



UPDATED - Federal EMSC Performance Measures 2006-2017 Maryland EMSC Partnership Grant 2013-2017

Revised Federal EMSC PM	Description	Maryland EMSC Status
Performance Measure 71 (formerly PM 66a (i))	The percent of pre-hospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.	100% achieved with two designated pediatric base stations & designated community hospital base stations
Performance Measure 72 (formerly PM 66a (ii))	The percent of pre-hospital provider agencies in the state/territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.	100% achieved with statewide protocol for BLS and ALS providers that include annual updates - Pediatric protocols integrated throughout.
Performance Measure 73 (formerly PM 66b)	The percent of patient care units in the state/territory that have essential pediatric equipment and supplies as outlined in national guidelines.	Partial exemption from 2008 & 2011 data collection with over 80% survey return rate. VAIP 2012 Seal of Excellence meets all but Pediatric Capable AED on BLS vehicles - being phased in by 2014.
Performance Measure 74 (formerly PM 66c medical)	The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies.	Focused Grant Work: Guideline for Pediatric Emergency Care joint policy statement from AAP/ ACEP/ ENA released September 2009; Regional council meetings on entry level criteria during Spring 2011; Pediatric Readiness Project completed by all Maryland EDs in January 2013.
Performance Measure 75 (formerly PM 66c trauma)	The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.	100% achieved for Pediatric Trauma, Pediatric Burn & Perinatal statewide designation process in place on 5 year cycle. All Base Stations participate in the statewide Trauma System.



UPDATED - Federal EMSC Performance Measures 2006-2017 Maryland EMSC Partnership Grant 2013-2017

Performance Measure 76 (formerly PM 66d)	The percentage of hospitals in the state/territory that have written interfacility transfer guidelines that cover pediatric patients and that include pre-defined components of transfer.	100% achieved with the addition of back transfer guideline in the Maryland Interhospital Transfer Resource Manual (November 2009). Pediatric and Medical sections added in 2009 and 2012 with additional designation.
Performance Measure 77 (formerly PM 66e)	The percent of hospitals in the state/territory that have written interfacility transfer agreements that cover pediatric patients.	100% achieved with statewide Maryland Interhospital Transfer Resource Manual & Statewide designation process in COMAR.
Performance Measure 78 (formerly PM 67)	The adoption of requirements by the state/territory for pediatric emergency education for license/certification renewal of BLS/ALS providers.	100 % achieved for EMTB, EMTI & EMTP with pediatrics in initial & recertification required statewide. Pediatric workshops at each regional and state conference continue to be supported by the grant to continue to meet this performance measure.
Performance Measure 79 (formerly PM 68a,b,c)	The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by establishing of an EMSC Advisory Committee, incorporating pediatric representation on the EMS Board, and hiring a full-time EMSC manager.	100% achieved with PEMAC membership, meeting schedule and attendance through Go To Meeting & in person meetings; PEMAC attendance for required members submitted to HRSA annually. SEMSAC AAP representative & State EMSC Director.
Performance Measure 80 (formerly PM 68d)	The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations.	In progress – Essential Ambulance Equipment and Pediatric ED criteria need to be incorporated into COMAR or EMS Board ruling.
New EMSC PMs	There are new Maternal Child Health PMs that focus on cultural diversity and family centered care. (MCHB 07,10, 24,33, 41)	All MCHB/ HRSA funded grant programs have 5 additional PMs to monitor with Maternal Child Health partners focused on families and collaboration.