



EMS for Children (EMSC) Performance Measures

Validating Improvements in Pediatric Emergency Care

Implementation of the Government Performance and Results Act of 1993 (GPRA) requires public sector agency accountability in achieving outcomes influencing positive health outcomes. GPRA focuses on a results-oriented approach. Federal agencies are required to develop performance measures that inform and guide organizational decisions and effectively communicate to a broad constituency success in achievement of the measures. As a result of GPRA, all federal agencies are obligated to provide information to Congress on the effectiveness of their programs. In response to GPRA, the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) requires grantees to report on specific performance measures related to grant-funded activities. The Emergency Medical Services for Children (EMSC) Program performance measures provide a mechanism to demonstrate national improvement in the delivery of emergency care services to children. Specifically, EMSC Program performance measures:

- ◇ provide an ongoing, systematic process for tracking progress towards meeting the goals of the EMSC Program;
- ◇ allow for continuous monitoring of the effectiveness of key EMSC Program activities;
- ◇ identify potential areas of performance improvement among the EMSC State Partnership grantees;
- ◇ determine the extent to which the grantees are meeting established targets and standards; and
- ◇ create an opportunity for the Program to demonstrate its effectiveness by reporting progress to HRSA, Congress, and other stakeholders.

Development of EMSC Performance Measures

The EMSC Program, located within HRSA's Maternal and Child Health Bureau (MCHB), began work to define the first set of EMSC Program performance measures in 2006. This process included:

- ◇ reviewing EMSC Program materials to identify the "universe" of measures from which a subset was determined;
- ◇ hosting a consensus group meeting and follow-up conference calls to identify the initial set of 10 core performance measures;
- ◇ beta-testing these measures in three grantee states; and
- ◇ utilizing feedback from grantees and the Performance Measures Advisory Committee (PMAC) to refine the measures.

In light of significant national progress towards achievement of the 2006 performance measures, in 2013 the EMSC Program with the National EMSC Data Analysis Resource Center (NEDARC) embarked on the development of the next generation of prehospital focused EMSC Program performance measures. An iterative process was utilized for developing the new measures which included:

- ◇ interviewing subject-matter experts in the EMS field;
- ◇ completing a comprehensive literature review to identify important topics in emergency medical services (EMS); and
- ◇ convening a two-day meeting of an advisory committee and conducting follow-up conference calls to identify three core performance measures.

2017 EMSC Performance Measures

The new prehospital EMSC Program performance measures were launched in 2017. These measures continue to drive the development of pediatric capabilities in prehospital systems of care. Currently, measures devoted to hospitals and EMSC program sustainability remain the same. Information about these measures can be found in NEDARC's 2017 *EMS for Children Performance Measures: Implementation Manual for State Partnership Grantees*, which is available at www.nedarc.org/performanceMeasures. Additional information can also be found by visiting the EMSC Innovation and Improvement Center's (EIIC) website at <https://emscimprovement.center/categories/measurement/> or through contacting the EIIC at emscinnovation@texaschildrens.org

Summary of Current EMSC Performance Measures

EMSC 01	The degree to which EMS agencies submit NEMSIS compliant version 3.x data to the State EMS Office.
EMSC 02	The percentage of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care.
EMSC 03	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.
EMSC 04	The percentage 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.
EMSC 05	The percentage 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.
EMSC 06	The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer guidelines that cover pediatric patients.
EMSC 07	The percent of hospitals with an Emergency Department (ED) in the state or territory that have written interfacility transfer agreements that cover pediatric patients.
EMSC 08	The degree to which the state or territory has established permanence of EMSC in the state or territory EMS system.
EMSC 09	The degree to which the state/territory has established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations.

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