resources/experiences
 - Monitors
 - Standards
 - Education
- Develop targeted regional ED/EMS quality improvement initiatives

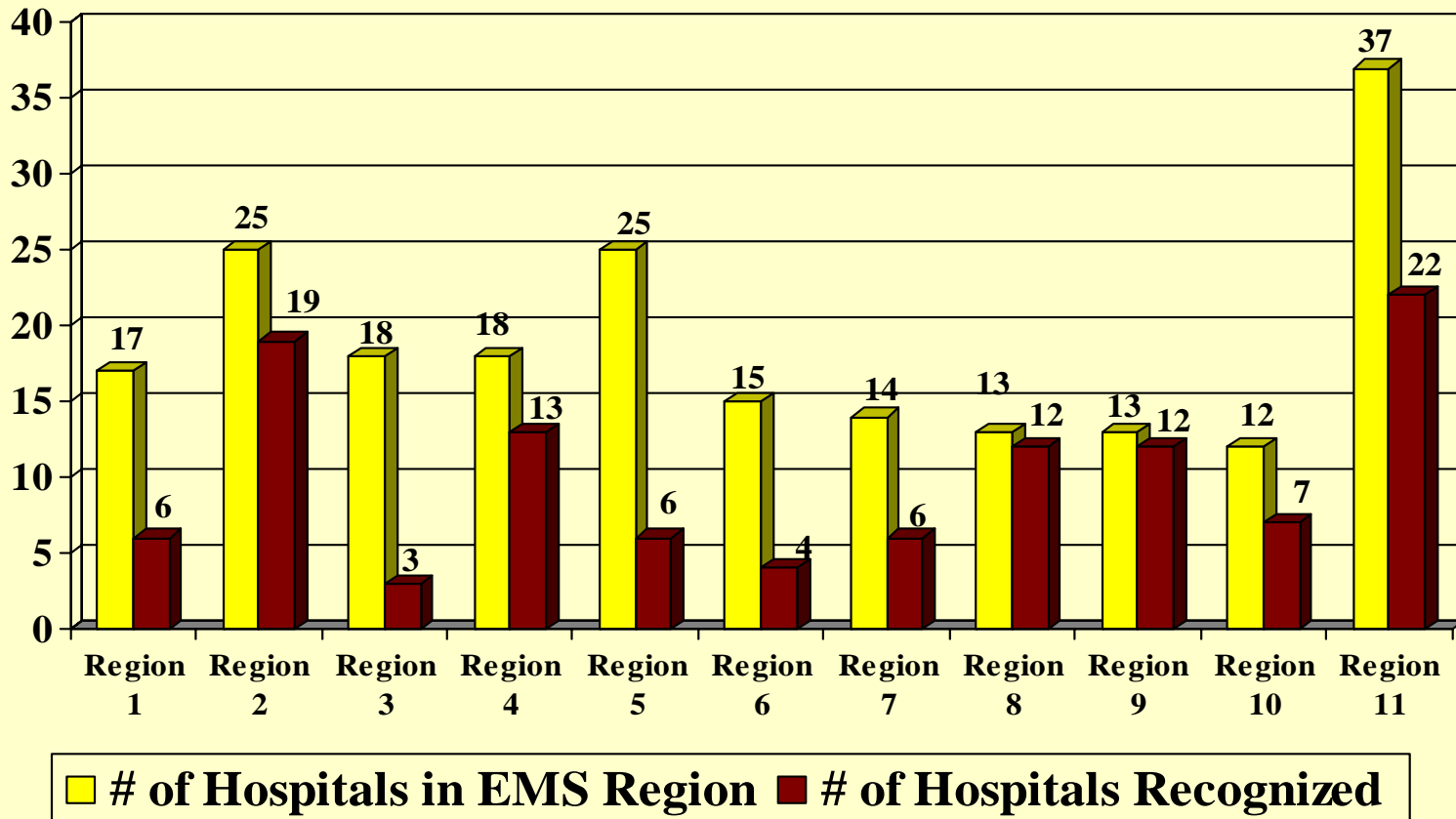


Implementation within EMS Regions



- To date, 110 hospitals (53%) within all 11 EMS Regions have successfully completed facility recognition at the PCCC, EDAP or SEDP level
- Renewal will be conducted every three years

Illinois Hospitals Participating in Facility Recognition as of 1/2004



Resources

Illinois EMSC office can provide

- Technical assistance with Facility Recognition requirements and renewal process
- CQI Guidelines
- Data resources
- Pediatric resources



Resources

- National EMSC website
 - www.ems-c.org
- Illinois EMSC website
 - www.luhs.org/emsc
- Illinois Department of Public Health website (to access Facility Recognition Rules & Regulations)
 - www.idph.state.il.us (then click on Laws & Rules link)

Remember the
faces behind our
efforts



EMSC is a team effort!

