ENGLISH

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
MINUTES
Friday, March 15, 2024
9:30 a.m.
Lansing Community College West
Buick, Chevrolet, and Oldsmobile Rooms (M120-M122)
5708 Cornerstone Drive
Lansing, MI 48917
Click here to join the meeting
1 248-509-0316 Phone Conference ID: 979 626 572#

Attendance: A. Abbas; J. Brown (***virtual: non-voting***); D. Condino; R. Cronkright (***virtual: non-voting***); G. Flynn; A. Madden for K. Cummings; Dr. K.D. Edwards; Dr. M. Fill; B. Forbush (***virtual: non-voting)***; D. Gorelick; J. Harvey; F. Jalloul; K. Miller; M. Oakley for S. Myers; M. Nye; R. Ortiz; D. Pratt ***(virtual: non-voting)***; Representative Prestin (***virtual: non-voting***); A. Sledge ***(virtual: non-voting);*** Dr. R. Dunne for Dr. R. Smith ; A. Sundberg ***(virtual: non-voting);*** T. May ***(virtual: non-voting)***; G. Wadaga ***(virtual: non-voting)***; K. Wilkinson; Dr. S. Wise.

Absent: Dr. C. Brent; L. LaPine W. Hart; E. Smith; B. Trevithick

Department Representatives: Dr. W. Fales; E. Bergquist; N. Babb; E. Worden; K. Kuhl; J. Wagner; D. Flory; J. Youngblood; E. Hendy; Dr. S. Mishra; E. Baker; K. Piette; S. Minaudo; D. Burke; A. Brown; L. Nelson; L. Ryal; R. Chadderton; S. Bliss; R. Rudzki; T. Frascone; A. Scott; K. Schaible; T. First; S. Kerr; J. Jean; A. Morrison; J. Fiedler; D. Fitzpatrick; T. Forbush; A. Pantaleo; K. Putman; C. Nethaway; D. Obiden.

Guests:
J. Bestard, Detroit Fire; R. Warnemuende and Dr. Wagner, Saginaw-Tuscola MCA; B. Miljan, HEMS; M. Bentley, Kalamazoo County MCA; C. Robinet and D. Hawley, Superior; L. Corey, Kent County EMS; Dr. Domeier, Kevin Henderson and Dr. Argentine, Washtenaw Livingston MCA; D. Bunge, Brighton Area Fire; Chris Haney, McLaren; J. Baldrica, Kent County EMS; John Theut, Oakland County MCA; Marilyn Szost, Lapeer County; Orlando Blanco, self; D. Yarger, Dr. Mervau, and A. Quackenbush, Barry County MCA; Dr. R Smith, EMSCC; Chad Klutman, self; Dr. Paul, St. Clair County MCA; J. Monaghan, Medstar; Dr. Reece, Hurley; K. Belanger, Tri-Hospital EMS.

Call to Order: The meeting was called to order at 9:32 a.m. by Dr. Edwards.

Approval of Agenda: Motion to approve the agenda with Nye reporting for Trevithick (Wilkinson, Flynn). Motion carried.

Approval of Minutes: Motion to approve the minutes from 01/19/2024 (Condino, Martin). Motion carried.

Announcements:
Reminders of upcoming educational opportunities:

- EMS Expo – May 2-4 in Grand Rapids
- Great Lakes Homeland Security – May 7-9 in Grand Rapids
- SW IC Summit 2.0 – April 12 in Kalamazoo
- Save Mi Heart – May 10 in Kalamazoo

Guest Speaker: None.

Public Comment on Agenda Items: None.

Old Business & Committee Reports:
EMS Systems/Strategic Planning Update – E. Bergquist

- Proposals for OHSP grants are due today. She spoke about the Traffic Safety Summit that was held earlier this week.
- Emily gave her report, and her slides are attached to these minutes.
  - She discussed the workforce grants, including the difficulties from the current rounds and the plan for the next round.
    - It is important to note that the pre-application conference will be **April 8 at 11:00 a.m.** This is important because it is the only time you can communicate directly about the grants and Emily explained.

Emergency Preparedness Update – Dr. Edwards

- Strategic Planning took place last week and was productive. There was a lot of discussion on lessons learned and shrinking budget. Crisis care was discussed, and they will be doing education and exercises. Consolidation of information disseminated was discussed, as well.
- The next five-year plan was supposed to be out last month but is now expected any time from the federal government.
- Dr. Edwards reminded everyone of ABLS and Burn Surge trainings, as well as NDLS.
- A CHEMPACK replenishment begins next week.

Systems of Care Report – E. Worden

- We are working on developing our timelines and we're having lots of partners interested and wanting to know what our next steps are.
- We're working on putting together some drafts and we've been asked to do a couple of presentations with our partners and some stakeholders about that.
- We are working on a freestanding Ed directory.
- We are going to convene a work group to look at the trauma criteria for our level threes and fours and our Michigan criteria.
- STAC has a new chair, Amy Kester.

State 911 Administrator Report – J. Harvey

- Joni gave a report and generously provided it to be attached to these minutes.

EMS Medical Director Report – Dr. Fales

- Dr. Fales gave a report, and his slides are attached to these minutes.

Committee Reports:

- Quality Assurance – Dr. Edwards
  - EMSCC Appeal Hearing – Chad Klutman, Paramedic IC vs. Barry County MCA
    - Dr. Edwards read the QATF's recommendation from the hearing:

> *It is not within the authority of the EMSCC to overturn the ODA.*
>
> *The MCA appears to have followed the protocol with good intent. They followed due process in the timing of the meetings, and provided the basis of the allegation, but it is noted that they did not provide any further materials to Mr. Klutman before or during the hearing.*
>
> *The QATF reviewed 8-26 1.D(1-4). The QATF's interpretation is that this section is intended for cases that do not include a special PSRO meeting. It is the committee's interpretation that revocation was not mandated, however, we understand how the MCA may have come to this interpretation. For this appeal and review, the QATF recommends the EMSCC advise the Department to ask the MCA to re-evaluate the case with this information in mind.*

    - **Motion to support (Flynn, Nye). Motion Carries. Oakley abstained.**
- Ambulance Operations – M. Nye – Did not meet.
- Medical Control Authority – D. Condino
  - Debbie provided a report.
    - The MCA assessment had just come in at the last meeting and the plan is to discuss it at the next meeting.
    - MCA Disciplinary action postings were discussed and that will also be discussed at Compliance and Ethics. Logistics need to be worked on.
    - The protocol rollout is being finalized, and Krisy has started trainings throughout the state.
  - Medical Director Qualifications Discussion
    - The committee is working on a job description for medical directors and have been working with MCEP to develop it with the help of Dr. Reece. Greg Flynn said guidelines can complicate things for the smaller systems. Emily and Dr. Dunne addressed those concerns. Greg spoke about things happening in Fire Service that complicate things.
    - This is still a work in progress, there is no action to take today.
- Patient Movement Ad Hoc – D. Condino
  - They are now talking about behavioral health, and this has been complicated. Finding good information for education was not easy. Emily has been reaching out to parties, and MHA has been helping, as well.
- Ethics and Compliance – K. Cummings – They did not meet.

- Education – K. Wilkinson
    - Specialist/AEMT Student Portfolio and Scenario-based Psychomotor Exam Handbook
        - **Motion to approve (Flynn, Martin). Motion caries.**
    - The group discussed the dynamic roster. This was implemented in 2022 and allows students to test when they are ready rather than having to wait for all students in a class to be ready. Right now, programs are not required to use the dynamic roster, but a policy change is being considered to require its use. This discussion will be ongoing.
- Bylaws – B. Trevithick – They did not meet.
- Data – D. Gorelick
    - Damon Gorelick gave a report. They have been working on honing the performance measures.
    - NEMSIS 3.5 Transition discussion (vote not needed)
        - Emily Baker advised there have been some bumps, but nothing more than expected. The transition is moving right along, and a large portion has switched over.
    - The group had a robust discussion about data and its role and uses in the EMS system, including overarching goals.
- Legislative – Montgomery Nye
    - HIB 5407 Baby Drop Box
        - **Motion to oppose (Martin, Miller). Motion carries.**
    - Plan B EMS Draft
        - This is a draft and doesn't have a number yet. This would require EMS providers to carry and administer Plan B. This is considered non-emergent.
        - **Motion to oppose as written (Martin, Flynn). Motion carries.**
    - SIB 0734 Protocols
        - This would remove the MCA ability to enact emergency protocols. Monty discussed the bill and the affects it may have.
        - **Motion to oppose (Flynn, Dunne). Motion carries.**
    - HIB 5527 Cardiac Response Plan for Schools
    - HIB 5528 Cardiac Response – School Athletic Personnel
        - These would amend the school code to update cardiac response plans.
            - **Motion to support (Gorelick, Wilkinson). Motion carries.**
    - HIB 5226 Photocopy DL Refusal
        - **Motion to oppose (Wilkinson, Ortiz). Motion carries.**
    - **HB 5487**
        - Removed the requirement for CON. This was already done, and it is unsure why it was reintroduced.
    - **SB 249:** A hearing was held earlier this week, and it is expected to be voted out of committee after Spring Break.
- Rural – G. Wadaga – They have not met.
- Pediatric Emergency Medicine – S. Mishra
    - Dr. Mishra gave a report and provided it to be attached to these minutes.
- Air Medical – K. Wilkinson – They did not meet. Next meeting is April 3.

- EMS Safety – K. Miller
    - They met and had robust discussion but nothing to report.
- Critical Care Ad Hoc – E. Bergquist
    - They have met and are working on a meeting schedule.
- Communications – B. Forbush
    - They continued to work on the talk group directory and that is moving forward. The next major project is broadband apps. Redundancies and backups were considered.

Recruitment and Retention Work Group – K. Cummings

- The thirty second video is playing at SOS and rest areas. Emily can share the file if you would like.

Community Integrated Paramedicine (CIP) – E. Bergquist

- Emily has begun updating the contact list. Email Nicole Babb if you are interested.

New Business:

Upcoming closure of Aspirus Ontonagon Hospital

- Emily discussed. It is at least an hour to the closest facility in any direction. We have met with the adjoining MCAs to ensure Sonco can exchange medication boxes to get back in service as soon as they can. A meeting is set with the agencies on Monday to discuss further. Emily has been talking to the Emergency Manager. There is no first response in that county, either.
- Gary advised that hospital also serves the Porcupine Mountains. The constituents are angry and do not intend to go to Aspirus' other facilities. They also see 1100 walk in patients each year and it is unknown if those people will be calling EMS now.
- Alyson spoke about the urgency and the trauma network. They talked about air support. They might want to look at more helicopters and launch them sooner. They are also working on MFR courses and there is an upcoming CIP class. This is a big deal for everyone there.

Public Comment: None.

Membership Round Table Report:

- Alica Sledge thanked those that participated in the Traffic Safety Summit. There was great participation and great sessions presented by EMS partners.
- Dr. Edwards reminded everyone the next meeting is May 17 in Escanaba at Bay College.

Adjournment: Motion to adjourn at 11:47 a.m. (Gorelick, Madden). Adjourned.

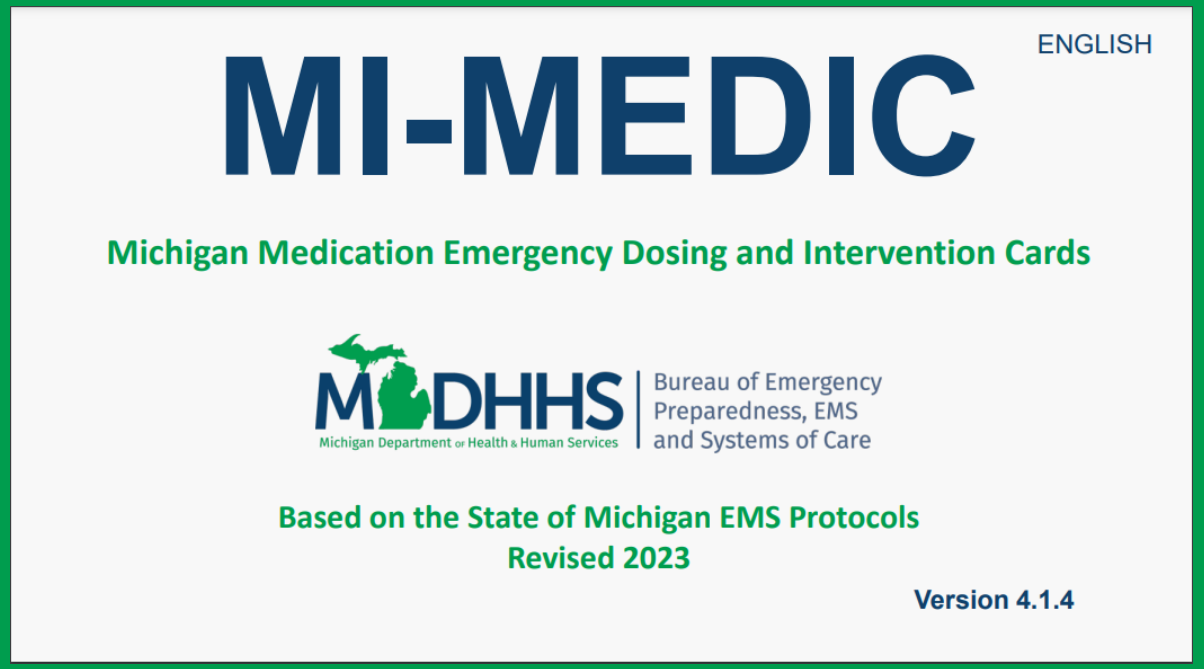
EMSCC 3/15/2024

EMS and Systems of Care Update

MDHHS
Michigan Department of Health & Human Services

Updates.

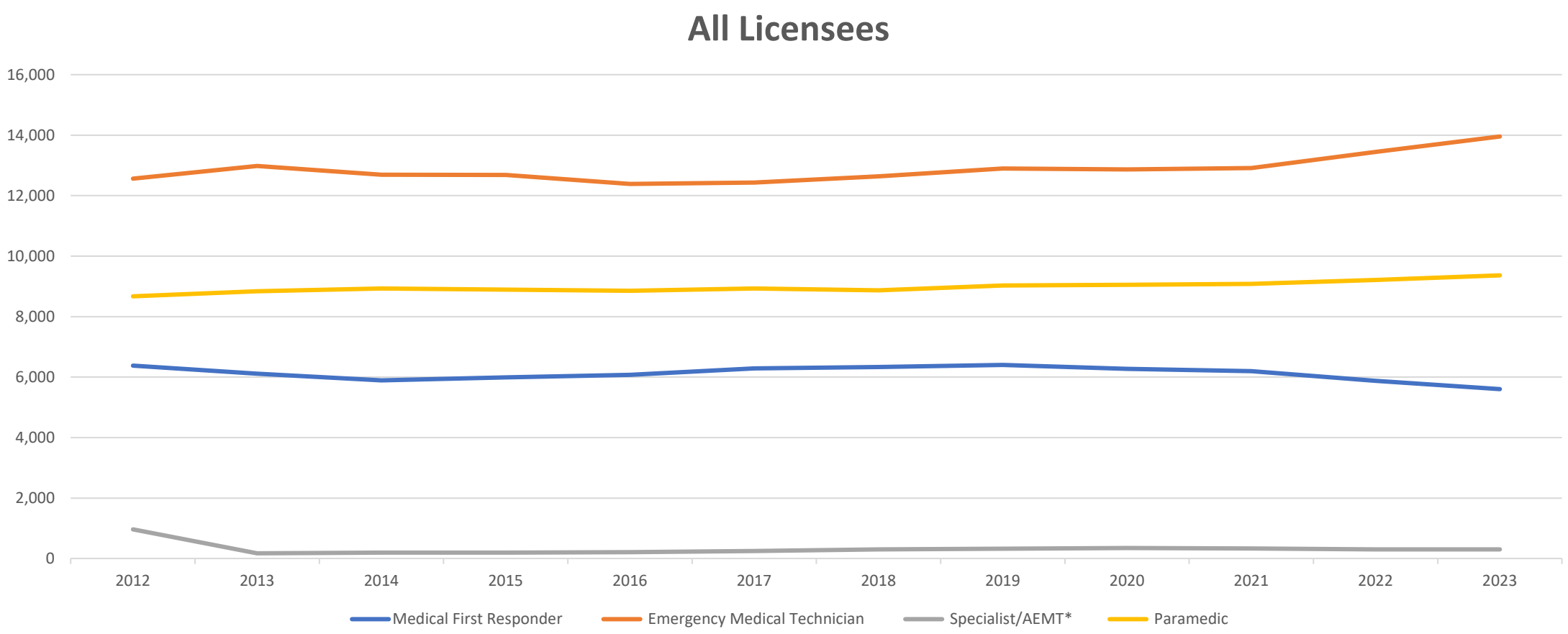
- MI MEDIC
- 2023 Year End Stats
- Fiscal Year 2025 Workforce Grants



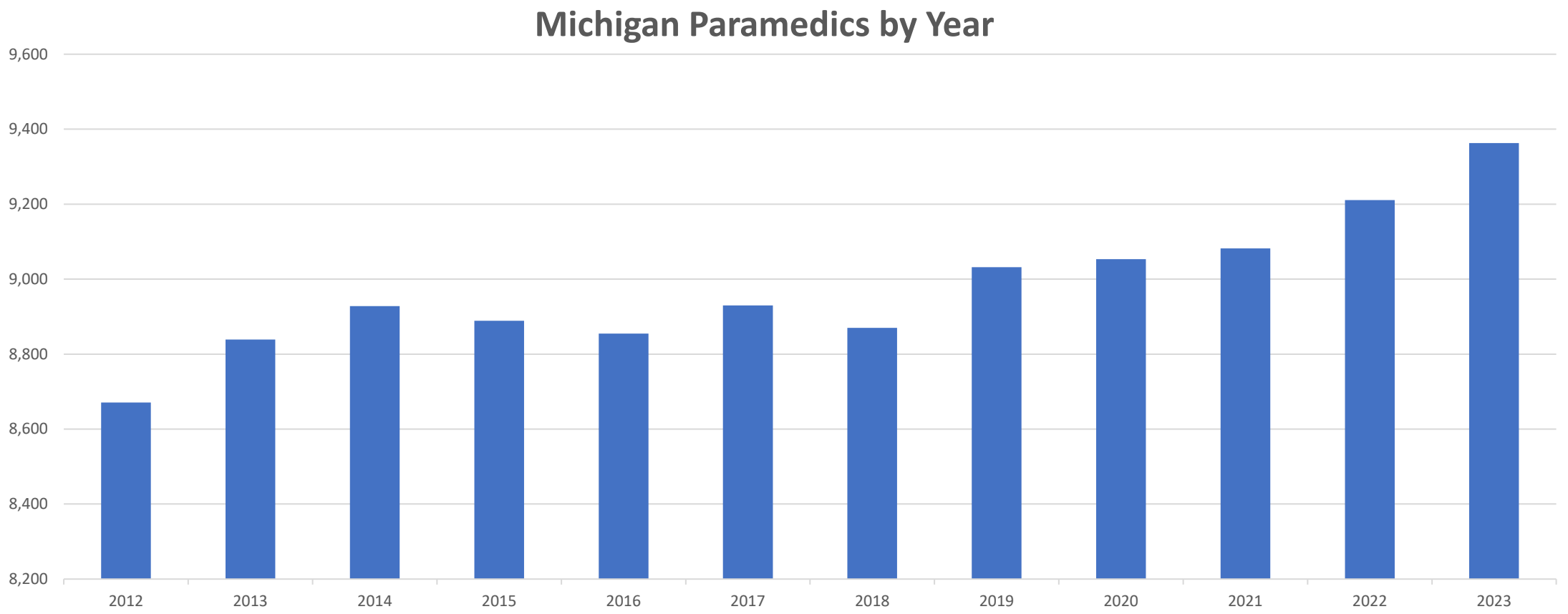
- Estimated to have the physical copies mid April
- Change in version 4.1.4 is on page 27
- Ketamine was missing a decimal place

Pain Management	Fentanyl IV (100 mcg/2 mL) **For IN, divide dose equally between nostrils**	50-100 mcg	**1-2 mL**
	Ketamine IV/IO (500mg/5 mL) **Mix dose in 100 mL NS, administer over 10 minutes**	10-20 mg	**0.1-0.2 mL in 100 mL NS**
	Ketamine IN (500 mg/5 mL) Divide dose equally between both nostrils	30-50 mg	**0.3-0.5 mL**
	Ketorolac IV/IM (15 mg/ 1 mL)	15 mg	**1 mL IV/IM**

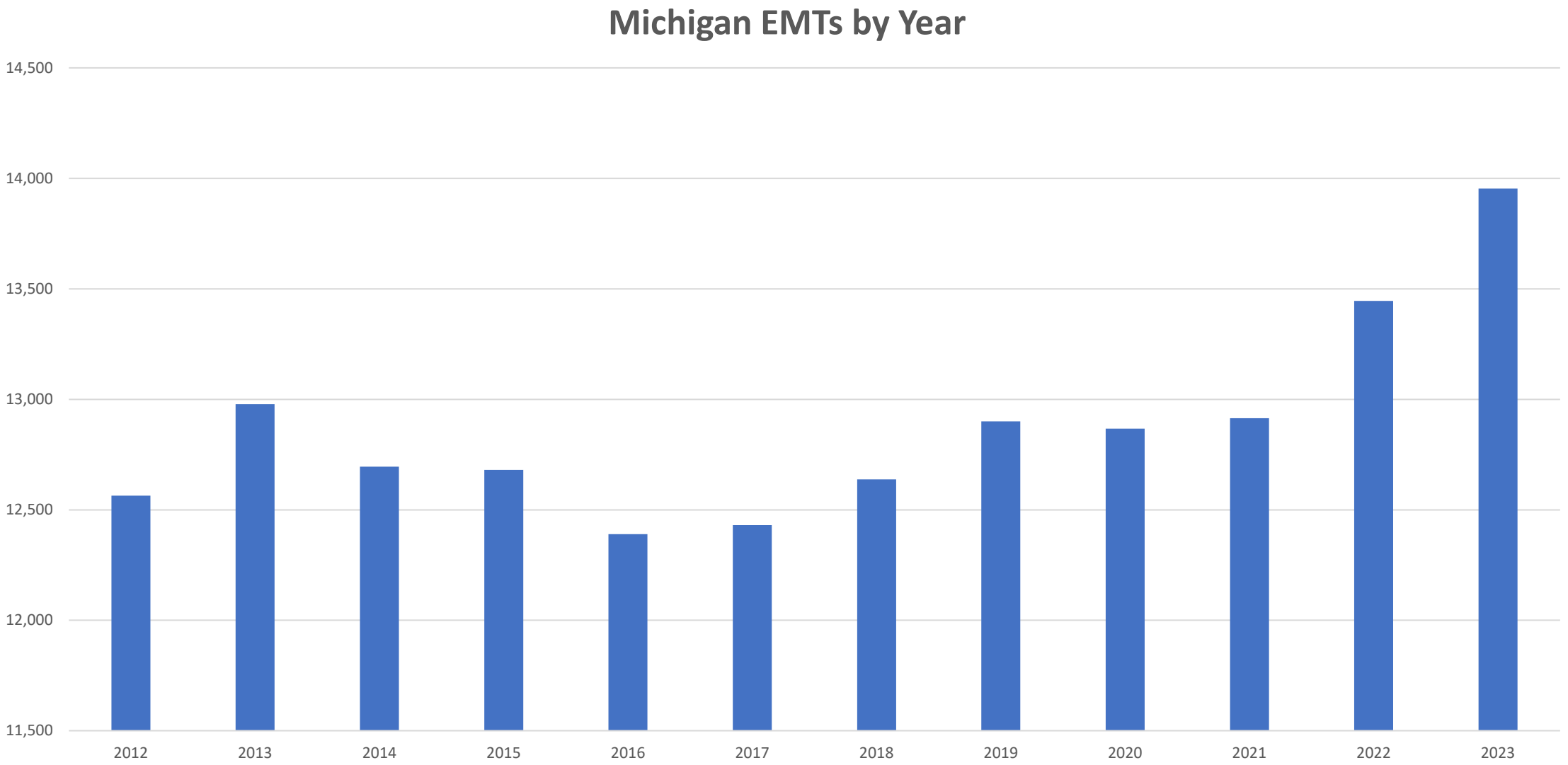
2023 Year End Stats



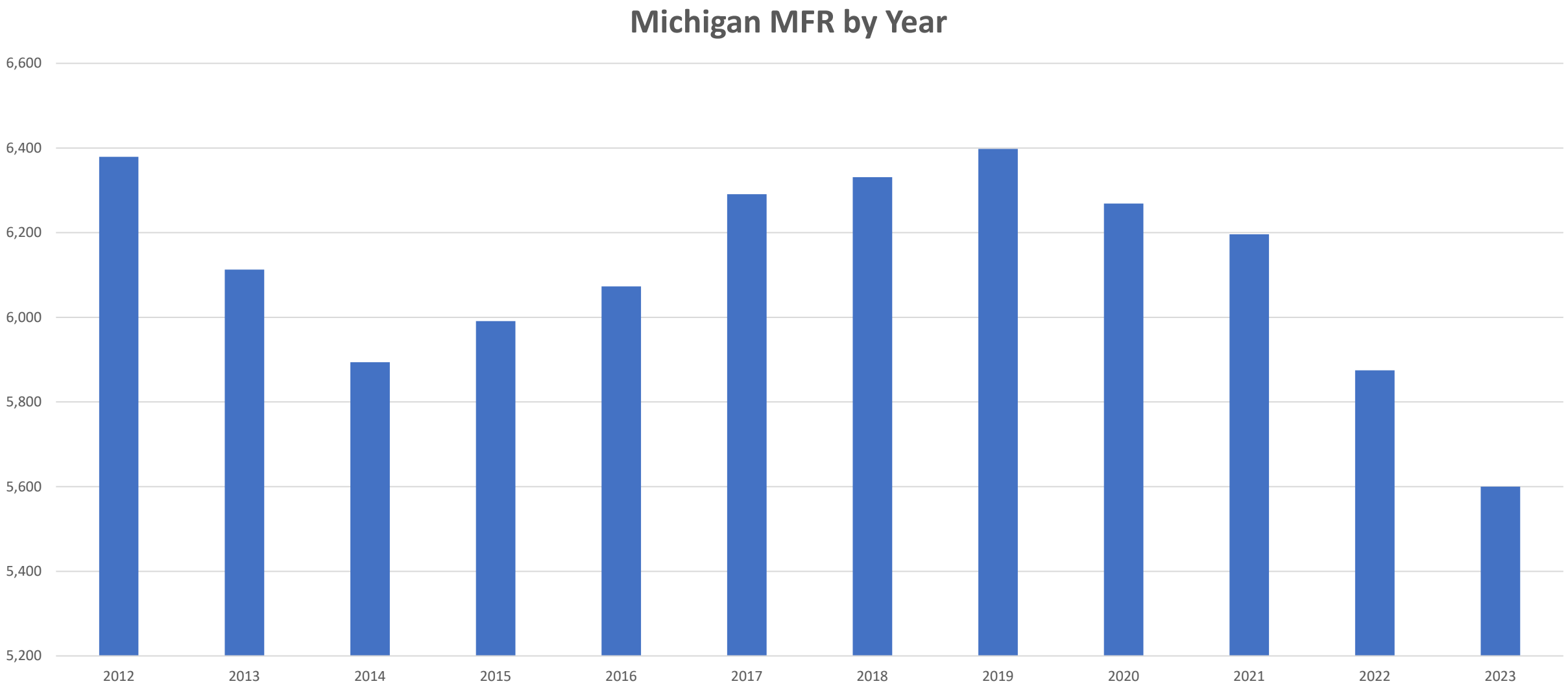
2023 Year End Stats



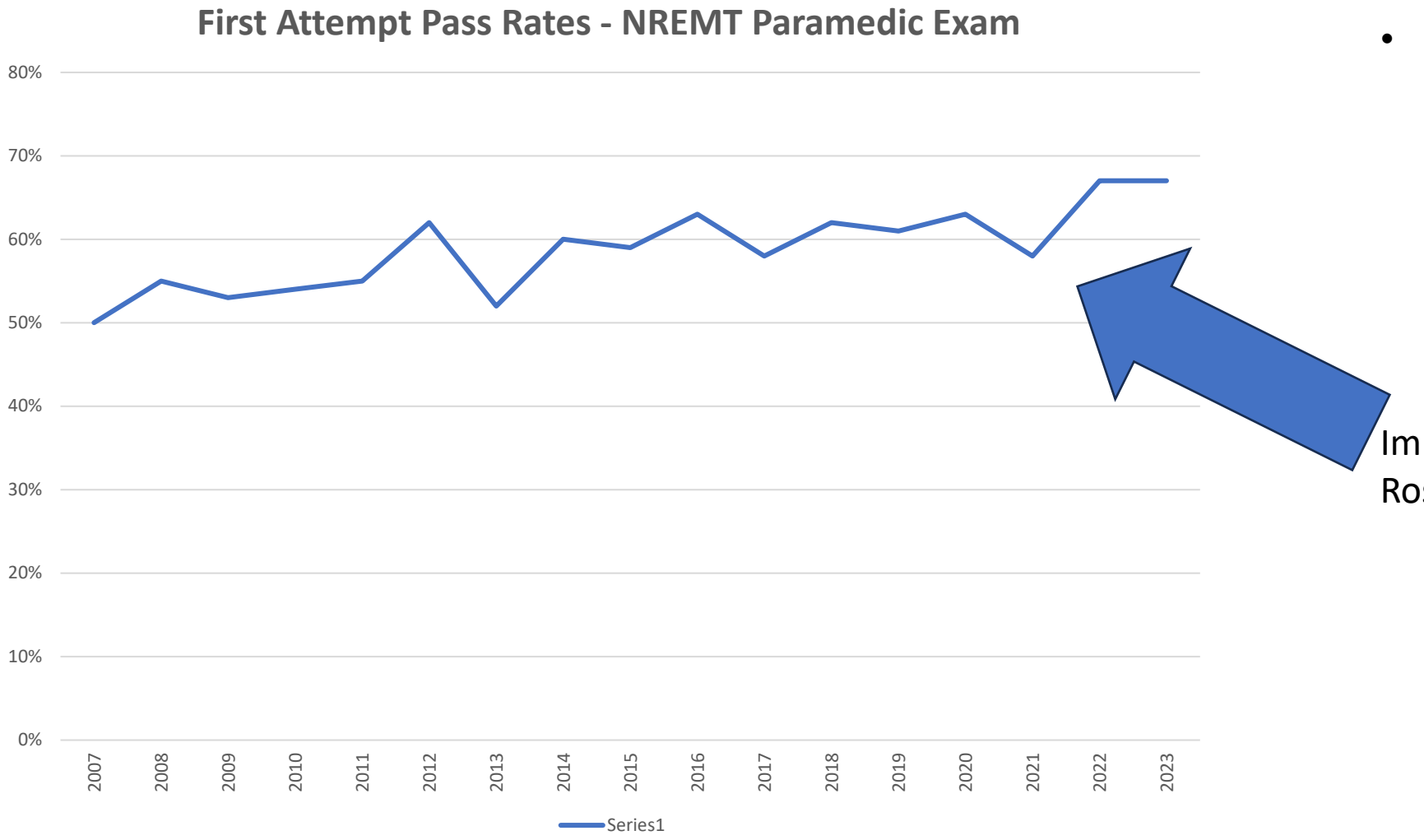
2023 Year End Stats



2023 Year End Stats



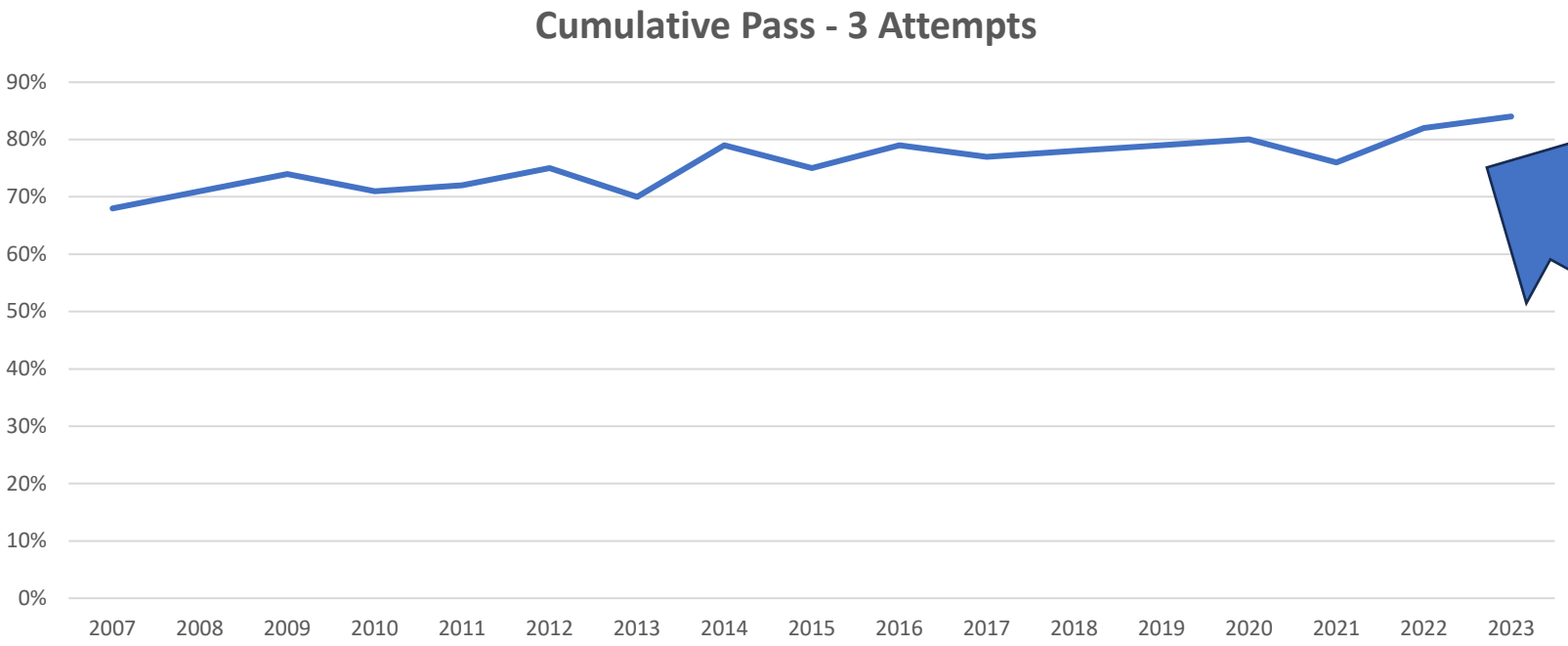
Other Interesting Stats



- Based on course completion date, so we expect 2023 data to still come in.

Implementation of “Dynamic Roster” initiative.

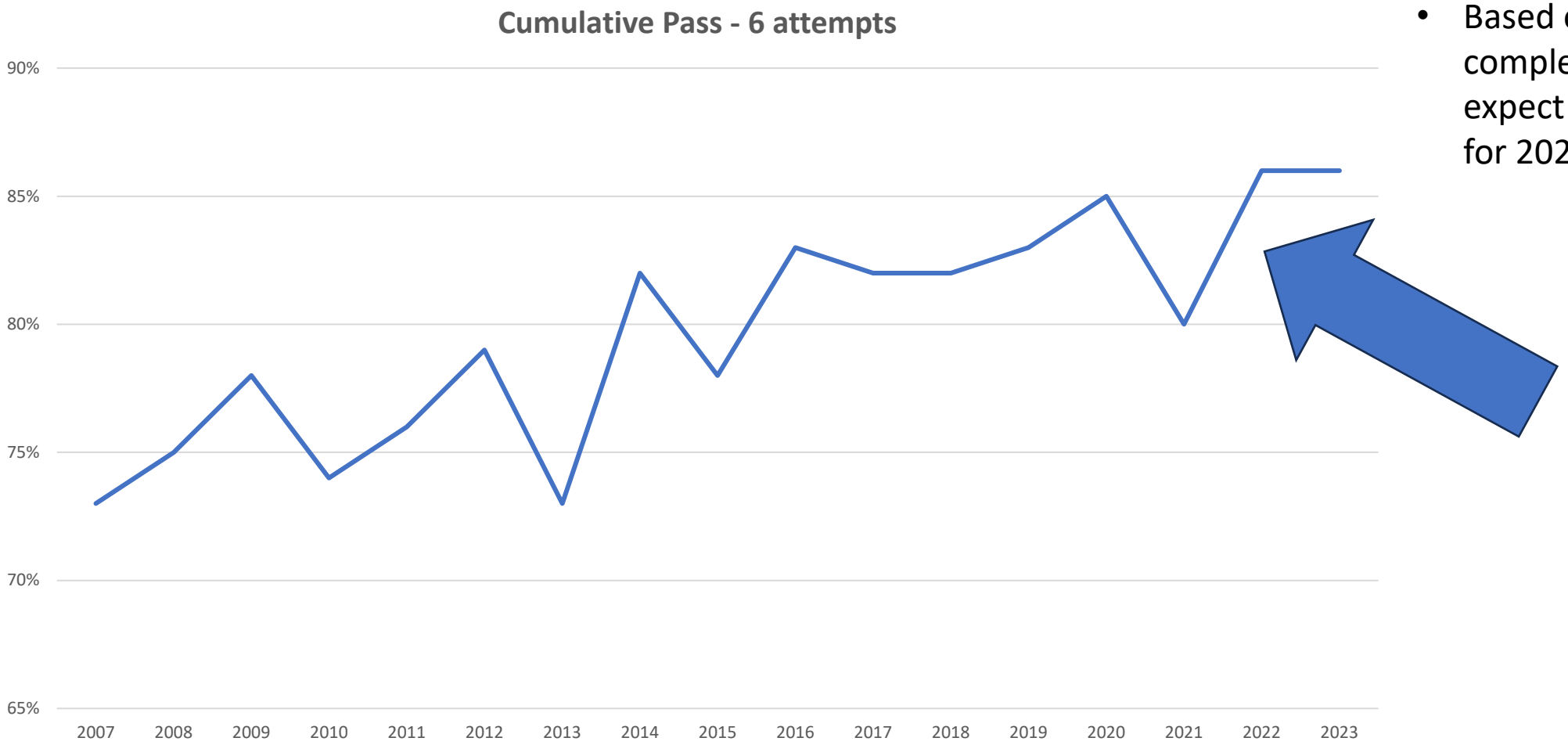
Other Interesting Stats



- Based on course completion date, so we expect data to update for 2022 and 2023.

Paramedic Preparedness Program

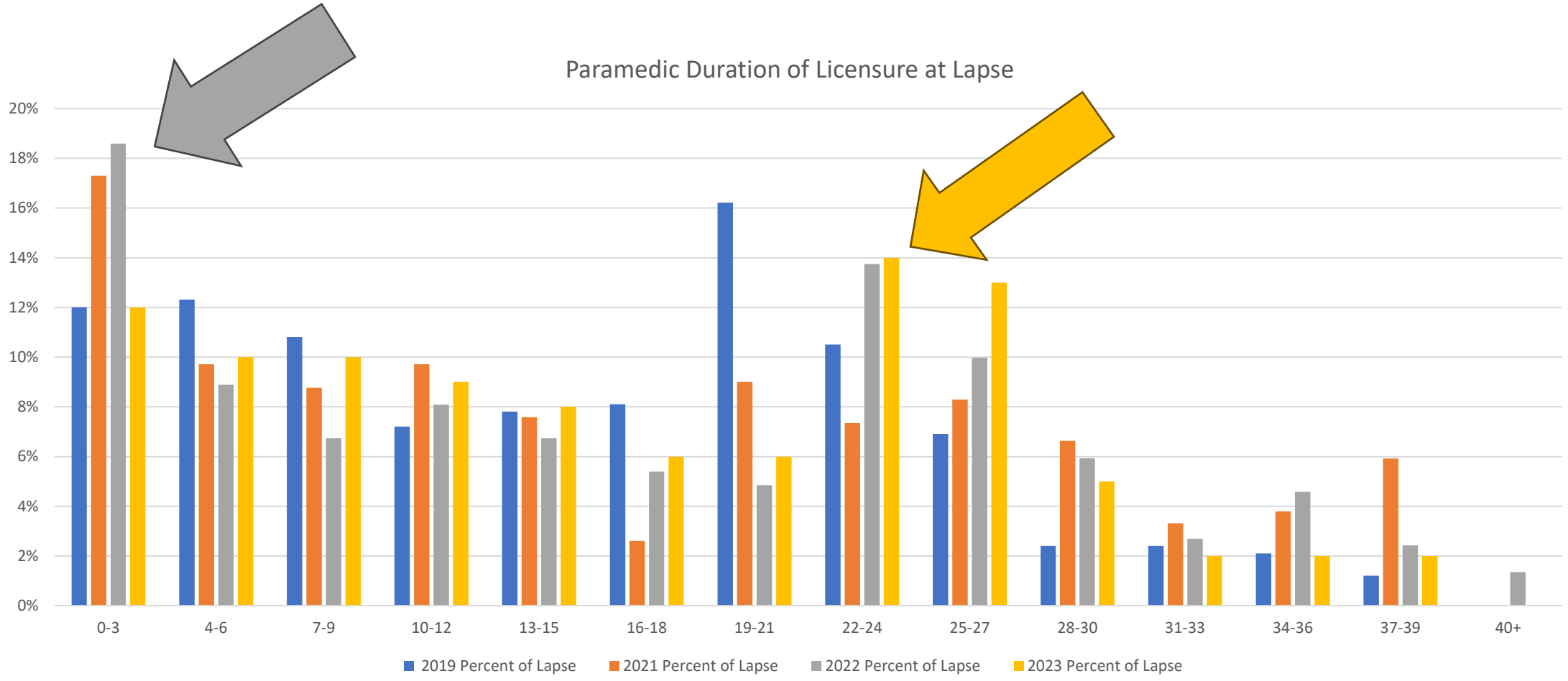
Other Interesting Stats



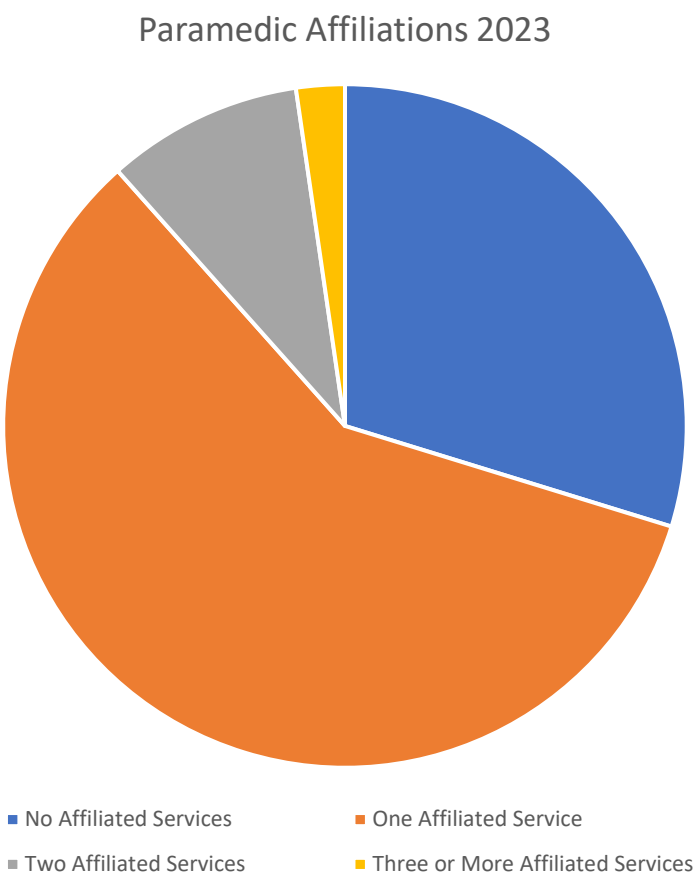
- Based on course completion date, so we expect data to update for 2022 and 2023.

Paramedic Preparedness Program

Duration of Paramedic License



Need to Note



- As of year end, we had not seen an increase with affiliation with agencies.
- Will continue to monitor as grant funded students should begin entering the system.

Workforce Grants

- Carry forward
  - Only for those that are who have paramedics being supported in school at the end of the FY (9/30/2024)
  - No “scholarship based” or EMT funding will be carried forward
- FY 2025 Grants
  - Will be ONE application

WEMSS – 2025 Timeline

Event/Item of Note	Date/Time
Application Opens	April 1, 2024
Pre-application conference	April 8, 2024 11:00 am EDT
Deadline for submitting questions regarding the grant application	April 11, 2024
Q & A Posted on EGrAMS	April 17, 2024
Agency EGrAMS registration, agency profile and project director request deadline to gain access to Application	May 23, 2024 5:00 pm EDT
EGrAMS technical assistance deadline	May 30, 2024 12:00 pm EDT
Grant application deadline	May 30, 2024 3:00 pm EDT
Notification of Award/Denial	July 30, 2024
Grants Awarded modification deadline	August 13, 2024

WEMSS – 2025 Totals

Funds will be limited to a total amount of $400,000, made up of:

- $400,000 for paramedic funding
- $75,000 for MFR/EMR, EMT, Specialist, or instructor coordinator candidates.

WEMSS – 2025 Scholarship Amounts

Traditional grants, limited to:

- $20,000 per paramedic student
- $1,500 per EMT Specialist student
- $2,000 per EMT Student
- $500 per MFR/EMR Student
- $2,000 per instructor student

to cover costs of tuition and associated fees for paramedic training at a Michigan approved education program.

WEMSS – 2025 Wage Amounts

Hourly reimbursement for time spent in EMS training programs, at a rate of $15/hour, to a maximum of:

- $16,000 per paramedic student,
- $2,100 per specialist student,
- $3,000 per EMT student,
- $900 per MFR/EMR student,
- $2,600 per instructor coordinator student.

WEMSS - 2025

EMS Education Access grants may be funded in the following potential categories:

- Expansion and increased access to EMS education to areas currently not served by initial education programs. Applicants will be responsible for demonstrating how their proposal increases access to an underserved area. This funding may be used for accreditation fees, administration cost, instructor salary (if the program is not also establishing scholarships as noted in Section II 5., below), etc.
- Barrier reduction efforts, if the proposal specifically outlines how the funding request will decrease barriers to enrollment or student success.
- Outreach campaigns to increase student enrollment in EMS training programs.

Questions?

MDHHS
Michigan Department of Health & Human Services

EMSCC - State 911 Administrator's Report
March 15, 2024

- I am the co-chair of the Governance Committee for the NG911 Interoperability Task Force. It's an independent committee led by representatives from private and public sector organizations, including many government agencies that make up the various committees (Steering, Governance, Finance & Technology).

  The task force was created with the goal of establishing a verification/certification program and conformance testing for NG911 networks to ensure they are meeting and/or exceeding national standards. The Governance Model has been approved by the steering committee and we are now working on an RFI to see who is interested in being the governing body for this program on a national level. It is still in the early stages but is making great progress.

- I presented at the Michigan Traffic Safety Summit on March 12 to provide education and insight on how 911 works, the capabilities of NG911, discuss the necessary equipment to operate a 911 center, and to highlight the importance of having updated and efficient interoperable communications equipment and use of dispatch protocols. She tied this back to how these components of the 911 system can help to improve traffic safety. Her goal is to get Michigan's traffic safety grants opened to 911 for equipment and protocols that impact traffic safety.

- In an effort to help with 911 staffing and operational cost issues, the SNO has been working with the MDE in an attempt to get module I & II certifications into high school and college programs.

  NECI advertises that they are a nationally accepted 911 training program and actually have curriculum in several Michigan high schools and alternative education programs, however they have never been SNC approved. The SNO has been coordinating with the MDE for the past 18 months to help NECI navigate through the SNC approval process which they have now started, and their online 40-hour basic program has been approved. The biggest challenge will be instructor approval. The first high school student in the NECI program earned their SNC module I certification in February!

  Genessee county is also working towards implementing a comprehensive semester-long program for their students which will be combination classroom and hands on learning. Several agencies including Saginaw have started some great internship programs as well.

- Jan 25, 2024 - The FCC adopted rules that will require all wireless carriers to implement location-based routing nationwide for wireless calls and RTT communications to 911 call centers. With this approach, 911 voice calls and real-time texts will be routed based on the location of the caller as opposed to the location of the cell tower that handles that call - DOC-400011A1.pdf.

  Outage reporting to the PSAPs has been overwhelming and inconsistent. Some carriers are miscommunicating what the issues are and sending the info to the wrong agencies. Joni is working with the carriers at a state level and NENA and NASNA are working on a national level to try and fix the issues and improve the process.

Bureau of Emergency Preparedness, EMS and Systems of Care

State Medical Director Update

William Fales, MD, FAEMS, FACEP

falesw@Michigan.gov

Online State Protocol Courses

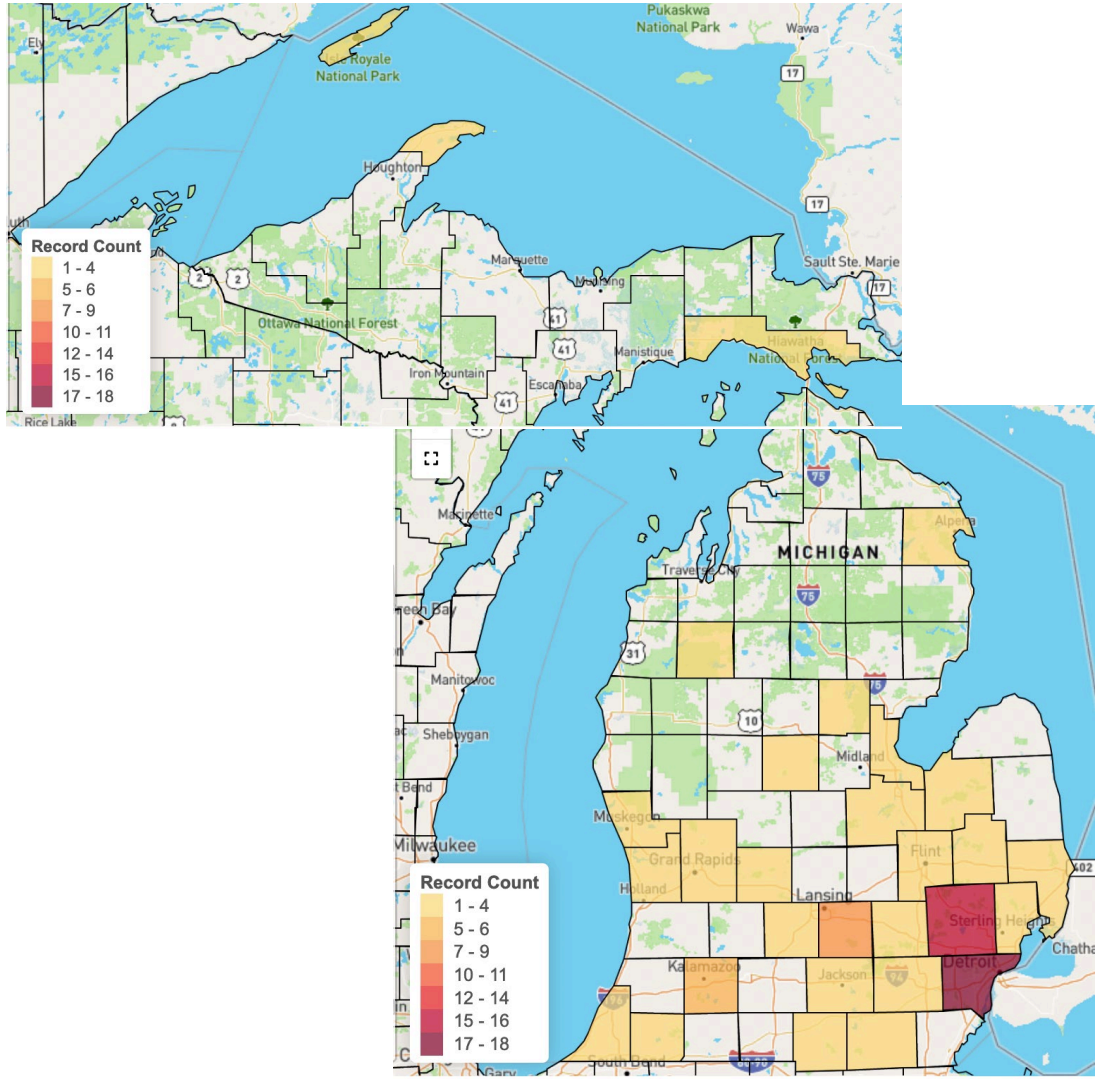
www.moodle.mi-ems.org

- **ALS Course:** 2,264 enrolled / 1,397 completed
  - 84-87% favorable (agree/strongly agree)
  - 94% required by agency and/or MCA to complete
- **BLS Course:** 1,504 enrolled / 1,093 completed
  - 86-91% favorable (agree/strongly agree)
  - 96.5% required by agency and/or MCA to complete
- **MFR Course:** 612 enrolled / 456 completed
  - 82-84% favorable (agree/disagree)
  - 99.1% required by agency and/or MCA
- **L-ALS Course**: 94 enrolled / 55 completed
  - 89-97% favorable (agree/disagree)
  - 96.4% required by agency and/or MCA
- **TOTAL: 4,474 enrolled / 3,001 completed**

25 agency/MCA contacts

State Protocols – Antibiotics for Open Fractures Year to Date

- **Goal: Antibiotics within 60 minutes of injury**
- **Antibiotics administered: 9**
- **Suspected open fractures: 94**
  - with transport time:
    - >10 minutes: 60 (64%)
    - >15 minutes: 43 (46%)
    - >20 minutes: 28 (30%)
  - with 911 to hospital time:
    - >50 minutes: 27 (29%)
    - >40 minutes: 40 (43%)
- **Median scene time: 18 minutes**
- **Median transport time: 15 minutes**



State Protocols – Treatment of Atrial Fib Year to Date

- **Indication:** Stable A-Fib with RVR
- **Received medication for rate control:** 21
    - 14 verapamil / 7 diltiazem
- **Outcomes**
    - **Clinically improved: 17/21 (81%)**
    - **Concerns**
        - **One patient post-cardiac arrest went into afib with RVR then re-arrested**
        - **One patient with fever and probable UTI with HR dropping to 60s and SBP of 100.**

Bureau of Emergency Preparedness, EMS and Systems of Care

Questions on State Protocols? (or other things)

falesw@Michigan.gov

MICHIGAN
EMSC State Partnership Program

EMSC and Pediatric Emergency Medicine Updates

EMSCC – 3.15.2024

1. **Pediatric Readiness Website is live, and we are activating pages as we complete them**
    a. https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/betp/pediatric-readiness
    b. Find by going to BEPESoC website and click bottom link.
    c. Pediatric Education and Training section/button:
        i. Organized by categories / provider interest.
        ii. EMS Pediatric Education – collection of on-demand sessions
            1. Will be updating many more soon.
2. **Pediatric Champion office hours – March (PDF attachment)**
    a. Maternal Emergencies (2-hour session) – 1.5 EMS CEs
        i. 3.26 from 2:00 – 4:00 p.m.
        ii. Register on eLicensing portal - Course ID: 24-ICE-09903
        iii. Join Here
    b. MI AIM:
        i. Hr. 1 – Urgent maternal warning signs to reduce mortality.
        ii. Hr. 2 – Maternal Sepsis – why mothers die and how we can prevent it.
3. **EMS Agency – Peds Ready Assessment Launches May 2024**
    Starting May 2024 – Every EMS Agency in United States will be invited to participate in the National Prehospital Pediatric Readiness Assessment! This is the first assessment of the Nation's pre-hospital pediatric readiness. This is an opportunity for our Michigan EMS agencies to show what we are doing to prepare for pediatric encounters. Please keep an eye out in the Wednesday update as well as for communications from EMS for Children, MCAs, and other EMS partners about this opportunity.
    - Attached is a copy of the assessment for agencies who may like to gather the requested information & data now.
    - This makes it very quick to just enter the information on the portal (online) when it opens in May.

    https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/assessment/

PEDIATRIC CHAMPIONS OFFICE HOURS
TUESDAY, MARCH 26, 2024

SPECIAL TWO HOUR EVENT ON MATERNAL EMERGENCIES

Dr. Jody Jones and Dr. Melissa Bauer will present on the Michigan Alliance for Innovation on Maternal Health (MI AIM). The goal of this initiative is to decrease maternal mortality and morbidity in Michigan.

Tuesday, March 26, 2024
2 p.m. - 4 p.m.

Registration for EMS CEs: 24-ICE-09903

Hour 1: Urgent Maternal Warning Signs to Reduce Maternal Mortality

Hour 2: Maternal Sepsis: Why Mothers Die and How We Can Prevent It.

Join the Maternal Emergencies meeting!

Questions? Contact Dr. Sam Mishra or Lauren Korte

MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

Emergency Medical Services for Children

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.

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?

_____

_____

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)

Note: the response options of the following questions (38, 40, & 42) will be customized in the online assessment to better reflect individual state/territory terminology.

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?
- ☐ 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 → **Skip to 54**

53. Is this 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 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.

_____

_____

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.

_____

_____

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.

_____

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 (skip logic to next question) ⟶ **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:

_____

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.

_____

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.

_____
_____

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
- ☐ No → **Skip to 128**

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

_____

_____

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?

_____

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.

_____

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?

_____

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?

_____

_____

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?

_____

_____

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)
- ☐ Gender (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)

Note: the response options of the following questions (194-196) will be customized in the online assessment to better reflect individual state/territory terminology.

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)
- ☐ Intermediate Life Support (ILS)
- ☐ 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

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

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.*

200. First and last name of the person completing this assessment: _____

201. Job title of the person completing this assessment: _____

202. Phone number for your EMS agency: _____

203. 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.*

204. First and last name of the *Primary* person providing pediatric emergency care coordination for your agency: _____

205. Job title: _____

206. Email: _____

You are now finished with the survey. You can officially submit your survey by going to EMSpedsReady.org.