

GRANT RESULTS REPORT

August 2000

RWJF Goal: Access

**Program to Develop Emergency Medical Services for Children
in Rural Areas** ID# 011804

Harbor-UCLA Research and Education Institute, Inc. (Torrance, CA)
\$219,108 (16 months from 10/01/87 to 01/31/89)

Emergency Medical Services for Children in Rural and Remote Areas ID# 012964
\$224,899 (15 months from 03/01/89 to 05/31/90)

**Production of an Interactive Nursing Education Program
in Pediatric Assessment** ID# 034288

\$48,840 (9 months from 07/01/98 to 03/31/99)

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EXECUTIVE SUMMARY

These grants from The Robert Wood Johnson Foundation (RWJF) enabled Harbor-UCLA Medical Center Research and Education Institute, Inc. (REI), to implement model systems of emergency medical services for children (EMSC) in rural and remote communities in northern California and to develop curricular and training materials to support the systems. At the time the first grants were made, emergency medical services (EMS) were often ill equipped to handle the special emergency needs of children, and the problem was especially acute in rural and remote areas. REI developed and implemented two models: one covering a rural area in northern California (NorCal EMS) and the other covering a more remote area, the North Coast EMS. The counties within the two systems encompass 25% of the state's area and as of the 1980 census had an estimated population of more than 165,000 children. The project also assessed the training needs of emergency pediatric personnel and developed educational materials, including nursing modules on respiratory, neurological, and cardiovascular assessment of pediatric emergency patients in a self-paced, case-oriented format. The first two grants established the Pediatric Rural Emergency Systems and Education Project (PRESEP). The third grant, made 10 years later, supplemented funding from the SEGA Foundation so that these training materials could be produced in an interactive, CD-ROM format, which would make them more readily available. The CD-ROM was due to be completed soon after the date of this report.

BACKGROUND

Emergency medical services (EMS) is defined as an organized system capable of providing a comprehensive and timely response to an individual or community medical emergency. Such a system has 15 components: (1) provision of personnel, (2) training of personnel, (3) communications, (4) transportation, (5) facilities, (6) critical care units, (7) use of public safety agencies, (8) consumer participation, (9) accessibility of care, (10) transfer of patients, (11) consumer information and education, (12) standard medical record keeping, (13) independent review and evaluation, (14) disaster linkage, and (15) mutual aid agreements.