

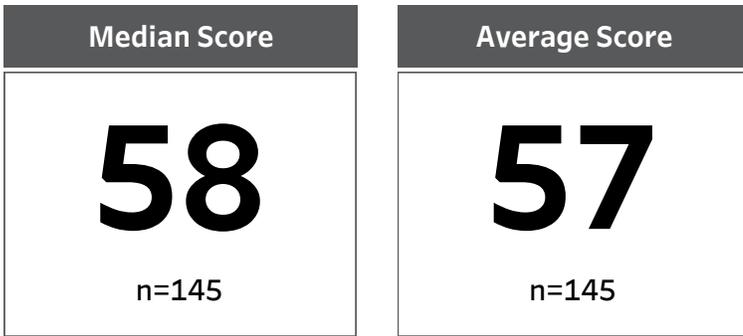


National - Intermediate Life Support (ILS) 2024 PPRP Summary Report

Response Rate:¹ 36% (145 of 403 ILS Agencies)

The **Prehospital Pediatric Readiness Project (PPRP)** includes a comprehensive assessment of the pediatric capabilities of EMS agencies that respond to public 911 or similar emergency calls across the United States. While EMS agencies with varying levels of licensure participated in the assessment, this summary report will focus on agencies with Intermediate Life Support (ILS) licensure. Of the 15,293 EMS agencies invited to participate, 403 were known to be ILS agencies. Of these, 145 completed the assessment, which represents 36% of all ILS agencies nationwide. Results for Advanced Life Support and Basic Life Support licensure levels are available in separate reports.

Pediatric Readiness Score



Participating agencies receive a Pediatric Readiness score on a scale of 0-100. The boxes on the left represent the median and average scores for ILS agencies in the nation.

Points Earned by Assessment Domain

The assessment covers eight “domains,” or focus areas. The table below shows the average number and percentage of points earned in each domain.

Average Points Earned and Percent by ILS Agencies in Each Domain (sorted highest to lowest by percentage)			
	Points Earned	Points Possible	Percentage
Equipment and Supplies*	10.3	12	86%
Policies, Procedures, and Protocols	10.4	13	80%
Patient and Medication Safety	8.0	14	57%
Education and Competencies for Providers	8.4	15	56%
Patient and Family-Centered Care in EMS	5.2	10	52%
Coordination of Pediatric Emergency Care	6.3	14	45%
Interaction with Systems of Care	4.1	10	41%
Quality Improvement/Performance Improvement	4.7	12	39%

¹ Estimated response rate based on known licensure data. The response rate may affect the representativeness of the data.

* [Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement](#)

Three Key Elements of Pediatric Readiness

Three recommended elements of Pediatric Readiness in EMS agencies are having a Pediatric Emergency Care Coordinator (PECC), a process for skills-checking, and disaster plans inclusive of children. Data for these three elements are shown below and on the next page.



Pediatric Emergency Care Coordinators (PECCs)

PECCs are responsible for coordinating pediatric-specific activities for EMS or fire-rescue agencies. Appointing a team member to the role of PECC, sometimes called a “pediatric champion,” is important for helping coordinate readiness across focus areas.

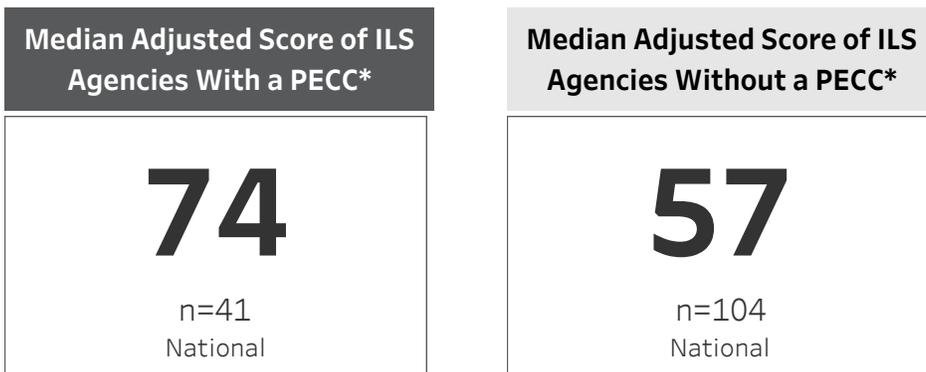
% of ILS Agencies That Have a PECC: 28%

Top Five Reported PECC Duties

Promote pediatric continuing education opportunities	93%
Ensure providers follow pediatric clinical practice guidelines and/or protocols	93%
Ensure the availability of pediatric medications, equipment, and supplies	90%
Oversee pediatric process and/or quality improvement initiatives	90%
Ensure pediatric perspective is included in the development of EMS protocols	83%

Effect of a PECC on Scoring

Having a PECC is associated with increased overall readiness scores.



*For comparison, points were removed for the presence of a PECC and the remaining total points were “normalized” to a score out of 100.



Skill-Checking on Pediatric Equipment

To prevent the loss of skills over time, the EMSC Program Goal recommends providers practice on pediatric equipment at least 2 times per year. A scoring system is used to take into consideration both the type and frequency of skills-checking. Therefore, this goal can be met through a combination of activities at a skill station, simulation event, or observation of an actual patient encounter.

% of ILS Agencies That Meet the EMSC Program Goal for Frequency of Pediatric Equipment Skill-Checks: 28%

Types of Pediatric Skill-Checking (regardless of frequency)

Demonstration at a skill station	67%
Demonstration within a simulated event	63%
Observation during actual patient encounter	34%



Disaster Plans That Include Children

Without tailored plans in place, the needs of children, who are particularly vulnerable during disasters, may not be met.

% of ILS Agencies That Include Pediatric Considerations in Disaster Plans: 66%

Top Five Reported Disaster Plan Components

Use of a pediatric disaster triage tool	54%
Mass transport of pediatric patients	35%
Family reunification	33%
Tracking of children separated from parents	32%
Mechanisms to address pediatric mental health emergencies	27%

Learn more and access resources to help your agency improve at

www.pediatricreadiness.org.

Please reach out to your EMSC Program Manager with any questions.