



PPRP Key Messages & Talking Points

This document is intended to serve as an internal tool to ensure we have consistent, clear, and accurate messaging from all Steering Committee members and EMSC program managers to our target audiences (EMS and fire-rescue agencies). It is not intended to be distributed publicly but rather to help you prepare for any opportunities to promote the PPRP. It includes key messages, commonly used statistics, talking points, and taglines.

Key Messages

Definition: *Key messages are essential details and messaging about the PPRP. They provide the main points of information you want your audience to hear, understand, and remember.*

1. The goal of the National Prehospital Pediatric Readiness Project (PPRP) is to improve prehospital care for acutely ill and injured children across the United States.¹
2. “Pediatric readiness” is being prepared to provide high-quality emergency care for children in accordance with national recommendations.^{2,3}
3. Pediatric incidents account for approximately 10% of all prehospital calls. The limited frequency of pediatric interactions results in clinicians being less familiar with – and often less confident in – providing pediatric care.
4. Assessing current readiness and utilizing available resources to improve training, knowledge, equipment, policies, and clinician confidence is likely to increase readiness.
5. Established in 2019, the PPRP parallels the National Pediatric Readiness Project, which was created in 2012 and focuses on improving care for children in emergency departments. Both projects are rooted in quality improvement science and are working to improve outcomes for children across the emergency care continuum.^{4,5}
6. Assessment tools – including a self-directed checklist, in-depth assessment, as well as an online toolkit/resources^{6,7} – are available to help EMS and fire-rescue

¹ <https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/>

² https://media.emscimprovement.center/documents/PedsReady_EMS-Policy.pdf

³ <https://publications.aap.org/pediatrics/article/145/1/e20193308/36984/Pediatric-Readiness-in-Emergency-Medical-Services>

⁴ <https://emscimprovement.center/domains/pediatric-readiness/>

⁵ <https://www.sciencedirect.com/science/article/abs/pii/S1522840118300648>

⁶ https://media.emscimprovement.center/documents/PedsReady_EMS-Policy.pdf

⁷ <https://publications.aap.org/pediatrics/article/145/1/e20193308/36984/Pediatric-Readiness-in-Emergency-Medical-Services>

agencies identify successes and opportunities for improvement in accordance with national recommendations.

7. PPRP tools and resources address seven categories of pediatric readiness⁸:
 - a. Education and competencies for providers
 - b. Equipment and supplies
 - c. Patient and medication safety
 - d. Patient- and family-centered care
 - e. Policies, procedures, and protocols (to include medical oversight)
 - f. Quality improvement/performance improvement
 - g. Interaction with systems of care
8. To improve pediatric readiness, EMS and fire-rescue agencies should designate a pediatric champion within their agency who encourages and facilitates adherence to national recommendations. Also known as a pediatric emergency care coordinator (PECC), this role is considered one of the strongest drivers of improved pediatric readiness.
 - a. An agency can have one PECC or a PECC can be shared by multiple agencies. The PECC can be an individual already in place who assumes this role as part of their existing duties or can be filled by multiple people.
 - b. PECCs do not need any previous formal experience in pediatrics.
 - c. A systematic review of literature showed EMS agencies with PECCs demonstrated improved documentation, clinical management, and staff awareness of high-priority pediatric areas.⁹

Commonly Used Statistics and Concepts Related to Prehospital Pediatric Care and the PPRP

(provided as support information only)

Why children's needs differ from adults

- Children have unique physiological, psychological, and developmental needs that are especially relevant in emergencies.¹⁰
- Essential skills like airway management and IV placement by prehospital providers have a higher complication or failure rate in pediatric patients versus adult patients.¹¹
- Children are particularly vulnerable to medical errors, such as drug-dosing errors.¹²

⁸ <https://publications.aap.org/pediatrics/article/145/1/e20193308/36984/Pediatric-Readiness-in-Emergency-Medical-Services>

⁹ <https://www.tandfonline.com/doi/epdf/10.1080/10903127.2016.1258097?needAccess=true>

¹⁰ <https://nap.nationalacademies.org/read/11655/chapter/1>

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3500002/?report=printable>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8795662/>

Why prehospital pediatric care may need improvement

- The large majority of agencies (81%) receive fewer than eight pediatric calls a month.¹³
- Pediatric patients often provoke discomfort and anxiety among EMS clinicians.¹⁴
- Paramedics often report that limited clinical experience is the reason they lack confidence in caring for pediatric patients.¹⁵
- Only about one-third (36%) of EMS agencies report having a pediatric emergency care coordinator.¹⁶
- Only about a quarter (26%) of EMS agencies report the recommended psychomotor skills-checking on pediatric equipment.¹⁷

How pediatric readiness impacts outcomes

- Research has demonstrated that high pediatric readiness in emergency departments is associated with decreased mortality. It is anticipated that high pediatric readiness will also lead to improved outcomes in prehospital settings.^{18,19,20}

Talking Points

Definition: *Talking points are designed to be persuasive in helping to support an argument or discussion. Key messages are used as the basis for talking points – key messages are single ideas of fact or fact-based themes upon which talking points are constructed.*

- **What is prehospital pediatric readiness?** Pediatric readiness means EMS and fire-rescue agencies are trained, equipped, and prepared to provide high-quality emergency care for children in accordance with national recommendations.
- **Why is pediatric readiness important?** While the majority of EMS and fire-rescue agencies provide emergency care to children, pediatric calls are rare for most agencies. Many EMS clinicians describe taking care of children as “scary.” Being “peds ready” can reduce anxiety and increase confidence. Research suggests it may also improve patient outcomes.
- **What is the PPRP?** The Prehospital Pediatric Readiness Project (PPRP) is a federally funded initiative of the Emergency Medical Services for Children (EMSC) Program. The project empowers EMS and fire-rescue agencies to

¹³ https://nedarc.org/performanceMeasures/documents/2022NationalReportforEMSAgencies_final.pdf

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/30380953>

¹⁵ <https://pubmed.ncbi.nlm.nih.gov/2301796>

¹⁶ https://nedarc.org/performanceMeasures/documents/2022NationalReportforEMSAgencies_final.pdf

¹⁷ https://nedarc.org/performanceMeasures/documents/2022NationalReportforEMSAgencies_final.pdf

¹⁸ <https://pubmed.ncbi.nlm.nih.gov/31444254/>

¹⁹ <https://jamanetwork.com/journals/jamasurgery/article-abstract/2788568>

²⁰ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800400>

improve their “pediatric readiness” or capability to care for acutely ill and injured children. The PPRP provides free and open-access tools and resources for improvement.

- **How can you know how “peds ready” your EMS agency is?** The PPRP has created several assessment tools designed to provide you with practical, usable information to understand how ready you really are to provide emergency care for children and improve your pediatric capabilities.
- **What are the steps to take to become pediatric ready?** There are four key steps to take to be prepared to provide appropriate care for children:
 - Step 1: Use the Prehospital Pediatric Readiness EMS Agency Checklist to quickly identify the key areas you should address to be “peds ready” and understand the focus areas included in the assessment.
 - Step 2: Complete the PPRP Assessment. This online assessment includes in-depth questions and takes approximately 30-45 minutes. Once completed, you will receive a report detailing specific gaps in your pediatric readiness. This gap report will also include benchmarking information for you to compare your agency with similar ones.
 - Step 3: Use the gap report to identify relevant resources in the Prehospital Pediatric Readiness Toolkit and begin working to address them.
 - Step 4: Engage in future assessments to track progress as you continue to improve the pediatric readiness of your EMS or fire-rescue agency. Don’t forget to celebrate your success!

Taglines

Definition: *A tagline is a short catchphrase or slogan that summarizes the desired message. Taglines help set the positioning of the PPRP “brand” and communicate its mission.*

- Are you really “peds ready?”
- Find out if you’re really “peds ready” – complete the PPRP Assessment
- Kids need specialized care – especially in emergencies
- Kids count on EMS clinicians to be ready
- Don’t be nervous about your next pediatric call – be ready!
- Don’t be caught off-guard by your next pediatric call
- Pediatric readiness doesn’t just happen