



STATEMENT FOR THE HEARING RECORD

**Council of the District of Columbia
Committee on Health**

**Oversight Hearing
on the**

**Department of Health Agency Management
Health Emergency Preparedness and Response Administration**

February 13, 2008

Presented by:

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

As the largest non-governmental provider of pediatric primary, emergency and subspecialty care in the District of Columbia, Children's is pleased to submit this statement for the February 13, 2008, oversight hearing record on the Department of Health Agency Management's Health Emergency Preparedness and Response Administration (HEPRA).

Pediatric Emergency Services at Children's

Children's Division of Emergency Medicine provides emergent medical and trauma care serving the District of Columbia and a large regional catchment area. At 72,000 annual visits, the Emergency Medicine and Trauma Center (EMTC) at Children's is the second busiest emergency department of any type in the city and one of the busiest pediatric emergency departments in the country. Children's EMTC is an American College of Surgeons verified Level 1 Pediatric Trauma Center, and serves as such center for the District of Columbia, and as one of two serving 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 Emergency Communications and Information Center (ECIC), emergency medical technicians (EMTs) and paramedics from any EMS system, including the District, have

24 hour, 365 day-a-year access to a board certified pediatric emergency medicine attending physician to provide on-line medical direction.

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. All of the attending faculty who constitute the Division of Emergency Medicine and staff the Emergency Medicine and Trauma Center are graduates of such 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 has always had a great deal of interest and involvement in the development of best practices in emergency medical services and prehospital pediatrics, and is a recognized national leader in this area. In fact, 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 State EMS Medical Director for Pediatrics for the state of Maryland, and was just recently appointed by the U.S. Secretary of Transportation as a charter member to the National Emergency Medical Services Advisory Council. Through Dr. Wright and a number of other faculty members in the Division of Emergency Medicine, Children's has been deeply invested and involved in emergency medical services for children in the District of Columbia for well over 25 years.

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 was approached.

Children's 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 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 are 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 prehospital protocols, which, along with the rest of the EMS protocols, were more than a decade out of date and obsolete. Also, Children’s was able to offer 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 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 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 the concerns that Children’s has about the quality of prehospital emergency medical services for children being provided in the District of Columbia:

- **“Inconsistencies between the EMS training curriculum and actual EMS protocol”** – In the pediatric prehospital protocols that Children’s revised for the District of Columbia in 2002, we were very adamant about the fact that paramedics needed 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 prehospital 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 enroute to Children's Hospital, 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.
- **“Few opportunities for continuing education currently appear to be available”**- Children's has long been committed to prehospital 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 (PALS) and Pediatric Education for Prehospital Providers (PEPP). We have also, in the past, offered dedicated training to DC Fire and EMS both at the training academy and at Children's. Among the most disappointing challenges that we've faced over the last decade in working with the District is the fall off 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 prehospital 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 the rest of the emergency departments in the District, the issue at Children's 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 expert care.. That said, what we are really concerned about is the quality of services delivered to children in the prehospital setting and the

government's role in ensuring access to safe and equitable care. As such, we would specifically like to recommend restoration of the following sections to the pending legislation, B17-0596 The EMS 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 Medical Center remains committed to working with all governmental and municipal stakeholders in developing the best Emergency Medical Services system in the country. By doing so, especially in collaboration with those who also advocate for the needs of our youngest citizens, we can all feel comfortable that within such a system, children, along with everyone else, will be well cared for.