

Written Statement of
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On behalf of the
Emergency Nurses Association (ENA)

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Hearing on
“Reauthorizing Vital Health Programs for American Families”

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I. Introduction

Chairwoman Eshoo, Ranking Member Burgess, and distinguished members of the Subcommittee, thank you for inviting me to testify at this important hearing on health care programs that serve American families and in support of the Emergency Medical Services for Children Program Reauthorization Act of 2019. My name is Patricia Kunz Howard and I am the Enterprise Director of Emergency Services for the University of Kentucky HealthCare, a full-service academic medical center and community hospital located in Lexington, Kentucky.

I am also the 2019 President of the Emergency Nurses Association (ENA), the largest professional health care organization dedicated to improving emergency nursing care, with more than 44,000 members worldwide.

ENA is a recognized leader in improving emergency health care for every American. However, we are especially proud of our long-standing efforts to provide better health care for our nation's children. These include the development of the premier emergency nursing pediatric course used by hospitals around the world.

Additionally, in support of EMSC program initiatives, ENA has collaborated with the American College of Emergency Physicians, American Academy of Pediatrics, National Association of Emergency Medical Technicians and National Association of State EMS Officials on position statements, guidelines, and quality improvement programs to enhance emergency department and EMS readiness in caring for this vulnerable population.

II. Caring for Pediatric Patients in the Emergency Department

As a registered nurse and an educator, I have dedicated my professional career to providing the best possible care for my patients,

regardless of their age or condition. Moreover, as a pediatric clinical nurse specialist, I know that caring for children is one of the greatest responsibilities we have as health care professionals.

The Albert B. Chandler Medical Center on the campus of the University of Kentucky is verified by the American College of Surgeons as Level I trauma center for both adult and pediatric patients. As such, we serve as a major referral center for Central and Eastern Kentucky, as well as bordering states providing complex, comprehensive care for all patients.

Between the two emergency departments in our system, we treat more than 35,000 children each year. In fact, our own Makenna David Pediatric Emergency Center is the only dedicated children's emergency department in central and eastern Kentucky. And in 2019 was recognized as a Pediatric Ready Emergency Department by the Kentucky EMSC program.

In the United States, children and adolescents make up 27 percent of all visits to emergency departments. As you know, this patient population presents unique challenges for health care professionals during an emergency. Diseases and conditions manifest themselves differently in children. These patients are not simply "little adults" as many people might assume, and they require specific types of equipment and medication doses unique to this population during an emergency. Nevertheless, the reality is many facilities and health care professionals in the most vulnerable areas of our country would struggle to maintain these resources if not for the existence of the EMSC program.

III. The EMSC Program

In 1984, Congress recognized the disparities that existed in emergency care between adult and pediatric patients and created the Emergency Medical Services for Children Program. More than 30 years

later, it remains the only federal program wholly devoted to improving pediatric emergency care.

Its overall mission is to reduce the prevalence of morbidity and mortality in children that may occur as a result of acute illness and severe injury.

In addition, the EMSC program, because it covers both pre-hospital EMS and emergency departments, enhances care no matter where children live, attend school or travel. It accomplishes this by helping ensure that hospitals and EMS systems have access to pediatric appropriate medication and state-of-the-art equipment and training.

One of the most important initiatives within the EMSC program are the State Partnership Grants. Under this grant, funds are made available to each individual state EMSC program, which in turn is used to help hospitals and EMS agencies to meet performance measures to improve their pediatric readiness and delivery of emergency health care to children.

As an example, when an emergency department lacks the necessary resources to care for a child, the child should be transferred to the closest appropriate facility with minimal delays. State Partnership Grants have helped develop and implement interfacility transfer guidelines that define the process for selecting the optimal hospital for the pediatric patient, ensuring appropriate staffing of the transport service to match the needs of the child and having a plan to immediately transfer the patient's medical records to the receiving facility. These guidelines, which have been adopted by 50 percent of hospitals, assure a higher quality of care for the ill or injured pediatric patient and ultimately, better outcomes.

EMSC support to states has also been used for the purchase of specialized equipment and supplies to improve how children are cared for following a severe accident or during an illness.

Because a child's size and anatomy are very different from an adult, the use of appropriately sized equipment is crucial to providing safe, quality care. One example is the use by EMS providers of various sizes of lifesaving airway equipment to be able to treat a tiny, pre-term infant or a much larger adolescent.

Another key component of the EMSC program is the Pediatric Emergency Care Applied Research Network (PECARN), which is the first federally supported research initiative focused on improving emergency care for children.

Among the areas that have seen innovative research through this network include:

- Development of the Pediatric Head Injury/Trauma Algorithm, which has led to the reduction in unnecessary radiation exposure from CT scans in children who have suffered minor head injuries, thereby reducing the long-term risk of developing cancer
- Improved mental health screening of children
- Development of tools to allow rapid identification of adolescents at risk for substance abuse
- The development of cutting-edge strategies to quickly identify children with a bacterial infection, thereby distinguishing those more at risk for sepsis.

Since 2013, EMSC has also facilitated the National Pediatric Readiness Project, a quality improvement initiative which promotes collaboration among emergency care professionals to provide the highest quality of care to children at the bedside. Based on a national assessment of the capabilities of emergency departments and hospitals to care for children, this project calls on nurse and physician coordinators, or "champions," to provide leadership in assuring quality care for

pediatric patients. This is achieved through staff training, pediatric facility recognition and the development of quality improvement indicators that address pediatric care in situations such as disasters and medication administration.

As an emergency nurse, I know what a critical resource the EMSC program is to facilities across the country. Working as a team, nurses, EMS and physicians are better able to manage all types of pediatric emergencies, such as seizures, traumatic brain injuries, and illnesses like bronchiolitis and sepsis, thanks to the resources and training EMSC helps to provide.

As the lead paramedic educator for the Lexington Division of Fire and Emergency Services, and as one of the original authors of the Pediatric Education for Prehospital Professionals program, I know from firsthand experience that the care provided by EMTs and Paramedics before the child arrives at the hospital can often save a life or mitigate further injury.

In Kentucky, the EMSC program has sponsored courses and training for prehospital as well as in-hospital professionals regarding emergency care for children. Ambulance services around my state have access to the correct equipment, knowledge and training thanks to the EMSC program. Without the EMSC program, the critical, lifesaving care we are able to provide for children in my state, and I am sure in other states, would suffer.

The EMSC program is cost-effective and responsive to the needs of nurses, physicians and EMS personnel who provide emergency care. For more than 30 years, it has resulted in tangible improvements to pediatric emergency care throughout the country.

With the expiration of this program on the horizon, it is especially important that members of Congress work together to reauthorize EMSC, which is the only one of its kind dedicated to improving emergency care for pediatric patients.

IV. Conclusion

Emergency nurses and our professional colleagues passionately care about providing the best possible care for all of our patients, regardless of age or geographic location. This is especially the case for those who are among the most vulnerable in our society and who are also in need of specialized, high-quality health care services – our children.

Thank you again for allowing me the opportunity to represent the Emergency Nurses Association and speak for my fellow emergency care colleagues in support of the Emergency Medical Services for Children Program.