Pediatric Emergency Care Coordination for the EMS Agency

Historically, pediatric EMS runs account for only 5 to 10 percent of all runs. However, treating injured or sick children can make even experienced EMS providers more anxious, especially if they haven’t seen many pediatric patients, or haven’t had recent hands-on training. The Ohio EMS for Children Program, housed in the Division of EMS at the Ohio Department of Public Safety, is working with the Health Resources and Services Administration of the U.S. Government to improve pediatric emergency care. New performance measures for the EMS for Children program nationally focus on local delivery of care, including the creation or assignment of a pediatric emergency care coordinator at the EMS agency level to ensure quality pediatric care from every EMS agency.

EMS for Children was founded to serve the needs of ill and injured children by providing uninterrupted emergency care, and to ultimately reduce death and disability. In an effort to continue its focus on accountability and performance, the EMS for Children program tasked the National Resource Center (NRC) to develop a set of performance measures. In 2005, The EMS for Children NRC commenced a two-year endeavor to develop the first set of EMS for Children performance measures to demonstrate the results of funding given to states/territories. The measures focus on the availability of the following:

- Pre-hospital based measures: Online and offline pediatric medical direction, pediatric equipment on ambulances, pediatric training for prehospital providers
- Hospital-based measures: Categorization of emergency departments for their ability to care for children, appropriate interfacility transfer guidelines and agreements

The Institute of Medicine (IOM) report “Emergency Care for Children: Growing pains” (2007) recommends that EMS agencies and emergency departments appoint a pediatric emergency care coordinator to provide pediatric leadership. Gausche-Hill et al in a national study of EDs found that the presence of a pediatric physician or nurse care coordinator was associated with an ED being more prepared to care for children.

Currently, the federal EMS for Children Program is working on new performance measures which are yet to be published. One of the changes includes the presence of a pediatric care coordinator at EMS agencies. This measure will determine the percentage of EMS agencies in the state that have a designated individual who coordinates pediatric emergency care. The role of this person is to oversee that the agency develop pediatric EMS protocols and guidelines, promote pediatric continuing education, process improvement and pediatric prevention programs. They will also liaise with the emergency department care coordinator. The presence of an individual who coordinates pediatric emergency care at an EMS agency may result in ensuring that the agency’s providers are more prepared to care for ill and injured children.

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