<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSC 01</td>
<td>Using NEMSIS Data to Identify Pediatric Patient Care Needs.</td>
</tr>
<tr>
<td>EMSC 02</td>
<td>Pediatric Emergency Care Coordination</td>
</tr>
<tr>
<td>EMSC 03</td>
<td>Use of pediatric-specific equipment</td>
</tr>
<tr>
<td>EMSC 04</td>
<td>Pediatric medical emergencies</td>
</tr>
<tr>
<td>EMSC 05</td>
<td>Pediatric traumatic emergencies</td>
</tr>
<tr>
<td>EMSC 06</td>
<td>Written inter-facility transfer guidelines that contain all the components as per the implementation manual.</td>
</tr>
<tr>
<td>EMSC 07</td>
<td>Written inter-facility transfer agreements that covers pediatric patients.</td>
</tr>
<tr>
<td>EMSC 08</td>
<td>Established permanence of EMSC</td>
</tr>
<tr>
<td>EMSC 09</td>
<td>Established permanence of EMSC by integrating EMSC priorities into statutes/regulations.</td>
</tr>
</tbody>
</table>
**EMSC 01 PERFORMANCE MEASURE**

**Goal:** Submission of NEMSIS compliant version 3.x or higher data  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children

The degree to which Emergency Medical Services (EMS) agencies submit National Emergency Medical Services Information System (NEMSIS) compliant version 3.x or higher data to the State EMS Office.

**GOAL**

To increase the percent of EMS agencies in the state/territory that submit National Emergency Medical Services Information System (NEMSIS) version compliant patient care data to the State Emergency Medical Services (EMS) Office for all 911 initiated EMS activations.

**MEASURE**

The percent of EMS agencies that submit NEMSIS compliant version 3.X or higher data to the State EMS Office.

**DEFINITION**

**Numerator:** The number of EMS agencies in the state/territory that submit NEMSIS version 3.X or higher compliant patient care data to the State EMS Office.  
**Denominator:** Total number of EMS agencies in the state/territory actively responding to 911 requests for assistance.  
**Units:** 100  
**Text:** Percent

**EMS:** Emergency Medical Services

**EMS Agency:** A prehospital provider agency. An EMS agency is defined as an organization staffed with personnel who are actively rendering medical care in response to a 911 or similar emergency call. Data will be gathered from State EMS Offices for both transporting and non-transporting agencies (excludes air- and water-only EMS services).

**NEMSIS:** National EMS Information System. NEMSIS is the national repository that is used to store EMS data from every state in the nation.

**NEMSIS Version 3.X or higher compliant patient care data:**  
An expanded set of standardized data elements collected by EMS agencies that includes data regarding the care of critically ill or injured children.

**NEMSIS Technical Assistance Center (TAC):** The NEMSIS TAC is the resource center for the NEMSIS project. The NEMSIS TAC provides assistance states, territories, and local EMS agencies, creates reference documents, maintains the NEMSIS database and XML schemas, and creates compliance policies.

**NHTSA – National Highway Traffic Safety Administration**

**HRSA STRATEGIC OBJECTIVE**

Improve Access to Quality Health Care and Services by strengthening health systems to support the delivery of quality health services.

Improve Health Equity by monitoring, identifying, and
### EMSC 01 PERFORMANCE MEASURE

**Goal:** Submission of NEMSIS compliant version 3.x or higher data  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children

The degree to which Emergency Medical Services (EMS) agencies submit National Emergency Medical Services Information System (NEMSIS) compliant version 3.x or higher data to the State EMS Office.

Advancing evidence-based and promising practices to achieve health equity.

### GRANTEE DATA SOURCES

State EMS Offices

### SIGNIFICANCE

Access to quality data and effective data management play an important role in improving the performance of an organization’s health care systems. Collecting, analyzing, interpreting, and acting on data for specific performance measures allows health care professionals to identify where systems are falling short, to make corrective adjustments, and to track outcomes. However, uniform data collection is needed to consistently evaluate systems and develop Quality Improvement programs. The NEMSIS operated by the National Highway Traffic Safety Administration, provides a basic platform for states and territories to collect and report patient care data in a uniform manner.

NEMSIS enables both state and national EMS systems to evaluate their current prehospital delivery of care and put in place effective, evidence-based Quality Improvement (QI) efforts in pediatric emergency medical and trauma care.

NEMSIS version 3.X or higher is available today and in use in several states.
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 01

The percentage of EMS agencies in the state/territory that submit National Emergency Medical Services Information System (NEMSIS) version 3.X or higher compliant patient care data to the State Emergency Medical Services Office for all 911 initiated EMS activations.

State EMS Offices will be asked to select which of six (6) statements best describes their current status. The measure will be determined on a scale of 0-5. The following table shows the scoring rubric for responses. Achievement for grantees will be reached when 80% of EMS agencies are submitting NEMSIS version 3.X or higher compliant patient care data to the State EMS Office. This is represented by a score of “5”.

<table>
<thead>
<tr>
<th>Which statement best describes your current status?</th>
<th>Current Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our State EMS Office has not yet transitioned to NEMSIS compliant version 3.x or higher.</td>
<td>0</td>
</tr>
<tr>
<td>Our State EMS Office intends to transition to NEMSIS version 3.X or higher compliant patient care data to submit to NEMSIS TAC by or before 2021.</td>
<td>1</td>
</tr>
<tr>
<td>Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to NEMSIS TAC with less than 10% of EMS agencies reporting.</td>
<td>2</td>
</tr>
<tr>
<td>Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to NEMSIS TAC with at least 10% and less than 50% of the EMS agencies reporting.</td>
<td>3</td>
</tr>
<tr>
<td>Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to NEMSIS TAC with at least 50% and less than 80% of the EMS agencies reporting.</td>
<td>4</td>
</tr>
<tr>
<td>Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to NEMSIS TAC with at least 80% of the EMS agencies reporting.</td>
<td>5</td>
</tr>
</tbody>
</table>

**Numerator**: The number of EMS agencies in the state/territory that submit National Emergency Medical Services Information System (NEMSIS) version 3.X or higher compliant patient care data to the State Emergency Medical Services Office for all 911 initiated EMS activations

**Denominator**: Total number of EMS agencies in the state/territory actively responding to 911 requests for assistance.

**Percent**:

*Proposed Survey Questions:*
As part of the HRSA’s quest to improve the quality of healthcare, the EMSC Program is interested to hear about current efforts to collect NEMSIS version 3.X or higher compliant patient care data from EMS agencies in the state/territory. The EMSC Program aims to first understand the proportion of EMS agencies that are submitting NEMSIS version 3.X or higher compliant patient care data to the state EMS office.
Which one of the following statements best describes your current status toward submitting NEMSIS version 3.X or higher compliant patient care data to the NEMSIS TAC from currently active EMS agencies in the state/territory? (Choose one)

☐ Our State EMS Office does not submit patient care data to the NEMSIS Technical Assistance Center (TAC).
☐ Our State EMS Office intends to submit patient care data to the NEMSIS Technical Assistance Center (TAC).
☐ Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to the NEMSIS Technical Assistance Center (TAC) with less than 10% of EMS agencies reporting.
☐ Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to the NEMSIS Technical Assistance Center (TAC) with at least 10% and less than 50% of EMS agencies reporting.
☐ Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to the NEMSIS Technical Assistance Center (TAC) with at least 50% and less than 80% of EMS agencies reporting.
☐ Our State EMS Office submits NEMSIS version 3.X or higher compliant patient care data to the NEMSIS Technical Assistance Center (TAC) with at least 80% of EMS agencies reporting.
<table>
<thead>
<tr>
<th><strong>EMSC 02 PERFORMANCE MEASURE</strong></th>
<th>The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: Pediatric Emergency Care</strong></td>
<td>To increase the percent of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.</td>
</tr>
<tr>
<td><strong>Coordination Level: Grantee</strong></td>
<td><strong>Domain: Emergency Medical Services for Children</strong></td>
</tr>
</tbody>
</table>

**GOAL**

**MEASURE**

The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.

**DEFINITION**

**Numerator:** The number of EMS agencies in the state/territory that report having a designated individual who coordinates pediatric emergency care for the agency or a score ‘3’ on a 0-3 scale.

**Denominator:** Total number of EMS agencies in the state/territory that provided data.

**Units:** 100

**Text:** Percent

**Recommended Roles:** Job related activities that a designated individual responsible for the coordination of pediatric emergency care might oversee for an EMS agency are:

- Ensure that the pediatric perspective is included in the development of EMS protocols
- Ensure that fellow EMS providers follow pediatric clinical practice guidelines
- Promote pediatric continuing education opportunities
- Oversee pediatric process improvement
- Ensure the availability of pediatric medications, equipment, and supplies
- Promote agency participation in pediatric prevention programs
- Promote agency participation in pediatric research efforts
- Liaises with the emergency department pediatric emergency care coordinator
- Promote family-centered care at the agency

**EMS:** Emergency Medical Services

**EMS Agency:** An EMS agency is defined as an organization staffed with personnel who render medical care in response to a 911 or similar emergency call. Data will be gathered from both transporting and non-transporting agencies.

**HRSA STRATEGIC OBJECTIVE**

Strengthen the Health Workforce

**GRANTEE DATA SOURCES**

Survey of EMS agencies
**EMSC 02 PERFORMANCE MEASURE**

<table>
<thead>
<tr>
<th>Goal: Pediatric Emergency Care</th>
<th>The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Level: Grantee</td>
<td></td>
</tr>
<tr>
<td>Domain: Emergency Medical Services for Children</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNIFICANCE**

The Institute of Medicine (IOM) report\(^{10}\) “Emergency Care for Children: Growing Pains” (2007) recommends that EMS agencies and emergency departments (EDs) appoint a pediatric emergency care coordinator to provide pediatric leadership for the organization. This individual need not be dedicated solely to this role and could be personnel already in place with a special interest in children who assumes this role as part of their existing duties.

Gausche-Hill et al in a national study\(^{11}\) of EDs found that the presence of a physician or nurse pediatric emergency care coordinator was associated with an ED being more prepared to care for children. EDs with a coordinator were more likely to report having important policies in place and a quality improvement plan that addressed the needs of children than EDs that reported not having a coordinator.

The IOM report further states that pediatric coordinators are necessary to advocate for improved competencies and the availability of resources for pediatric patients. The presence of an individual who coordinates pediatric emergency care at EMS agencies may result in ensuring that the agency and its providers are more prepared to care for ill and injured children.

The individual designated as the Pediatric Emergency Care Coordinator (PECC) may be a member of the EMS agency or that individual could serve as the PECC for one of more individual EMS agencies within the county or region.

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DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 02

The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.

<table>
<thead>
<tr>
<th>Numerator: The number of EMS agencies in the state/territory that score a ‘3’ on a 0-3 scale.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator: Total number of EMS agencies in the state/territory that provided data.</td>
</tr>
<tr>
<td>Percent:</td>
</tr>
</tbody>
</table>

EMS agencies will be asked to select which of four statements best describes their agency. The measure will be determined on a scale of 0-3. The following table shows the scoring rubric for responses. Achievement for grantees will be reached when at least 90% of the EMS agencies in the state/territory report a ‘3’ on the scale below.

<table>
<thead>
<tr>
<th>Which statement best defines your agency?</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our EMS agency does NOT have a designated INDIVIDUAL who coordinates pediatric emergency care at this time</td>
<td>0</td>
</tr>
<tr>
<td>Our EMS agency does NOT CURRENTLY have a designated INDIVIDUAL who coordinates pediatric emergency care but we would be INTERESTED IN ADDING this role</td>
<td>1</td>
</tr>
<tr>
<td>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</td>
<td>2</td>
</tr>
<tr>
<td>Our EMS agency HAS a designated INDIVIDUAL who coordinates pediatric emergency care for our agency</td>
<td>3</td>
</tr>
</tbody>
</table>

Proposed Survey Questions:

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 pediatric-specific activities that could include:

- Ensure that the pediatric perspective is included in the development of EMS protocols
- Ensure that fellow providers follow pediatric clinical practice guidelines
- Promote pediatric continuing education opportunities
- Oversee pediatric process improvement
- Ensure the availability of pediatric medications, equipment, and supplies
- Promote agency participation in pediatric prevention programs
- Promote agency participation in pediatric research efforts
- Liaise with the ED pediatric emergency care coordinator
- Promote 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 located at your agency, county or region.

Which one of the following statements best describes your EMS agency? (Choose one)

- Our EMS agency does **NOT have** a designated **INDIVIDUAL** who coordinates pediatric emergency care at this time
- Our EMS agency does **NOT CURRENTLY** have a designated **INDIVIDUAL** who coordinates pediatric emergency care but we would be **INTERESTED IN ADDING** this role
- Our EMS agency **HAS** a designated **INDIVIDUAL** who coordinates pediatric emergency care

You indicated that you have a designated individual who coordinates pediatric emergency care at your EMS agency.

Is this individual:

- A member of your agency
- Located at the county level
- Located at a regional level
- Other, please describe

To the best of your knowledge, does this individual serve as the pediatric coordinator for one or more than one EMS agency?

- Just my agency
- My 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)

- Ensure that the pediatric perspective is included in the development of EMS protocols
  - Yes
  - No
- Ensure that fellow providers follow pediatric clinical practice guidelines and/or protocols
  - Yes
  - No
- Promote pediatric continuing education opportunities
  - Yes
  - No
- Oversee pediatric process improvement
  - Yes
  - No
Ensure the availability of pediatric medications, equipment, and supplies
☐ Yes
☐ No

Promote agency participation in pediatric prevention programs
☐ Yes
☐ No

Liaise with the emergency department pediatric emergency care coordinator
☐ Yes
☐ No

Promote family-centered care at the agency
☐ Yes
☐ No

Promote agency participation in pediatric research efforts
☐ Yes
☐ No

Other
☐ Yes
☐ No

You marked ‘other’ to the previous question. Please describe the ‘other’ activity(s) performed by the designated individual who coordinates pediatric emergency care at your agency.

If you have any additional thoughts about pediatric emergency care coordination, please share them here:
<table>
<thead>
<tr>
<th><strong>EMSC 03 PERFORMANCE MEASURE</strong></th>
<th>The percentage of EMS agencies in the state/territory that have a process or plan that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.</th>
</tr>
</thead>
</table>
| **Goal:** Use of pediatric-specific equipment  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children | To increase the percent of EMS agencies that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. |
| **GOAL** | The percentage of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment. |
| **MEASURE** | Numerator: The number of EMS agencies in the state/territory that score a ’6’ or more on a 0-12 scale.  
Denominator: Total number of EMS agencies in the state/territory that provided data. |
| **DEFINITION** | Units: 100  
Text: Percent  
EMS: Emergency Medical Services  
EMS Agency: An EMS agency is defined as an organization staffed with personnel who render medical care in response to a 911 or similar emergency call. Data will be gathered from both transporting and non-transporting agencies.  
EMS Providers: EMS providers are defined as people/persons who are certified or licensed to provide emergency medical services during a 911 or similar emergency call. There are four EMS personnel licensure levels: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic. Reference the National Highway Traffic Safety Administration (NHTSA) National EMS Scope of Practice Model  
http://www.ems.gov/education/EMSScope.pdf |
| **HRSA STRATEGIC OBJECTIVE** | Goal I: Improve Access to Quality Health Care and Services (by improving quality) or;  
Goal II: Strengthen the Health Workforce |
| **GRANTEE DATA SOURCES** | Survey of EMS agencies |
| **SIGNIFICANCE** | The Institute of Medicine (IOM) report “Emergency Care for Children: Growing Pains” reports that because EMS providers rarely treat seriously ill or injured pediatric patients, providers may be unable to maintain the necessary skill level to care for these patients.  
Continuing education such as the Pediatric Advance Life Support (PALS) and Pediatric Education for Prehospital Medicine (PEMP) programs is necessary to maintain these skills. |
EMSC 03 PERFORMANCE MEASURE

Goal: Use of pediatric-specific equipment
Level: Grantee
Domain: Emergency Medical Services for Children

The percentage of EMS agencies in the state/territory that have a process or plan that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

Professionals (PEPP) courses are vitally important for maintaining skills and are considered an effective remedy for skill atrophy. These courses are typically only required every two years. More frequent practice of skills using different methods of skill ascertainment are necessary for EMS providers to ensure their readiness to care for pediatric patients when faced with these infrequent encounters.

In the EMS environment this can be translated to task training at skill stations, integrated skills training during case scenarios, and integrated team performance while treating patients in the field.
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 03

The percentage of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

| Numerator: The number of EMS agencies in the state/territory that score a ‘6’ or more on a 0-12 scale. |
| Denominator: Total number of EMS agencies in the state/territory that provided data. |
| Percent: |

EMS agencies will be asked to select the frequency of each of three methods used to evaluate EMS providers’ use of pediatric-specific equipment. The measure will be determined on a scale of 0 – 12. The following table shows the scoring rubric for responses. Achievement for the grantees will be reached when at least 90% of the EMS agencies in a state/territory report a combined score of ‘6’ or higher from a combination of the methods.

<table>
<thead>
<tr>
<th>How often are your providers required to demonstrate skills via a SKILL STATION?</th>
<th>Two or more times per year</th>
<th>At least once per year</th>
<th>At least once every two years</th>
<th>Less frequency than once every two years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often are your providers required to demonstrate skills via a SIMULATED EVENT?</th>
<th>Two or more times per year</th>
<th>At least once per year</th>
<th>At least once every two years</th>
<th>Less frequency than once every two years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?</th>
<th>Two or more times per year</th>
<th>At least once per year</th>
<th>At least once every two years</th>
<th>Less frequency than once every two years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Proposed Survey Questions:

EMS runs involving pediatric patients are a small percentage of runs for most agencies. As a result, EMS providers rarely apply life-saving skills using pediatric equipment on children such as:

- Airway adjunct use/ventilation
- Clearing airway/suctioning
- CPR
- AED use/cardio-monitoring
- IV/IO insertion and administration of fluids
- Weight/length-based tape use
- Child safety restraint vehicle installation and pediatric patient restraint

In the next set of questions we are asking about the process or plan that your agency uses to evaluate your EMS providers’ skills using pediatric-specific equipment.

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 or plans that your agency employs to evaluate skills on pediatric equipment.

We realize that there are multiple processes that might be used to assess correct use of pediatric equipment. Initial focus of this performance measure metrics is on the following three processes:
At a **SKILL STATION** (not part of a simulated event), does your agency have a process or plan which **REQUIRES** your EMS providers to **PHYSICALLY DEMONSTRATE** the correct use of **PEDIATRIC-SPECIFIC** equipment?

- Yes
- No

**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

Within a **SIMULATED EVENT** (such as a case scenario or a mock incident), does your agency have a process or plan which **REQUIRES** your EMS providers to **PHYSICALLY DEMONSTRATE** the correct use of **PEDIATRIC-SPECIFIC** equipment?

- Yes
- No

**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

During an actual **PEDIATRIC PATIENT ENCOUNTER**, does your agency have a process or plan which **REQUIRES** your EMS providers to be observed by a **FIELD TRAINING OFFICER** or **SUPERVISOR** to ensure the correct use of **PEDIATRIC-SPECIFIC** equipment?

- Yes
- No

**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

If you have any additional thoughts about skill checking, please share them here:
<table>
<thead>
<tr>
<th><strong>EMSC 04 PERFORMANCE MEASURE</strong></th>
<th>The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Emergency Department Preparedness</td>
<td>To increase the percent of hospitals that are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.</td>
</tr>
<tr>
<td><strong>Level:</strong> Grantee</td>
<td>The percent of hospitals recognized through a statewide, territorial or regional program that are able to stabilize and/or manage pediatric medical emergencies.</td>
</tr>
</tbody>
</table>
| **Domain:** Emergency Medical Services for Children | **DEFINITION**  
Numerator: Number of hospitals with an ED that are recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.  
Denominator: Total number of hospitals with an ED in the State/Territory.  
Units: 100  
Text: Percent  
Standardized system: A system of care provides a framework for collaboration across agencies, health care organizations/services, families, and youths for the purposes of improving access and expanding coordinated culturally and linguistically competent care for children and youth. The system is coordinated, accountable and includes a facility recognition program for pediatric medical emergencies. Recognizing the pediatric emergency care capabilities of hospitals supports the development of a system of care that is responsive to the needs of children and extends access to specialty resources when needed.  
Hospital: Facilities that provide definitive medical and/or surgical assessment, diagnoses, and life and/or limb saving interventions for the ill and injured AND have an Emergency Department. Excludes Military and Indian Health Service hospitals.  
**EMSC STRATEGIC OBJECTIVE**  
Ensure the operational capacity and infrastructure to provide pediatric emergency care.  
Develop a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies.  
**GRANTEE DATA SOURCES**  
This performance measure will require grantees to determine how many hospitals participate in their facility recognition program (if the state has a facility recognition program) for medical emergencies.
<table>
<thead>
<tr>
<th>EMSC 04 PERFORMANCE MEASURE</th>
<th>The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.</th>
</tr>
</thead>
</table>
| **Goal:** Emergency Department Preparedness  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children | The performance measure emphasizes the importance of the existence of a standardized statewide, territorial, or regional system of care for children that includes a recognition program for hospitals capable of stabilizing and/or managing pediatric medical emergencies. A standardized recognition and/or designation program, based on compliance with the current published pediatric emergency/trauma care guidelines, contributes to the development of an organized system of care that assists hospitals in determining their capacity and readiness to effectively deliver pediatric emergency/trauma and specialty care. This measure helps to ensure essential resources and protocols are available in facilities where children receive care for medical and trauma emergencies. A recognition program can also facilitate EMS transfer of children to appropriate levels of resources. Additionally, a pediatric recognition program, that includes a verification process to identify facilities meeting specific criteria, has been shown to increase the degree to which EDs are compliant with published guidelines and improve hospital pediatric readiness statewide. In addition, Performance Measure EMSC 04 does not require that the recognition program be mandated. Voluntary facility recognition is accepted. |

SIGNIFICANCE
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 04

The percent of hospitals with an Emergency Department (ED) that are recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies.

| Numerator: |  |  |  |  |  |
| Denominator: |  |  |  |  |  |
| Percent |  |  |  |  |  |

**Numerator:** Number of hospitals with an ED that are recognized through a statewide, territorial or regional program that are able to stabilize and/or manage pediatric medical emergencies.

**Denominator:** Total number of hospitals with an ED in the State/Territory.

Using a scale of 0-5, please rate the degree to which your State/Territory has made towards establishing a recognition system for pediatric medical emergencies.

<table>
<thead>
<tr>
<th>Element</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicate the degree to which a facility recognition program for pediatric medical emergencies exists.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0= No progress has been made towards developing a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies

1= Research has been conducted on the effectiveness of a pediatric medical facility recognition program (i.e., improved pediatric outcomes)
   And/or
   Developing a pediatric medical facility recognition program has been discussed by the EMSC Advisory Committee and members are working on the issue.

2= Criteria that facilities must meet in order to receive recognition as being able to stabilize and/or manage pediatric medical emergencies have been developed.

3= An implementation process/plan for the pediatric medical facility recognition program has been developed.

4= The implementation process/plan for the pediatric medical facility recognition program has been piloted.

5= At least one facility has been formally recognized through the pediatric medical facility recognition program.
<table>
<thead>
<tr>
<th><strong>EMSC 05 PERFORMANCE MEASURE</strong></th>
<th>The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric trauma.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Standardized System for Pediatric Trauma</td>
<td>To increase the percent of hospitals that are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma.</td>
</tr>
<tr>
<td><strong>Level:</strong> Grantee</td>
<td><strong>MEASURE</strong> The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.</td>
</tr>
<tr>
<td><strong>Domain:</strong> Emergency Medical Services for Children</td>
<td><strong>DEFINITION</strong> <strong>Numerator:</strong> Number of hospitals with an ED that are recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric trauma.</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of hospitals with an ED in the State/Territory.</td>
</tr>
<tr>
<td></td>
<td><strong>Units:</strong> 100 <strong>Text:</strong> Percent</td>
</tr>
<tr>
<td></td>
<td><strong>Standardized system:</strong> A system of care provides a framework for collaboration across agencies, health care organizations/services, families, and youths for the purposes of improving access and expanding coordinated culturally and linguistically competent care for children and youth. The system is coordinated, accountable and includes a facility recognition program for pediatric traumatic injuries. Recognizing the pediatric emergency care capabilities of hospitals supports the development of a system of care that is responsive to the needs of children and extends access to specialty resources when needed.</td>
</tr>
<tr>
<td></td>
<td><strong>Hospital:</strong> Facilities that provide definitive medical and/or surgical assessment, diagnoses, and life and/or limb saving interventions for the ill and injured AND have an Emergency Department. Excludes Military and Indian Health Service hospitals.</td>
</tr>
<tr>
<td></td>
<td><strong>EMSC STRATEGIC OBJECTIVE</strong> Ensure the operational capacity and infrastructure to provide pediatric emergency care.</td>
</tr>
<tr>
<td></td>
<td>Develop a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.</td>
</tr>
<tr>
<td></td>
<td><strong>GRANTEE DATA SOURCES</strong> This performance measure will require grantees to determine how many hospitals participate in their facility recognition program (if the state has a facility recognition program) for pediatric trauma.</td>
</tr>
<tr>
<td>EMSC 05 PERFORMANCE MEASURE</td>
<td>The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric trauma.</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Goal: Standardized System for Pediatric Trauma Level: Grantee Domain: Emergency Medical Services for Children</td>
<td>A standardized recognition and/or designation program, based on compliance with the current published pediatric emergency/trauma care guidelines, contributes to the development of an organized system of emergency medical services to deliver quality pediatric emergency/trauma and specialty care.</td>
</tr>
<tr>
<td>SIGNIFICANCE</td>
<td>This measure addresses the development of a pediatric trauma recognition program. Recognition programs are based upon State-defined criteria and/or adoption of national current published pediatric emergency and trauma care consensus guidelines that address administration and coordination of pediatric care; the qualifications of physicians, nurses and other ED staff; a formal pediatric quality improvement or monitoring program; patient safety; policies, procedures, and protocols; and the availability of pediatric equipment, supplies and medications.</td>
</tr>
<tr>
<td></td>
<td>Additionally, EMSC 05 does not require that the recognition trauma program be mandated. Voluntary facility recognition is accepted. However, the preferred status is to have a program that is monitored by the State/Territory.</td>
</tr>
</tbody>
</table>
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 05

The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies.

<table>
<thead>
<tr>
<th>Numerator: Number of hospitals with an ED recognized through a statewide, territorial or regional standardized system that have been validated/designated as being capable of stabilizing and/or managing pediatric trauma patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator: Total number of hospitals with an ED in the State/Territory.</td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>

Using a scale of 0-5, please rate the degree to which your State/Territory has made towards establishing a recognition system for pediatric traumatic emergencies.

<table>
<thead>
<tr>
<th>Element</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicate the degree to which a standardized system for pediatric traumatic emergencies exists.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0= No progress has been made towards developing a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma emergencies

1= Research has been conducted on the effectiveness of a pediatric trauma facility recognition program (i.e., improved pediatric outcomes)
And/or
Developing a pediatric trauma facility recognition program has been discussed by the EMSC Advisory Committee and members are working on the issue.

2= Criteria that facilities must meet in order to receive recognition as a pediatric trauma facility have been developed.

3= An implementation process/plan for the pediatric trauma facility recognition program has been developed.

4= The implementation process/plan for the pediatric trauma facility recognition program has been piloted.

5= At least one facility has been formally recognized through the pediatric trauma facility recognition program.
EMSC 06 PERFORMANCE MEASURE

**Goal:** Inter-facility transfer guidelines  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children

| **GOAL** | The percent of hospitals with an Emergency Department (ED) in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that contain all the components as per the implementation manual.  
**MEASURE** | To increase the percent of hospitals in the State/Territory having written inter-facility transfer guidelines for children that include specific components of pediatric transfer.  
**MEASURE** | The percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for children that include specific components of pediatric transfer.  
- 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).  
- Process for selecting the appropriate care facility.  
- 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.).  
- Process for patient transfer (including obtaining informed consent).  
- Plan for transfer of patient medical record  
- Plan for transfer of copy of signed transport consent  
- Plan for transfer of personal belongings of the patient  
- Plan for provision of directions and referral institution information to family  

**DEFINITION**

**Numerator:** Number of hospitals with an ED that have written inter-facility transfer guidelines for children that include specific components of pediatric transfer.  
**Denominator:** Total number of hospitals with an ED that provided data.  
**Units:** 100  
**Text:** Percent  

**Pediatric:** Any person 0 to 18 years of age.  

**Inter-facility transfer guidelines:** Hospital-to-hospital, including out of State/Territory, guidelines that outline procedural and administrative policies for transferring critically ill patients to facilities that provide specialized pediatric care, or pediatric services not available at the referring facility.

Grantees should consult the EMSC Program representative if they have questions regarding guideline inclusion of pediatric patients. Inter-facility guidelines do not have to specify transfers of pediatric...
<table>
<thead>
<tr>
<th><strong>EMSC 06 PERFORMANCE MEASURE</strong></th>
<th>The percent of hospitals with an Emergency Department (ED) in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that contain all the components as per the implementation manual.</th>
</tr>
</thead>
</table>
| **Goal:** Inter-facility transfer guidelines  
**Level:** Grantee  
**Domain:** Emergency Medical Services for Children | patients only. A guideline that applies to all patients or patients of all ages would suffice, as long as it is not written only for adults. In addition, hospitals may have one document that comprises both the inter-facility transfer guideline and agreement. This is acceptable as long as the document meets the definitions for pediatric inter-facility transfer guidelines and agreements (i.e., the document contains all components of transfer).  
All hospitals in the State/Territory should have guidelines to transfer to a facility capable of providing pediatric services not available at the referring facility. If a facility cannot provide a particular type of care (e.g., burn care), then it also should have transfer guidelines in place. Consult the NRC to ensure that the facility (facilities) providing the highest level of care in the state/territory is capable of definitive care for all pediatric needs. Also, note that being in compliance with EMTALA does not constitute having inter-facility transfer guidelines. |
| **EMSC STRATEGIC OBJECTIVE** | Ensure the operational capacity and infrastructure to provide pediatric emergency care.  
Develop written pediatric inter-facility transfer guidelines for hospitals. |
| **GRANTEE DATA SOURCE(S)** | • Surveys of hospitals with an emergency department.  
• Hospital licensure rules and regulations. |
| **SIGNIFICANCE** | In order to assure that children receive optimal care, timely transfer to a specialty care center is essential. Such transfers are better coordinated through the presence of inter-facility transfer agreements and guidelines. |
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 06

Performance Measure EMSC 06: The percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that include the following components of transfer:

- 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).
- Process for selecting the appropriate care facility.
- 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.).
- Process for patient transfer (including obtaining informed consent).
- Plan for transfer of patient medical record.
- Plan for transfer of copy of signed transport consent.
- Plan for transfer of personal belongings of the patient.
- Plan for provision of directions and referral institution information to family.

Hospitals with Inter-facility Transfer Guidelines that Cover Pediatric Patients:
You will be asked to enter a numerator and a denominator, not a percentage. NOTE: This measure only applies to hospitals with an Emergency Department (ED).

NUMERATOR: ________________
Number of hospitals with an ED that have written inter-facility transfer guidelines that cover pediatric patients and that include specific components of transfer according to the data collected.

DENOMINATOR: ________________
Total number of hospitals with an ED that provided data.
<table>
<thead>
<tr>
<th>EMSC 07 PERFORMANCE MEASURE</th>
<th>The percent of hospitals with an Emergency Department (ED) in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Inter-facility Transfer Agreements</td>
<td>To increase the percent of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.</td>
</tr>
<tr>
<td>Level: Grantee</td>
<td>The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.</td>
</tr>
<tr>
<td>Domain: Emergency Medical Services for Children</td>
<td>The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.</td>
</tr>
</tbody>
</table>

**GOAL**

**MEASURE**

**DEFINITION**

**Numerator:** Number of hospitals with an ED that have written inter-facility transfer agreements that cover pediatric patients according to the data collected.

**Denominator:** Total number of hospitals with an ED that provided data.

**Units:** 100  
**Text:** Percent

**Pediatric:** Any person 0 to 18 years of age.

**Inter-facility transfer agreements:** Written contracts between a referring facility (e.g., community hospital) and a specialized pediatric center or facility with a higher level of care and the appropriate resources to provide needed care required by the child. The agreements must formalize arrangements for consultation and transport of a pediatric patient to the higher-level care facility. Inter-facility agreements do not have to specify transfers of pediatric patients only. An agreement that applies to all patients or patients of all ages would suffice, as long as it is not written ONLY for adults. Grantees should consult the NRC if they have questions regarding inclusion of pediatric patients in established agreements.

**EMSC STRATEGIC OBJECTIVE**

Ensure the operational capacity and infrastructure to provide pediatric emergency care.

Develop written pediatric inter-facility transfer agreements to facilitate timely movement of children to appropriate facilities.

**DATA SOURCE(S) AND ISSUES**

- Surveys of hospitals with an emergency department.
- Hospital licensure rules and regulations

**SIGNIFICANCE**

In order to assure that children receive optimal care, timely transfer to a specialty care center is essential. Such transfers are better coordinated through the presence of inter-facility transfer agreements and guidelines.
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 07

Performance Measure EMSC 07: The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.

Hospitals with Inter-facility Transfer Agreements that Cover Pediatric Patients:
You will be asked to enter a numerator and a denominator, not a percentage.
NOTE: This measure only applies to hospitals with an Emergency Department (ED).

NUMERATOR:____________________
Number of hospitals with an ED that have written inter-facility transfer agreements that cover pediatric patients according to the data collected.

DENOMINATOR:____________________
Total number of hospitals with an ED that provided data.
<table>
<thead>
<tr>
<th>EMSC 08 PERFORMANCE MEASURE</th>
<th>The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: EMSC Permanence</td>
<td>To increase the number of States/Territories that have established permanence of EMSC in the State/Territory EMS system.</td>
</tr>
<tr>
<td>Level: Grantee</td>
<td>The degree to which States/Territories have established permanence of EMSC in the State/Territory EMS system.</td>
</tr>
<tr>
<td>Domain: Emergency Medical Service for Children</td>
<td>The number of elements that are associated with permanence of EMSC in a State/Territory EMS system on a scoring system ranging from a possible score of no elements (0) to five elements (5).</td>
</tr>
</tbody>
</table>

Permanence of EMSC in a State/Territory EMS system is defined as:

- The EMSC Advisory Committee has the required members as per the implementation manual.
- The EMSC Advisory Committee meets at least four times a year.
- Pediatric representation incorporated on the State/Territory EMS Board.
- The State/Territory require pediatric representation on the EMS Board.
- One full time EMSC Manager is dedicated solely to the EMSC Program.

**EMSC**: The component of emergency medical care that addresses the infant, child, and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component. EMSC includes emergent at the scene care as well as care received in the emergency department, surgical care, intensive care, long-term care, and rehabilitative care. EMSC extends far beyond these areas yet for the purposes of this manual this will be the extent currently being sought and reviewed.

**EMS system**: The continuum of patient care from prevention to rehabilitation, including pre-hospital, dispatch communications, out-of-hospital, hospital, primary care, emergency care, inpatient, and medical home. It encompasses every injury and illness.

**EMSC STRATEGIC OBJECTIVE**

- Establish permanence of EMSC in each State/Territory EMS system.
- Establish an EMSC Advisory Committee within each State/Territory.
- Incorporate pediatric representation on the State/Territory EMS Board.
EMSC 08 PERFORMANCE MEASURE

Goal: EMSC Permanence  
Level: Grantee  
Domain: Emergency Medical Service for Children

The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.

- Establish one full-time equivalent EMSC manager that is dedicated solely to the EMSC Program.

GRANTEE DATA SOURCES

- Attached data collection form to be completed by grantee.

SIGNIFICANCE

Establishing permanence of EMSC in the State/Territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to establish one full time equivalent EMSC Manager whose time is devoted solely (i.e., 100%) to the EMSC Program. Moreover, by ensuring pediatric representation on the State/Territory EMS Board, pediatric issues will more likely be addressed.
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 08

Please indicate the elements that your grant program has established to promote permanence of EMSC in the State/Territory EMS system.

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The EMSC Advisory Committee has the required members as per the implementation manual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The EMSC Advisory Committee has met four or more times during the grant year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There is pediatric representation on the EMS Board.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. There is a State/Territory mandate requiring pediatric representation on the EMS Board.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. There is one full-time EMSC Manager that is dedicated solely to the EMSC Program.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes = 1
No = 0

Total number of elements your grant program has established (possible 0-5 score)         


**EMSC 09 PERFORMANCE MEASURE**

<table>
<thead>
<tr>
<th>Goal: Integration of EMSC priorities</th>
<th>The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system by integrating EMSC priorities into statutes/regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level: Grantee</td>
<td>To increase the integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.</td>
</tr>
<tr>
<td>Domain: Emergency Medical Services for Children</td>
<td>The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system by integrating EMSC priorities into statutes/regulations.</td>
</tr>
<tr>
<td>DEFINITION</td>
<td>The number of elements that are associated with integrating EMSC priorities in a State/Territory EMS system on a scoring system ranging from a possible score of no elements (0) to eleven elements (11).</td>
</tr>
</tbody>
</table>

**Priorities:** The priorities of the EMSC Program include the following:

- EMS agencies are required to submit NEMSIS compliant data to the State EMS Office.
- EMS agencies in the state/territory have a designated individual who coordinates pediatric emergency care.
- EMS agencies in the state/territory have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.
- The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage
  - pediatric medical emergencies
  - trauma
- Hospitals in the State/Territory have written inter-facility transfer guidelines that cover pediatric patients and that include the following components of transfer:
  - 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).
  - Process for selecting the appropriate care facility.
  - 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.).
  - Process for patient transfer (including obtaining informed consent).
  - Plan for transfer of patient medical record
  - Plan for transfer of copy of signed transport consent
  - Plan for transfer of personal belongings of the patient
  - Plan for provision of directions and referral institution information to family
- Hospitals in the State/Territory have written inter-facility transfer agreements that cover pediatric patients.
<table>
<thead>
<tr>
<th>EMSC 09 PERFORMANCE MEASURE</th>
<th>The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system by integrating EMSC priorities into statutes/regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Integration of EMSC priorities</td>
<td></td>
</tr>
<tr>
<td>Level: Grantee</td>
<td></td>
</tr>
<tr>
<td>Domain: Emergency Medical Services for Children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- BLS and ALS pre-hospital provider agencies in the State/Territory are required to have on-line and off-line pediatric medical direction available.</td>
</tr>
<tr>
<td></td>
<td>- BLS and ALS patient care units in the State/Territory have the essential pediatric equipment and supplies, as outlined in the nationally recognized and endorsed guidelines.</td>
</tr>
<tr>
<td></td>
<td>- Requirements adopted by the State/Territory that requires pediatric continuing education prior to the renewal of BLS/ALS licensing/certification.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMSC STRATEGIC OBJECTIVE</th>
<th>Establish permanence of EMSC in each State/Territory EMS system.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GRANTEE DATA SOURCES</th>
<th>Attached data collection form to be completed by grantee.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNIFICANCE</th>
<th>For the EMSC Program to be sustained in the long-term and reach permanence, it is important for the Program’s priorities to be integrated into existing State/Territory mandates. Integration of the EMSC priorities into mandates will help ensure pediatric emergency care issues and/or deficiencies are being addressed State/Territory-wide for the long-term.</th>
</tr>
</thead>
</table>

| OMB Number: 0915-0298 | Expiration Date: 8/31/2025 |
DATA COLLECTION FORM FOR DETAIL SHEET: EMSC 09

Please indicate the elements that your grant program has established to promote the permanence of EMSC in the State/Territory EMS system by integrating EMSC priorities into statutes/regulations.

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a statute/regulation that requires the submission of NEMSIS compliant data to the state EMS office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. There is a statute/regulation that assures an individual is designated to coordinate pediatric emergency care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There is a statute/regulation that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. There is a statute/regulation for a hospital recognition program for identifying hospitals capable of dealing with pediatric medical emergencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. There is a statute/regulation for a hospital recognition system for identifying hospitals capable of dealing with pediatric traumatic emergencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. There is a statute/regulation for written inter-facility transfer guidelines that cover pediatric patients and include specific components of transfer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. There is a statute/regulation for written inter-facility transfer agreements that cover pediatric patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. There is a statute/regulation for pediatric on-line medical direction for ALS and BLS pre-hospital provider agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. There is a statute/regulation for pediatric off-line medical direction for ALS and BLS pre-hospital provider agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. There is a statute/regulation for pediatric equipment for BLS and ALS patient care units.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. There is a statute/regulation for the adoption of requirements for continuing pediatric education prior to recertification/relicensing of BLS and ALS providers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes = 1  
No = 0

Total number of elements your grant program has established (possible 0-11 score)