



Illinois

**The EMSC Program: Taking Action, Saving Lives**

The federal Emergency Medical Services for Children (EMSC) program supports statewide projects to expand and improve emergency medical services for children who need treatment for life threatening illnesses or injuries. The program has funded pediatric emergency care improvement initiatives in every state, the District of Columbia, and five U.S. territories. The EMSC Program has developed several measurable goals for its grantees to ensure continued progress in critical areas of pediatric emergency care.

Illinois is striving to improve its operational capacity to provide pediatric emergency care by, among other initiatives, increasing the number of:

- ambulances with essential pediatric equipment and supplies;
- hospitals attaining pediatric preparedness by enhancing their education/training, policies, equipment/supplies;
- hospitals with written agreements to transfer critically ill and injured children to facilities capable of handling their needs;
- healthcare personnel and school nurses receiving education on childhood emergency care/disaster preparedness.

**Why We Need a Special Focus on Children**

Over 30 years ago, emergency medical services (EMS) systems were developed to provide rapid prehospital emergency care intervention and transport. Soon after the implementation of EMS systems, research findings established that these systems were indeed instrumental in improving outcomes. However, these improvements were seen primarily in the adult population. Over time, it became increasingly apparent that, while outcomes for adults improved dramatically, improvements in children lagged far behind.

Over the past 20 years, much has been accomplished to improve emergency care for children – however much work still remains. Current literature on pediatric practice patterns indicates the following shortcomings:

- High rates of pediatric medication errors
- Wide variation in practice patterns in the care of children
- Undertreatment of children in comparison with adults
- Low rates pain management in children
- Missed cases of child abuse

Every year across the nation, approximately 30 million children visit the emergency department. These visits represent over one-third of all annual emergency department visits each year in the United States. Because children are not small adults, they require a specialized approach to care in an emergency event. However, national surveys have found that hospitals and ambulances still do not always have the recommended pediatric medical supplies, training or other resources in place. Additionally, disaster plans have largely overlooked the needs of children.

**Illinois Children**

There are nearly 3 million children and adolescents under the age of 18 in Illinois today. Over 637,000 are age 3 and younger. A number of challenging childhood health related issues confront our state. For example, childhood asthma prevalence rates in our state’s high-risk communities, in particular Chicago, are among the highest in the nation. In 2014, nearly 5000 children were hospitalized in Illinois for asthma. Another example is the vulnerability of children in our state during a disaster event and their increased risk for illness or injury. In addition, although Illinois hospitals scored well on the 2013 National PedsReady Survey, there are still areas for improvement.

Although just a small snapshot, these significant adverse conditions certainly present challenges as we strive to enhance pediatric emergency care within our state. *The goal of Illinois EMSC is to ensure that our state and local emergency care systems are appropriately prepared to address the emergency care needs of Illinois children.*

## Illinois EMSC Accomplishments

In 1994, the Illinois Department of Public Health in partnership with Loyola University Chicago established the Illinois EMSC Program, and initiated efforts to address pediatric needs within our state emergency medical services system. Since then, Illinois EMSC has developed partnerships with multiple state agencies, professional healthcare organizations, community groups, public service agencies, and practitioners, leading to a number of accomplishments, which have been supported through federal EMSC grant funding. These accomplishments include:

- Establishment of a state EMSC Advisory Board and several state committees and workgroups charged with addressing specific pediatric issues;
- Implementation of a **pediatric facility recognition process** that has led to over **100 hospitals** meeting specific pediatric standards leading to their recognition as a Pediatric Critical Care Center (PCCC), Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP). This is one of the few programs of its kind in the nation. **Data has shown a decline in mortality for seriously injured children in facilities after their participation in the facility recognition program;**
- Incorporation of pediatric components into Illinois EMS Administrative Code to ensure institutionalization;
- Development of a strong EMSC Coalition of advocates within Illinois that support improving pediatric emergency care within our state;
- Development of multiple pediatric educational modules, resources and guidelines targeting healthcare professionals;
- Development of a state EMSC Web site that provides access to a variety of pediatric resources;
- Partnership with the University of Illinois School of Public Health, PublicHealthLearning online system to provide healthcare professionals with access to narrated self-study educational modules;
- Sponsorship of pediatric emergency care education, including a School Nurse Emergency Care (SNEC) course that is conducted annually throughout the state to assure school nurses receive appropriate training to address seriously ill or injured children;
- Development of the EMS Reporting System (Web-based data system) that supports public access to electronic querying of four statewide health and injury databases to obtain information on illness, injury and hospitalization trends within our state;
- Development of a Pediatric and Neonatal Surge Annex, which has been adopted into the State Medical Disaster Plan (ESF-8 Plan). This document outlines the state response during a disaster that results in a surge of pediatric patients, and provides guidance at the local level. The plan includes the use of Pediatric Care Medical Specialists who will provide remote pediatric consultation to hospitals and healthcare professionals through the Illinois Medical Emergency Response Team (IMERT);
- Annual governor proclamation for *EMSC Day* during EMS Week;
- Annual *Ron W. Lee, M.D. - Excellence in Pediatric Care Awards* for Lifetime Achievement, Clinical Excellence and Community Service.
- In 2013, 98% of Illinois hospitals with emergency departments participated in the National PedsReady survey. Illinois scored higher than the national median score (Illinois median score = 83 vs National median score = 69). Hospitals recognized as a PCCC, EDAP or SEDP scored even higher at 89. Although Illinois hospitals scored fairly well overall, there are still a number of areas for improvement that hospitals are encouraged to continue to work on.

### **For Further Information:**

Evelyn Lyons, RN, MPH, EMSC Manager  
Phone: (708) 327-2556 or [Evelyn.Lyons@illinois.gov](mailto:Evelyn.Lyons@illinois.gov)  
[www.luriechildrens.org/emsc](http://www.luriechildrens.org/emsc)

Federal EMSC Program: <http://mchb.hrsa.gov/programs/emsc>

Illinois EMSC is a collaborative program between the Illinois Department of Public Health and Ann & Robert H. Lurie Children's Hospital of Chicago