

Welcome!

NOTE: This paper copy of the EMS for Children (EMSC) Program survey, for hospitals with an emergency department, was developed to assist you in collecting the data necessary to officially submit your response online at emscsurveys.org.

Some things you might want to know:

- You are being asked to participate in a nationwide assessment to help us better understand how pediatric emergency care is integrated in your hospital.
- Your answers will be kept confidential. Only the project team and your state or territory EMS for Children program will have access to the data.

These first few questions will tell us about the infrastructure of your hospital and emergency department.

1. What is the name of your hospital? _____

2. Does your hospital have an emergency department (ED) that is open 24/7?

- Yes
 No

→ **Thank you for your participation. At this time, we are only able to analyze responses from hospitals that have an ED that is open 24/7, so you do not need to answer any more questions. Thank you for your willingness to help.**

Next, please tell us about your hospital's inter-facility transfer guidelines...

3. Does your hospital or medical facility have written inter-facility **guideline(s)** that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital? (*Select one*)

NOTE: Compliance with EMTALA does not constitute having inter-facility transfer guidelines. Guidelines may be a separate document or part of an inter-facility transfer agreement document.

Yes, we have written guideline(s) → **Skip to 5**

No, we do not have written guideline(s) → **Skip to 6**

We currently do not have written guideline(s), but are in the process of developing them

4. If you are in the process of developing guidelines, when do you anticipate the guideline(s) to be ready: Month/Year (mm/yyyy): _____ → Skip to 6

5. You answered that your facility has written inter-facility transfer guideline(s). Please indicate whether the guidelines include information specifically for the transfer of patients for each item below:

- | | |
|--|--|
| a. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Process for selecting the appropriate care facility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Process for patient transfer (including obtaining informed consent) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Plan for transfer of patient medical record | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Plan for transfer of copy of signed transport consent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Plan for transfer of personal belongings of the patient | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Plan for provision of directions and referral institution information to family | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Lastly, please tell us now about your hospital's inter-facility transfer agreements...

6. Does your hospital or medical facility have written inter-facility agreement(s) with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital? (*Select one*)

NOTE: Compliance with EMTALA does not constitute having inter-facility transfer agreements. Agreements may be a separate document or part of an inter-facility transfer guidelines document.

Yes, we have a written agreement(s) → **Skip to 8**

No, we do not have written agreement(s) → **Skip to 8**

We currently do not have written agreement(s), but are in the process of developing them

7. If you are in the process of developing agreement(s), when do you anticipate the agreement(s) to be ready: Month/Year (mm/yyyy): _____

Additional Information:

8. (Optional) If you have any additional thoughts related to inter-facility transfer guidelines or agreements or about the assessment, please share them here:

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

Hospital Information:

9. Hospital address: _____

10. City: _____

11. Zip code: _____

If you'd like to share your contact information, that would be helpful:

12. (Optional) Your name: _____

13. (Optional) Your Title/Position: _____

14. (Optional) Your telephone number: _____

15. (Optional) Your email: _____

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