The National Prehospital Pediatric Readiness Project

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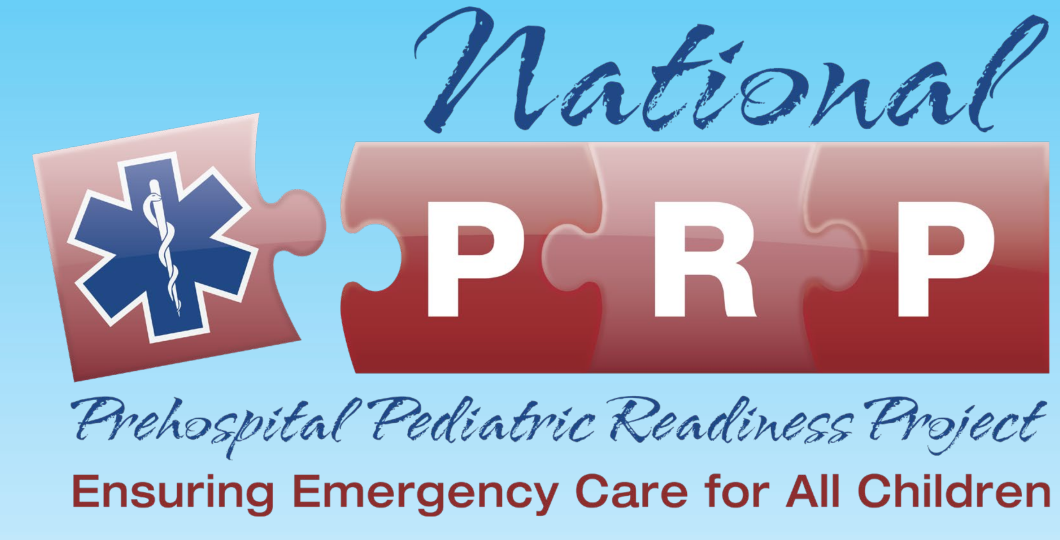
Co-Lead, Prehospital Domain

EMS for Children Innovation and Improvement Center

University of Colorado School of Medicine

Colorado EMS for Children



I have no financial interests or relationships to disclose

Colorado EMSC Pediatric Emergency Care Coordinator Symposium (Redstone, CO March 2023)

Speaker Disclosure

#EMSC23

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Objectives

- Understand the state of pediatric readiness in EMS
- Understand how EMS pediatric readiness fits into the EMSC Strategic Plan
- Learn the origin story of Prehospital Pediatric Readiness Program (PPRP) and its component parts
- Describe how to prepare for the PPRP assessment

The EMSC Program

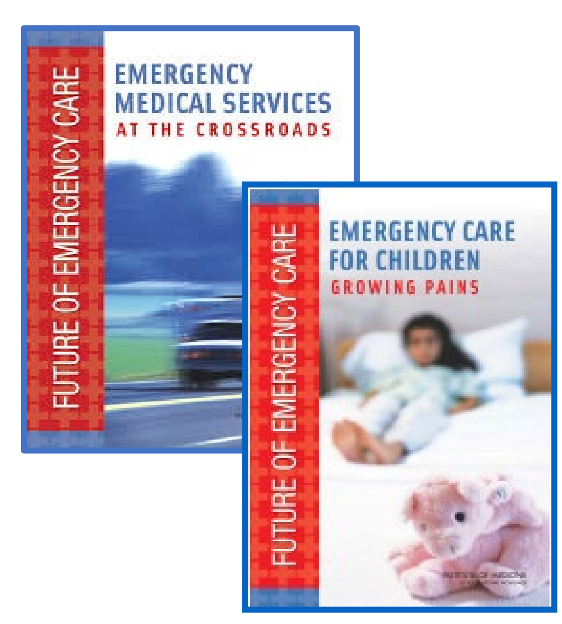
- Designed to reduce childhood death and disability due to severe illness or injury

- Enhances the pediatric capability of *existing* emergency care systems designed for adults

The Vision

That all emergency care practitioners have the appropriate resources including trained and competent staff, education, policies, medications, equipment, and supplies, to provide effective emergency care for children <u>across the spectrum of emergency care</u>

State of Pediatric Emergency Care (2006)



Hospital-Based

- >80% of pediatric visits are in general EDs
- Average ED sees < 13 children a day
- Known gaps in day-to-day pediatric readiness
    - Imaging and radiation exposure
    - Pediatric resuscitation performance
    - Patient-centered outcomes

Prehospital Based

- 7-13% of EMS patients
- Most EMS agencies (>80%) see < 8 children per months
- Known gaps in day-to-day pediatric readiness
    - Standing pediatric protocols
    - Pediatric equipment
    - Pediatric education requirements for licensing: 82% of states/territories

Timeline of Pediatric Readiness

2006 — 1st generation of EMSC performance measures released

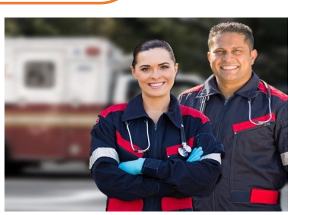
2009 — COPEM Policy statement on Pediatric Readiness published

2011 — Targeted Issues grants: Prehospital focus

2012 — National Pediatric Readiness Project (NPRP) launched

2016 — EMS for Children Innovation and Improvement Center (EIIC) funded

2017 — 2nd generation of EMSC performance measures released



PM 3: Skills Checks

2019

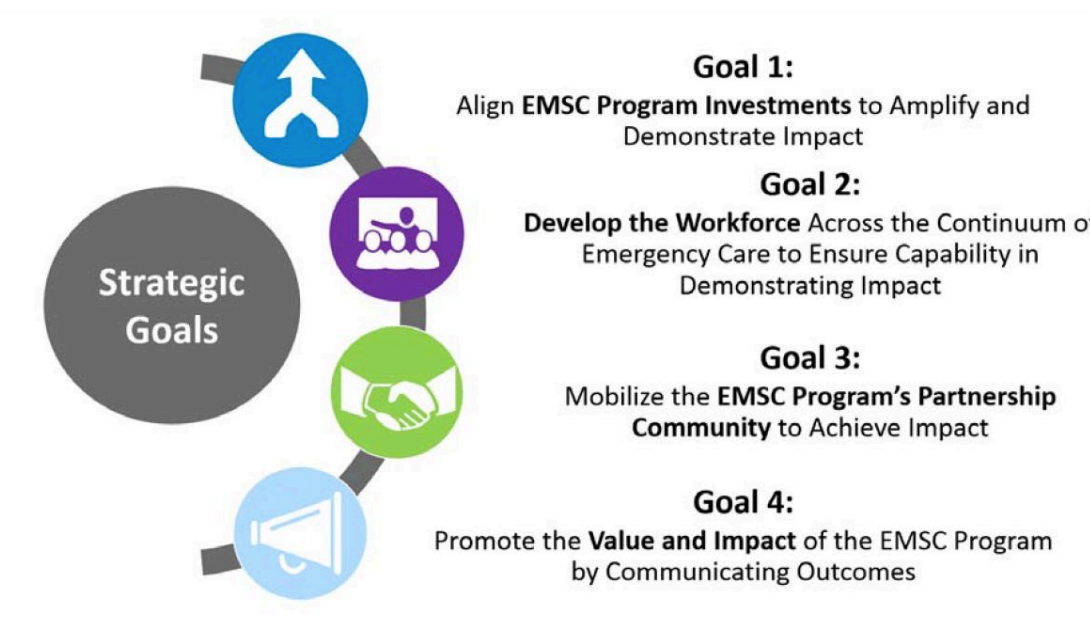
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediatric Readiness in Emergency Medical Services Systems

Brian Moore, MD, FAAP,[a] Manish I. Shah, MD, MS, FAAP,[b] Sylvia Owusu-Ansah, MD, MPH, FAAP,[c] Toni Gross, MD, MPH, FAAP,[d] Kathleen Brown, MD, FAAP,[e,f] Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,[g] Katherine Remick, MD, FACEP, FAAP, FAEMS,[h,i,j] Kathleen Adelgais, MD, MPH, FAAP,[k] John Lyng, MD, FAEMS, FACEP, NRP,[l] Lara Rappaport, MD, MPH, FAAP,[m] Sally Snow, RN, BSN, CPEN, FAEN,[n] Cynthia Wright-Johnson, MSN, RNC,[o] Julie C. Leonard, MD, MPH, FAAP,[p] and the AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE AND SECTION ON EMERGENCY MEDICINE EMS SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS EMERGENCY MEDICAL SERVICES COMMITTEE, EMERGENCY NURSES ASSOCIATION PEDIATRIC COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES PHYSICIANS STANDARDS AND CLINICAL PRACTICE COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMERGENCY PEDIATRIC CARE COMMITTEE

EMSC
Emergency Medical Services for Children

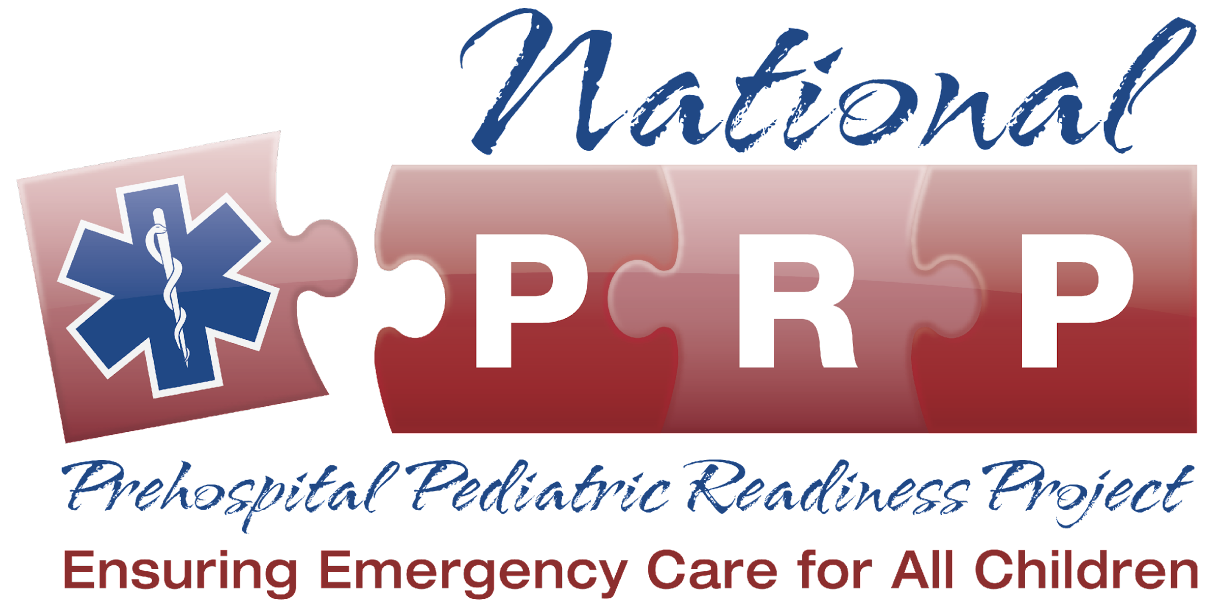
2017 EMSC 5-Year Roadmap



Objective 4f: Within five years, the EMSC program aligns national performance measures to improve outcomes across the continuum of emergency care

Prehospital Pediatric Readiness Project

Overview



It all started when…..

Manish Shah, MD MS
Chair, AAP EMS
Subcommittee (2011-2014)

Marianne Gausche Hill,
MD FACEP, FAEMS,
FAAP, Pediatric EMS OG

- AAP Section of Emergency Medicine renewed its EMS Subcommittee in 2011
- First order of action: identify a way to make impact
- Decision to propose a policy statement to the AAP Committee on Pediatric Emergency Medicine (COPEM)

Many years later: Joint Policy Statement on Pediatric Readiness in EMS

Released in January 2020

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

Pediatric Readiness in Emergency Medical Services Systems

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"In order to provide infrastructure designed to support the prehospital emergency care of children

AAP/ACEP/ENA/NAEMSP/NAEMT

believe that EMS systems should…."

Joint Policy Statement Recommendations

Physician Oversight of Pediatric Care in *EMS* (NAEMSP)

Pediatric considerations in EMS planning; collaboration with medical professionals, **public health experts**, and **family advocates**

EMSC Program Priority 7

Pediatric-specific direct and indirect medical direction

EMSC 2023 PM 2.4

Considerations for caring for children and families in emergency preparedness planning and exercises

Joint Policy Statement Recommendations

EMSC Program Priority 8	**Pediatric-specific equipment and supplies available**
EMSC 2023 PM 2.3	**Deliver comprehensive, ongoing pediatric-specific education, evaluate psychomotor and cognitive competencies- considerations of the unique developmental aspects of children**
EMS and EMSC Research	**Implement best practices to reduce pediatric medication errors**

Joint Policy Statement Recommendations

Include pediatric-specific measures in periodic QI/QA processes

EMSC 2017 PM 01

Submit data to a statewide database; work with hospitals to track pediatric patient-centered outcomes

EMSC 2023 PM 3.1

Promote overall patient and family-centered and culturally competent care

Joint Policy Statement Recommendations

Establish policies for the safe transport of children

Develop protocols for destination of pediatric patients

Collaborate with EDs to provide pediatric readiness across the care continuum

Wow…that’s pretty comprehensive but isn’t there something missing….?

PECCs, Real-Life Superheroes

BECOME A PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

AAP Technical Report

TECHNICAL REPORT

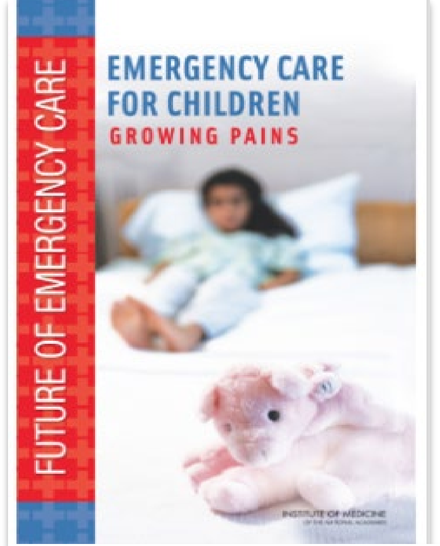
Pediatric Readiness in Emergency Medical Services Systems

Sylvia Owusu-Ansah, MD, MPH, FAAP,[a] Brian Moore, MD, FAAP,[b] Manish I. Shah, MD, MS, FAAP,[c] Toni Gross, MD, MPH, FAAP,[d] Kathleen Brown, MD, FAAP,[e,f] Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,[g] Katherine Remick, MD, FACEP, FAAP, FAEMS,[h,i,j] Kathleen Adelgais, MD, MPH, FAAP,[k] Lara Rappaport, MD, MPH, FAAP,[l] Sally Snow, RN, BSN, CPEN, FAEN,[m] Cynthia Wright-Johnson, MSN, RNC,[n] Julie C. Leonard, MD, MPH, FAAP,[o] John Lyng, MD, FAEMS, FACEP, NRP,[p] Mary Fallat, MD, FACS, FAAP,[q] COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE, SECTION ON EMERGENCY MEDICINE, EMS SUBCOMMITTEE, SECTION ON SURGERY

"The principles in the policy statement "Pediatric Readiness in Emergency Medical Services Systems" and this accompanying technical report establish a foundation on which to build optimal pediatric care within EMS systems and serve as a resource for clinical and administrative EMS leaders."

#EMSC23

Pediatric Readiness in Emergency Medical Services Systems



NAEMSP Resource Document

Resource Document: Coordination of Pediatric Emergency Care in EMS Systems

Katherine Remick, MD, Toni Gross, MD, MPH, Kathleen Adelgais, MD, MPH, Manish I. Shah, MD, MS, Julie C. Leonard, MD, MPH, Marianne Gausche-Hill, MD

Highlights the importance of PECC leadership in EMS systems

- incorporated into an EMS system as a single provider or team of providers
- oversees the system-based care of pediatric patients
- promotes integration of pediatric elements into day-to-day services and disaster planning
- serves as a pediatric health care liaison

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EMSC Performance Measure 2:

PREHOSPITAL EMERGENCY CARE
https://doi.org/10.1080/10903127.2022.2126040

Taylor & Francis
Taylor & Francis Group

Check for updates

Pediatric Emergency Care Coordination in EMS Agencies: Findings of a Multistate Learning Collaborative

Hoi See Tsao[a,b], Rachael Alter[b], Erica Kane[c], Toni Gross[d], Lorin R. Browne[e], Marc Auerbach[f], Julie C. Leonard[g], Lorah Ludwig[h], and Kathleen M. Adelgais[b,i]

[a]Division of Pediatric Emergency Medicine, Department of Pediatrics, University of Texas Southwestern Medical Center, Dallas, Texas; [b]Emergency Medical Services for Children Innovation & Improvement Center, The University of Texas Austin, Austin, Texas; [c]EMS for Children, Emergency Medical Services for Children at Children's Health Alliance of Wisconsin, Milwaukee, Wisconsin; [d]Department of Emergency Medicine, Children's Hospital of New Orleans, New Orleans, Louisiana; [e]Department of Pediatrics, Section of Emergency Medicine, Medical College of Wisconsin, Children's Wisconsin, Milwaukee, Wisconsin; [f]Yale University School of Medicine, New Haven, Connecticut; [g]Division of Emergency Medicine, Department of Pediatrics, The Ohio State University College of Medicine and the Abigail Wexner Research Institute at Nationwide Children's Hospital, Columbus, Ohio; [h]Emergency Medical Services for Children Program, Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services, Rockville, Maryland; [i]Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colorado

ABSTRACT

Background: In 2017, the Health Resources and Services Administration's Maternal Child and Health Bureau's Emergency Medical Services for Children program implemented a performance measure for State Partnership grants to increase the percentage of EMS agencies within each state that have designated individuals who coordinate pediatric emergency care, also called a pediatric emergency care coordinator (PECC). The PECC Learning Collaborative (PECCLC) was established to identify best practices to achieve this goal. This study's objective is to report on the structure and outcomes of the PECCLC conducted among nine states.

Methods: This study used quantitative and qualitative methods to evaluate outcomes from the PECCLC. Participating state representatives engaged in a 6-month collaborative that included monthly learning sessions with subject matter experts and support staff and concluded with a two-day in-person meeting. Outcomes included reporting the number of PECCs recruited, identifying barriers and enablers to PECC recruitment, characterizing best practices to support PECCs, and identifying barriers and enablers to enhance and sustain the PECC role. Outcomes were captured by self-report from participating state representatives and longitudinal qualitative interviews conducted with representative PECCs at 6 and 18 months after conclusion of the PECCLC.

Results: During the 6-month collaborative, states recruited 341 PECCs (92% of goal). Follow up at 5 months post-collaborative revealed an additional recruitment of 184 for a total of 525 PECCs (142% of the goal). Feedback from state representatives and PECCs revealed the following barriers: competition from other EMS responsibilities, budgetary constraints, lack of incentive for agencies to create the position, and lack of requirement for establishing the role. Enablers identified included having an EMS agency recognition program that includes the PECC role, train-the-trainer programs, and inclusion of the PECC role in agency licensure requirements. Longitudinal interviews with PECCs identified that the most common activity associated with their role was pediatric-specific education and the most important need for PECC success was agency-level support.

Conclusion: Over the 6-month Learning Collaborative, nine states were successful in recruiting a substantial number of PECCs. Financial and time constraints were significant barriers to statewide PECC recruitment, yet these can be potentially addressed by EMS agency recognition programs.

ARTICLE HISTORY
Received 27 July 2022
Revised 12 September 2022
Accepted 14 September 2022

Introduction

Pediatric patients represent between five and ten percent of emergency medical services (EMS) responses in the United States (1–3), and greater than 80% of EMS agencies see fewer than eight children per month (4). As EMS professionals have limited pediatric-focused education and infrequent encounters with children, particularly with critically ill children, there are gaps in patient care, patient safety, and clinical outcomes (5, 6).

In 2007, the Institute of Medicine (now National Academies of Science, Engineering and Medicine) recommended that EMS agencies designate a pediatric emergency coordinator to support the care of children (7). This role is now commonly referred to as a pediatric emergency care coordinator (PECC) or pediatric champion. The individual(s) filling this role can serve as a resource to oversee pediatric care quality improvement initiatives in the agency, provide skills-based pediatric training to agency staff, and

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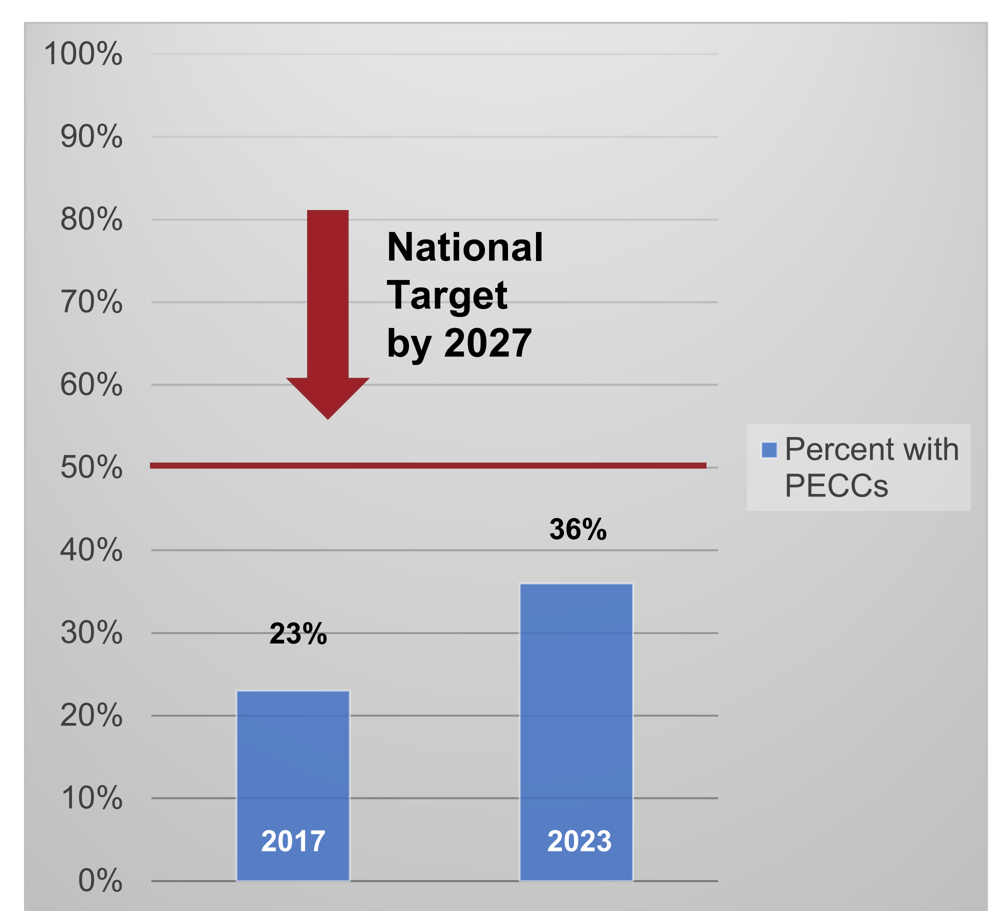
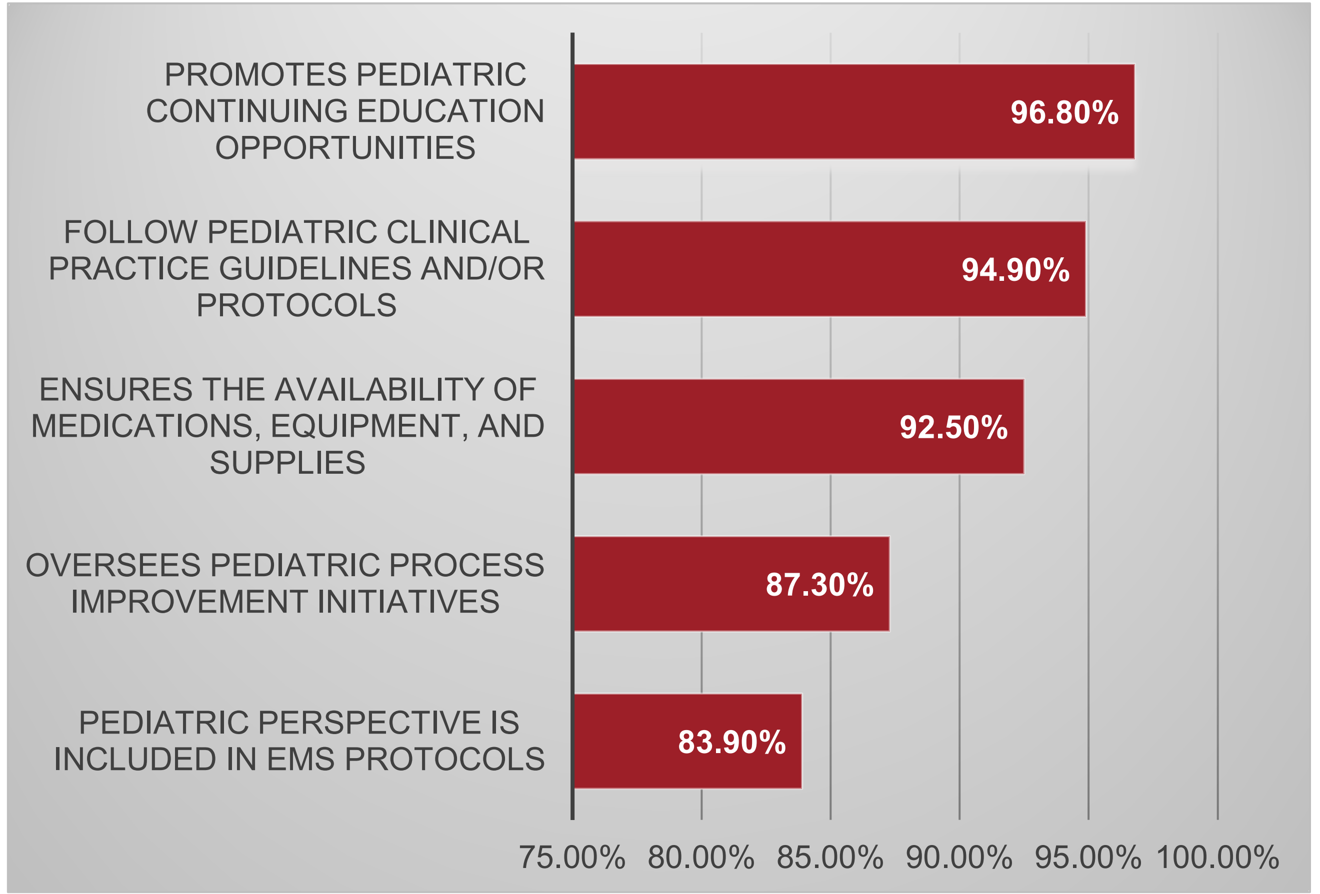
- Percent of EMS agencies that have a Pediatric Emergency Care Coordinator
- Annually measured since 2017
- Numerous EMSC Initiatives to promote
- Published research describing role, barriers, enablers

PECCs in EMS Agencies





The PECC Role…EMSC Targeted Issues Grants

OREGON – Oregon Health and Science University. A Multi-State Evaluation of Emergency Department Pediatric Readiness: Guideline Update and Association with Quality, Outcomes, and Cost *(Principal Investigator: Craig D. Newgard, MD, MPH).*

TEXAS – Dell Medical School at the University of Texas at Austin. Developing a National Pediatric Readiness Project Quality ...erine Remick,

...a at Chapel ...EMS Pediatric ...stigator: Jane

Research Symposium: 2 Targeted Issues Grants on ED & EMS Pediatric Readiness

11:00 AM-11:50 AM

Room 301 - Level 3 | 2-302

Mark Cicero MD
Director, Pediatric Disaster Preparedness
Yale University School of Medicine

Craig Newgard MD, MPH
Professor of Emergency Medicine
Oregon Health & Science University

Health Resou...
Emergency Medical Services for Children
Targeted Issues Grant Fact Sheet 2019-2022

LOUISIANA – Louisiana Department of Health, Office of Public Health. Pediatric Care Coordination in EMS Agencies – Improving Child Health Outcomes in Louisiana *(Principal Investigators: Toni Gross, MD, MPH and Gail Gibson, RN, MSN, FABC).*

CONNECTICUT – Yale University. Pediatric Emergency Care Coordination in EMS Agencies: Measuring the Influence, Magnifying the Improvement *(Principal Investigator: Mark X. Cicero, MD).*

EMSC Performance Measure 3:

- Frequency of EMS agencies performing skills checks on pediatric equipment
  - In a skill station
  - In simulation
  - During a field encounter

Agencies with a PECC:
3 times more likely
to have a score of ≥ 6

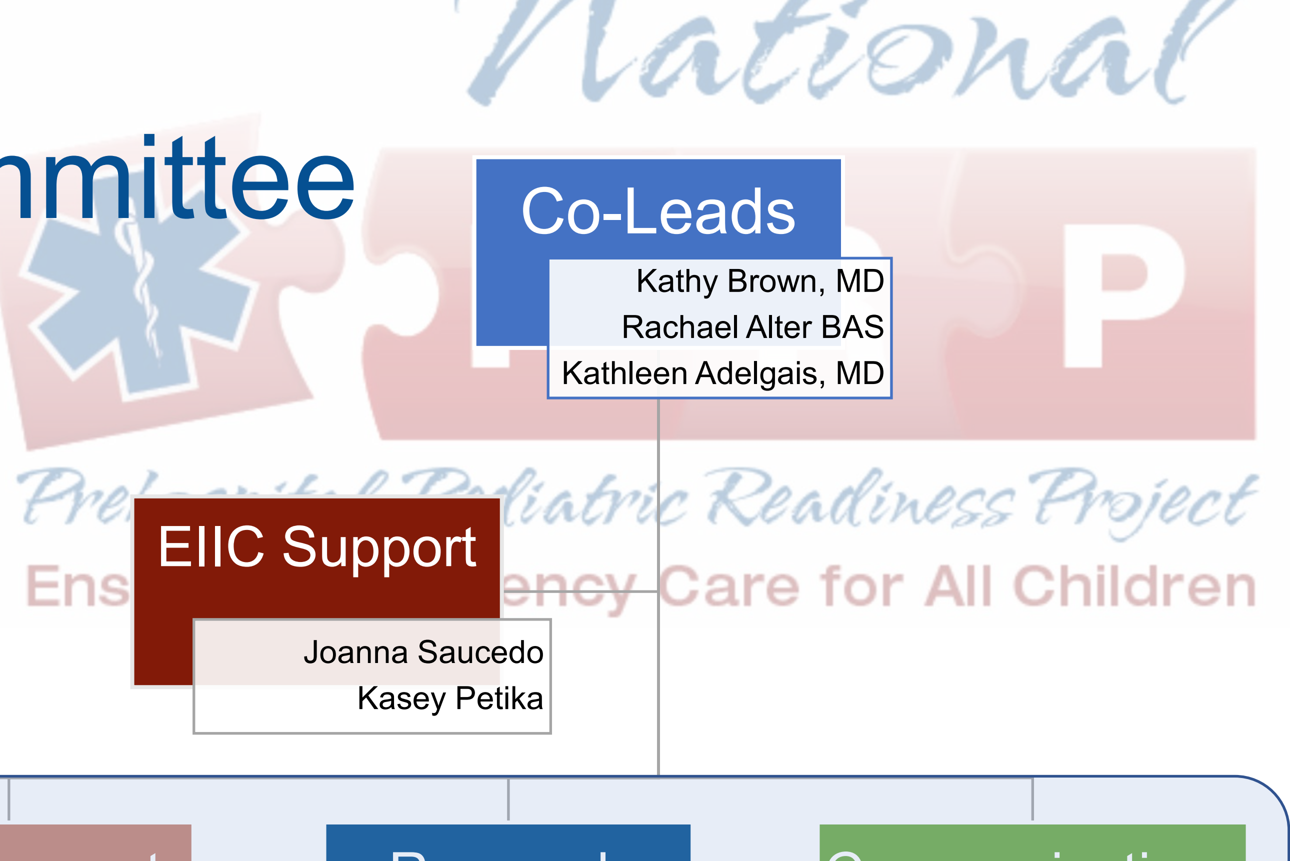
	Two or more times per year	At least once per year	At least once every two years	Less frequency than once every two years
How often are your providers required to demonstrate skills via a SKILL STATION?	4	2	1	0
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	4	2	1	0
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	4	2	1	0

***6 = 2 skills checks a year + 1 simulation a year**

The National Pediatric Readiness Project

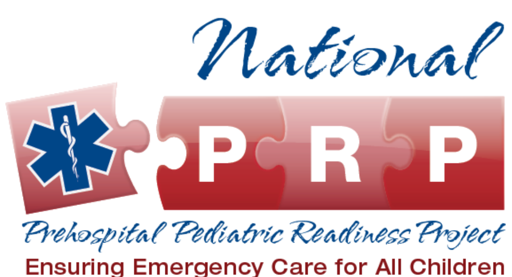
Who are we???
PPRP Steering Committee

- National working group of prehospital experts
- >30 organizations and national partners
- 6 EMSC PPRP Fellows
- Quarterly meetings
- Governed by a project charter defining success



Workgroups	Toolkit	Assessment	Research	Communications
	Lindsay Jaeger*	Kate Remick	Kathy Brown	Rachael Alter
	Melissa Winger	Manish Shah	Theresa Walls	Catherine Counts

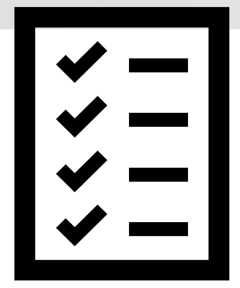
What did we do so far???
PPRP Timeline (2020-2022)



Jan 2020:
Joint Policy Statement published

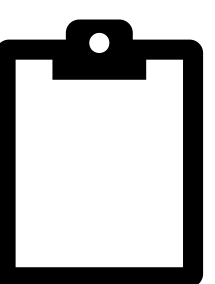
Feb 2020:
PPRP Steering Committee: Checklist, Toolkit, & Assessment development plan

Summer 2020:
PPRP Checklist finalized



Spring 2021:
PPRP Toolkit completed

2021-2022:
PPRP Assessment Developed and Piloted
32 Importance statements



PPRP Checklist and Toolkit Domains

- Education and Competencies for Providers
- Equipment and Supplies
- Patient and Medication Safety
- Patient- and Family-Centered Care
- Policies, Procedures, and Protocols
- Quality Improvement / Performance Improvement
- Interactions with Systems of Care

Prehospital Pediatric Readiness EMS Agency Checklist

This checklist is based on the 2020 joint policy statement **"Pediatric Readiness in Emergency Medical Services Systems"**, co-authored by the Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), and National Association of EMTs (NAEMT). Additional details can be found in the AAP Technical Report **"Pediatric Readiness in Emergency Medical Services Systems"**.

Use this tool to check if your EMS agency is ready to care for children as recommended in the Policy Statement. Consider using resources compiled by the Health Resources & Services Administration's Emergency Medical Services for Children (EMSC) Program when implementing the recommendations noted here, to include the **Prehospital Pediatric Readiness Toolkit**.

Education & Competencies for Providers

- ◯ Process(es) for ongoing pediatric specific education using one or more of the following modalities:
  - Classroom/in-person didactic sessions
  - Online/distributive education
  - Skills stations with practice using pediatric equipment, medication and protocols
  - Simulated events

Process for evaluating pediatric-specific competencies for the following types of skills:

- ◯ Psychomotor skills, such as, but not limited to:
  - Airway management
  - Fluid therapy
  - Medication administration
  - Vital signs assessment
  - Weight assessment for medication dosing and equipment sizing
  - Specialized medical equipment
- ◯ Cognitive skills, such as, but not limited to:
  - Patient growth and development
  - Scene assessment
  - Pediatric Assessment Triangle (PAT) to perform assessment
  - Recognition of physical findings in children associated with serious illness
- ◯ Behavioral skills, such as, but not limited to:
  - Communication with children of various ages and with special health care needs
  - Patient and family centered care
  - Cultural awareness
  - Health care disparities
  - Team communication

Equipment and Supplies

- ◯ Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages
- ◯ Process for determining competency on available equipment and supplies

Patient and Medication Safety

- ◯ Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to:
  - Length based tape
  - Volumetric dosing guide
- ◯ Policy for the safe transport of children
- ◯ Equipment necessary for the safe transport of children

Patient- and Family-Centered Care in EMS

Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including:

- ◯ Using lay terms to communicate with patients and families
- ◯ Having methods for accessing language services to communicate with non-English speaking/nonverbal patients and family members
- ◯ Narrating actions, and alerting patients and caregivers before interventions are performed

Policies and procedures that facilitate:

- ◯ Family presence during resuscitation
- ◯ The practice of cultural or religious customs
- ◯ A family member or guardian to accompany a pediatric patient during transport

Revised May 20, 2021

Education & Competencies for Providers

This section includes resources to assist in ongoing education, along with tools to help demonstrate competencies.

Equipment & Supplies

This section includes examples equipment checklists and national recommended equipment guidelines.

Patient & Medication Safety

This section includes resources to reduce medication errors and provides best practices for the safe transport of children in ambulances.

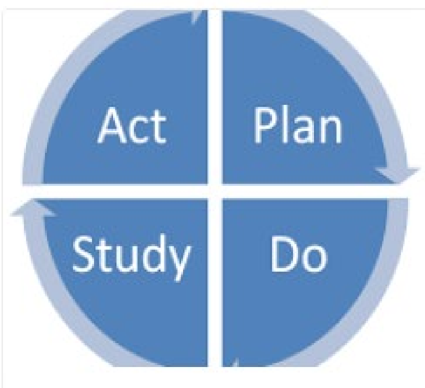
- Over 200 resources across 7 domains
- Each section revised at least annually
- Quarterly meetings to review content
- Short orientation video for new users
- Multimedia in nature
- Current crosswalk to checklist

PPRP Toolkit

Patient- & Family-Centered Care in EMS

This section includes

Policies, Procedures, & Protocols (to include Medical Oversight)



Quality Improvement (QI) / Process Improvement (PI)

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What about this big, huge, long national assessment I keep hearing about?????

PPRP Assessment Development

#EMSC23

- Online, open access
- Benchmarking with similar EMS agencies (by annual pediatric volume)
- Immediate access to overall weighted pediatric readiness score
- Agency-specific gap report with link to evidence-based resources
- Intended for all ground 9-1-1 responding agencies

2024 NATIONAL PREHOSPITAL PEDIATRIC READINESS ASSESSMENT
(FINAL)
Approved by the Steering Committee on 01/25/2021

Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:

Respondent Information Individual completing the a

1. First and last name of the person completing
2. Title/Position: __________
3. Phone number: __________
4. Email: __________

EMS Agency

5. Name of your Agency: __________
6. Address of your Agency: __________
7. City your Agency is located in: __________
8. Zip code of your Agency: __________

DEMOGRAPHICS

The following questions relate to your agency's resource

9. Does your EMS agency respond to 911 emerg placed through other emergency access numb
   - ☐ Yes → **Go to 10**
   - ☐ No

If your EMS agency DOES NOT respond to 9 assessment. Thank you for your time.

10. Approximately how many 911 calls (both ad in the last year? (Numeric data only, e.g., 5000, not "five thousan
    ____
11. Approximately how many 911 calls did your (as defined by your agency) in the last year? (Numeric data only, e.g., 5000, not "five thousan
    ____

12. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for *PEDIATRIC PATIENTS* (as defined by your agency) in the last year? (Choose one)
    - ☐ Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
    - ☐ Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
    - ☐ Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
    - ☐ More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
    - ☐ None

Internal Note: the response options of the following two questions (13 and 15) may be customized in the online survey to better reflect individual state/territory terminology.

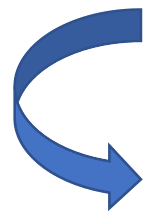
13. What is the *HIGHEST* level of certification of your *EMS agency*? (Choose one) *While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.*
    - ☐ Basic Life Support (BLS)
    - ☐ Intermediate Life Support (ILS)
    - ☐ Advanced Life Support (ALS)
14. What is the *HIGHEST* level of licensure that pertains to the scope of care that *EMS providers* in your agency provide to patients? (Choose one)
    - ☐ Emergency Medical Responder (EMR)
    - ☐ Emergency Medical Technician (EMT)
    - ☐ Advanced EMT (AEMT)
    - ☐ Paramedic
15. Approximately, how many *EMS PROVIDERS* currently work at your agency for each of the following level(s) of licensure? (If no providers for a licensure level, enter 0.) *Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.*

Provider Level	Number of Providers Full & part-time, volunteer, & paid
Emergency Medical Responder (EMR)	
Emergency Medical Technician (EMT)	
EMT Intermediate (EMT-I) or Advanced EMT (AEMT)	
Paramedic	

DRAFT

PPRP Assessment Development

Activities	Q1 2020	Q2, 2020	Q3, 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Finalize Items to be Included in Assessment								
Review and Vote								
Compile and review items								
Finalize								
Review and vote on demographic items to be included in Assessment								
Finalize Demographic items								
Finalize assessment questions								
Scoring/Weighing of Domains and Items								
Pilot and Revise and Finalize Paper Assessment Questions								
Gap Report Development (paper)								
Develop importance statements								
Review and Finalize Importance Statements								
Develop Score report								
Finalize score report								



Electronic Build → Pilot Test → Review Feedback → Refinement

PPRP Assessment Pilot: General Comments

- Overall easy to answer and straightforward
- Completed in one session, easy to return to if not
- Some questions were very similar, had to re-read
- Most used a computer to complete, one used a phone
- Information will be valuable for future QI efforts
- Add progress bar to help respondent know how much is left
- **Average time to complete: 30-45min**

PPRP Assessment Scores

Domain	Points
Education and Competencies for Providers	16
Equipment and Supplies	11
Coordination of Pediatric Emergency Care	13
Interactions with Systems of Care	10
Patient and Family Centered Care in EMS	10
Patient and Medication Safety	14
Policies, Procedures, and Protocols	13
Quality Improvement/ Performance Improvement	13

PPRP Assessment: Next Steps

- Electronic build based on recent testing
- Pilot testing in 3 states/territories in Jan 2024
- Planned national release in May 2024

2024 NATIONAL PREHOSPITAL PEDIATRIC READINESS ASSESSMENT
(FINAL)
Approved by the Steering Committee on 01/25/2021

Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:

Respondent Information Individual completing the assessment

1. First and last name of the person completing this assessment ________________
2. Title/Position: __________
3. Phone number: __________
4. Email: __________

EMS Agency

5. Name of your Agency: _
6. Address of your Agency
7. City your Agency is loca
8. Zip code of your Agency

DEMOGRAPHICS

The following questions relate to y

9. Does your EMS agency placed through other e

☐ Yes → Go to 1
☐ No

If your EMS agency DOE assessment. Thank you

10. Approximately how m in the last year? (Numeric data only, e.g.,

11. Approximately how m (as defined by your ag (Numeric data only, e.g.,

12. Which one of the categories below approximates the number of 911 calls your EMS agency responded to for *PEDIATRIC PATIENTS* (as defined by your agency) in the last year? (Choose one)

☐ Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)
☐ Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)
☐ Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
☐ More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
☐ None

Internal Note: the response options of the following two questions (13 and 15) may be customized in the online survey to better reflect individual state/territory terminology.

13. What is the *HIGHEST* level of certification of your *EMS agency*? (Choose one) *While we realize that your agency may have other levels of certification, we ask that you only provide a response for the choices listed below.*

☐ Basic Life Support (BLS)
☐ Intermediate Life Support (ILS)
☐ Advanced Life Support (ALS)

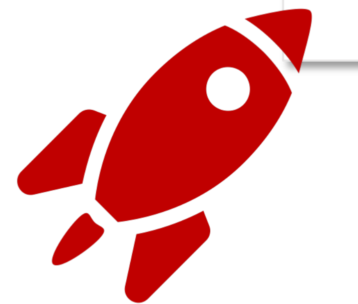
14. What is the *HIGHEST* level of licensure that pertains to the scope of care that *EMS providers* in your agency provide to patients? (Choose one)

☐ Emergency Medical Responder (EMR)
☐ Emergency Medical Technician (EMT)
☐ Advanced EMT (AEMT)
☐ Paramedic

15. Approximately, how many *EMS PROVIDERS* currently work at your agency for each of the following level(s) of licensure? (If no providers for a licensure level, enter 0.) *Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.*

Provider Level	Number of Providers Full & part-time, volunteer, & paid
Emergency Medical Responder (EMR)	
Emergency Medical Technician (EMT)	
EMT Intermediate (EMT-I) or Advanced EMT (AEMT)	
Paramedic	

Draft assessment 09/22/2021 Page 2 of 20



#EMSC23

What do I do to help my *state/ territory/freely associated state/jurisdiction* be **Pediatric Ready?**

HINT: It's not rocket science…..

#EMSC23

Check us out….

Pediatric Readiness in Emergency Medical Services Systems: Policy Statement

This is a joint policy statement from the American Academy of Pediatrics, abstract American College of Emergency Physicians, Emergency Nurses Association, National Association of Emerge…

Technic…

The Prehospital Pediatric Readiness EMS Agency Checklist is is based on the 2020 joint policy statement "Pediatric Readiness in Emergency Medical Services Systems," as authored by the Academy of…

Preh… Read…

Supp…

Checl…

Toolk…

Steering Comi…

Spread the Wo…

AUDIENCE

- Clinicians 3
- Nurses 3
- Prehospital Practitioners 3

DOMAIN

- Prehospital 3

SORT ORDER

- **Most Recent**
- Alphabetical

If you have content to add to the Toolkit, click the button below to email the PPRP team.

Search... Search

3 Results

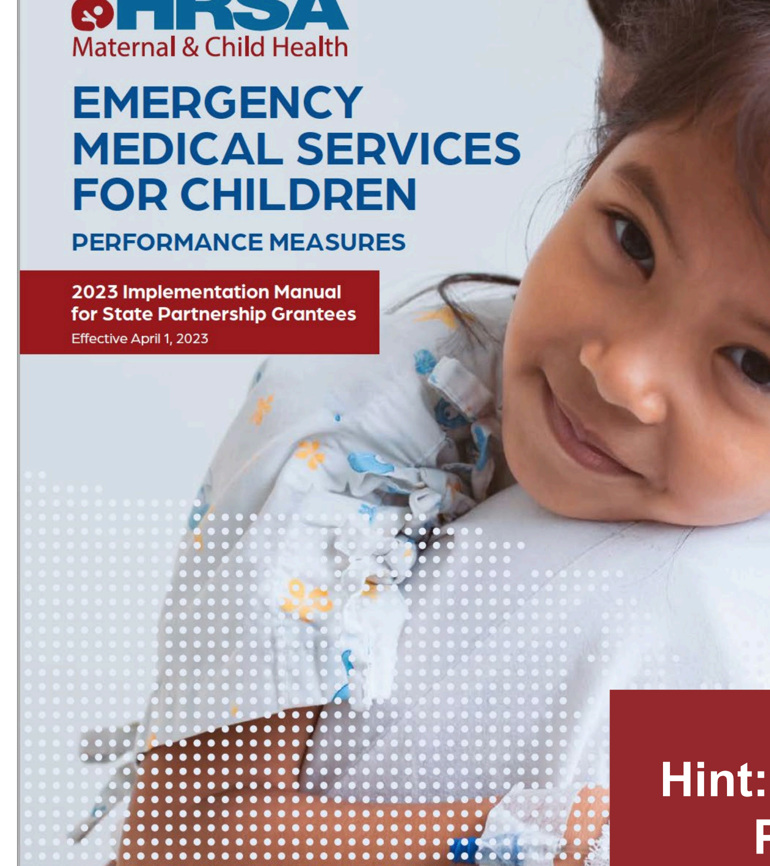
16 Resources
Psychomotor (Procedural) Skills
Details

11 Resources
Cognitive Skills
Details

12 Resources
Behavioral (Communication) Skills
Details

#EMSC23

Performance Measure Improvement Manual



NATIONAL EMSC PERFORMANCE MEASURE 2.1
Prehospital Emergency Medical Services Pediatric Readiness Recognition Program

PROGRAM GOAL
To increase the percent of prehospital EMS agencies recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric emergencies.

NATIONAL TARGET
21%
of states/jurisdictions have a standardized program for prehospital

STATE TARGET
25%
of prehospital EMS agencies recognized through a statewide, territorial, or regional standardized program that are able

NATIONAL EMSC PERFORMANCE MEASURE 2.2
Prehospital Emergency Medical Services Pediatric Emergency Care Coordinator (EMSC 02)

PROGRAM GOAL
To increase the percent of prehospital EMS agencies in the state that have designated individual(s) who coordinates pediatric emergency care.

NATIONAL TARGET

50%
of prehospital EMS agencies have a designated pediatric emergency care coordinator by 2027.

STATE TARGET

50%
of prehospital EMS agencies have a designated pediatric emergency care coordinator by 2027.

ANNUAL TARGETS

2024	40% of prehospital EMS agencies have a designated pediatric emergency care coordinator
2025	43% of prehospital EMS agencies have a designated pediatric emergency care coordinator
	a designated pediatric emergency
	a designated pediatric emergency

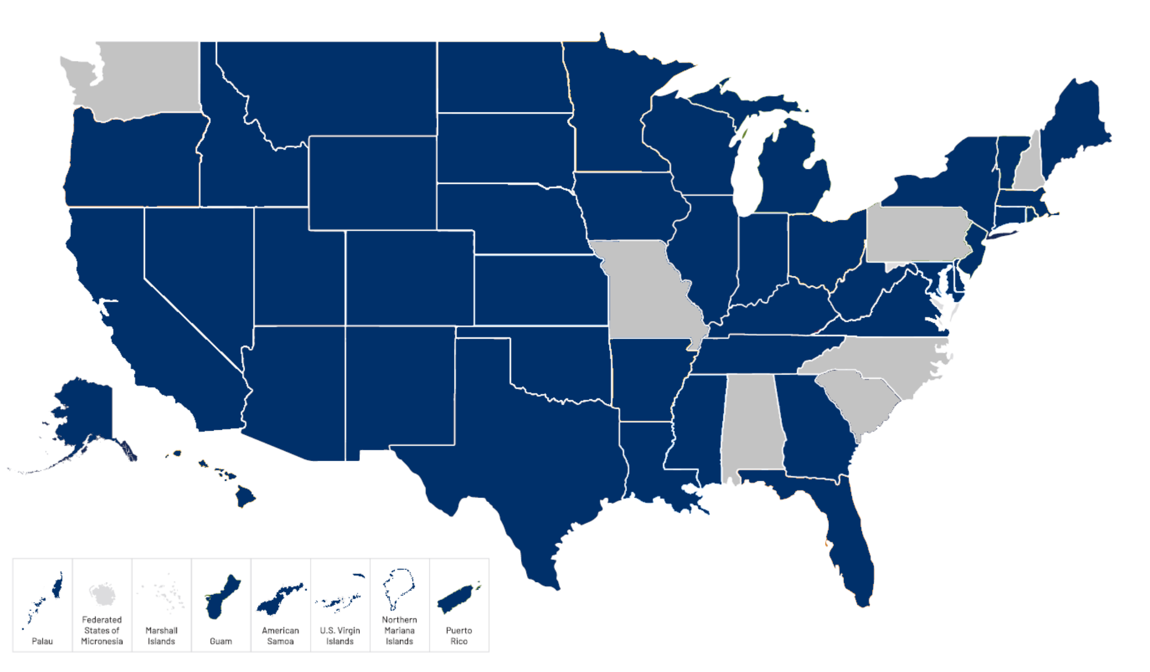
Hint: Performance Measure 2 Prehospital Pediatric Readiness starts on page 39….

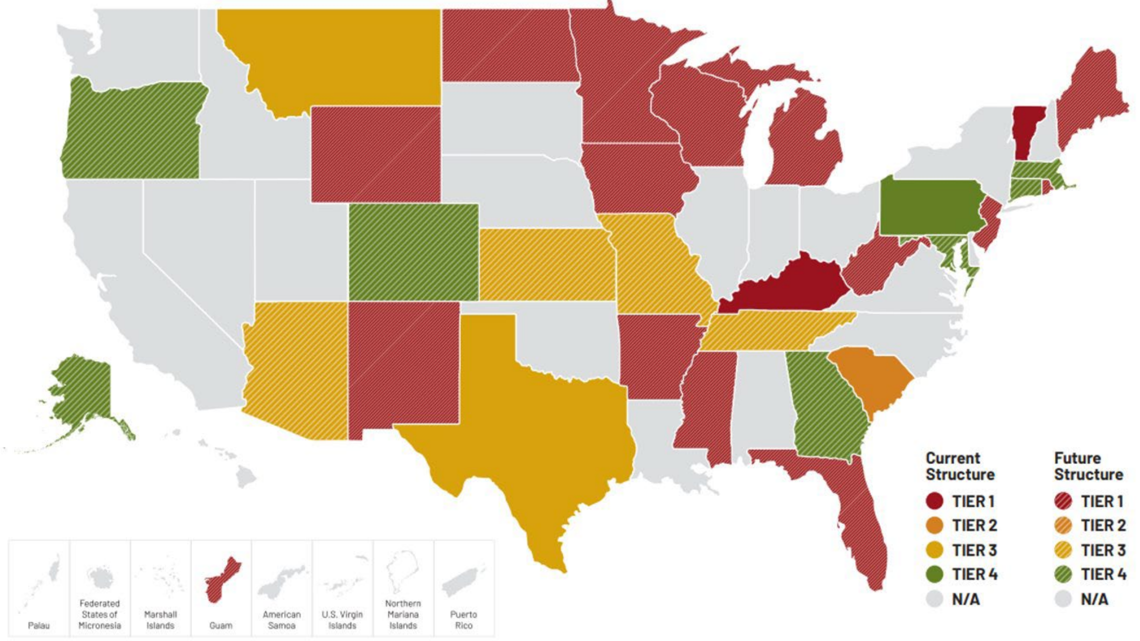
…nt 13% of total EMS responses in the United …variable, 41% of agencies in the United …ediatric calls in a given week.[15] The pediatric …ensure and relicensure vary, from four to nine …Ts) and seven to 34 hours for paramedics, …pulation" domain (e.g., geriatrics, obstetrics, …tients in the field means that pediatric care …EMS practitioner's "muscle memory." Because …limited chance to exercise their pediatric …practitioners don't feel confident in providing …pportunities and even best practice guidelines are very limited in the prehospital setting, further exacerbating the quality-of-care gap between high- and low-resource settings.

ICYMI…Pediatric Readiness Recognition Programs Collaborative

- Launched at this meeting
- Collaboration to develop a peds ready recognition program
- Learn various communication strategies for engagement
- Collect best practices, tools and resources to begin implementing or improving your recognition program

ICYMI…Pediatric Readiness Recognition Programs Collaborative





Participating States

Prepare for 2024…

- Promotional materials at the **Spread the Word** tab…
- Promote the NEMSIS dashboards
- Update your CLMS database
- Work with EIIC, EDC, and HRSA support team…we are here to help

Prehospital Pediatric

Free resources can help your EMS agency become pediatric ready:

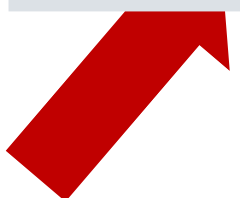
- **Checklist:** Use our two-page checklist to gauge your readiness across seven focus areas.
- **Toolkit:** Find over one hundred in-depth resources to support readiness at your

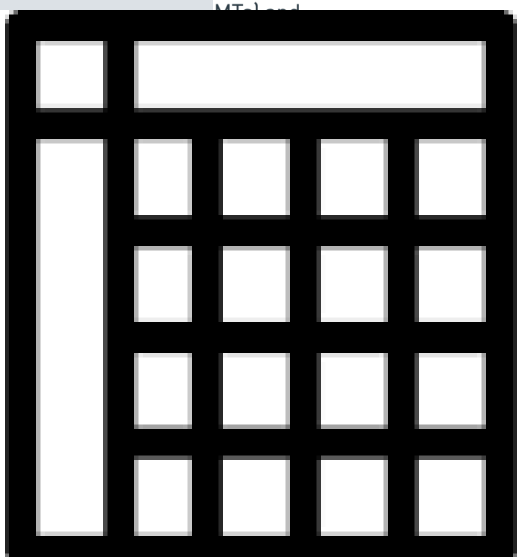
NEMSIS Pediatric Dashboards for EMSC:

11:00 AM-11:50 AM

Salons ABC - Level 3 | P-301

Caleb Ward MD, MPH
Program Director
District of Columbia EMSC





#EMSC23

Why we doing this work…..

#EMSC23

EMS Clinicians on Pediatric Readiness

- *"It makes us not forget that pediatrics is not different from adults. Volume of adults overshadows children. Improvement in both skills and knowledge….you know, 'repetition builds familiarity'."*
- *"Providers are more comfortable taking care of kids…they know they have the right guidelines, right equipment, and right training to do the job"*
- *"We had a 12-year-old in a very, very bad car accident…C1 and C2 were completely unattached,…I think that our training on pediatrics allowed our crew to do what they needed to do…the only reason that this child was able to be resuscitated was because our crew just did not give up on him."*

Thank YOU for your commitment to our most vulnerable population..children

Kathleen.Adelgais@childrenscolorado.org
pprp@emscimprovement.center