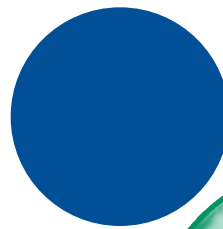


EMERGENCY MEDICAL SERVICES FOR CHILDREN

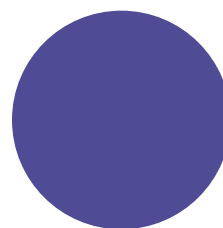
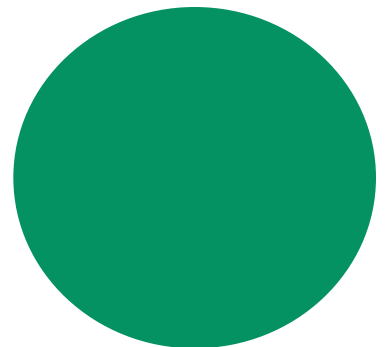


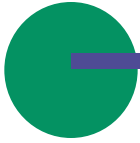
PROGRAM HIGHLIGHTS FISCAL YEAR 2004



The mission of the Emergency Medical Services for Children (EMSC) program aims to ensure state-of-the-art emergency medical care for the ill or injured child and adolescent; to ensure that pediatric services are well integrated into an emergency medical services (EMS) system backed by optimal resources; and to ensure that the entire spectrum of emergency services – including primary prevention of illness and injury, acute care, and rehabilitation – is provided to children and adolescents as well as adults.

In fiscal year (FY) 2004, the EMSC program funded more than 90 grants, contracts, and cooperative agreements with pediatric emergency care issues as a major focus. This annual overview of the program's activities highlights the important work that continues to be the cornerstone of the program's success.





EMSC GRANT ACTIVITIES

Development Grants

EMSC Development Grants are intended to improve, refine, and institutionalize EMSC in a state or U.S. territory using existing models of service delivery and system development. In FY 2004, American Samoa was awarded an EMSC Development Grant for a third year.

Partnership Grants

EMSC Partnership Grants provide support to solidify the integration of a pediatric focus within a state's EMS system. In FY 2004, 55 Partnership Grants were awarded: nine states (California, Delaware, Kentucky, Missouri, Nebraska, New Mexico, Rhode Island, Virginia, and West Virginia) received new awards; 37 states, the District of Columbia, and three territories received continuation funding for a second year; and four states and one territory received continuation funding for a third year.

Targeted Issue Grants

Targeted Issues Grants are intended to address specific EMSC-related needs or concerns that transcend state boundaries. Typically, the project results in a new product or resource. They may also demonstrate the effectiveness of a model system component or service of value to the nation. The following six Targeted Issue Grants were awarded continuation funding by the EMSC program:

1. Model Training for Safe Transportation of Children with Special Health Care Needs. CONNECTICUT - Children's Medical Center. Principal Investigator: Eileen Henzy-Blake, MPH
2. Beyond the Barriers: Project EQUIP. IOWA - University of Iowa. Principal Investigator: Dianne Atkins, MD
3. Pediatric Continuous Quality Improvement Model Project. MICHIGAN - Michigan State University. Principal Investigator: William Fales, MD
4. Model Pediatric Component for State Disaster Plans. NEW YORK - Trustees of Columbia University. Principal Investigator: David Markenson, MD, FAAP, EMT-P
5. Screening & Secondary Prevention for Psychological Sequelae of Pediatric Injury. PENN-

SYLVANIA - University of Pennsylvania, School of Medicine. Principal Investigator: Flaura Winston, MD, PhD

6. Basic Emergency Lifesaving Skills in Schools – A Model for Replication in Wisconsin, Minnesota, North Dakota, and South Dakota. WISCONSIN - Wisconsin Department of Health. Principal Investigator: J. Leslie Oganowski, PhD

In FY 2004, seven new Targeted Issue Grants were awarded:

1. Web-based Quality Improvement in Emergency Medical Services for Children. ILLINOIS - Loyola University of Chicago. Principal Investigators: Beatrice Probst; Evelyn Lyons, RN, MPH; and Leslee Stein-Spencer
2. Emergency Preparedness for Children with Special Health Care Needs Using Minnesota EMSC Information System. MINNESOTA - Regents of the University of Minnesota, Department of Pediatrics. Principal Investigator: Lee Pyles, MD
3. Pediatric Emergency Medicine Fellows Conference: Creating A Future in EMSC. MISSOURI – Washington University, School of Medicine. Principal Investigator: David Jaffe, MD
4. The School Nurse and EMS Interactive Online Learning Project. NEW MEXICO – University of New Mexico, Health Sciences Center. Principal Investigator: Robert Sapien, MD
5. Creating A Diagnosis Grouping System for Child Emergency Department Visits. PENNSYLVANIA – The Children's Hospital of Philadelphia. Principal Investigator: Evaline Alessandrini, MD, MSCE
6. Improving the Injury Prevention Capacity of Child Fatality Review Teams. WASHINGTON - University of Washington, Harbor View Medical Center. Principal Investigator: Brian Johnston, MD, MPH
7. Impact of An Educational Module on Prehospital Pain Management in Children. WISCONSIN - Medical College of Wisconsin. Principal Investigator: Halim Hennes, MD, MS

Six Targeted Issue Grants were completed in FY 2004:

1. Economic Evaluation of Intensive Care Services for Pediatric Trauma Brain Injury Patients. ARKANSAS - Center for Applied Research and Evaluation, Department of Pediatrics, University of Arkansas for Medical Science. Principal Investigator: John Tilford, PhD

The Center for Applied Research and Evaluation evaluated whether increased spending for treatment of pediatric trauma brain injury (TBI) is justified. The Center assessed the incidences of TBI, procedures used in the treatment of TBI, and outcomes over time for pediatric TBI patients admitted to intensive care units. Dr. Tilford evaluated how rates of intracranial pressure monitoring and outcomes differ according to structural characteristics of the intensive care unit; the benefits of intensive care services for TBI patients; the costs of services provided to pediatric traumatic brain injury patients admitted to intensive care units; and then compared the costs and benefits of intensive care services for pediatric TBI patients.

2. Coordinating Care for Children with Injury and Special Health Care Needs. ARKANSAS – Department of Pediatrics, University of Arkansas for Medical Science. Principal Investigator: Mary Aitken, MD, MPH

The University of Arkansas for Medical Sciences developed a program to improve the coordination of care and the health status of injured children and those with special health care needs after discharge from inpatient care. The program instituted emergency care plans for children with special health care needs (CSHCN) who were discharged from inpatient rehabilitation units. The university also developed the support program Parent Education and Experience in Rehabilitation.

3. Quality Improvement in Emergency Medical Services for Children. ILLINOIS – Loyola University of Chicago. Principal Investigator: Evelyn Lyons, RN, MPH

Loyola University of Chicago developed an EMSC quality improvement (QI) educational model and facilitated the implementation of one QI activity in each EMS region in the state. In addition, the university developed an interfacility transfer educational workshop and a transfer resource document.

4. Emergency Preparedness for Infants with Significant Heart Disease. MINNESOTA – University of Minnesota School of Medicine, Department of Pediatrics. Principal Investigator: Lee Pyles, MD

This project established a culturally sensitive, family-centered electronic medical record to facilitate the emergency medical planning for a group of children with significant heart disease.

5. Intimate Partner Violence Education and Protocol: A Model for the Child-Centered Visit. MISSOURI – Department of Pediatrics, University of Missouri-Kansas City School of Medicine. Principal Investigator: Denise Dowd, MD, MPH

The Kansas City School of Medicine developed an intimate partner violence (IPV) screening protocol for the pediatric emergency department by identifying the barriers and opportunities for IPV screening and referral in a pediatric emergency department. In addition, the university developed an IPV educational model for pediatric emergency health care providers.

6. Emergency School Nurse Training. NEW MEXICO – Department of Emergency Medicine, University of New Mexico Health Sciences Center. Principal Investigator: Robert Sapien, MD

The University of New Mexico Health Sciences Center developed the Emergency School Nurse Training Program. The program included on-site mock emergency scenario evaluations, emergency school nurse trainings, and school staff training in emergency care.



SPECIAL FUNDING INITIATIVES

Clinical Practice Guidelines

In FY 2004, the EMSC program awarded the Enhancing Pediatric Emergency Care Through the Use of Evidence-based Clinical Practice Guidelines Grants for a third year to Washington University, School of Medicine and Eastern Virginia Medical School. These grants provide the means for delivering medical care that is based on both existing evidence and expert consensus.

Washington University in St. Louis, MO, is conducting a study focusing on re-hydration of children with moderate

dehydration due to acute gastroenteritis. The principal investigator, Dee Hodge, MD, plans to modify a guideline developed by the American Academy of Pediatrics (AAP) for oral rehydration of children with moderate dehydration to include rapid IV hydration for treatment.

Eastern Virginia Medical School plans to implement and evaluate the use of the National Heart, Lung and Blood Institute's pediatric asthma guideline in five adult emergency rooms. The principal investigator, Faiqa Qureshi, MD, will conduct the study in both urban and rural settings, and evaluate patient outcomes.

Enhancing Pediatric Patient Safety

In FY 2004, the Utah Department of Health (Ron Furnival, MD, principal investigator) and North Carolina Duke University Medical Center (Karen Frush, MD, principal investigator) completed their Enhancing Pediatric Patient Safety Grants. The results of Utah's grant were highlighted in the *Journal of Emergency Nursing*, produced by the Emergency Nurses Association. *Medication Safety Alert*, produced by the Institute for Safe Medication Practices, ran an article on North Carolina's grant. The articles summarized the results of each three-year grant to evaluate the effectiveness of the Broselow-Luten Color-coded Pediatric System in decreasing pediatric medical error rates.

Network Development Demonstration Projects

Four Network Development Demonstration Projects (NDDP) were awarded for a fourth year to Children's National Medical Center in Washington, DC; Columbia University; University of California-Davis; and the University of Michigan. The NDDP make up the Pediatric Emergency Care Applied Research Network (PECARN).

Central Data Management Coordinating Center

The University of Utah, Intermountain Injury Control Research Center received third-year funding through a cooperative agreement to operate the Central Data Management Coordinator Center. The center was established to assist PECARN in its data collection efforts.

National Trauma Registry for Children

In the spring of 2002, the Health Resources and Services Administration (HRSA) directed the EMSC program to fund an initiative to determine a process for the collection of a uniform set of data regarding pediatric trauma and injury care and to design a strategy for data dissemination for quality measurement, research purposes, and injury prevention planning. Two grants were awarded in FY 2003

and received continuation funding in FY 2004. The Registry Design and Technology Planning Grant was awarded to the University of Pittsburgh, and the Data Identification, Collection, and Use Planning Grant was awarded to the University of Wisconsin. Both continued working together to develop a process for data identification and submission to a national registry designed specifically for the injured child.

EMSC Resource Centers

In FY 2004, the Maternal and Child Health Bureau (MCHB) continued to support two resource centers: the National EMSC Data Analysis Resource Center (NEDARC) in Salt Lake City, UT; and the EMSC National Resource Center (NRC) in Washington, DC. NEDARC received continuation funds to help EMSC projects and state EMS offices develop their capabilities to collect, analyze, and utilize EMS data. The NRC received continuation funding to support and assist states on a variety of topics, manage the EMSC Clearinghouse and the EMSC web site, promote public understanding of EMSC issues, and work with grantees and professional organizations to improve the quality of pediatric healthcare.

Regional Symposium Supplemental Grants

In FY 2004, the EMSC program awarded Regional Symposium Supplemental Grants to the following EMSC regions:

The Intermountain Regional EMSC Coordinating

Council (IRECC) is comprised of eight member states (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) and the Commonwealth of the Northern Mariana Islands. IRECC conducted its regional meeting in Las Vegas, NV, from October 28-29.

The Pacific Regional EMSC Partners (PREP) is comprised of five states (Alaska, California, Hawaii, Oregon and Washington) and Guam. PREP will conduct its regional meeting in Seattle, WA, from January 13-14, 2005.

The Center of America Regional EMSC (CARE) Region

includes six member states (Illinois, Indiana, Michigan, Missouri, Ohio, and Wisconsin). The regional symposium was held in Madison, WI, from October 18 - 20.

The New England EMSC Region includes six member states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont). The regional symposium was held in Newport, RI, from November 20-21.

The Heartland EMS for Children Council (HECC) is comprised of six member states (Iowa, Kansas, Minnesota, Nebraska, North Dakota, and South Dakota) and American Samoa. The region held its regional symposium in Two Harbors, MN, from September 16-18.

The Mid-Atlantic EMSC Region consists of seven member states (Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia) and the District of Columbia. The regional symposium was held in Rehoboth Beach, DE, from November 3-5.

The Red-River Regional EMSC Alliance includes four states (Arkansas, Louisiana, Oklahoma, and Texas). Its regional symposium was held in New Orleans, LA, from August 5-6.

The Southeast EMS Regional for Children (SERC) **Region** has eight member states (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) plus the Virgin Islands and Puerto Rico. Their regional symposium was held in Atlanta, GA, from October 19-20.



SPECIAL MEETINGS AND CONFERENCES

2004 Annual EMSC Grantee Meeting

On June 27-29, more than 225 EMSC project coordinators, principal investigators, and family representatives attended the annual EMSC grantee meeting at the JW Marriott Hotel in Washington, DC. The meeting provided an opportunity for grantees to hear from Dan Kavanaugh, MSW, federal program director for the EMSC program, about important program updates. The meeting also included updates from the National Highway Traffic Safety Administration (NHTSA), the AAP, the American College of Emergency Physicians, the National Association of EMS Physicians (NAEMSP), the National Association of State EMS Directors (NASEMSD), and the Institutes of Medicine (IOM).

Other meeting highlights included presentations on child traumatic stress, effective collaboration between EMSC coordinators and family representatives, and EMSC performance measures. Breakout session topics included innovative EMSC grant management, school emergency preparedness, publication of EMSC projects, and communication between EMSC coordinators and family representatives. Grantees also had the opportunity to provide feedback on the new EMSC performance measures.

2004 National Heroes Award Winners Honored

Since 1998, the EMSC program has taken the opportunity to recognize and reward outstanding achievement in emergency medical services for children. The National Heroes Award categories provide an opportunity to give well-deserved recognition to the individuals, state programs, and organizations that inspire thousands with their effective and innovative products and programs, special events, and research in pediatric emergency medical care.

Nominations are solicited from throughout the country and, in 2004, were divided into five categories - EMSC Provider Leadership Award, Outstanding EMSC Research Project Award, EMSC Project Coordinator of Distinction Award, EMSC Family Member Volunteer of the Year, and EMSC Community Partnership Award. The following recipients received their awards during the annual EMSC grantee meeting held in June:

Lou Romig, MD - EMSC Provider Leadership Award

Elizabeth Edgerton, MD - Outstanding EMSC Research Project Award

Cyndy Wright-Johnson - EMSC Project Coordinator of Distinction Award

Petra Menzel, MPH - EMSC Project Coordinator of Distinction Award

Cynthiana Lightfoot - EMSC Family Member Volunteer of the Year

EMSC Technical Advisory Committee in Sacramento, CA - EMSC Community Partnership Award

NEDARC Workshops

In FY 2004, NEDARC planned and conducted the following four special EMSC workshops:

- How to Analyze EMS Data Using Microsoft Excel, Orlando, FL, January 14-16.
- Using Data to Enhance Outreach and EMSC Programs, Washington, DC (EMSC grantee meeting), June 27.
- Integrating Data into EMSC Injury Prevention Objectives, Portland, OR, August 11-13.
- Scientific Grant Writing, Chicago, IL, September 8-10.

EMSC Performance Measures Consensus Meeting

The EMSC program convened the EMSC Performance Measures Consensus Meeting from March 16-17, 2004. The purpose of the meeting was to assist EMSC stakeholders to develop a set of measures that reflect the role of the EMSC program in integrating EMSC into the broader EMS system, in improving access to emergency care for children and youth, and in reducing child and youth mortality and morbidity. Meeting participants included EMSC State Partnership and Targeted Issue grantees, federal representatives, national organization representatives, and NRC and NEDARC staff.

At the conclusion of the meeting, three performance measures were identified and forwarded to HRSA for final review and consideration.

- National Association of State EMS Directors: Built the foundation of a national EMS information system by revising NHTSA's data set to better document and capture important aspects of patient care; developed a plan for data collection and transmission from local, state, and national systems; developed database schema that will promote timely and accurate data submission to state and national systems; coordinated efforts to promote a national standard model for EMS systems, device manufacturers, and software vendors to adopt; and studied state pediatric disaster and terrorism preparedness by evaluating the degree of implementation of select recommended components of pediatric disaster preparedness in (1) state EMS disaster planning or (2) the EMS component of state disaster planning.



NATIONAL PARTNERS

National Organization Projects

Through a contract or a Partnership for Information and Communication cooperative agreement, several organizations carried-out projects addressing specific objectives of the EMSC program's Five-year Plan. A brief summary of each project is provided below.

- American Academy of Pediatrics: In collaboration with the American College of Emergency Physicians, evaluated the impact of their jointly published policy statement, titled "Care of Children in the Emergency Department: Guidelines for Preparedness."
- Ambulatory Pediatrics Association: Developed a CD-ROM educational module on family presence during pediatric invasive procedures and cardiopulmonary resuscitation for emergency department health care providers and professionals.
- American Pediatric Surgical Association: Developed specific national, evidence-based quality measures that are applicable across the continuum of care for certain injuries common among children.
- National Association of EMS Physicians: Implemented a national Pediatric Emergency Care Research Workshop at the association's annual meeting and evaluated knowledge acquisition of participants in the previous year's pilot workshop.

EMSC Partnership for Children Stakeholder Group

In 2003, the EMSC program converted the EMS Partnership for Children Consortium into the EMSC Partnership for Children (PFC) Stakeholder Group. The 30-member EMSC PFC Stakeholder Group includes representatives from 20 of the largest and most prestigious national organizations involved in pediatric and/or emergency care in the U.S., seven EMSC grantees, and three federal agencies. The Stakeholder Group worked to improve the emergency medical care of children through the exchange of knowledge, development of partnerships, and provision of input and counsel to the EMSC program. The NRC coordinated the activities of the group. The current members of the group are:

- Ambulatory Pediatric Association
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Association of Health Plans
- American Association of Poison Control Centers
- American College of Emergency Physicians
- American College of Osteopathic Emergency Physicians
- American Pediatric Surgical Association
- American Trauma Society
- Emergency Nurses Association
- Family Voices
- International Association of Fire Fighters
- National Association of Children's Hospitals and Related Institutions
- National Association of EMS Physicians
- National Association of Emergency Medical Technicians

- National Association of School Nurses
- National Association of Social Workers
- National Association of State EMS Directors
- National Council of State EMS Training Coordinators
- National SAFE KIDS Campaign
- National EMSC Data Analysis Resource Center
- Pediatric Emergency Care Applied Research Network
- State Partnership Grant – Alaska
- State Partnership Grant – Florida
- State Partnership Grant – South Dakota
- Targeted Issues Grant – Iowa
- Targeted Issues Grant – Pennsylvania
- Indian Health Service
- National Center for Injury Prevention and Control
- National Highway Traffic Safety Administration

EMSC Partnership for Children Stakeholder Group Meetings

The first meeting of the Stakeholder Group was held from October 2-3, 2003, in Washington, DC. Stakeholder Group representatives heard presentations on NRC and NEDARC, as well as the EMSC Five-year Plan. In addition, the representatives developed a set of guidelines, including a purpose statement, to govern the group's activities. Finally, the representatives generated ideas for the EMSC 20th Anniversary Celebration in 2005 and reviewed the categories and selection criteria for the EMSC National Heroes Awards.

A second meeting was held from March 4-5, 2004. The Stakeholder Group heard presentations on PECARN and the IOM study on emergency care in the United States. They also reviewed the results of the 2001 - 2005 EMSC Five-year Plan Midcourse Review. The representatives recommended that, due to the ongoing IOM study, the current Five-year Plan be revised and extended through 2007.

FEDERAL COLLABORATIONS

National Highway Traffic Safety Administration

EMSC – NHTSA Collaboration and Planning.

The NHTSA EMS Division and EMSC program federal staff, including representatives of the NRC, met regularly in person and by conference call to share information about issues of interest and collaborative projects. Information shared contributed to improved awareness of

emerging issues by each program that facilitated planning and collaboration. Projects of particular interest included:

- National EMS Scope of Practice Model. Through EMSC program support, a representative from the AAP served as a member of the National EMS Scope of Practice Model committee. Requests for comment by EMSC stakeholders were disseminated.
- National EMS Core Content for the EMS Education Agenda for the Future. NHTSA sponsored a consensus process that was coordinated by NAEMSP and NASEMSD. The EMSC program participated in the process and disseminated a Request for Comment to EMSC stakeholders.
- EMS: There When You Need Us. The EMSC program worked with NHTSA and other national organizations on the development and distribution of the 2004 EMS Week campaign kit. The kit showcased the EMS system as a continuum of care, and included a special focus on EMSC.

National EMS Information System (NEMSIS)

NASEMSD is working with its partners at HRSA/MCHB, EMSC, and NHTSA to create a national EMS database. The main tasks are to:

- Revise the NHTSA uniform pre-hospital dataset;
- Create a physical database schema mapped to the dataset with XML linkage;
- Define a NEMSIS dataset that is a small subset of the NHTSA dataset; and
- Create a business plan and model for the implementation of the NEMSIS dataset.

The status of the project and its deliverables (e.g., the states that have signed on, the NEMSIS business model, data dictionaries, etc.) are available at www.nemsis.org. In June 2004, two meetings were held in the Washington, DC, area for the NEMSIS project: one for state EMS data managers and the other for software vendors.

At the June meeting, 23 states provided an update on the implementation status of data systems within their respective states. The data managers also discussed how NEMSIS could best promote data quality and compliance with the NHTSA Version 2 Dataset. In September 2004, 47 states and territories had signed a memorandum of understanding.

Indian Health Services

In FY 2004, MCHB continued an interagency agreement with Indian Health Services (IHS) to “facilitate the promotion of the goals of the EMSC program”. This year, Lieutenant Betty Hastings, program director for the EMSC program in IHS, continued as a liaison to coordinate communication, collaboration, and training activities with federal, national, and state EMS and injury prevention programs.

In FY 2004, Lieutenant Hastings’ activities included organizing and convening a stakeholders group for the EMSC program in IHS. She also attended five EMSC regional symposia, the annual EMSC grantee meeting, and the National Native American EMS Association Meeting. Additionally, the EMSC program in IHS supported pediatric training for Native American EMTs through the Mountain Plains Health Consortium.



RESEARCH-RELATED INITIATIVES

Interagency Committee on EMSC Research

This federal committee met three times in FY 2004 to discuss EMSC-related research and current initiatives, and to provide updates on each agency’s research activities. The Interagency Committee on EMSC Research (ICER) provides a collegial environment where federal representatives share information and strategies to improve the flow and quality of EMSC-related research within the member agencies.

Members of ICER include representatives from the Departments of Defense, Education, Health and Human Services, and Transportation, and the IOM. During FY 2004, Stella Yu, MD, joined the MCHB Maternal and Child Health Research program as the new branch chief and was welcomed into ICER.

EMSC Program Announcement

In 2001, a core group of ICER members (HRSA, the Agency for Healthcare Research and Quality (AHRQ), the Center for Disease Control and Prevention’s National Institute for Occupational Safety and Health (CDC/NIOSH), and five of the National Institutes of Health) joined forces to develop the first multi-agency program announcement on research opportunities in EMSC. The EMSC program announcement described each agency’s EMSC-related research programs as well as eligibility and funding information. In FY 2004, with strong support and guidance from the National Institute for Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH), the announce-

ment was revised to include background information on the most current landmark research publications or activities in EMSC. Contact and program information for existing as well as new agencies was added. The new EMSC program announcement was released in the fall of 2004, and will include AHRQ, CDC/NIOSH, HRSA/MCHB, the National Institute of Alcohol Abuse and Alcoholism, the National Institute of Biomedical Imaging and Bioengineering, NICHD, NIMH, and the National Institute of Nursing Research.

Pediatric Emergency Care Applied Research Network

In FY 2004, the PECARN Steering Committee met four times to discuss current projects, propose and review new research initiatives, refine a research agenda, present work-in-progress, and receive training in good clinical practices and human subjects regulations.

Principal investigators of PECARN receive infrastructure support from the EMSC program and seek extramural funding for research projects from foundations and federal programs that support research.

During FY 2004, PECARN conducted the following studies:

- PECARN Core Data Project
- Childhood Head Trauma: A Neuroimaging Decision Rule
- Bioterrorism Surveillance Using the PECARN Network
- Creating A Diagnosis Grouping System for Child Emergency Department Visits
- Hypothermia for Pediatric Cardiac Arrest (Planning Grant)
- Pediatric Off-patent Drug Study – Lorazepam for Status Epilepticus
- Randomized Trial of Oral Dexamethasone in Acute Bronchiolitis

National Center for Health Statistics

The Emergency Pediatric Services and Equipment Supplement (EPSES) is in its third year of funding and two years of data collection and analysis are complete. Catherine Burt, MD, presented the preliminary findings of the 2002 EPSES survey at the March 2004 ICER meeting. The survey is distributed as a supplement to the National Center for Health Statistics’ (NCHS) National Hospital and Ambulatory Medical Care Survey. Data from the 2003 EPSES survey is currently being compiled. A publication of the findings is planned.

Statistics from the 2002 EPSES survey were included in the EMSC program's Office of Management and Budget PART assessment. To help keep NHTSA and others informed about the EPSES project, EMSC hopes to include NCHS staff at the upcoming NHTSA briefing on the National EMS Information Systems project. Next year, NCHS also will be asked to present more on the EPSES data at the EMSC Stakeholders Group Meeting and to the IOM.



PUBLIC EDUCATION AND OUTREACH

EMSC Web Site

In FY 2004, the web site had 162,934 visits, and a total of 35,764 copies of the most popular full-text products were downloaded from the site. The "What's New" page continues to provide the latest information and updates for the EMSC program. Products produced by EMSC grantees also continue to be posted and those in electronic format are available for download.



EMSC ACTIVITIES OF INTEREST

EMSC Five-year Plan Midcourse Review Released

The EMSC program released the EMSC Five-year Plan Midcourse Review. The purpose of the review is to evaluate the progress made by the EMSC program and its federal and national partners in accomplishing the proposed activities and in achieving the 45 objectives. Recommendations were provided by the EMSC Stakeholders Group and the final report was released via the EMSC web site (<http://mchb.hrsa.gov/programs/emsc/>).

EMSC Launches First Web-casts

The EMSC program presented two educational web-casts through the Center for the Advancement of Distance Education (CADE) at the University of Illinois in Chicago.

The first broadcast, which aired on April 20, 2004, was an orientation for new EMSC coordinators. Three experienced EMSC coordinators served as faculty: Petra Menzel from Virginia EMSC, David Boer from South Dakota EMSC, and Evelyn Lyons from Illinois EMSC. All three presenters provided information and were available to answer questions from viewers.

The second broadcast, which aired on August 31, 2004, was titled "Pediatric Disasters and Terrorism Preparedness

Update." The web-cast faculty included George Foltin, MD, from Bellevue Hospital in New York City and Michael Shannon, MD, from Children's Hospital in Boston. Dr. Foltin addressed the needs of children and their families during emergencies. Dr. Shannon focused on research initiatives in the area of disaster preparedness. Both broadcasts are archived on the CADE web site at www.mchcom.com.

Family Advocacy Network

The EMSC program's Family Advisory Network (FAN) is an alliance of family representatives from states, territories, and the District of Columbia. Family representatives are invited by state EMSC coordinators to support state and national EMSC program initiatives by sharing their expertise and life experiences as consumers of the EMS system. By the end of FY 2004, 33 FAN members represented 57% (32) of the 56 EMSC jurisdictions – New Jersey has two parent representatives.

In 2004, FAN members organized and participated in injury prevention activities, developed resource materials, volunteered to teach healthcare providers and educators, and educated children and teens on safety and health issues. To recognize FAN member contributions, the EMSC program honored Cynthiana Lightfoot from Washington, DC, with the Family Representative Volunteer of the Year award.



EMSC PUBLICATIONS AND RESOURCES

During this past fiscal year, the EMSC Clearinghouse shipped 5,282 items. Approximately 35,765 documents were downloaded from the EMSC web site for a total distribution of 41,050 documents.

The most popular documents downloaded include:

- Traumatic Brain Injury in Children and Teens: A National Guide for Families
- After the Emergency Is Over: Post-Traumatic Stress Disorder in Children and Youth
- How to Prevent & Handle Childhood Emergencies: A Handbook for Parents and People Who Care for Children
- Basic Emergency Lifesaving Skills Curriculum
- Office Preparedness for Pediatric Emergencies: Instructor's Manual

