

The National Prehospital Pediatric Readiness Project (PPRP) Assessment is based on the 2020 Policy Statement: [Pediatric Readiness in the Emergency Medical Services Systems](#) and was developed by PPRP collaborative partners. It is intended to be used to evaluate overall pediatric readiness in Prehospital Agencies. Users agree they will not adapt, alter, amend, abridge, modify, condense, make derivative works, or translate the assessment. The project is funded in part by [HRSA](#)'s EMSC Data Center (EDC) grant award UJ5MC30824 and the EMSC Innovation and Improvement Center (EIIC) grant award U07MC37471. For more information, write to [EMSpedsReadySupport@hsc.utah.edu](mailto:EMSpedsReadySupport@hsc.utah.edu).

*Note: The questions in this paper version of the assessment are asked in the same order as the online version but the question numbers may vary from the online version based on automatic electronic skip patterns.*

## 2024 NATIONAL PREHOSPITAL PEDIATRIC READINESS ASSESSMENT

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

### EMS Agency

1. Name of your Agency: \_\_\_\_\_

2. Address of your Agency: \_\_\_\_\_

3. City your Agency is located in: \_\_\_\_\_

4. Zip code of your Agency: \_\_\_\_\_

5. Does your EMS agency respond to 9-1-1 emergency medical calls (or emergency medical calls placed through other emergency access numbers if used in your region)?

Yes

→ **Go to 6**

No

**If your EMS agency DOES NOT respond to 911 calls, you are finished with the assessment. Thank you for your time.**

### EDUCATION AND COMPETENCIES FOR PROVIDERS

*In the next set of questions, we are asking about the process that your agency uses to evaluate your EMS providers' skills using pediatric-specific equipment (i.e. airway adjunct use/ventilation, child safety restraint vehicle installation for pediatric patient restraint, IV/IO insertion and administration of fluids, etc.).*

*While individual providers in your agency may take PEPP or PALS or other national training courses in pediatric emergency care, we are interested in learning more about the process that your agency uses to evaluate provider skills, cognitive education, and behavior related to pediatric-specific equipment or events.*

*We realize that there are multiple processes that might be used to assess the correct use of pediatric equipment; we are interested in the following three processes:*

- At a skill station
- Within a simulated event
- During an actual pediatric patient encounter

6. At a **Skill Station** (not part of a simulated event), does your agency have a process which **Requires** your **EMS** providers to **Physically Demonstrate** the correct use of **Pediatric-Specific** equipment?

*(This is an isolated skill-check rather than part of a simulated event.)*

- Yes  
 No → **Skip to 8**

7. How often is this process required for your EMS providers?

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

8. Within a **Simulated Event** (such as a case scenario or a mock incident), does your agency have a process which **Requires** your **EMS** providers to **Physically Demonstrate** the correct use of **Pediatric-Specific** equipment?

- Yes  
 No → **Skip to 10**

9. How often is this process required for your EMS providers?

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

10. During an actual **Pediatric Patient Encounter**, does your agency have a process which **Requires** your **EMS** providers to be observed by a **Field Training Officer, Medical Director, or Supervisor** to ensure the correct use of **Pediatric-Specific** equipment?

- Yes  
 No → **Skip to 12**

11. How often is this process required for your EMS providers?

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**We are now going to ask about specific types of Skills Testing using pediatric equipment.**

12. Does your EMS agency require physical hands-on demonstration (psychomotor) on the use of any pediatric equipment **at least once every two years**?

- Yes  
 No → **Skip to 23**

**We are interested in understanding a little bit more about which skills you require hands-on demonstration.**

**Which of the following skills are tested?**

(Check Yes, No, or Not within scope of practice for each of the following questions)

**13. Nasopharyngeal suctioning?**

- Yes
- No
- Not within scope of practice

**14. Bag mask ventilation?**

- Yes
- No
- Not within scope of practice

**15. Adjunct airway use (nasal or oral airway)?**

- Yes
- No
- Not within scope of practice

**16. Safe transport/securing children?**

- Yes
- No
- Not within scope of practice

**17. Cervical spine motion restriction?**

- Yes
- No
- Not within scope of practice

**18. Peripheral intravenous line placement?**

- Yes
- No
- Not within scope of practice

**19. Intraosseous needle placement?**

- Yes
- No
- Not within scope of practice

**20. Dose determination for medications and fluids?**

- Yes
- No
- Not within scope of practice

**21. Supraglottic/extra glottic airway device placement?**

- Yes
- No
- Not within scope of practice

**22. Endotracheal intubation?**

- Yes
- No
- Not within scope of practice

*Aside from strictly Physically demonstrating the use of pediatric equipment...*

**Does your EMS agency offer training on PEDIATRIC-specific knowledge (cognitive education) to its providers in one or more of the following modalities?**

(Check Yes or No for each of the following questions)

**23. In-person/Virtual (synchronous didactics)?**

- Yes  
 No → **Skip to 25**

**24. How often is this training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**25. Online/Virtual (asynchronous)?**

- Yes  
 No → **Skip to 27**

**26. How often is this training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**27. Skills Station (not part of a simulated event)?**

- Yes  
 No → **Skip to 29**

**28. How often is this training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**29. Simulation?**

- Yes  
 No → **Skip to 31**

**30. How often is this training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**31. Direct Patient Encounter?**

- Yes  
 No → **Skip to 33**

**32. How often is this training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**33. Other?**

- Yes  
 No → **Skip to 36**

**34. What other types of training do you offer?**

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**35. How often is this other type of training offered for your EMS providers?**

(Choose one)

- Two or more times a year  
 At least once a year  
 At least once every two years  
 Less frequently than once every two years

**36. Does your EMS agency *Document* whether its providers have completed continuing education on pediatric-specific *Knowledge* (e.g. neonatal resuscitation, respiratory distress in children) *at least once every two years*?**

- Yes  
 No

**37. For your *Highest* level of provider, what is the minimum number of pediatric continuing education hours that your EMS agency *requires every two years*?**

(card classes like PALS, PEPP, EPC, APLS, NRP count)

(Choose one)

- 0 hours  
 1-2 hours  
 3-4 hours  
 5-6 hours  
 7-8 hours  
 9 or more hours

**Does your EMS agency require a minimum number of hours of PEDIATRIC continuing education?**

(Check Yes or No for each of the following questions)

**38. For BLS providers?**

- Yes  
 No → **Skip to 40**

**39. Which of the following pediatric classes are required *at least* every 2 years?**

(Check all that apply)

- PALS  
 PEPP  
 EPC  
 APLS  
 NRP

**40. For ILS providers?**

- Yes  
 No → **Skip to 42**

**41. Which of the following pediatric classes are required *at least* every 2 years?**

(Check all that apply)

- PALS  
 PEPP  
 EPC  
 APLS  
 NRP

**42. For ALS providers?**

- Yes  
 No → **Skip to 44**

**43. Which of the following pediatric classes are required *at least* every 2 years?**

(Check all that apply)

- PALS  
 PEPP  
 EPC  
 APLS  
 NRP

**Please indicate for which of the following behavioral education topics your EMS agency requires training?**

(Check Yes or No for each of the following questions)

**44. Communicating with pediatric patients across all ages?**

- Yes  
 No

**45. Communicating with families of pediatric patients?**

- Yes  
 No

46. Practicing cultural humility?

- Yes  
 No

47. Being aware of and utilizing strategies to address implicit bias?

- Yes  
 No

48. Applying strategies to de-escalate the agitated patient?

- Yes  
 No

49. Providing bereavement support?

- Yes  
 No

50. Practicing trauma informed care? (e.g., helping to create a sense of psychological safety for the patient during a stressful or traumatic experience)

- Yes  
 No

51. Understanding nonverbal communication?

- Yes  
 No

## EQUIPMENT AND SUPPLIES

*These next questions ask about pediatric equipment.*

52. Do your vehicles have **ALL** pediatric equipment recommended by national consensus guidelines ([link to guidelines' equipment list](#)) consistent with the EMS agency's *Scope of Practice*?

- Yes  
 No

53. Is all pediatric equipment verified by periodic inspection **at least** once every 2 years?

- Yes  
 No

## INTERACTIONS WITH SYSTEMS OF CARE

*Next, we have some questions about engaging with hospitals.*

**In addition to direct patient care, please indicate in which of the following ways your EMS agency engages with hospital(s) or emergency department staff to promote pediatric emergency care in your region.**

(Check Yes or No for each of the following questions)

**54. Developing protocols and/or policies?**

- Yes  
 No

**55. Regional surge capacity planning?**

- Yes  
 No

**56. Promoting education?**

- Yes  
 No

**57. Sharing and receiving feedback on clinical care?**

- Yes  
 No

**58. Ensuring medication/equipment/supply availability?**

- Yes  
 No

**59. Promoting injury prevention?**

- Yes  
 No

**60. Promoting research?**

- Yes  
 No

**61. Promoting family-centered care?**

- Yes  
 No

**62. Other?**

- Yes  
 No → **Skip to 64**

**63. You answered "Other." Please describe how your EMS agency engages with hospital(s) or emergency department staff to promote pediatric emergency care in your region.**

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**Please indicate if your EMS agency collaborates with public health agencies to incorporate the needs of patients of all ages, including children, in one or more of the following ways.**  
(Check Yes or No for each of the following questions)

**64. Engaging in public health *Policy* development?**

- Yes
- No

**65. Engaging in public health *Protocol* development?**

- Yes
- No

**66. Identifying public health issues, including disease epidemics (e.g. influenza, opioids)?**

- Yes
- No

**67. Engaging in performance improvement initiatives?**

- Yes
- No

**68. Disaster preparedness planning?**

- Yes
- No

**69. Participating in healthcare coalition meetings?**

- Yes
- No

**70. Other?**

- Yes
- No → **Skip to 72**

**71. You answered "Other." Please describe how your EMS agency collaborates with public health agencies to incorporate the needs of patients of all ages, including children.**

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**Does your EMS agency have a disaster preparedness policy that addresses . . . ?**

(Check Yes or No for each of the following questions)

**72. Use of a pediatric disaster triage tool?**

- Yes
- No

**73. Use of antidotes for pediatric patients?**

- Yes
- No

**74. Mass transport of pediatric patients?**

- Yes
- No

**75. Tracking of unaccompanied children?**

- Yes
- No

**76. Family reunification?**

- Yes
- No

**77. Mechanisms to address pediatric mental health emergencies?**

- Yes
- No

**78. Other?**

- Yes
- No → **Skip to 80**

**79. You answered "Other." Please describe other components of your disaster preparedness policy.**

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**COORDINATION OF PEDIATRIC EMERGENCY CARE**

Now we are interested in hearing about how pediatric emergency care is coordinated at your EMS agency. This is an emerging issue within emergency care and we want to gather information on what is happening across the country within EMS agencies.

One way that an agency can coordinate pediatric emergency care is by **DESIGNATING (AN) INDIVIDUAL(S)** who is/are responsible for coordinating pediatric-specific activities that could include:

- Ensuring that the pediatric perspective is included in the development of EMS protocols.
- Ensuring that fellow providers follow pediatric clinical-practice guidelines and protocols.
- Promoting pediatric continuing-education opportunities.
- Overseeing pediatric-process improvement.
- Ensuring the availability of pediatric medications, equipment, and supplies.
- Promoting agency participation in pediatric-prevention programs.
- Promoting agency participation in pediatric-research efforts.
- Interacting with the ED pediatric emergency care coordinator.
- Promoting family-centered care at the agency.

**(A) DESIGNATED INDIVIDUAL(S)** who coordinate(s) pediatric emergency care need not be dedicated solely to this role; it can be (an) individual(s) already in place who assume(s) this role as part of their existing duties. The individual(s) may be (a) member(s) of your agency, work at a county or region level, and/or serve more than one agency.

An individual or group that collaborates internally or externally in overseeing administrative and/or system-level aspects to improve pediatric-specific care could include a designated individual or Pediatric Emergency Care Coordinator (PECC) within an EMS agency, an individual or PECC that has responsibilities for more than one EMS agency, a Pediatric Advisory Council (PAC), and/or a medical director with pediatric-specific knowledge and experience.

**80. Which one of the following statements best describes your EMS agency?**

(Choose one)

- Our EMS agency **HAS** a designated INDIVIDUAL(S) who coordinates pediatric emergency care → **Go to 81**
- Our EMS agency does **NOT Have** a designated INDIVIDUAL(S) who coordinates pediatric emergency care at this time → **Skip to 105**
- Our EMS agency does **NOT Currently** have a designated INDIVIDUAL(S) who coordinates pediatric emergency care but we **Have A Plan To Add** this role within the next year → **Skip to 105**
- Our EMS agency does **NOT Currently** have a designated INDIVIDUAL(S) who coordinates pediatric emergency care but would be **Interested In Adding** this role → **Skip to 105**

**You indicated that you have at least one designated individual or a group who coordinates pediatric emergency care for your EMS agency. Is this individual(s) a...?**

**81. A *Medical Director* with pediatric-specific knowledge and experience who coordinates care for your agency?**

- Yes → **Go to 82**
- No → **Skip to 88**

**Please describe the training that your medical director has completed.**

(Check Yes, No, or Unknown for each of the following questions)

**82. Pediatric residency?**

- Yes
- No
- Unknown

**83. Pediatric emergency medicine fellowship?**

- Yes
- No
- Unknown

**84. Family medicine residency?**

- Yes
- No
- Unknown

**85. Emergency medicine residency?**

- Yes
- No
- Unknown

**86. EMS fellowship?**

- Yes
- No
- Unknown

**87. Other?**

- Yes
- No
- Unknown

**You indicated that you have at least one designated individual or a group who coordinates pediatric emergency care for your EMS agency. Is this individual(s) a...?**

(Check Yes or No for each of the following questions)

**88. A person *Other Than* a medical director with pediatric-specific knowledge who coordinates care *Only For Your Agency*?**

- Yes
- No

**89. A person *Other Than* a medical director with pediatric-specific knowledge who coordinates care for *Your Agency as Well as Other* agencies?**

- Yes
- No

**90. A *Pediatric Advisory Council* or committee that coordinates care for either your agency *Only or Other* agencies?**

- Yes
- No

**91. Another individual or group?**

- Yes
- No → **Skip to 93**

**92. You answered, "Another individual or group." Please specify:**

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*We are interested in understanding a little bit more about what this individual or group does for your agency in the coordination of pediatric emergency care.*

**Does this individual or group...?**

(Check Yes or No for each of the following questions)

**93. Ensure that the pediatric perspective is included in the development of EMS protocols?**

- Yes
- No

**94. Ensure that providers follow pediatric clinical practice guidelines and/or protocols?**

- Yes
- No

**95. Promote pediatric continuing education opportunities?**

- Yes
- No

**96. Oversee pediatric process and/or quality improvement initiatives?**

- Yes
- No

**97. Ensure the availability of pediatric medications, equipment, and supplies?**

- Yes
- No

**98. Promote EMS agency participation in pediatric injury prevention programs?**

- Yes
- No

**99. Collaborate with one or more emergency department Pediatric Emergency Care Coordinator(s)?**

- Yes
- No

**100. Promote family-centered care by ensuring inclusion of pediatric specific needs in system policies and procedures?**

- Yes
- No

**101. Promote EMS agency participation in pediatric research efforts?**

- Yes
- No

**102. Provide support to more than one EMS agency?**

- Yes
- No

**103. Have other roles or responsibilities?**

- Yes
- No → **Skip to 105**

**104. You marked 'other' to the previous question. Please describe the 'other' roles or responsibilities performed by the designated individual who coordinates pediatric emergency care at your agency.**

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***Does your EMS agency have a policy or protocol to guide destination decision making for pediatric patients with . . . ?***

(Check Yes or No for each of the following questions)

**105. Medical emergencies (including critically ill children)?**

- Yes

No

**106. Traumatic injuries (including suspected child abuse)?**

Yes

No

**107. Behavioral health emergencies?**

Yes

No

**108. Does your EMS agency have a policy to specify when pre-arrival notification of critically ill or injured children is necessary?**

Yes

No

***Does your EMS agency have a standardized method or template to ensure consistency in what information is conveyed for patient hand offs in the emergency department that includes . . . ?***

(Check Yes or No for each of the following questions)

**109. Assessment (e.g. vital signs, mental status relative to baseline, provider impression, diagnostics including glucose)?**

Yes

No

**110. Weight in kilograms?**

Yes

No

**111. Interventions (e.g. medications given, procedures performed)?**

Yes

No

**112. Suspicion or concern for patient maltreatment?**

Yes

No

**113. Other?**

Yes

No → **Skip to 115**

**114. You marked 'other' to the previous question. Please describe the 'other' method or template to ensure consistency in what information is conveyed for patient hand offs in the emergency department.**

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## PATIENT AND FAMILY-CENTERED CARE IN EMS

*This section asks about family-centered care.*

**Does your EMS agency have a policy for promoting family-centered care that addresses...?**

(Check Yes or No for each of the following questions)

**115. Family and guardian presence during resuscitation?**

- Yes  
 No

**116. Practicing cultural competencies?**

- Yes  
 No

**117. Cultural humility?**

- Yes  
 No

**118. Strategies to counteract implicit bias?**

- Yes  
 No

**119. Flexibility around religious customs?**

- Yes  
 No

**120. Family member/guardian to accompany a pediatric patient during transport?**

- Yes  
 No

**121. Family preference considered in destination decision-making?**

- Yes  
 No

**122. Mechanisms to communicate with non-verbal patients?**

- Yes  
 No

**123. Accessing language services to communicate with non-English speaking patients and families?**

- Yes  
 No

**124. Use of lay terms when communicating with families?**

- Yes  
 No

**125. Narrating actions and alerting patients and caregivers before interventions are performed?**

- Yes  
 No

**126. Other?**

- Yes

↓  
→ **Skip to 128**

No

127. You marked 'other' to the previous question. Please describe the 'other' ways your agency's policy addresses promoting family-centered care.

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## PATIENT AND MEDICATION SAFETY

*These questions are about medication safety.*

128. Does your EMS agency use a length-based tape or volumetric dosing guide for medication administration?

Yes

No

129. Does your EMS agency have a process to identify and/or review pediatric medication dosing errors (i.e. provider reported, manual data query, or automated tracking)?

Yes

No → **Skip to 136**

**Does this process include review of all patient encounters to identify errors in dosing or route of administration for these commonly administered medications?**

(Check Yes or No for each of the following questions)

130. Midazolam?

Yes

No

131. Epinephrine?

Yes

No

132. Normal Saline?

Yes

No

133. Fentanyl?

Yes

No

134. Other?

Yes

No → **Skip to 136**

135. What other medications are reviewed for dosing errors?

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136. Does your EMS agency have a policy for proper restraint of children during transport?

Yes

No → **Skip to 138**



137. Is your EMS agency's or state's policy on safe transport of children consistent with guidance from national organizations? ([If unsure, click the link for NASEMSO's Interim Guidance on this topic](#))

- Yes
- No

138. Does your EMS agency carry a device for pediatric transport to safely seat/position a child which can be securely mounted to the stretcher or a seat in the back of the ambulance?

- Yes
- No

## POLICIES, PROCEDURES, AND PROTOCOLS

Next, we have some questions about policies and procedures.

139. Does your EMS *Dispatch Center* provide *Pediatric-Specific* pre-arrival instructions?

- Yes
- No → **Skip to 141**
- Unknown → **Skip to 141**

140. Which of the following *Pre-Arrival* instructions have *Pediatric-Specific* components?

(Check the following Pre-Arrival Instructions **OR** choose Unknown **OR** choose None of the Above)

- Respiratory distress
- Choking
- Cardiac arrest
- Seizure
- Altered mental status
- Newborn delivery
- Other
- or**
- Unknown
- or**
- None of the above

**For which of the following does your EMS agency include *Pediatric-Specific* guidance integrated into protocols, procedures, and/or policies?**

(Check Yes or No for each of the following questions)

141. Respiratory distress?

- Yes
- No

142. Choking?

- Yes
- No

143. Cardiac arrest?

- Yes
- No

**144. Seizure?**

- Yes
- No

**145. Altered mental status?**

- Yes
- No

**146. Trauma?**

- Yes
- No

**147. Newborn delivery?**

- Yes
- No

**148. Consent of minors?**

- Yes
- No

**149. Assessment?**

- Yes
- No

**150. Abuse/maltreatment?**

- Yes
- No

**151. Refusal of minors?**

- Yes
- No

**152. Children with behavioral or developmental disabilities?**

- Yes
- No

**153. Children who are technology dependent?**

- Yes
- No

**154. Other?**

- Yes
- No → **Skip to 156**

**155. You answered "Other." Please list the other topics.**

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**156. During direct patient care, do your EMS agency's providers have *24-hour/day access* to a physician(s) with pediatric emergency care expertise (may be based within your own EMS agency, another EMS agency, an EMS base station, or a hospital emergency department)?**

- Yes  
 No → **Skip to 164**

**What is the training of the physician?**

(Check Yes, No, or Unknown for each of the following questions)

**157. Pediatric residency?**

- Yes  
 No  
 Unknown

**158. Pediatric emergency medicine fellowship?**

- Yes  
 No  
 Unknown

**159. Family medicine residency?**

- Yes  
 No  
 Unknown

**160. Emergency medicine residency?**

- Yes  
 No  
 Unknown

**161. EMS fellowship?**

- Yes  
 No  
 Unknown

**162. Other?**

- Yes  
 No → **Skip to 164**  
 Unknown → **Skip to 164**

**163. What are the physician's other type(s) of training?**

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**164. Are your EMS agency's protocols updated or revised *at Least Once Every 2 Years* to incorporate new pediatric evidence or guidelines (e.g. from scientific studies or other national guidance)?**

- Yes  
 No  
 Unknown

## QUALITY IMPROVEMENT/PERFORMANCE IMPROVEMENT

*This section asks about quality improvement processes.*

165. Does your EMS agency have a performance improvement process that includes reviewing patient charts or gathering information from *Pediatric Encounters*?

- Yes  
 No → **Skip to 174**

**Which of the following does your EMS agency utilize?**

(Check Yes or No for each of the following questions)

166. Chart review on *ALL* pediatric patient encounters?

- Yes  
 No

167. Chart review on *Randomly Selected* pediatric patient encounters?

- Yes  
 No

168. Chart review to identify inequities in care based on *Specific Patient Demographics* (e.g. gender, race, ethnicity)?

- Yes  
 No

169. Chart review of *Critical Pediatric Events* (e.g. procedure performed; medication administered; resuscitation; trauma; death)?

- Yes  
 No

170. Other?

- Yes  
 No → **Skip to 172**

171. What other type(s) does your agency utilize?

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172. Does your EMS agency *Share* information gathered from *Chart Reviews* with the *Involved Providers*?

- Yes  
 No

173. Does your EMS agency integrate *Key Findings* gathered from *Chart Reviews* into EMS agency *Training or Education*?

- Yes  
 No

174. Does your EMS agency **Track** patient-level data that **Includes** prehospital care of **Children**?

- Yes
- No → **Skip to 182**

Which of the following types of patient-level data are **Tracked**?

(Check Yes or No for each of the following questions)

175. Destination of transport?

- Yes
- No

176. Predefined quality or performance metrics specific to a clinical condition (e.g. percentage of anaphylaxis patients who received IM Epinephrine, including treatments administered by ALS and BLS providers)?

- Yes
- No

177. Components of patient assessments performed or completed (e.g. pain assessed for trauma)?

- Yes
- No

178. Patient outcomes (e.g. mortality)?

- Yes
- No

179. Patient refusals?

- Yes
- No

180. Other?

- Yes
- No → **Skip to 182**

181. What "other" types of patient-level data are tracked?

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182. Which of the following best describes your EMS agency's approach to improving the quality of pediatric emergency care?

(Choose one)

- Our agency **Has Defined** pediatric quality metrics, and **Collects** data on our own patient care
- Our agency has **Not Defined** pediatric quality metrics, but **Collects** data on our own patient care
- Our agency **Has Defined** pediatric quality metrics, and **Plans To Collect** data from our own patient care
- Our agency has **Not Defined** pediatric quality metrics, and does **Not Collect** data from our own patient care

183. Does your EMS agency submit **NEMSIS Compliant** data to the state EMS office?

- Yes  
 No → **Skip to 185**

184. Does your EMS agency have a process of extracting data in a fashion that is compliant with **NEMSIS v3.x Data Standards**?

- Yes  
 No

**Does your EMS agency have a method (manual or automated) to obtain hospital data for at least 50% of your pediatric transports that includes?**

(Check Yes or No for each of the following questions)

185. Secondary transport destination?

- Yes  
 No

186. ED and hospital **Disposition**?

- Yes  
 No

187. ED and hospital **Diagnoses**?

- Yes  
 No

188. Survival to hospital **Admission**?

- Yes  
 No

189. Survival to hospital **Discharge**?

- Yes  
 No

190. For your pediatric patients, on which of the following demographic characteristics do you report data?

(Check all that apply)

- Age Distribution  
 Race (e.g., Asian, Black)  
 Ethnicity (e.g., Hispanic, non-Hispanic)  
 Sex (e.g., as assigned at birth)  
 Patient Gender Preference (e.g., transgender female, transgender male, other)  
 Payor Source (e.g., private insurances, self-pay, Medicare/Medicaid)  
 Response Levels (e.g., BLS, ALS, critical care)  
 Priority Levels

**DEMOGRAPHICS**

*The following questions relate to your agency’s resources and location.*

**191. Please estimate how many 911 calls (both *adult and pediatric*) your EMS agency responded to in the last year?**

(Numeric data only, e.g., 5000, not “five thousand”)

\_\_\_\_\_

**192. Please estimate how many 911 calls your EMS agency responded to for *Pediatric Patients* (as defined by your agency) in the last year?**

(Numeric data only, e.g., 5000, not “five thousand”)

\_\_\_\_\_

**193. 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)

- Low: Twelve (12) or fewer pediatric calls in the last year (average of 1 or fewer pediatric calls per month)
- Medium: Between 13-100 pediatric calls in the last year (average of 2 - 8 pediatric calls per month)
- Medium to High: Between 101-600 pediatric calls in the last year (average of 9 - 50 pediatric calls per month)
- High: More than 600 pediatric calls in the last year (average of more than 50 pediatric calls per month)

**194. 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) *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.*

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

**195. Please estimate 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)	
Advanced EMT (AEMT)	
Paramedic	

**196. 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)
- Advanced EMT (AEMT)
- Advanced Life Support (ALS)

***These next few questions will help us understand the infrastructure of your agency.***

**197. Which of the following best describes the *Primary* source for how your EMS agency is funded?**

(Choose one)

- Municipal county
- Municipal city
- Franchise for profit
- Franchise non-profit
- Donations and grants
- Federally funded
- Tribally funded
- Other

**198. How is your agency staffed?**

(Check all that apply)

- Paid employees
- Volunteers

**199. Which of the following describes your response model/service?**

(Check all that apply)

- Fire-based
- Hospital-based
- Private
- Third service
- Public utility

**200. If you have any questions or comments regarding pediatric readiness, please note them here.**

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**Respondent Information** Individual completing the assessment

*These last few questions are in regards to your contact information, please note that your personal contact information will be kept **SECURE**. This personal contact information will **NOT** be sold. Personal contact information will be used solely for HRSA EMSC program initiatives to improve the delivery and quality of pediatric emergency care **ONLY**.*

**201. First and last name of the person completing this assessment:** \_\_\_\_\_

**202. Job title of the person completing this assessment:** \_\_\_\_\_

**203. Phone number for your EMS agency:** \_\_\_\_\_

**204. Email address of the person completing this assessment:** \_\_\_\_\_

*These are the final questions.*

*You had indicated that your EMS agency has an individual or individuals who coordinate pediatric emergency care for your agency.*

*While you are **Not Required** to provide their name and email, we would appreciate that information so your state EMSC Program Manager can reach out to them with resources.*

*Please note that this contact information will be kept **SECURE**. This personal contact information will **NOT** be sold. Personal contact information will be used solely for HRSA EMSC program initiatives to improve the delivery and quality of pediatric emergency care **ONLY**.*

**205. First and last name of the *Primary* person providing pediatric emergency care coordination for your agency:** \_\_\_\_\_

**206. Job title:** \_\_\_\_\_

**207. Email:** \_\_\_\_\_

**You are now finished with the survey. You can officially submit your survey by going to [EMSpedsReady.org](https://EMSpedsReady.org).**