



STATEMENT FOR THE HEARING RECORD

Council of the District of Columbia Committee on Public Safety and the Judiciary

Bill 17-0596 "Emergency Medical Services Act of 2008"

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Presented by:

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Children's National Medical Center (Children's National) is a 283 bed, not-for-profit, academic medical center dedicated solely to children's health care needs. Located at 111 Michigan Avenue, NW, Children's National has proudly served the children and families of Washington, DC, since 1870.

Pediatric Emergency Services at Children's National

The Division of Emergency Medicine at Children's National provides emergent medical and trauma care for the approximately 120,000 children who live in the District of Columbia and also a large regional catchment area. The Emergency Medicine and Trauma Center (EMTC) at Children's National handles approximately 72,000 annual visits; of those visits, approximately 56 percent are from children who reside in the District. Because of the large number of visits, Children's National's EMTC can be, on any given day, the busiest emergency department of any type in the city, and is one of the busiest pediatric emergency departments in the country.

The EMTC is an American College of Surgeons verified Level 1 Pediatric Trauma Center and serves as such for the District of Columbia and the state of Maryland. The EMTC is also designated by the Maryland Institute for Emergency Medical Services Systems as a pediatric base station. The District of Columbia does not have a similarly codified designation as part of its emergency medical services system, but through Children's National's Emergency Communications and Information Center, emergency medical technicians and paramedics from any EMS system, including the District, have access to a board-certified pediatric emergency medicine attending physician 24 hours a day, seven days a week.

In 1980, simultaneous with children's hospitals in Kansas City and Philadelphia, Children's National Medical Center was the first to offer a subspecialty training program

in pediatric emergency medicine. The attending faculty who constitute the Division of Emergency Medicine and staff the EMTC are graduates of this subspecialty training and, per medical staff requirement, are certified by the American Boards of Pediatrics and Emergency Medicine.

The Division of Emergency Medicine at Children's National is a recognized national leader in the development of best practices in emergency medical services and prehospital pediatrics. The institutional representative testifying today, Dr. Joseph Wright, is a long-standing member of the Division of Emergency Medicine, has served on the Mayor's Emergency Medicine Advisory Committee, is the EMS Medical Director for Pediatrics for the state of Maryland, and was recently appointed by the U.S. Secretary of Transportation as a charter member to the National Emergency Medical Services Advisory Council. Dr. Wright also appeared before and submitted recommendations to the Task Force on Emergency Medical Services, which was created as part of a settlement agreement with the family of David E. Rosenbaum. Through Dr. Wright and a number of other faculty members in the Division of Emergency Medicine, Children's National has been deeply invested and involved in emergency medical services for children in the District of Columbia for more than 25 years.

The Need for an Emergency Medical Services for Children Program

Early EMS systems were designed to provide rapid intervention for sudden cardiac arrest in adults and rapid transport for motor vehicle crash victims. However, as identified in the 1993 Institute of Medicine report entitled *Emergency Medical Services for Children*, adult systems do not meet children's specialized needs. Children suffer from different diseases and injuries and react differently - physically, psychologically, and emotionally - to traumatic illness and injury. Additionally, when it comes to medical supplies and equipment, there is no "one size fits all" for children.

In response, pediatricians and pediatric surgeons, identifying poor outcomes among children receiving emergency medical care, became advocates on behalf of their patients. They sought to obtain for children the same positive results that EMS had achieved for adults. Through their advocacy, federal legislation passed in 1984 to establish the Emergency Medical Services for Children (EMSC) program. Since then, EMSC grants have helped all 50 states and the District of Columbia to improve emergency care for children.

Children's National has played a key role in facilitating the EMSC program across the country and in the District. Children's National houses the EMSC National Resource Center (NRC), which was established in 1991. The NRC works with states to identify the resources needed to organize and implement EMSC activities throughout the nation. These include providing guidance in securing funding, developing injury prevention plans, building coalitions, shaping public policy, training pre-hospital and hospital care providers, producing educational resource materials, and much more.

Currently, the District's budget, as well as other state and federal budgets, are facing significant shortfalls. Some state legislatures have decided against funding programs that

are not an institutional part of their overall governmental structure. In response, many states have enacted legislation to formally recognize their EMSC program. Currently, at least 29 states and Puerto Rico have statutes either institutionalizing EMSC through the establishment of a state-level EMSC program or allowing for pediatric input into an EMS-related board. Children's National strongly urges this Committee to follow these states and include language in the Emergency Medical Services Act of 2008 that formally recognizes the EMSC program.

Historical Timeline

To frame the issues of current concern, it is critical to understand the chronology of several important points in time:

- **1997** – The Health Resources and Services Administration of the U.S. Department of Health and Human Services approached Children's National Medical Center to seek assistance in facilitating application by the Government of the District of Columbia for procurement of state partnership funding through the federal Emergency Medical Services for Children (EMSC) program. The District was the only jurisdiction among 50 states and 5 U.S. territories not to have applied for designated funding in this state partnership category expressly targeted at improving emergency medical services for children at the local level. Although not a block grant, the intent of the federal program was clearly to get these funds into states, territories and the District through a competitive grant process. Despite active solicitation, this non-application on the part of the municipal government persisted for several years before Children's National was approached.

Children's National was not successful in convincing the then-Emergency Medical Health Services Administration of the Department of Health (DOH) to be the primary applicant for this funding as specified in the grant guidance. The federal program, with permission of the then-Director of the Department of Health, agreed to allow Children's National to apply for this category of funding in lieu of the District government.

- **1998-2003** – As successful state partnership grant holders, Dr. Wright and the EMSC leadership team from Children's National Medical Center were actively engaged participants on the Mayor's Emergency Medical Services Advisory Committee, which was managed and overseen by the Emergency Health and Medical Services Administration of the DOH with active participation and input from the Fire and EMS Department. There were a number of noteworthy accomplishments achieved during this period, including a complete revision of the pediatric pre-hospital protocols, which, along with the rest of the EMS protocols, were more than a decade out of date and obsolete. Also, Children's National offered pediatric training and continuing education expressly to DC Fire and EMS personnel, which at that time were well-subscribed and supported by Fire and EMS leadership. One of the specific training modules developed

during this period on the care of children with special health care needs received national recognition as Product of the Year by the federal EMSC program.

- **2004** – The Emergency Medical Services Advisory Committee was inexplicably disbanded and has yet to be re-seated. With the loss of this oversight function, coordination of EMSC activities with the municipal stakeholders became much more difficult and active participation of governmental partners began to wane significantly.
- **2006–present** - The District of Columbia EMSC State Partnership grant is awarded its third competitive renewal with Children’s National as the applicant. A series of federal performance measures now drive the programmatic direction of the funding. One of the performance measures calls specifically for the establishment of a regulatory presence and permanence of EMSC in the municipal governance structure.

The RAND Report on Health and Health Care in the District of Columbia

Several findings from the recently released RAND report highlight Children’s National’s concerns about the quality of pre-hospital emergency medical services for children in the District of Columbia:

- **“Inconsistencies between the EMS training curriculum and actual EMS protocol”** – In the pediatric pre-hospital protocols that Children’s National revised for the District of Columbia in 2002, we were very adamant about the fact that paramedics need to have the pharmacologic capability in their formulary to treat a seizing patient of any age, especially a child, where prolonged status epilepticus can lead to hypoxia and brain injury. We wrote the use of benzodiazepines into the protocols, highlighting how out-of-step with current pre-hospital practice the District was by not providing this basic level of care to its citizenry. To date, this discrepancy has not been rectified and remains a major disparity in care. Children on one side of Eastern, Southern and Western Avenue’s who are seizing uncontrollably receive a nationally-recognized standard of care for this condition while en route to Children’s National, while those inside the District boundaries receive a sub-standard level of care in the back of a DC Fire and EMS ambulance.
- **“Despite indications that changes to protocols would be supported by both DC FEMS and HEPRA, there does not appear to be an established process in place for this purpose”** – Under the previous advisory structure, i.e. the Mayor’s Emergency Medical Services Advisory Committee (EMSAC) run by HEPRA’s precursor, the Emergency Health and Medical Services Administration, we had a highly functional, multi-disciplinary body composed of individuals from every component of the emergency medical services continuum dedicated to working together to improve the system. The interests of public safety, hospitals, government, health and the citizenry were all represented around the table. The

work of the EMSAC was supported by a very active subcommittee structure, and we were able to address all aspects of system operation and function. Protocol assessment, development and revision was successfully managed, albeit briefly, through this process. In the absence of a functioning EMSAC, the protocol process is, once again, falling into obsolescence with the most recent revision dating back to 2002. This is a function that requires constant tending and expert oversight.

Children's National commends Mayor Adrian Fenty for issuing Mayor's Order 2007-174, which re-establishes EMSAC and defines its composition and operations. We urge the Committee to include language in the Emergency Medical Services Act of 2008 that formally recognizes the EMSAC program. We also strongly urge the Committee to include language in the formal recognition of the EMSAC program requiring it to have pediatric representation. As already mentioned, emergency services provided for children are much different than those provided for adults. Thus, EMSAC will be better prepared to meet the needs of all residents of the District of Columbia if there is a voice that represents pediatric trauma care.

- **“Few opportunities for continuing education currently appear to be available”**- Children's National has long been committed to pre-hospital education and training. Through our Institute for Prehospital Pediatrics and Emergency Research, we have regularly offered continuing education courses, such as Pediatric Advanced Life Support and Pediatric Education for Prehospital Providers. We have also, in the past, offered dedicated training to DC Fire and EMS both at the training academy and at Children's National. Among the most disappointing challenges that we've faced over the last decade in working with the District is the falloff in commitment to pediatric continuing education. We have offered a number of courses with reserved slots for DC Fire and EMS personnel that have gone under-subscribed or completely unattended. The most common explanation that we've received is that management can't afford or is unwilling to cycle personnel out of active duty shifts for continuing education; and that medics are not willing to receive such education “off the clock.” One way or another, the result is a pre-hospital work force increasingly ill-prepared to recognize or care for critically ill or injured children in the field. How long before a pediatric Rosenbaum case?

Recommendations

Unlike other emergency departments in the District, the issue at Children's National is not ED diversion; in fact, as cited in the RAND report, despite being the only hospital operating at or near full capacity, we are able to employ a ‘no diversion’ policy such that no child in the District of Columbia or anywhere in the surrounding region will ever be diverted away from Children's National's expert care. Our main concern centers around the quality of services delivered to children in the pre-hospital setting and the government's role in ensuring access to safe and equitable care. As such, Children's

National recommends restoration of the following sections to the Emergency Medical Services Act of 2008:

- **Emergency Medical Services Advisory Committee**

(a) The Mayor shall establish an Emergency Medical Services Advisory Committee, which shall have as its purpose to render advice to the Mayor and to the government of the District of Columbia regarding issues related to the provision of emergency medical services in the District of Columbia.

(b) The composition and operations of the Committee shall be established by Mayoral Order, provided that the Committee shall, at a minimum, include representation from: the hospital industry; the commercial emergency medical services industry; the emergency medical services personnel labor force; each District government agency that engages in the provision or oversight of emergency medical services or health care; and the overall community.

(c) The Emergency Medical Services Advisory Committee may advise the Mayor and the District government in the administration of this Act.

- **Emergency Medical Services for Children**

The Mayor shall establish, in collaboration with a licensed hospital within the District of Columbia specializing in pediatric care, a program of emergency medical services for children. The purpose of this program shall be to continue, to the extent that funds are made available through federal government grants, District appropriated funds, or private sources, the operation and development of programs designed to improve the emergency medical care provided to children within the District of Columbia.

Children's National remains committed to working with all governmental and municipal stakeholders in developing the best Emergency Medical Services system in the country. We again urge the Committee to reinstate the above referenced provisions and codify the EMSC language. It is our experience that if children's needs are not explicitly included in legislation and policies, they are implicitly excluded. Children and families in the District of Columbia deserve an EMS system that is well-versed in pediatric protocols and prepared to deliver the highest quality care to our most vulnerable citizens.