

Joint Report to the  
General Welfare, Health and Human Resources Committee  
Of the Senate  
Health and Human Resources Committee  
of the House of Representatives, and the  
Select Committee on Children and Youth

## Report On the Status of Emergency Medical Services for Children

A Report to the 107<sup>th</sup> Tennessee General Assembly

Tennessee Department of Health  
July 2011



TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
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BOARD FOR LICENSING HEALTH CARE FACILITIES  
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2011

The Honorable Rusty Crowe, Chair  
Senate General Welfare, Health and  
Human Resources Committee  
321 Ware Memorial Building  
Nashville, Tennessee 37243

Dear Senator Crowe:

As required by Tennessee Code Ann. §68-11-251 and §68-140-521, we are pleased to submit the annual report on the Emergency Medical Services for Children (EMS-C) program; the Board for Licensing Health Care Facilities and the Emergency Medical Services Board collaborated with the Committee on Pediatric Emergency Care (CoPEC) in preparation of the report. The EMS-C program focuses primarily on pediatric pre-hospital and hospital care, with consideration for injury prevention, disaster preparedness, and quality improvement. This report reflects activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMS-C objectives.

Improving the availability and quality of children's health care is a major goal for the State of Tennessee and the Department of Health. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Respectfully submitted,

Larry Arnold, M.D., Chair  
Board for Licensing Health Care Facilities

Larry Q. Griffin, Chair  
Emergency Medical Services Board

C: Susan R. Cooper, MSN, RN, Commissioner  
Tennessee Department of Health



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BOARD FOR LICENSING HEALTH CARE FACILITIES  
EMERGENCY MEDICAL SERVICES BOARD

July 1, 2011

The Honorable Glen Casada, Chairman  
House Health and Human Resources Committee  
21 Legislative Plaza  
Nashville, Tennessee 37243

Dear Representative Casada:

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Larry Arnold, M.D., Chair  
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Tennessee Department of Health

Joint Annual Report of  
The Board for Licensing Health Care Facilities  
And the  
Emergency Medical Services Board  
To the  
Tennessee General Assembly  
General Welfare Committee of the Senate  
Health and Human Resources Committee of the House of Representatives  
Select Committee on Children and Youth  
On the Status of  
Emergency Medical Services for Children

July 1, 2011

**I. Requirement of the Report**

Tennessee Code Annotated 68-11-251 requires that the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in collaboration with the Committee on Pediatric Emergency Care shall jointly prepare an annual report on the current status of emergency medical services for children (EMS-C) and on continuing efforts to improve such services beginning July 1, 1999.

The mission is “To ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.”

The vision statement is: “To be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.”

**II. 2010-2013 Strategic Planning for Committee on Pediatric Emergency Care (CoPEC)**

A comprehensive strategic plan was included in last year’s annual report.

Below is a brief synopsis of the efforts toward reaching the five goals and their respective objectives. For further details please refer to Appendix A 2010-2013 Strategic Plan.

The five goals include:

- 1. To exceed the national EMSC performance measures. Statement of Direction: EMSC performance measures are part of the foundation for providing quality pediatric emergency care.** In order to measure the effectiveness of federal grant programs, the Health Resources and Services Administration (HRSA) requires grantees to report on specific performance measures related to their grant funded activities. The measures are part of the [Government Performance Results Act \(GPRA\)](#). Below are the required performance measures for the Emergency Medical Services for Children program. Further details of each performance measure can be found in Appendix A.

	2009	TN Current	National Goal
Performance Measure (PM) 71: The percent of pre-hospital provider agencies in the State/Territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.	85%	BLS 67% ALS 89%	90% by 2011
PM 72: The percent of pre-hospital provider agencies in the State/Territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.	85%	BLS 100% ALS 96%	90% by 2011
PM 73: The percent of patient care units in the State / Territory that have the essential pediatric equipment and supplies as outlined in national guidelines.	11%/29%	BLS 59.3% ALS 59.1%	90% by 2011
PM 74: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manager pediatric medical emergencies.	96%	100	By 2017 25%
PM 75: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.	96%	100	By 2017 50%
PM 76: The percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that include the following components of transfer: (see reference).	96%	68	90% by 2011
PM 77: The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.	96%	98	90% by 2011
PM 78: The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advanced life support (ALS) providers.	No	On hold	Yes
PM 79: The degree to which Tennessee has established permanence of EMSC in the State EMS System	100	100	100%
PM 80: The degree to which the State/ Territory has established permanence of EMSC in the State/ Territorial EMS system by integrating EMSC priorities into statutes/ regulations.	7/8	7/8	7/8

## **2. To expand membership orientation and leadership capacity to address the various components to TN EMSC including CoPEC.**

This task force has given member orientation presentations at each quarterly meeting. The following topics were presented:

- a. Overview of the legislative process on how a bill becomes a law and on how an organization can communicate and advocate for improvements with their government representatives
- b. Organizational history and funding structure
- c. Expectation of members
- d. Robert's Rules of Order

## **3. To develop and integrate a statewide disaster plan for children.**

This task force has been challenged with mapping how disaster management in Tennessee is organized with respect to caring for pediatric patients. Unfortunately, this task force's research to date has discovered that the current disaster organizational and command structures within the state do not adequately address care of the pediatric patient in a disaster. The task force has also been researching how best to address this deficiency and currently there is not a streamlined way to integrate delivery of pediatric disaster care in the state's system. CoPEC is committed to supporting the agencies that are ultimately responsible for caring for Tennessee's pediatric population during a disaster. This task force will continue to research and implement the integration of pediatric disaster care within the state's current disaster organizational and command structures.

## **4. Use education (including publications) to support, develop, and disseminate current best practice for emergency medical services for children.**

This task force has successfully garnered support from all four comprehensive regional pediatric centers (LeBonheur Children's Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, East TN Children's Hospital and Children's Hospital at Erlanger (formerly T.C. Thompson) to collect the same data elements for problematic transports to their respective institutions. After a year of data has been collected, this task force will develop case scenarios to educate healthcare providers on common errors made in the care of children during ambulance transport to emergency departments. This data collection and review followed by education of healthcare providers will then continue on a scheduled basis in order to promote the delivery of high quality pediatric emergency care in Tennessee.

## **5. Develop specific communication tools to drive and promote TN EMSC's mission to our members and communities.**

A marketing firm had been secured to assist in increasing awareness and sustain funding for TN EMSC. However, with the downturn in the economy, the marketing firm had to eliminate a portion of their in kind services. Currently, a university is being sought to secure this as a student project.

### **III. Star of Life Awards Ceremony and Dinner**

This year was the 3<sup>rd</sup> annual awards ceremony held to honor the accomplishments of personnel from all regions of Tennessee who provide exemplary life-saving care to adult and pediatric patients. The ceremony includes the presentation of the actual adult or pediatric patient scenarios and reunites the EMS caregivers with the individuals they treated. Recipients are chosen from each of the eight EMS regions in the state. This is the premier event that will inaugurate EMS week within the state to recognize and honor our excellent pre-hospital providers.

Overall State Winners – Metro Moore County Ambulance Service, Metro Moore County Volunteer Fire Department and Vanderbilt LifeFlight

EMS Region 1 Award Winners – Sullivan County EMS and WellmontOne Air Transport

EMS Region 2 Award Winners – Morristown Hamblen EMS

EMS Region 3 Award Winners – Bradley County EMS and Life Force

EMS Region 4 Award Winners – Putnam County EMS

EMS Region 5 Award Winners – Cheatham County EMS and Vanderbilt LifeFlight

EMS Region 6 Award Winners – Maury Regional EMS, Maury County Fire Department and Vanderbilt LifeFlight

EMS Region 8 Award Winners – Rural Metro Ambulance and Shelby County Fire Department

### **IV. The Needs of the State Committee on Pediatric Emergency Care**

- Since 1994, CoPEC members have provided their own travel and per diem expenses. In light of the current fiscal environment, the members are willing to continue to provide travel and per diem as in-kind support. If in the future funding is more available, then CoPEC would like to have this position reconsidered.

- Support from the Department of Health to accomplish the strategic plan in Appendix A.

## **V. Conclusion**

The Board for Licensing Health Care Facilities and the Emergency Medical Services Board work cooperatively with other programs of the Department of Health to improve the quality of health care and medical services available to the citizens of Tennessee.

We hope to further describe the impact of the rules on pediatric emergency care by utilizing data collected in our next report on July 1, 2012.

This report was reviewed by the respective boards on \_\_\_\_\_ and \_\_\_\_\_ and approved for presentation to the designated committees of the Tennessee General Assembly.