

2021 National EMS for Children Survey Results



15,768

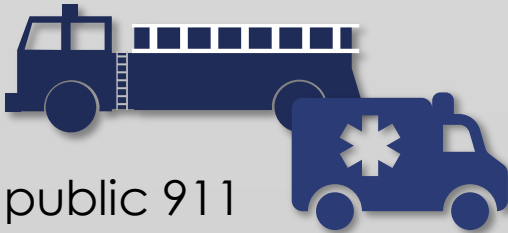
EMS agencies
were sent survey

Who took the survey?

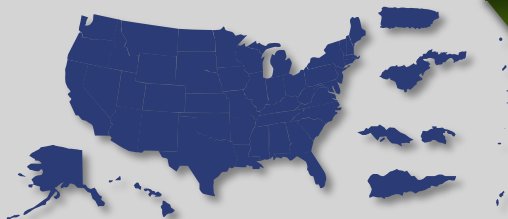


6,910

EMS agencies



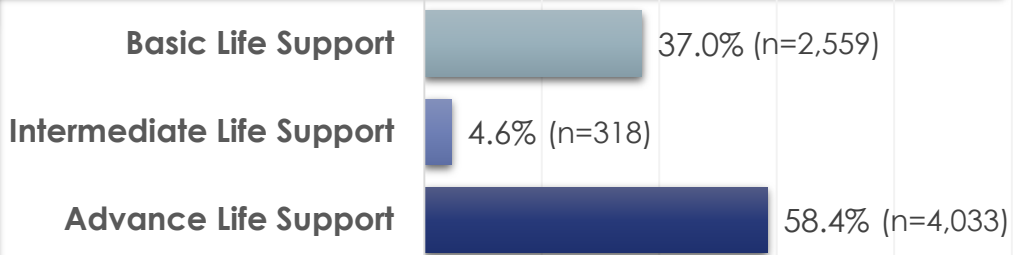
public 911
NON-transporting &
transporting
agencies



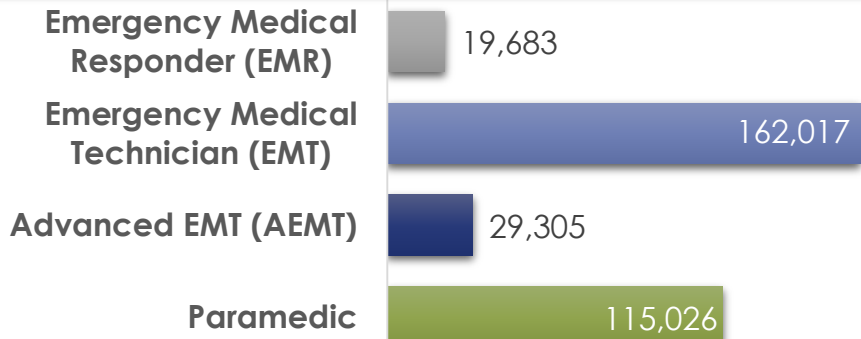
from **58** US states
& territories

Prepared by the *National EMS for Children Data Analysis Resource Center (NEDARC)*, located at the University of Utah School of Medicine. **July 2021** www.nedarc.org

Agencies by Highest Licensure



Type of Providers Reported



Pediatric Call Volume by Number and % of Agencies

Call Volume	#	%
NONE: No pediatric calls in the last year	235	3.4%
LOW: Twelve (12) or fewer pediatric calls in the last year (1 or fewer pediatric calls per month)	2,937	42.5%
MEDIUM: Between 13-100 pediatric calls in the last year (1-8 pediatric calls per month)	2,595	37.6%
MEDIUM HIGH: Between 101-600 pediatric calls in the last year (8-50 pediatric calls per month)	864	12.5%
HIGH: More than 600 pediatric calls in the last year (more than 50 pediatric calls per month)	260	3.8%
No Response	19	0.3%
Grand Total	6,910	100%

To better understand the EMS system's ability to care for pediatric patients, the **EMS for Children Program** conducted a national survey of EMS agencies. The following are the results of this quality improvement effort. EMS agencies can learn more about their state efforts by contacting their state EMS for Children Program Manager shown in the Resources sections of this 3-page report.

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Types of Methods for Physically Demonstrating Correct Use of **PEDIATRIC-SPECIFIC** Equipment



Demonstration Skill

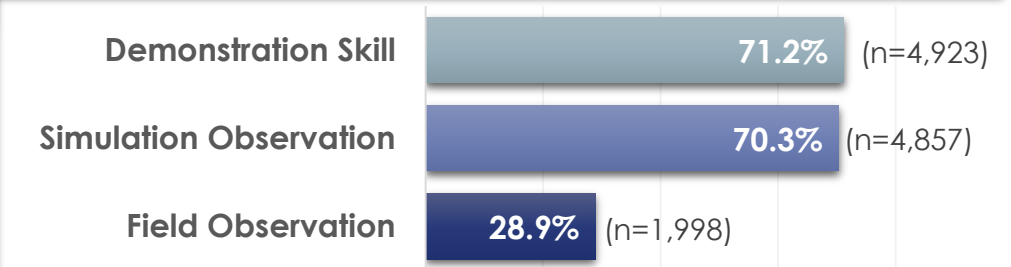


Simulation Observation

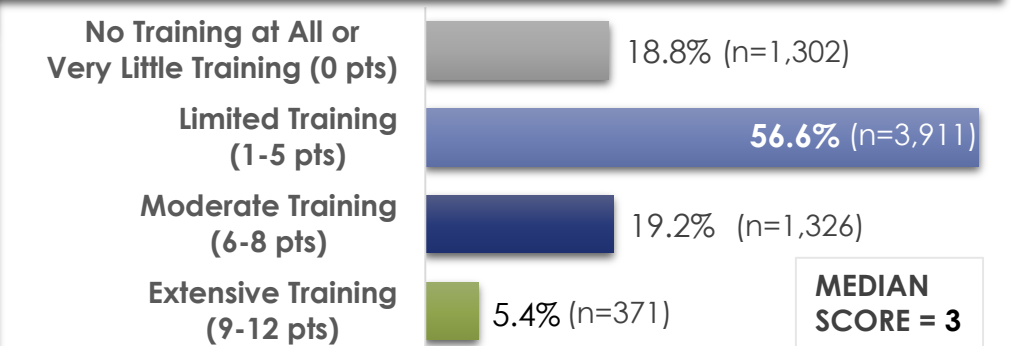


Field Observation

Percent & Type/Method Skill Checking Reported



Frequency of Skill-Checking on Pediatric Equipment



[Click here](#) and go to page 35 to see how the skill-checking points were calculated.

Resources

- [Pediatric Readiness in EMS Systems](#) (joint policy statement)
- [Prehospital Pediatric Readiness Toolkit](#)
- [Simulation-based assessment of paramedic pediatric resuscitation skills](#) (abstract)
- [Use of Pediatric-Specific Equipment](#) (video)
- [State EMS for Children Program Manager List](#) (online database)

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Significance

The processes & frequency of skill-checking evaluations for EMS providers has long been established as important for the maintenance of skills when treating patients for improved patient outcomes.¹⁻³

Miller's Model of Clinical Competence provides a framework for clinical evaluation that theorizes that competency for clinical skills can be demonstrated for EMS through a combination of skill stations, case scenarios & simulations, & real-life field observations with a frequency of at least twice a year.³⁻⁴

1. Lammers, R. L., Byrwa, M. J., Fales, W. D., & Hale, R. A. (2009). [Simulation-based Assessment of Paramedic Pediatric Resuscitation Skills](#). *Prehospital Emergency Care*, 13(3), 345-356.
2. Su, E., Schmidt, T. A., Mann, N. C., & Zechnich, A. D. (2000). [A Randomized Controlled Trial to Assess Decay in Acquired Knowledge Among Paramedics Completing a Pediatric Resuscitation Course](#). *Academic Emergency Medicine*, 7(7), 779-786.
3. Miller GE. [The Assessment of Clinical Skills/Competence/Performance](#). *Acad Med* 1990; 65:S63-67.
4. National EMS for Children Data Analysis Resource Center (NEDARC). [EMS for Children Performance Measures: Implementation Manual for State Partnership Grantees](#). Salt Lake City, UT: NEDARC; 2017.

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What is a PECC?



A designated individual(s), often called a **Pediatric**

Emergency Care

Coordinator or PECC, who

is responsible for coordinating and

championing PEDIATRIC-SPECIFIC activities for an

EMS agency. This

individual(s) could serve as the PECC for one or more

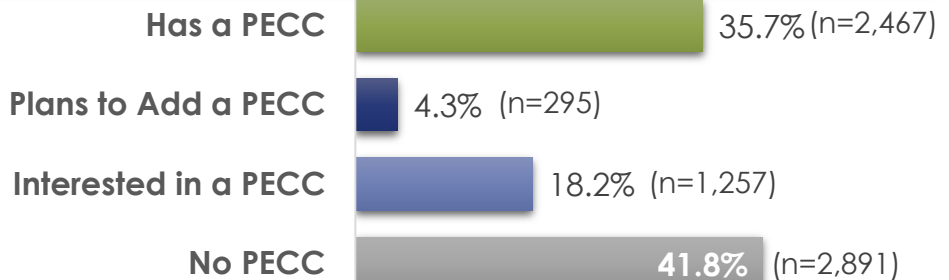
EMS agencies.

Resources

- [Pediatric Readiness in EMS Systems](#) (joint policy statement)
- [Pediatric Emergency Care Coordinator Learning Collaborative](#) (webpage)
- [Pediatric Emergency Care Coordinator](#) (video)
- [Prehospital Pediatric Readiness Toolkit](#)
- [State EMS for Children Program Manager List](#) (online database)

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PECC at Agencies



Agencies who Have a PECC – Top 5 Reported PECC Duties

Promote pediatric continuing education opportunities	97.1%
Ensure that fellow providers follow pediatric clinical practice guidelines and/or protocols	95.6%
Ensure the availability of pediatric medications, equipment, and supplies	92.2%
Oversee pediatric process improvement initiatives	87.9%
Ensure the pediatric perspective is included in the development of EMS protocols	83.2%

Significance

A study of the readiness of hospital emergency departments (EDs) to care for children has shown that EDs are more prepared to care for children when there is a PECC who is responsible for championing & making recommendations for policies, training, & resources pertinent to the emergency care of children.¹ While this study was conducted in EDs, the 2020 joint policy statement,² Pediatric Readiness in EMS Systems, states the importance of EMS physicians, administrators, & personnel to collaborate with pediatric acute care experts to optimize EMS care for children to improve outcomes. In further support of the importance of EMS agency PECCs, a recent study "found that the availability of a PECC in an agency is associated with increased frequency of pediatric psychomotor skills evaluations."³

1. Gausche-Hill, M., Ely, M., Schmuhl, P., Telford, R., Remick, K. E., Edgerton, E. A., & Olson, L. M. (2015). *A National Assessment of Pediatric Readiness of Emergency Departments*. *JAMA Pediatrics*, 169(6), 527–534.
2. Moore, B., Shah, M. I., Owusu-Ansah, S., Gross, T., Brown, K., Gausche-Hill, M., Remick, K., Adelgais, K., Lyng, J., Rappaport, L., & Snow, S. (2020). *Pediatric Readiness in Emergency Medical Services Systems*. *Prehospital Emergency Care*, 24(2), 175-179.
3. Hewes, H. A., Ely, M., Richards, R., Shah, M. I., Busch, S., Pilkey, D., Dixon Hert, K., & Olson, L. M. (2018). *Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting*. *Prehospital Emergency Care*, DOI: p10.1080/10903127.2018.1542472.