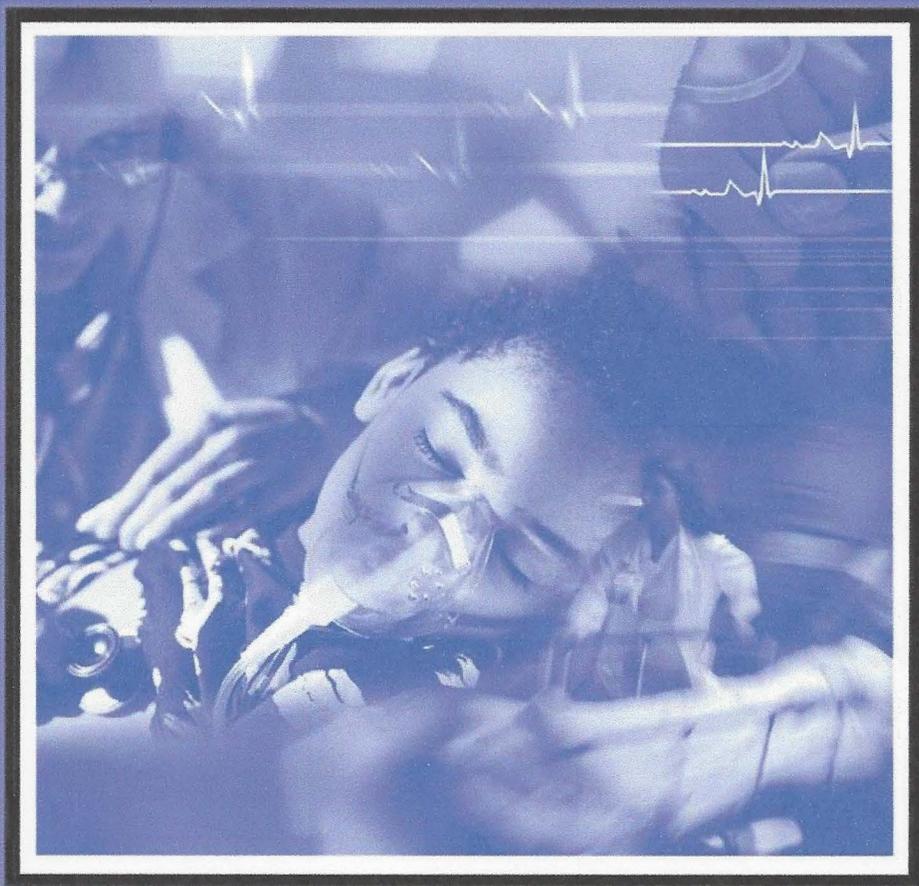


EMSC

PERFORMANCE MEASURES

2009-2010 "FINAL" EDITION



EFFECTIVE OCTOBER 1, 2009

Implementation Manual for State Partnership Grantee



Performance Measure 79 (Formerly 68a) – EMSC Advisory Committee

The degree to which States/Territories have established permanence of EMSC in the State/Territorial EMS system.

Goal for this measure is:

- To increase the number of States/Territories that have established permanence of EMSC in the State/Territory EMS system.

SIGNIFICANCE OF MEASURE

An EMSC Advisory Committee is important to assist EMSC grantees in meeting each of their performance measures. Throughout this Implementation Manual, the role of the Advisory Committee has been discussed. Members of the EMSC Advisory Committee can assist the grantee in strategic planning, obtaining buy-in from the State/Territorial leadership to effect system change, and ensuring that family issues are not overlooked.

For additional information on the importance of this measure, refer to the presentations, policy resources, and websites listed below. Appendix A includes an annotated bibliography for each reference.

Presentation

- Advisory Committees – How to develop and utilize the best team for EMSC Initiatives (a 2006 PowerPoint presentation). Visit <http://www.cademedial.com/archives/mchb/emsc2006/Grantee2006/ppt/E%201-3.ppt>.

Policy Resources

- American Academy of Pediatrics, Committee on State Government Affairs, Government Affairs Handbook, 1992.
- Amidei, Nancy, *So You Want to Make a Difference*, 1997.
- State Legislative Leaders Foundation, *State Legislative Leaders: Keys to Effective Legislation for Children and Families*, 1995.

Websites (of professional organizations from which EMSC Advisory Committee core and/or recommended members could be recruited)

- American Academy of Pediatrics - <http://www.aap.org/>
- American Hospital Association - <http://www.aha.org/>
- Emergency Nurse Association - <http://www.ena.org/>
- Family Voices – <http://www.familyvoices.org/>
- National Association of EMS Directors - <http://www.nasemsd.org/>
- National Association of EMT's - <http://www.naemt.org/>
- National Association of School Nurses – <http://www.nasn.org/>
- National Highway Traffic Safety Administration - <http://www.nhtsa.dot.gov/>

DEFINITIONS

Establishment: “Establishment” is defined by two elements: The EMSC Advisory Committee is composed of the eight core members; and the EMSC Advisory Committee has met at least four times during the grant year. Note that both of the elements must be met in order to meet this measure.

1. **The EMSC Advisory Committee is composed of the following eight core (required) members:**

- Nurse with emergency pediatric experience
- Physician with pediatric training (e.g., pediatrician or pediatric surgeon)
- Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)
- Emergency medical technician (EMT)/Paramedic who is currently a practicing, ground level pre-hospital provider (i.e., must be currently licensed and riding in a patient care unit such as an ambulance or fire truck)
- EMS State agency representative (e.g., EMS medical director, EMS administrator)
- EMSC principal investigator
- EMSC grant manager
- Family representative

Note that no single individual listed above may serve as the EMT/Paramedic, nurse, both physician, and family representative. In other words, there must be at least one pre-hospital provider, one nurse, one physician, and one family representative on the EMSC Advisory Committee. Each of these roles must be served by a distinct individual. However, for the other core member roles, a single individual can play dual or multiple roles as long as all eight roles are represented. For example, the EMSC principal investigator can be the same person as the EMSC grant manager.

Based on the unique needs of each individual State/Territory, the EMSC Program has also identified a list of recommended committee members. The following 16 members are strongly encouraged (but not required) to play a role on the Advisory Committee:

- Hospital association representative
- State trauma manager
- EMS training manager
- Tribal EMS representative
- Data manager
- School nurse
- Ambulance association representative
- Child death review representative
- Fire-based EMS representative
- Police representative
- Bioterrorism representative
- Disaster preparedness representative
- Parent teacher association representative
- Recipient of MCH block grant for CSHCN
- Highway representative
- Legislator

2. **The EMSC Advisory Committee must meet either face-to-face or by conference call at least four times during each grant year (March – February grant cycle).** If one of the core EMSC Advisory Committee members is unable to attend a meeting, an alternate substitute can be designated to attend on his/her behalf.

EMSC Advisory Committee: A group of either appointed or elected individuals who are responsible for guiding the EMSC Program, prioritizing EMSC issues, working on special projects, ensuring that pediatric emergency issues are addressed within the EMS system, and providing policy recommendations pertaining to the improvement of emergency medical services for children.

The EMSC Advisory Committee may be outside State/Territorial government control (i.e., the Committee does not have to be mandated by the State/Territory). However, to ensure program sustainability it is strongly recommended that the committee be State/Territory mandated. The EMSC Advisory Committee can be part of the State/Territorial EMS Committee or Subcommittee (e.g., Pediatric Subcommittee of the EMS Board) provided that the eight core members are on the EMS Committee or Subcommittee as voting members (i.e., members exercising full membership rights). If the State/Territory government controls or limits the number of EMSC Advisory Committee members, the grantee is still required to have the eight core members on the committee in order to meet the measure.

DATA COLLECTION METHODS

This measure does not require data collection. To meet this measure, the eight required members must meet four times during each grant year. This information will be used to calculate whether the measure has been met.

Supporting documentation should be available to support EHB entries and they may be requested by HRSA. Supporting documentation for this measure must include the sign-in sheet, agenda, and meeting notes/minutes from each meeting held.