

2021 EMS for Children Performance Measure Assessment

NOTE: This is a paper copy of the assessment is for your reference but you will need to complete the assessment online at emscsurveys.org.

Before you get started, please tell us about your EMS agency...

1. *Name of your EMS Agency: _____

2. *Address: _____

3. *City: _____

4. *Zip Code: _____

5. *Does your EMS agency respond to 911 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.

6. (Optional) Approximately how many 911 calls (both adult and pediatric) did your EMS agency respond to in the last year?

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

7. (Optional) 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)

a. Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)

b. Between 13-100 pediatric calls in the last year (1 - 8 pediatric calls per month)

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- c. Between 101-600 pediatric calls in the last year (8 - 50 pediatric calls per month)
- d. More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)
- e. None

Note: the following two questions (8 and 9) are customized in the online survey to better reflect your individual state/territory terminology. They are listed here using default language.

8. *What is the *HIGHEST* level of certification or licensure for 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.*

- a. Basic Life Support (BLS)
- b. Intermediate Life Support (ILS)
- c. Advanced Life Support (ALS)

9. (Optional) Approximately, how many *EMS PROVIDERS* currently work at your agency for each of the following level(s) of licensure?

(If no providers for a licensure level, enter 0) *Your agency may employ other types of providers than those listed here. For purposes of this assessment, we only need you to provide responses for these four types.*

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

Evaluating EMS Providers' Skills Using Pediatric-Specific Equipment

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 on pediatric equipment.

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

10. *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 12**

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

(Choose one)

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

12. *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 14**

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

(Choose one)

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

14. *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 16**

15. *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

16. (Optional) If you have any additional thoughts about skill checking, please share them here:

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 who is 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 who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties. The individual may be a member of your agency, or work at a county or region level and serve more than one agency.

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

(Choose one)

- a. Our EMS agency **HAS** a designated INDIVIDUAL who coordinates pediatric emergency care —————> **Go to 18**
- b. Our EMS agency does **NOT HAVE** a designated INDIVIDUAL who coordinates pediatric emergency care at this time —————> **Go to 31**
- c. Our EMS agency does **NOT CURRENTLY** have a designated INDIVIDUAL who coordinates pediatric emergency care but we **HAVE A PLAN TO ADD** this role within the next year —————> **Go to 31**
- d. Our EMS agency does **NOT CURRENTLY** have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be **INTERESTED IN ADDING** this role —————> **Go to 31**

18. *You indicated that you have a designated individual who coordinates pediatric emergency care at your EMS agency. Is this individual:

(Choose one)

- a. A person who coordinates care only for your agency
- b. A person who coordinates care for your agency as well as other agencies

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

Does this individual...

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

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

- Yes
- No

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

Yes

No

21. *Promote pediatric continuing education opportunities?

Yes

No

22. *Oversee pediatric process improvement initiatives?

Yes

No

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

Yes

No

24. *Promote agency participation in pediatric prevention programs?

Yes

No

25. *Coordinate with the emergency department pediatric emergency care coordinator?

Yes

No

26. *Promote family-centered care?

Yes

No

27. ***Promote agency participation in pediatric research efforts?**

Yes

No

28. ***Other activities?**

Yes

No → **Go to 30**

29. ***You marked 'other' to the previous question. Please describe the 'other' activity/activities performed by the designated individual who coordinates pediatric emergency care at your agency.**

30. **(Optional) If you have any additional thoughts about pediatric emergency care coordination, please share them here:**

In case we have follow-up questions, please tell us...

31. ***First and last name of the person completing this assessment:**

32. ***Job title of the person completing this assessment:**

33. ***Email address of the person completing this assessment:**

34. ***Phone number for your EMS agency: _____**

35. (Optional) If you have any other additional thoughts about this assessment, please share them here:

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