

The Pony Express

Improving Emergency Medical Care for Children All Across Texas

EMS for Children Mission Statement

To reduce child and youth morbidity and mortality caused by severe illness or trauma by providing the right care, at the right place, at the right time.



Thank You for All You Do!

This has been a challenging year for all our prehospital and hospital care providers as we have dealt with the COVID-19 pandemic. The EMS for Children Program would like to thank all our providers for the personal and professional sacrifices you've made. You have consistently stepped up for your patients, communities, and each other.

We would also like to express our appreciation to those who responded to the National EMS Survey and the National Pediatric Readiness Project Assessment. Your continued interest in evaluating readiness to care for children in your emergency departments and EMS agencies is recognized and appreciated!

As the holidays approach, take time to call close friends and family who you don't get to see every day. The [Mental Health Foundation](#) stresses how important quality conversations can be. Getting an outside perspective on your situation, joking, and laughing, and being able to feel loved are all part of maintaining a healthy mindset. Keeping in touch is a simple way to stay uplifted.

If you have any feedback on our newsletter, or if there are any stories you would like to see, please send them to Sam Vance, Program Manager, EMSC State Partnership, Texas at: spvance@bcm.edu

Upcoming Events

- | | |
|------------|---|
| Oct. 27 | EMSC EMS Recognition Work Group : Virtual |
| Nov. 7 | Daylight Saving Time Ends |
| Nov. 20-22 | Governor's EMS and Trauma Advisory Council : Austin, TX |
| Nov. 21-24 | Texas EMS Conference 2022 : Austin, TX |
| Nov. 25-26 | Thanksgiving Holiday : EMSC Offices Closed |
| Nov. 30 | TX EMSC Advisory Committee Meeting : Virtual |
| Dec. 24 | Christmas Holiday : EMSC Offices Closed |



www.bcm.edu/emsc

Dr. Kothari Named New Program Director

The Texas EMS for Children State Partnership is pleased to announce Dr. Kathryn Kothari as the new Program Director.

Dr. Kothari is a faculty member of the Department of Pediatrics, Section of Pediatric Emergency Medicine at Texas Children's Hospital, Baylor College of Medicine. Prior to joining the faculty, she completed a fellowship in pediatric emergency medicine at Children's Hospital of Colorado where she designed a longitudinal research study evaluating the impact of simulated pediatric emergencies on prehospital providers. She completed a fellowship in Emergency Medical Services at Denver Health where she worked with the medical direction team for the Denver Paramedic Division allowing her to participate in pre-hospital protocol development, paramedic education, and quality assurance.

As faculty at Texas Children's, she plans to continue to pursue research and education opportunities in prehospital medicine.

In her spare time, she enjoys spending time with her twins, skiing, and travel.



2022 EMS for Children Survey

The 2022 EMS for Children Survey will launch in January 2022! This is a national survey of EMS agencies to better understand the EMS system's ability to care for pediatric patients. More information regarding the survey will be sent directly to EMS agencies beginning in November 2021. If you have any questions about the survey, please contact Texas EMS for Children Program Manager, Sam Vance: spvance@bcm.edu or 832-824-EMSC (3672).



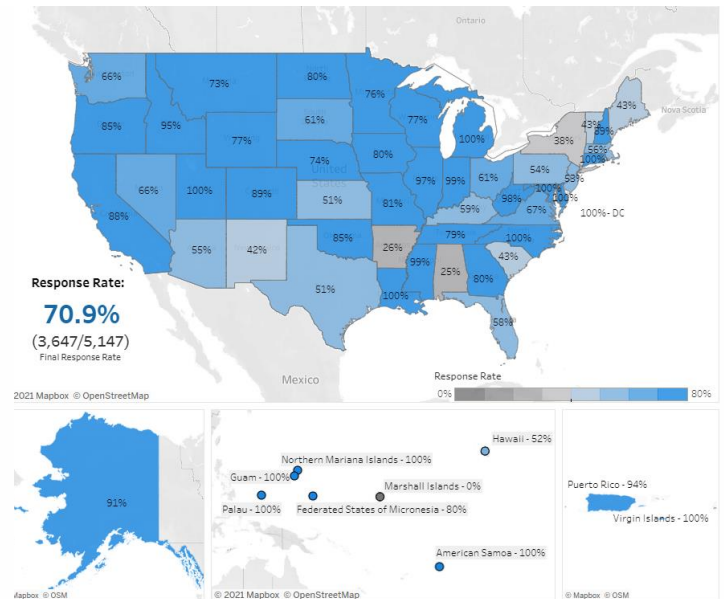
National Pediatric Readiness Project (NPRP) Assessment Achieves 71% Response Rate

The [2021 National Pediatric Readiness Project \(NPRP\) assessment](#) closed on August 31, 2021. A total of 3,647 hospital and free-standing emergency departments (EDs) across the nation in rural, remote, and urban areas participated in this quality improvement initiative (QI), garnering a national response rate of 71%. In Texas, we assessed 525 hospital and free-standing EDs, with 267 that responded, for a 51% response rate.

The NPRP assessment is the largest national assessment of emergency departments' capabilities in providing high-quality care for children. The NPRP is a collaboration between the Health Resources and Services Administration's Emergency Medical Services for Children (EMSC) program along with the Emergency Nurses Association, the American College of Emergency Physicians, the American Academy of Pediatrics, the National Association of State EMS Officials, and the American College of Surgeons Committee on Trauma.

Thank you to all our emergency department managers who participated in the survey!

Additionally, we would like to thank the Texas Emergency Nurses Association (TxENA), Regional Advisory Council Directors and Chairs, Dr. Alan Tyroch and the Governor's EMS and Trauma Advisory Council (GETAC), the State Office of Rural Health (SORH), the Texas Hospital Association (THA), the Department of State Health Services (DSHS) Office of EMS and Trauma Systems, and countless others for their assistance with communication regarding the assessment.



The National EMS for Children Data Analysis Resource Center (NEDARC) is currently cleaning the data and preparing for analysis. Once the emergency department data is fully analyzed, it will be distributed to the states to use for QI purposes. We anticipate receiving this data in 2022.

Thank you again for all you do to support readiness to care for children!

To access pediatric readiness resources, visit the [NPRP Toolkit](#).



2021 EMS for Children EMS Survey Results

Portions of this article were originally published in the [EMSC Pulse](#).

A total of 7,025 EMS agencies responded to this year’s [EMS for Children Survey](#), which was sent to 15,768 EMS agencies across 58 states and territories. After the data was cleaned, the number of EMS agencies used in the performance measure calculations was adjusted to include only those agencies that met the performance measure criteria (6,910 agencies).

In Texas the survey was sent to 711 EMS agencies. 129 responded for a response rate of 17.9%. While these numbers may not be considered statistically significant, the spread of responding agencies across the state provides a good sampling. Additionally, we have data showing trends for the past three years.

The survey was conducted between January and March of 2021 by the [National Emergency Medical Services for Children \(EMSC\) Data Analysis Resource Center \(NEDARC\)](#). The goal of the survey is to improve understanding of EMS agencies’ ability to care for children by collecting data on two specific EMSC performance measures: Performance Measure 02 assesses if an agency has access to a pediatric emergency care coordinator (PECC), while Performance Measure 03 focuses on an agency’s process for skill-checking on pediatric equipment.

Key takeaways from the 2021 survey include:

Slightly more than one-fourth (27.4%) of EMS agencies in Texas have a PECC on staff, while 4.0% plan to add a PECC, and 23.4% expressed interest in having a PECC. 45.2% did not have a PECC (Figure 1).

Most Texas EMS agencies (52.4%) reported having limited frequency of skills checking on pediatric equipment. 22.6% reported moderate training; **15.3% reported no or very little training**; and 9.7% reported extensive training (Figure 2).

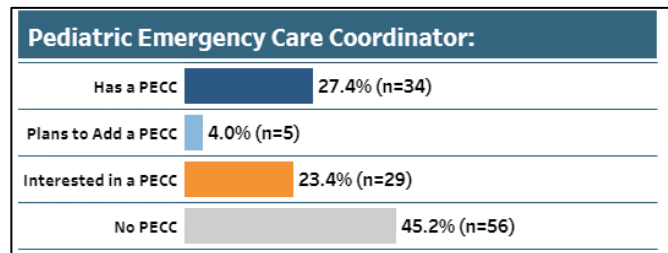


Figure 1

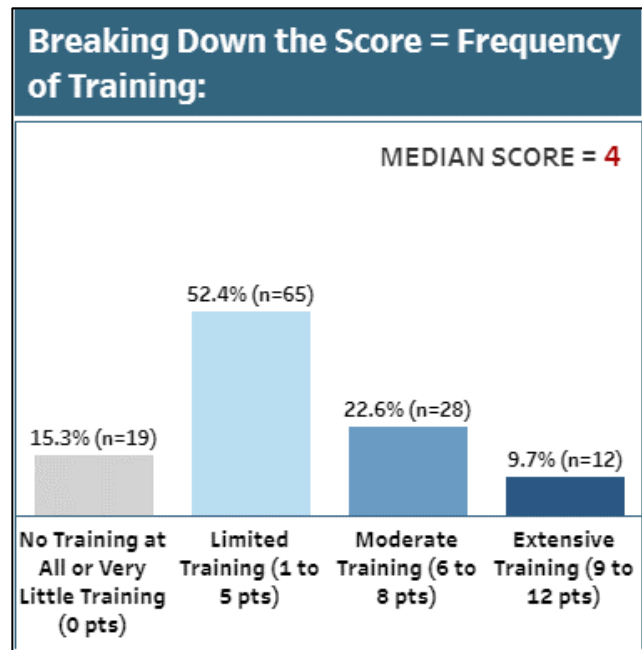


Figure 2

The 2022 EMS for Children Survey will launch in January 2022. More information regarding the survey will be sent directly to EMS agencies beginning in November 2021. If you have any questions about the survey, please contact Texas EMS for Children Program Manager, Sam Vance: spvance@bcm.edu or 832-824-EMSC (3672).

For resources on improving pediatric care in EMS, visit the [Prehospital Pediatric Readiness webpage](#).

(PECC continued)

Lots of creativity can be used in providing a PECC and broadening the scope. **An agency does not have to have a singular person performing the functions of a PECC.** The responsibilities can be fulfilled by two or more people, such as the medical director, EMS chief, training officer, or other prehospital professional.

Additionally, there could be a region wide individual(s) that performs the responsibilities as a PECC for EMS agencies within a region. The PECC role can be accomplished by any level of care, including the volunteer level. As long as they have an interest in improving pediatric care.

Some responsibilities of the individual(s) who might fulfill the PECC role include, but are not limited to:

- Ensures that the pediatric perspective is included in the development of EMS protocols.
- Ensures that fellow EMS providers follow pediatric clinical practice guidelines.
- Promotes pediatric continuing-education opportunities.
- Oversees the pediatric-process improvement.
- Ensures the availability of pediatric medications, equipment, and supplies.
- Promotes agency participation in pediatric-prevention programs.
- Promotes agency participation in pediatric-research efforts.
- Liaises with the emergency department pediatric emergency care coordinator.
- Promotes family-centered care at the agency.

Responsibilities of PECCs in Texas EMS agencies that responded to the 2021 survey can be found in Figure 2.

To learn more about Prehospital PECCs and access PECC resources, please visit the EMSC Innovation and Improvement Center’s (EIIC) [website](#).

For more information about PECCs in Texas or to learn about the Texas EMSC EMS Recognition Program, please contact Texas EMSC Program Manager, Sam Vance: spvance@bcm.edu or 832-824-EMSC (3672)

Agencies who Have a PECC - Reported PECC Duties:	
Ensures that fellow providers follow pediatric clinical practice guidelines and/or protocols	97.1%
Oversees pediatric process improvement initiatives	94.1%
Ensures the availability of pediatric medications, equipment, and supplies	94.1%
Ensures that the pediatric perspective is included in the development of EMS protocols	94.1%
Promotes pediatric continuing education opportunities	88.2%
Promotes agency participation in pediatric prevention programs	70.6%
Coordinates with the emergency department pediatric emergency care coordinator	61.8%
Promotes family-centered care	50.0%
Promotes agency participation in pediatric research efforts	38.2%
Other Activities	26.5%

Figure 2



From the EIIC Knowledge Management Domain

In the United States, suicide is the *second leading* cause of death for youths ages 10-18. Increasingly, the emergency care system has become a safety net for treating pediatric mental health issues: from 2007 to 2015, ED visits for suicide attempts and ideation *doubled* among the nation's youth.

We ALL have a role to play in preventing pediatric suicide

In light of the urgent need to address pediatric mental health, and with today as World Mental Health Day, we are pleased to share [the latest Pediatric Education and Advocacy Kit \(PEAK\): Suicide](#). PEAK: Suicide includes multidisciplinary resources that are created, synthesized, and vetted through the EIIC Knowledge Management Domain working with numerous collaborators. All resources are free and open access.

We encourage you to share these resources widely; more will be added over time and they will be iteratively updated. Please also keep an eye out for the upcoming PEAK: Agitation, and remember that [PEAK: Status epilepticus](#) is always available.

Together, we can work to ensure our most precious patients receive the mental health care they need.

Explore the resources

EIIC/TREKK Document: Bottom-line recommendation

[View >>](#)

EIIC Podcast: Suicide screening featuring Dr. Grupp-Phelan

[Listen >>](#)

EIIC Infographic: ABCDs of suicide screening

[Access >>](#)

HRSA Document: Critical Crossroads report

[Download >>](#)

AAP Video: Mental Health Minute: Trauma-Informed Care

[Watch >>](#)

ENA Infographic: Providing Safe Structure

[Access >>](#)

[View all the resources >>](#)