Appendix
Development of Performance Measures for the EMSC Program
Detail Sheet for Performance Measure #66d (in effect for Fiscal Year 2006 only)

PERFORMANCE MEASURE #66d (in effect for Fiscal Year 2006 only)	The percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following: • Transportation of individuals, staff, and equipment to the alternate care site • Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site • Individual tracking to and from the alternate care site • Inter-facility communication between the organization and the alternate care site
GOAL	By **2006, 20%** of hospitals in the State/Territory will have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following: • Transportation of individuals, staff, and equipment to the alternate care site • Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site • Individual tracking to and from the alternate care site • Inter-facility communication between the organization and the alternate care site
MEASURE	The percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following: • Transportation of individuals, staff, and equipment to the alternate care site • Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site • Individual tracking to and from the alternate care site • Inter-facility communication between the organization and the alternate care site

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DEFINITION

Numerator:

The number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory) that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:

- Transportation of individuals, staff, and equipment to the alternate care site
- Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
- Individual tracking to and from the alternate care site
- Inter-facility communication between the organization and the alternate care site

Denominator:

The total number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory).

Definition of Terms:

Hospitals

Facilities with emergency departments that provide medical and/or surgical care and treatment for the ill and injured, excluding the highest-level pediatric facilities in the State/Territory.

Inter-facility agreements

Written contracts between a referring facility (e.g., community hospital) and a specialized pediatric center that formalize arrangements for consultation and transport of a child to the higher-level facility. See model pediatric inter-facility transfer agreement developed by the California EMSC Program at: http://www.emsa.ca.gov/aboutemsa/emsa186.pdf. To view the Emergency Nurses Association's position statement about inter-facility transfer, go to: http://www.ena.org/about/position/PDFs/54FCEA88F1A74523BB356AE42E4A7A0C.pdf.

Capabilities

Having the necessary resources and operational capacity (e.g., trained personnel, appropriate pediatric equipment and supplies) to care for the needs of the child.

Critically ill and injured pediatric patients

To be defined by each State/Territory.

Pediatric

Persons up to 18 years old.

Inter-facility guidelines

Guidelines that outline procedural and administrative policies for transferring pediatric patients to facilities that provide specialized pediatric care.

EMSC STRATEGIC OBJECTIVE

Related to Strategic Objective 1: Include pediatric issues in all aspects of clinical care.

DATA SOURCE(S)

Data Sources:

- Pediatric medical and/or trauma facility recognition program
- Other accreditation or certification programs
- Surveys
- Pre-hospital Care Reports/Database

IMPLEMENTATION PROCESS

Process to Collect Data For This Measure:
A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

1. **Pediatric Medical and/or Trauma Facility Recognition Program:** Your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program may require hospitals to have written inter-facility agreements and guidelines for pediatric patients.
   - If you are directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, gather a list of all the hospitals participating in the facility recognition program. Either conduct a manual count (from hardcopies) or run a query (from a database) on the percentage of hospitals in the State/Territory that have written inter-facility agreements and guidelines for pediatric patients.
   - If you are *not* directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, contact the agency that is to 1) obtain a hardcopy list of all the hospitals participating in the facility recognition program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility agreements and guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility agreements and guidelines for pediatric patients; or 3) ask the agency to run the query for you.

- Calculate the percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:
  - Transportation of individuals, staff, and equipment to the alternate care site
  - Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
  - Individual tracking to and from the alternate care site
  - Inter-facility communication between the organization and the alternate care site
- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility agreements and guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the facility recognition program's requirement related to inter-facility agreements and guidelines for pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility agreements and guidelines for pediatric patients (if inter-facility agreements and guidelines for pediatric patients are mandated within the State/Territory).

2. **Other Accreditation or Certification Programs:** In addition to your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, hospitals in your State/Territory may participate in other accreditation or certification programs that require hospitals to have written inter-facility agreements and guidelines for pediatric patients.
   - Contact the agency responsible for these other accreditation and certification programs (e.g., JCAHO, State Hospital Association, ACS verification process) to 1) obtain a hardcopy list of all the hospitals participating in the accreditation or certification program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility agreements and guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility agreements and guidelines for pediatric patients; or 3) ask the agency to run the query for you.
   - Calculate the percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:
     - Transportation of individuals, staff, and equipment

to the alternate care site

- Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
- Individual tracking to and from the alternate care site
- Inter-facility communication between the organization and the alternate care site

- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility agreements and guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the accreditation or certification program's requirement related to inter-facility agreements and guidelines for pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility agreements and guidelines for pediatric patients (if inter-facility agreements and guidelines for pediatric patients are mandated within the State/Territory).

3. **Surveys:** Surveys of hospitals (targeted to emergency departments or pediatric critical care centers) in the State/Territory can be conducted on the existence of written inter-facility agreements and guidelines for pediatric patients.
   - If a survey for hospitals currently exists, consider leveraging this survey by adding a question about the existence of written inter-facility agreements and guidelines for pediatric patients.
   - If a survey does *not* currently exist, develop a survey tool that asks about the existence of written inter-facility agreements and guidelines for pediatric patients. Contact NEDARC if you require technical assistance.
   - Administer the survey either on-line, electronically, or by mail.
   - Collect the survey results; follow-up may be necessary to remind hospitals to complete the survey or to get clarification on responses.
   - Calculate the percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:
     - Transportation of individuals, staff, and equipment to the alternate care site
     - Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
     - Individual tracking to and from the alternate care site
     - Inter-facility communication between the organization and the alternate care site

- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility agreements and guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the hospitals' inter-facility agreements and guidelines, and/or 2) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility agreements and guidelines for pediatric patients (if inter-facility agreements and guidelines for pediatric patients are mandated within the State/Territory).

4. **Pre-hospital Care Reports/Database:** If your State/Territory has a pre-hospital database, it may contain information that addresses the measure.
   - If you have access to the pre-hospital care reports or database, these reports may contain information regarding patient transfer, etc. If your pre-hospital database is based on the NHTSA 2.2 data elements, the following data fields may help address the measure: 1) E20_01 (i.e., designated/transferred) and 2) C04_11 (i.e., hospital certification). This information will not by itself confirm whether or not hospitals actually have inter-facility transfer agreements, and thus, cannot be used as the sole data source of supporting documentation for the measure.
   - *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility agreements and guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility agreements and guidelines for pediatric patients (if inter-facility agreements and guidelines for pediatric patients are mandated within the State/Territory).

IMPLEMENTATION CONSIDERATIONS

Survey Considerations

- Availability of data for this measure depends upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that hospitals can complete the version that is most convenient for them; 2) contact hospitals that have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that written inter-facility agreements and guidelines for pediatric patients exist at hospitals and 2) conduct random, unannounced site visits to a representative sample of hospitals to verify the existence of written

inter-facility agreements and guidelines for pediatric patients.

SIGNIFICANCE

Timely access to pediatric specialty services in the acute stages of illness and/or injury is critical to reducing poor pediatric outcomes (e.g., morbidity and mortality). When a child's needs are beyond those available at a receiving facility, inter-facility transfer agreements and guidelines help to ensure that children are transferred to facilities with the appropriate resources and competencies to effectively treat pediatric emergencies and to provide high-level and high-quality pediatric care.

Data Collection Form for Performance Measure #66d (for use in Fiscal Year 2006 only)

Percentage of hospitals in the State/Territory that have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:

- Transportation of individuals, staff, and equipment to the alternate care site
- Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
- Individual tracking to and from the alternate care site
- Inter-facility communication between the organization and the alternate care site

Percentage: _____%

Note: Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

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