

**SPECIALISTS' CORNER**



**Where Does Your Child Go When You Call 911?**

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A family is involved in a bad car accident on the freeway. The mother, sitting in the front passenger seat, is holding her infant in her arms. On impact, the child is thrown into the windshield. While everyone else seems okay, the infant is clearly injured. The father spots a sign for a hospital up ahead at the next exit, and makes the decision not to call 911. His car is damaged, but still operable in order to save time he drives his family directly to the nearby hospital. Upon arrival at the Emergency Department (ED), the infant is sent for a non-contrast head CT scan which confirms a serious head trauma. The infant is intubated and quickly stabilized, but without a Pediatric Intensive Care Unit (PICU) or even a pediatric ward, the hospital is unable to further care for the child. The patient is helicoptered to the closest Pediatric Trauma Center (PTC).

The first stage of care described in this real-life case involved a hospital without an Emergency Department Approved for Pediatrics (EDAP) designation. Therefore had the driver called 911, the infant would not have been transported to such a facility. The ambulance would most likely have taken this child directly to a higher level of care hospital, such as a PTC.

In Los Angeles County, the Emergency Medical Services (EMS) Agency ranks hospital emergency departments by the level of specialized care they can deliver to pediatric patients, aged 14 years and younger. The basic EMS designation for a hospital with pediatric specialization is an EDAP. EDAPs were established in 1985. These hospitals do not necessarily have a pediatric inpatient ward or PICU.

While it may seem counterintuitive for an ambulance to take a child to an ED without an admitting pediatric ward, the majority of children seen in the ED go home and do not need admission. The EDAP designation means that the ED meets certain standards which follow basic principals with family-centered care and patient safety in mind. These include: a majority of board certified physicians, nurses and allied health providers who have taken courses dedicated to the care of children, administrative processes as well as a mechanism for quality improvement. They must have pediatric specific policies and procedures, specific medications,

and standardized equipment. One example of equipment standards - is to have scales that weigh only in kilograms to avoid medication errors. Joint Commission mandates that pediatric medications be dosed in mg/kg. It is recommended that those sites with Electronic medical records have mechanism to only record in kilograms with no mention of pounds.

The American Academy of Pediatrics states that board certified emergency physicians in general emergency departments are adequately trained and capable of providing care to pediatric patients. Not all sick and injured children need to be treated at a children's hospital. Such a requirement would overwhelm our children's hospitals, result in prolonged ambulance transport times, and potentially cause delays in care.

Nationwide, the original designation for those hospitals that are EDAP with qualifying PICU's are called Pediatric Critical Care Centers (PCCC). In Los Angeles County, the PCCC designation was separated into two separate entities: PTC and Pediatric Medical Center (PMC). The PMC designation only exists in Los Angeles County. PMC's were established with the San Fernando Valley in mind to reduce helicopter transports out of the valley. The goal was to shorten ambulance transport times for sicker children and to avoid a possible secondary transfer or a primary helicopter transport. In some cases, having a local PMC helps children stay at hospitals closer to their home. As of this year in the San Fernando Valley, Providence Tarzana Medical Center is now a PMC and Northridge Hospital is a PMC as well as a level 2 PTC.

A hospital that has a PICU, but no trauma capabilities can still be a PMC. The PMC standards incorporate the EDAP standards, but have additional requirements related to the PICU and designated pediatric sub-specialty call panel. Conversely, a hospital with pediatric trauma capabilities, but not a full panel of pediatric medical sub specialists can be a PTC. PTCs have different standards and levels of designation based on certain trauma criteria. The highest level of Los Angeles County EMS designation is a hospital which is both a PMC and a PTC.

Currently, there are 41 EDAPs, 9 PMCs, and 7 PTCs in Los Angeles County. This link has a listing of all the hospitals which carry the EMS Agency designations:

[http://ems.dhs.lacounty.gov/SpCentersHospitalPrograms/EDAPs/APPROV\\_EDAPs\\_PMCs\\_PTCs.pdf](http://ems.dhs.lacounty.gov/SpCentersHospitalPrograms/EDAPs/APPROV_EDAPs_PMCs_PTCs.pdf)

All hospitals participate in the EDAP system is voluntary; however, without the basic EDAP designation, it is highly unlikely that EMS will transport a child to that facility. Studies have shown that with this system, 911 patients get better care with shorter transport times when they are appropriately triaged, based on the severity of their illness or injury, to hospitals meeting certain levels of pediatric specialization.

After Los Angeles created their original EDAP standards, the state of CA developed their own less stringent guidelines in 2008 entitled, "Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department" as prepared by The CA EMS Authority.

These were followed by national guidelines, which were published in October 2009, in the journal PEDIATRICS as a Joint Policy Statement—Guidelines for Care of Children in the Emergency Department. The national guidelines were written with consideration of the most

basic rural hospital in mind and are even less stringent. Therefore, having board certified Emergency Medicine physicians is not a requirement.

The Los Angeles County EMS Agency felt that it should strive to exceed both the state policy, and the National guidelines, therefore having a majority of board-certified ED MD's is a requirement in their EDAP standards.

Shortly after the car accident mentioned in the introduction, the first hospital involved decided to upgrade their designation to an EDAP. To this day, some of their sickest patients come by walk-in; however, that ED appreciates the input from the EMS Agency on how to be better prepared to care for their pediatric patients.