

Summary of “Future of Emergency Care: Emergency Care for Children Growing Pains” Recommendations

A number of the recommendations were the same in the Emergency Care for Children report as the hospital-based and EMS reports. I have included only those summaries that differ from the those reports.

Strengthening the Workforce

Every pediatric and emergency-care related health professional credentialing and certification body define pediatric emergency care competencies and require practitioners to receive the level of initial and continuing education necessary to achieve and maintain those competencies.

HHS collaborate with professional organizations to convene a panel of individuals with multidisciplinary expertise to develop, evaluate and update pediatric emergency care clinical practice guidelines and standards of care.

The committee recommends that EMS agencies appoint a pediatric emergency coordinator and hospitals appoint two pediatric emergency coordinators – one a physician – to provide pediatric leadership for the organization.

Improving Patient Safety

Hospitals and EMS systems implement evidence-based approaches to reduce errors in emergency and trauma care for children.

HHS and NHTSA fund the development of medication dosage guidelines, formulations labeling guidelines and administration techniques for the emergency care setting to maximize effectiveness and safety for infants, children and adolescents. EMS agencies and hospitals should implement these guidelines, formulations and techniques.

HHS fund studies on the efficacy, safety and health outcomes of medications used for infants, children and adolescents in emergency care settings in order to improve patient safety.

Exploiting Advances in Medical and Information Technology

Federal agencies and private industry fund research on pediatric-specific technologies and equipment for use by emergency and trauma care personnel.

Fostering Family-Centered Care

The committee recommends that EMS agencies and hospitals integrate family-centered care into emergency care practice.

Enhancing Disaster Preparedness

HHS, NHTSA and DHS, in partnership with state and regional planning bodies and emergency care provider organizations, convene a panel with multidisciplinary expertise to develop strategies for addressing pediatric needs in the event of a disaster. This effort should encompass the following:

- Development of strategies to minimize parent-child separation and improved methods for reuniting separated children with their families.
- Development of strategies to improve the level of pediatric expertise on Disaster Medical Assistance Teams (DMATs) and other organized disaster response teams.
- Development of disaster plans that address pediatric surge capacity for both injured and non-injured children.
- Development of and improved access to specific medical and mental health therapies, as well as social services for children in the event of a disaster.
- Development of policies to ensure that disaster drills include a pediatric mass casualty incident at least once every 2 years.

Improving the Evidence Base

HHS should conduct a study to examine the gaps and opportunities in emergency care research, including pediatric emergency care and recommend a strategy for the optimal organization and funding of the research effort. This study should include: consideration of training of new investigators, development of multicenter research networks, involvement of emergency and trauma care researchers in the grant review and research advisory processes and improved research coordination through a dedicated center or institute. Congress and federal agencies involved in emergency and trauma care research (including DoT, HHS, DHS and DoD) should implement the study's recommendations.

Administrators of trauma registries, statewide and national, include standard pediatric-specific data elements and provide the data to the National Trauma Data Bank. Additionally, the American College of Surgeons should establish a multidisciplinary pediatric specialty committee to evaluate pediatric-specific data elements for the National Trauma Data Bank and identify areas for pediatric research on an ongoing basis.

Congress appropriate \$37.5 million each year for the next 5 years to the EMS-C program.