

EMSC news

Emergency Medical Services for Children Program • Winter/Spring 2016

PROGRAM LEGISLATION

For fiscal year (FY) 2016, the Emergency Medical Services for Children (EMSC) Program is funded at $20.162 million. The Program's current authorizing legislation was approved by Congress and the President in September 2014. The measure extends the Program's authorization for five years, through FY 2019.

REACHING EVERY STATE AND TERRITORY

The Health Resources and Services Administration (HRSA) provides funding to 58 State Partnership (SP) recipients in 49 states, five territories, three Freely Associated states and the District of Columbia for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care (Section 1910 of the PHS Act).

Long-term success is measured by assessing the quality of pediatric emergency care provided in the prehospital and hospital settings, and institutionalizing pediatric emergency care within the larger emergency medical service (EMS) system. To guide national efforts, the Program instituted several performance measure (PM) standards (see http://www.emsc-nrc.org/grantee-portal/performance-measures). These PMs were the first steps to assess the degree to which systems are in place to ensure optimal care of children in the emergency care setting.

In 2012, the federal EMSC Program began development of the next generation of PMs with plans to launch the new measures program-wide in 2017. The Program is proposing three new EMS-based measures. The measures, which were developed by HRSA, the National EMSC Data Analysis Resource Center, and subject matter experts, were released for public comment in November 2015. The first public comment period ended January 5, a second public comment period will begin in February 2016 for 30 days. The three new proposed PMs are:

1. The degree to which EMS agencies submit NEMSIS compliant version 3.x data to the State EMS Office for submission to NEMSIS Technical Assistance Center.
2. The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care
3. The percentage of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment

At this time, the hospital-based and Program-permanence measures will remain the same. You can learn more about the PMs via the archived webinar at https://hrsa.connectsolutions.com/p87zh4g53z/. A complete list of all proposed HRSA performance measures and more details on each of the EMSC measures is available at: http://mchb.hrsa.gov/dgis.pdf. For a list of all current SP grantees, visit http://www.emscnrc.org.

BUILDING BRIDGES TO REACH ALL CHILDREN

The EMSC Program funds six State Partnership Regionalization of Care (SPROC) grants to: (1) support the development of regionalized care that improves access to pediatric health care services for children and families in tribal, territorial, insular, and rural areas of the United States and (2) develop "Models of Inclusive Care" that may be replicated by other regions where access to specialized pediatric medical treatment is limited due to geographical distances or jurisdictional borders.

Recipients included accredited schools of medicine and state governments from Arizona, Alaska, California, Montana, Pennsylvania, and New Mexico. A fact sheet describing each of the projects is available at: http://bit.ly/1Jsg7jM.

As 2016 gets underway, grantees are continuing work on their project initiatives which are nearing completion, collaborating on a SPROC evaluation tool, and sharing lessons learned through webinar presentations (archived and available for viewing at: http://www.emscnrc.org/emsc-events/emsc-webinars).

This March, Alaska will provide information on its project, highlighting geographic and emergency/trauma care challenges and efforts undertaken to improve the emergency

system of care for children in Alaska. In April, a series of educational webinars on cultural sensitivity will begin with the first highlighting Montana's work with tribal communities For more information on each webinar go to: http://www.emscnrc.org/emsc-events.

Note that a new Funding Opportunity Announcement was posted for SPROC grants in late 2015.

EXPANDING RESEARCH INTO THE PREHOSPITAL WORLD

Multiple research agendas, as well as the Gap Analysis of EMS Related Research report to the Federal Interagency Committee on Emergency Medical Services, noted that prehospital research has failed to keep pace with the research of other medical disciplines. This coupled with the small number of pediatric EMS patient encounters as compared to adults emphasized the critical need to further contribute to the field of prehospital pediatric care. In September 2013, the EMSC Program awarded six Targeted Issue (TI) projects that focus solely on pediatric prehospital care. For additional information about each, see page 5.

Note that a new Funding Opportunity Announcement was posted for TI grants in late 2015. Five new grants with an emergency department or prehospital focus are expected to be awarded with a start date of September 2016.

CONDUCTING MULTI-CENTER RESEARCH IN PEDIATRIC EMERGENCY CARE

HRSA continues its efforts in high-priority research by investing $14.4 million over the next four years into the Pediatric Emergency Care Applied Research Network (PECARN). Founded in 2001, PECARN is the first federally-funded pediatric emergency medicine research network in the United States.

PECARN consists of six research node centers, each of which is comprised of three hospital emergency department affiliates and one prehospital Emergency Medical Services (EMS) agency affiliate. Together, these entities conduct multi-institutional research on the prevention and management of acute illnesses and injuries in children and youth of all ages. The 18 emergency departments (representing academic, community, urban, general, and children's hospitals) and the six EMS agencies serve approximately 1.1 million pediatric patients and conduct more than 68,000 pediatric EMS runs annually. Since its inception, PECARN has published 88 peer-reviewed manuscripts and 107 abstracts.

RESEARCH UPDATE

Below is a compilation of recent publications from PECARN and TI grantees.

PECARN Publications

- Incident Reporting to Improve Patient Safety: The Effects of Process Variance on Pediatric Patient Safety in the Emergency Department. *Pediatric Emergency Care* (in press)
- Relationship of Physician-identified Patient Race and Ethnicity to Use of Computed Tomography in Pediatric Blunt Torso Trauma. *Academic Emergency Medicine* (in press)
- A Multi-center Randomized Controlled Trial of Intravenous Magnesium for Sickle Cell Pain Crisis in Children. *Blood,* October 2015
- Management of Children with Solid Organ Injuries After Blunt Torso Trauma. *Journal of Trauma and Acute Care Surgery*, August 2015

Targeted Issue Publications

- Prehospital Opioid Administration in the Emergency Care of Injured Children. *Prehospital Emergency Care*, January-February 2016
- EMS Perspectives on Coping with Child Death in an Out of Hospital Setting. *Journal of Loss and Trauma*, January 2016
- Prehospital Emergency Care: Opportunities for Training, Treatment, and Research. *Prehospital Emergency Care*, July-September 2015

1. Great Lakes Emergency Medical Services for Children Research Network (GLEMSCRN) led by Principal Investigator Rachel Stanley, MD, MHSA, located at Nationwide Children's Hospital.
2. Hospitals of the Midwest Emergency Research Node (HOMERUN) led by Principal Investigator Richard Ruddy, MD, located at Cincinnati Children's Hospital Medical Center.
3. Pediatric Emergency Medicine Northeast, West, and South (PEM-NEWS) led by Principal Investigator Peter Dayan, MD, MSc, located at Children's Hospital of New York.
4. Pediatric Research in Injuries and Medical Emergencies (PRIME) led by Principal Investigator Nathan Kuppermann, MD, MPH, located at University of California, Davis.
5. Washington, Boston, Chicago Applied Research Node (WBCARN) led by Principal Investigator James Chamberlain, MD, located at Children's National Health System.
6. Southwest Research Node Center (SW-RNC) led by Principal Investigator Kurt Denninghoff, MD, located at the University of Arizona.

PECARN continues its collaboration with Brooke Lerner, PhD, principal investigator of the Charlotte, Houston, Milwaukee Prehospital EMS Research Node (CHaMP) to establish the infrastructure and test the feasibility of pediatric emergency care research in the prehospital setting. Dr. Lerner also leads the efforts within the network to create an EMS Agency consortium. The consortium brings together all nine of the PECARN affiliated EMS agencies to imitate multi-center research.

THE NATIONAL PEDIATRIC READINESS PROJECT

Two Additional Peds Ready Manuscripts Released

The National Pediatric Readiness (Peds Ready) Project continues to build momentum with the release of two additional manuscripts. "Pediatric Readiness and Facility Verification" was published in *Annals of Emergency Medicine* in September 2015. This paper was the first to demonstrate an association between pediatric verification programs and improved day-to-day readiness of emergency departments (ED). Lead Author Kate Remick, MD, working closely with Marianne Gausche-Hill, MD, and project partners, the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA) will be serving as the national leads for Peds Ready Phase II activities.

A second paper, "Pediatric Readiness in Indian Health Service and Tribal Emergency Departments: Results from the National Pediatric Readiness Project," was published in *The Journal of Emergency Nursing* in October 2015. Lead Author Julianne Sadovich and her team looked at Peds Ready data for the 45 Indian Health Service/Tribal EDs serving American Indian and Alaskan Native communities. Despite serving a historically vulnerable population, these facilities scored favorably when compared with national data.

Recall that the first Peds Ready manuscript, authored Dr. Gausche-Hill, was released online in the *Journal of the American Medical Association Pediatrics* on April 13, 2015.

Project Background

Peds Ready is an ongoing quality improvement (QI) project designed to promote optimal care of children in all emergency departments (ED). The project conducted an assessment of all hospitals with an ED in 2013/14. An overwhelming 83% of America's hospitals participated in the assessment. Hospital scores represent the essential components needed to establish a foundation for pediatric readiness and are based on the six topic areas within the 2009 Guidelines for the Treatment of Children in the Emergency Department (or National Guidelines).[1,2]

The six focus areas of the guidelines include: Administration and Coordination; Physicians, Nursing, and Other Health Care Providers Who Staff the ED; Quality Improvement-Performance Improvement in the ED; Improving Pediatric Patient Safety; Policies, Procedures, and Protocols; and Equipment, Supplies, and Medications. The national overall hospital Pediatric Readiness score was 69%. Though this score is a marked improvement from an earlier study of pediatric readiness conducted in 2003, when the score was found to be 55%, there is still much work to be done.

Pediatric Readiness Assessment Portal Reopens

Quality Improvement (QI) initiatives should include opportunities to reassess progress as a result of implemented changes. Participating in reassessment provides an opportunity for all EDs to measure incremental changes and define next steps for improving their pediatric readiness. On November 1, 2015, the Peds Ready Assessment Portal reopened. Since its reopening, more than 175 hospitals have participated in the reassessment. Many took the assessment in 2013 and are evaluating changes in their readiness scores. Other hospitals have joined this important initiative for the first time. It is hoped that all EDs will join in on this QI initiative to help improve care for children! Visit PedsReady.org to take the assessment and/or view participation rates by state.

Educational Resources to Assist Hospitals in ED Readiness

Important ED voids identified in the initial data analysis included the lack of a pediatric emergency care coordinator (PECC), as well as a review process that included pediatric QI criteria indicators. To assist hospitals in identifying and implementing the PECC role, the webinar "Is Your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness!" was held in September 2015 with more than 800 participants joining the educational event. To assist facilities in developing a QI process addressing the needs of children, the webinar "Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your Emergency Department" was held on December 17, 2014. The event attracted more than 400 registrants. In November 2015, in conjunction with the re-opening of the Peds Ready Assessment Portal, the webinar "Next Steps in Quality Improvement: Measuring Your ED Readiness Improvement – Peds Ready Assessment Portal Now Open" was held with more than 200 participants. All three webinars have been archived and are available at www.PediatricReadiness.org.

Pediatric Readiness Gears Up for 2016

Though momentum continues to grow to improve ED readiness for all of America's children, there is still much to be done. Based on recommendations from the April 2015 Pediatric Readiness Stakeholder Meeting, the EMSC Program, AAP, ACEP, and ENA have identified a smaller Peds Ready Steering Committee to provide guidance on future Peds Ready activities. Representatives from the following national organizations are invited to participate:

- American Academy of Family Physicians
- American College of Surgeons – Committee on Trauma
- American Hospital Association
- The Joint Commission
- National Association of EMS Physicians
- National Association of EMTs

In addition, the committee will include representatives from the EMSC State Partnership program and family representatives. The group will meet on February 17, in Bethesda, MD.

[1] *Pediatrics,* Vol. 124 No. 4, October 2009, pp. 1233-1243

[2] *Annals of Emergency Medicine,* Vol. 54 No. 4, October 2009, pp.543-552

Currently, PECARN is enrolling patients in the following studies: Established Status Epilepticus Treatment Trial, Fluid Therapy in Pediatric Diabetic Ketoacidosis, Emergency Department Screen for Teens at Risk for Suicide, and Probiotics - Impact of Emergency Department Probiotic Treatment of Pediatric Gastroenteritis.

PECARN has completed enrollment in Arginine and Age Specific Screen for Ethanol and Substance Status, however, study follow-up continues. In addition, the network continues its work on the PECARN Registry project, a quality improvement project that establishes a data registry from electronic health records at four PECARN sites to collect and report quality measures of emergency care provided to children. For more information, visit http://www.PECARN.org.

IDENTIFYING MODEL PROGRAMS AND BEST PRACTICES

The EMSC National Resource Center (NRC) is based at Children's National Health System in Washington, DC, and focuses on the dissemination and transfer of best practices in pediatric emergency care. This is accomplished by: identifying resources, model programs, and EMSC best practices and communicating this information to grantees, EMSC stakeholders, and the public through the EMSC website (http://www.emscnrc.org), the electronic newsletter *EMSC QuickNews*, and social media applications.

The EMSC NRC also develops new products and coordinates meetings and webinars to assist in the transfer of knowledge. To help with the identification and dissemination process, the Center promotes the work of EMSC grantees, maintains partnerships with national and professional organizations, collaborates with numerous federal agencies, and oversees the EMSC Family Advisory Network. Note that a new Funding Opportunity Announcement was posted for an EMSC Innovation and Improvement Center in late 2015. One new grant is expected to be awarded with a start date of July 2016.

USING DATA TO IDENTIFY AREAS FOR IMPROVEMENT

The EMSC Data Coordinating Center (DCC), based at the University of Utah, has two major functions. The first is to serve as the National EMSC Data Analysis Resource Center (NEDARC) to help accredited schools of medicine and state governments develop their own capabilities to collect, analyze, and utilize EMSC performance measure data and other healthcare data to improve the quality of care in state EMS and trauma systems.

NEDARC offers a variety of educational opportunities to EMSC grantees, including TechTalks, online and video tutorials, and in-person workshops. NEDARC has a comprehensive website (www.nedarc.org), and its own Facebook, Twitter, and YouTube accounts.

The second major function is to serve as the DCC for PECARN. The DCC coordinates data collection across multiple PECARN studies, develops standards for data collection and analysis to ensure uniformity and quality of the data, and monitors the safety and timely progress of PECARN studies.

WORKING WITH PARTNERS TO IMPROVE THE HEALTHCARE SYSTEM

Department of Defense, Uniformed Services University of Health Sciences (USUHS), School of Medicine. Collaborations with USUHS focus on developing a pediatric trauma curriculum for trauma surgeons and nurses. The military experience abroad has highlighted the gap in pediatric trauma training for nurses and surgeons and is similar to workforce shortages domestically in rural communities.

National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services. The purpose of this interagency agreement is to help assure pediatric considerations are integrated into all NHTSA programs, policies, and projects. In the continuing effort to develop, implement, and evaluate evidence-based guidelines (EBGs) for prehospital emergency care, NHTSA and HRSA began a partnership with the National Association of EMS Physicians to develop a national strategy to promote prehospital EBG development and implementation. More recently, NHTSA and EMSC initiated a three-year project to implement an evidence-based pain management guideline, with emphasis on children.

Federal Interagency Committee on EMS (FICEMS). Established in 2005, this committee aims to coordinate EMS efforts among multiple federal agencies. The EMSC Program shares a leadership role on several committees including the EBG Committee, co-chaired by the EMSC Program's Elizabeth Edgerton, MD, MPH, and NHTSA's Cathy Gotschall, ScD. This committee has important ties to EMSC Targeted Issue projects on the development and implementation of EBGs. In addition, the EMSC Program ensures that pediatric considerations are integrated into the guidance given to FICEMS and NHTSA as members of the National EMS Advisory Committee (NEMSAC). NEMSAC is made up of EMS representatives and consumers with the purpose of providing advice to FICEMS and NHTSA on matters relating to EMS.

Agency for Healthcare Research and Quality (AHRQ). In partnership with the EMSC Program, AHRQ evaluates data from the Healthcare Cost Utilization Project (HCUP) to determine nationwide patterns of disposition and patient outcomes for moderate to severely injured children.

Indian Health Service (IHS) The EMSC Program also works in partnership with IHS. This year, IHS will reassess the pediatric readiness of IHS and tribal health care facilities and provide support to facilities as needed.

2013 Targeted Issue Grantee Update . . . Wrapping Up

In fiscal year 2013, the federal EMSC Program awarded six Targeted Issue grants, all of which focus solely on pediatric prehospital research. Below is a brief project description of each grant and an update on their progress three years later.

NEW HAMPSHIRE - Geisel School of Medicine and Dartmouth-Hitchcock Medical Center. Innovating and Improving Prehospital Pediatric Care in Rural NH and VT: The Center for Rural Emergency Services and Trauma (CREST) Network for EMS Providers (Principal Investigator: Scott Rodi, MD). The infrequency of pediatric EMS patient encounters makes retention of knowledge and skills difficult. Add to this, the limited educational trainings available for EMS providers, especially in rural settings illustrates the need for educational programs targeting these providers. The goal of this project is to increase the knowledge and competency of EMS providers in rural settings by establishing a rural EMS training network. To date, the project team has (1) developed the infrastructure for web-based and streaming education for providers throughout VT and NH, (2) delivered seven pediatric clinical educational modules with high fidelity simulation via mobile simulation center, and (3) initiated data collection.

NEW YORK - Hofstra North Shore-LIJ School of Medicine at Hofstra University. Prehospital Oral Steroids for the Treatment of Status Asthmaticus in Children (POSTSAC) Study (Principal Investigator: Robert Silverman, MD, MS). EMS personnel are currently limited to nebulizer treatments among pediatric asthmatics with acute exacerbations. Allowing EMS personnel to administer steroids in the prehospital setting may prevent possible health consequences for the child, including increased hospital admissions and prolonged ED visits. The goals of this project are to: (1) determine if prehospital administration of oral steroids by paramedics to pediatric patients with moderate to severe asthma exacerbations decreases time spent in the ED and the need for hospitalization and (2) determine if advanced life support providers can successfully administer oral steroids to children with moderate to severe asthma. The project team anticipates it will complete the interventional phase of the study by March 2016, and have a data repository of 4,000 children with asthma cared for by FDNY paramedics (both study and non-study children) by this time.

KENTUCKY- University of Louisville Research Foundation. Compassionate Options for Pediatric EMS (COPE) (Principal Investigator: Mary Fallat, MD). EMS providers are often the first line to console grieving parents who have lost a child because of a traumatic event or illness outside the hospital. The initial encounter with grieving parents of pediatric fatalities is overwhelming to EMS providers. The goal of this project is to develop a systems approach to out-of-hospital pediatric death that equips EMS providers with the knowledge, tools, and skill set needed to manage the emotional and psychological effects for the grieving families they encounter, as well as for themselves. To date, the project team has (1) developed four educational videos, (2) conducted initial simulation testing with EMS educators; (3) developed a website and Android-based mobile application, and (4) written manuscripts for publication.

INDIANA – Indiana University. Treat the Street: Prehospital Pediatric Asthma Intervention Model to Improve Child Health Outcomes (Principal Investigator: Andrew Stevens, MD). In-home asthma assessments have been successful in reducing repetitive ED visits or ED recidivism rates. Typically, in-home assessments are conducted by a public health nurse. However, the capacity for the public health system to absorb a large number of referrals is limited. Therefore, community paramedics are ideal candidates to conduct the in-home assessments. The goal of this project is to utilize a novel pediatric community paramedicine (CP) program to (1) address identified gaps in pediatric asthma care, (2) reduce ED recidivism rates for children, (3) improve pediatric health outcomes, and (4) enhance paramedic provider roles in care delivery. To date, the project team has (1) collected both quantitative and qualitative data, (2) analyzed trends in data over the last two years, (3) provided asthma educational materials in English and Spanish, and (4) provided CP services to 639 children with asthma.

TEXAS – Baylor College of Medicine and Texas Children's Hospital. Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States (Principal Investigator: Manish Shah, MD). Prehospital care is usually standardized within an EMS system through the use of guidelines or protocols, also known as offline medical direction. However, offline medical protocols vary from one EMS agency to another, making standardization of care challenging. The goal of this project is to improve the evidence-base for pediatric prehospital care utilizing the National Prehospital Evidence- Based Guideline (EBG) Model Process. To date, the project team has (1) created four pediatric prehospital EBGs (airway management, allergic reactions, shock, and spinal care); (2) implemented the four EBGs and five others (seizures, pain management, asthma, bronchiolitis, and croup) in one large city and three states; and (3) integrated the EBGs core content into the NASEMSO Model Clinical EMS Guidelines. The team anticipates implementing the EBGs in three additional states. In addition, local and regional research is being conducted to assess systemwide uptake and patient-centered outcomes.

WISCONSIN – Medical College of Wisconsin. Development of the Charlotte, Houston, and Milwaukee Prehospital (CHaMP) Research Node (Principal Investigator: Brooke Lerner, PhD). The ability to gather statistically significant data through sufficient sample sizes is difficult due to the relatively low number of pediatric EMS encounters across the country. The goal of this project is to develop an EMS Research Node Center that will work in cooperation with PECARN to conduct innovative and significant prehospital pediatric research. To date, the project team has (1) developed a website, as well as a Facebook and Twitter page, to keep the EMS community informed on EMS research and provide on-line training in EMS research; (2) published three manuscripts examining the current status of pediatric EMS and priorities for EMS research; (3) completed its first cross-site study looking at prehospital pain treatment in children; (4) submitted additional funding applications; and (5) continues to collect data for two pilot studies. The project also worked with PECARN to create an EMS Agency consortium bringing together all nine of the PECARN-affiliated EMS agencies to initiate multi-center research.

Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP). In response to the Peds Ready assessment finding that less than half of all hospitals report having a disaster plan that incorporates the specific care needs of children, a multidisciplinary workgroup, including ASPR-HPP representatives, developed the Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies (download at http://bit.ly/1PefHdr).

National Association of School Nurses (NASN) and the National Center for Disaster Medicine and Public Health (NCDMPH). EMSC is working with NASN and NCDMPH to bring together critical links in community-based pediatric disaster preparedness and response through training and awareness for school nurses, EMS providers, and emergency preparedness planners. Because disasters occur at any time, including the hours that children are in school, schools are the first line of defense for millions of children. Furthermore, schools are a vital community center for children and families in the aftermath of a disaster, playing a crucial, documented role in post-disaster recovery. With the increasing numbers of large-scale disasters, building capacities for response and recovery demands well-coordinated local, state, and regional systems of care that fully integrate all available resources. In many communities, school nurses are knowledgeable and skilled resources. Moreover, these healthcare professionals are in a unique position to positively impact planning, response, and recovery in one of the most important and influential institutions in any community.

NEW PUBLICATIONS AND RESOURCES

Research Highlights in EMSC. The purpose of Research Highlights is to increase awareness among parents and caregivers about pediatric health care best practices utilizing results from recently completed PECARN studies. The Fall/Winter edition focuses on the latest research that shows Computed Tomography (CT) scans are not needed for all pediatric head injuries.(download at http://www.emscnrc.org/emsc-research/research-highlights).

Child Ready. This website, funded through the New Mexico SPROC grant program, focuses on the mission of the Child-Ready Program: to reduce pediatric morbidity and mortality by partnering with communities and tribes to design, develop, and disseminate a system of regionalized pediatric emergency care in tribal and rural areas of New Mexico and the border regions of Arizona, Colorado, Texas, and Mexico (access at http://emed.unm.edu/pem/programs/child-ready-program/index.html).

About the EMSC Program Fact Sheet. This two-page fact sheet describes what the EMSC Program is doing to help improve the care of ill and injured children. It answers the following questions: What is the EMSC Program?, How is EMSC making a difference? and Who partners with the Program? (download at http://www.emscnrc.org/emsc-resources/publications).

UPCOMING EVENTS

The EMSC Program is hosting several webinars in Spring and Summer 2016. Topics include community paramedicine, coping with the death of a child in the prehospital setting, therapeutic hyperthermia after pediatric cardiac arrest, and engaging families in research studies. For more information on upcoming webinars, including descriptions, dates, and registration information, visit http://www.emscnrc.org/emsc-events/emsc-webinars.

EMSC Program Contacts

Beth Edgerton, MD, MPH
Director, Division of Child, Adolescent and Family Health
Phone: 301-443-8930
eedgerton@hrsa.gov

Theresa Morrison-Quinata
Program Director
Phone: 301-443-1527
tmorrison-quinata@hrsa.gov

Yolanda Baker
EMSC Project Officer
Phone: 301-443-6601
ybaker@hrsa.gov

Jocelyn Hulbert
EMSC Project Officer
Phone: 301-443-7436
jhulbert@hrsa.gov

Diane Pilkey, RN, MPH
PECARN Project Officer, Nurse Consultant, Epidemiologist
Phone: 301-443-8927
DPilkey@hrsa.gov