

The EMSC Performance Measures

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What Are the EMSC Performance Measures?

The EMSC program performance measures are a set of standards that were developed in 2004 to measure long-term progress at both state and national levels of the EMSC program in key areas of pediatric emergency care. The program had met its target with previous measures developed for the Government Performance and Results Act (GPRA), a results-oriented approach that requires federal agencies to establish performance measures that guide decisions and monitor program success, and sought the development of new measures. The new performance measures represent a systematic, uniform process of focusing and measuring program activities and promoting permanence of EMSC programs at the state level.

Development of the Performance Measures

The development and refinement of the performance measures has been a collaborative effort that has occurred over many months and has involved several steps.

Document Review

In fall 2003, the EMSC National Resource Center contracted with the Lewin Group, a health care consulting organization, to work with program staff to begin identifying the most central areas of the EMSC program for use in long-term performance measurement. This process involved a comprehensive review of EMSC program materials and literature—such as the EMSC Five Year Plan, annual performance plan budget documents and results of previous EMSC grantee assessments—that yielded a “universe” of over 200 areas that could potentially serve as measures of EMSC program effectiveness.

Narrowing the Measures

The Lewin Group together with staff from the EMSC resource centers (NRC, NEDARC) began the process of reviewing these potential measures to narrow them to a more manageable list by using the following criteria:

- How frequently does the measure appear in the literature?
- Is the measure aligned with the objectives of the EMSC Five Year Plan?
- Is the measure aligned with grant priorities as listed in previous grant guidance documents?
- Is the measure focused at the state rather than the national level?

From a process of evaluating and discussing each measure through a series of conference calls, 50 potential measure areas were agreed upon.

Consensus Meeting

In March 2004, a consensus meeting consisting of MCHB project officers, EMSC grantees, resource center staff, staff from the Lewin Group, and representatives from several professional associations and federal offices was convened. The object was to assess the 50 potential measures that had been identified to develop a set of core measures that could be used to evaluate progress of the EMSC program in all 56 states and territories into the future. The following criteria were used in this assessment:

- The degree to which the measure will be understood by external audiences, such as policymakers, and can convey the value of the program.
- The degree to which the measure is within the purview and under the control or influence of the EMSC program at the state level.
- The degree to which data can be collected to actually evaluate performance for the particular measure.

Ultimately, the following three performance measures (two of which have several sub-measures each) were developed by the committee:

- Ensuring operational capacity to provide pediatric emergency care
- Training requirements in pediatric emergency care for prehospital providers
- Establishing permanence of EMSC within the state EMS system

Beta Testing

Following the consensus meeting and some further clarification of the measures via conference call, three state EMSC programs were site visited by members of Lewin and the two resource centers in March 2005. The purpose was to assess state ability to gather data for each specific performance measure and identify any potential concerns with implementation of the measures. The states selected were Illinois, New Hampshire, and Colorado, each of whom participated in the consensus meeting, and each being thought to have varying abilities to collect the performance measures data. Information from the site visits was used to clarify aspects of the measures and to develop an implementation manual for the measures.

Requirements of State EMSC Programs

The performance measures represent a new priority and direction for EMSC partnership grantees for the next several years. Beginning in fiscal year 2007, state EMSC partnership grantees will be required to provide baseline data for each of the performance measures, and annually thereafter through 2011. The details of how this is to be accomplished are contained in the implementation manual, but in essence grantees will report a simple number, percentage, or Yes/No answer for each measure in the HRSA Electronic Handbook. Supporting documentation (as described in the implementation manual) for each answer will also need to be kept in case it is requested by the federal EMSC program. Once baseline data are collected, it is expected that grantees will focus part of their program activities each year on addressing those performance measure where deficiencies exist so that progress can be made over time. Grantees are encouraged to utilize their EMSC advisory committees to identify those measures where improvements

are most realistic. Federal EMSC program staff realize that it will be challenging for states to fulfill all measures by 2011, but each state can identify areas where progress is most feasible and focus program efforts accordingly, and can receive specific help from NEDARC and/or the NRC in this effort.

Available Resources

Resources available for understanding and implementing the performance measures include:

- Performance measures implementation manual
- Frequently Asked Questions document
- Survey templates for collecting data on performance measure #66
- Presentations and materials from NEDARC/NRC grant writing workshops
- Other resources as necessary will become available.

Individual assistance from NEDARC and the NRC is always available. Please do not hesitate to contact either resource center for further information!