

EMSC Upcoming Performance Measures Baseline Data Collection

1. Development of EMS Measures
2. Technical Assistance For Managers
3. Resources for Managers



*NASEMSO,
NEW ORLEANS*

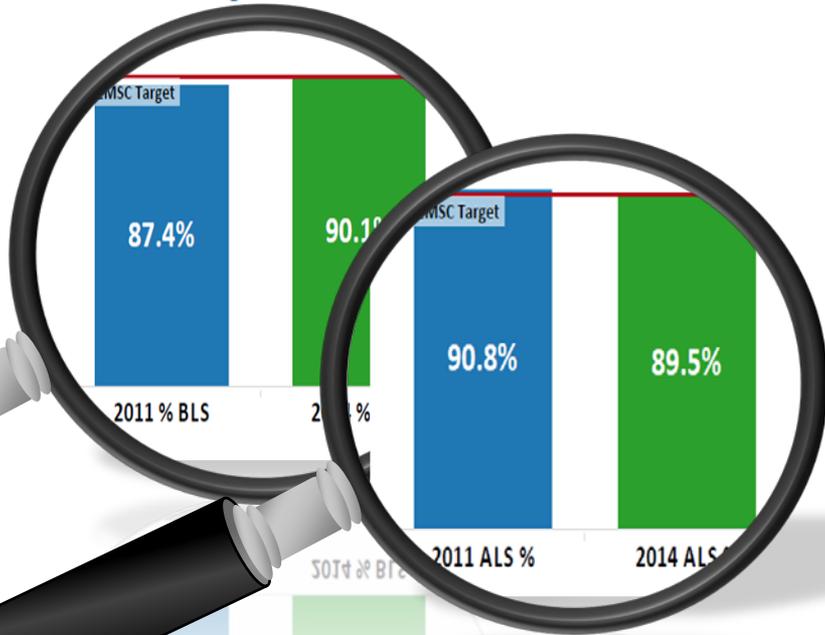
Performance Measure History

In 2004, the Health Resources and Services Administration (HRSA) **Emergency Medical Services for Children (EMSC) State Partnership Program** implemented standardized performance measures to assess the quality of pediatric emergency care provided in the prehospital and hospital settings in all states and U.S. territories.

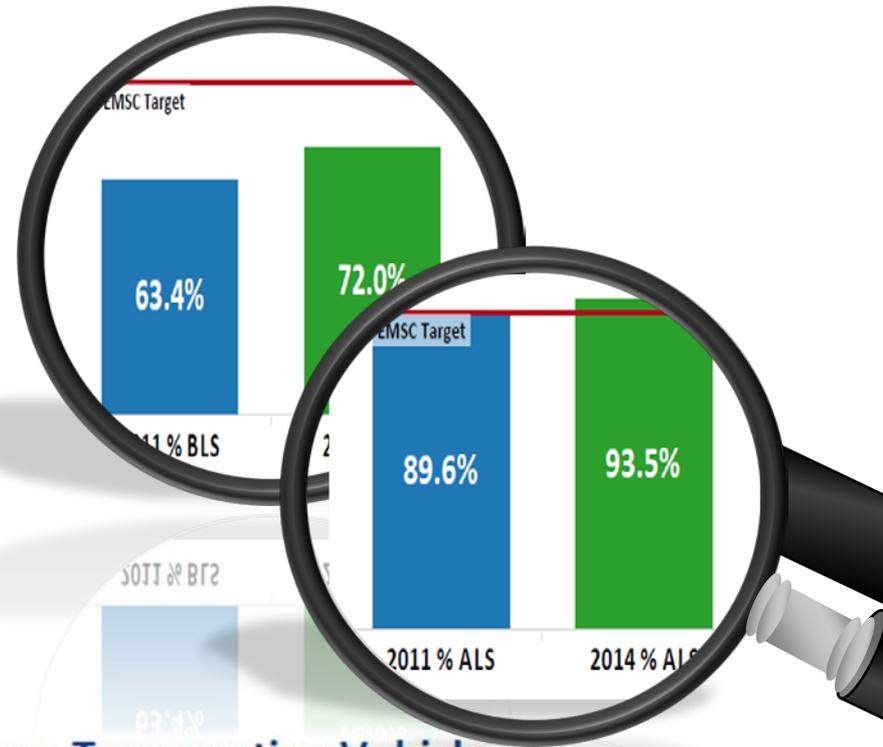
Ever Since.....

- EMSC Managers or Directors submit data on each PM to the Electronic Handbook (EHB)
- Data were collected via surveys (on and off line medical direction and equipment) and entered in the EHB in the following years;
 - 2007/2008
 - 2010/2011
 - 2013/2014

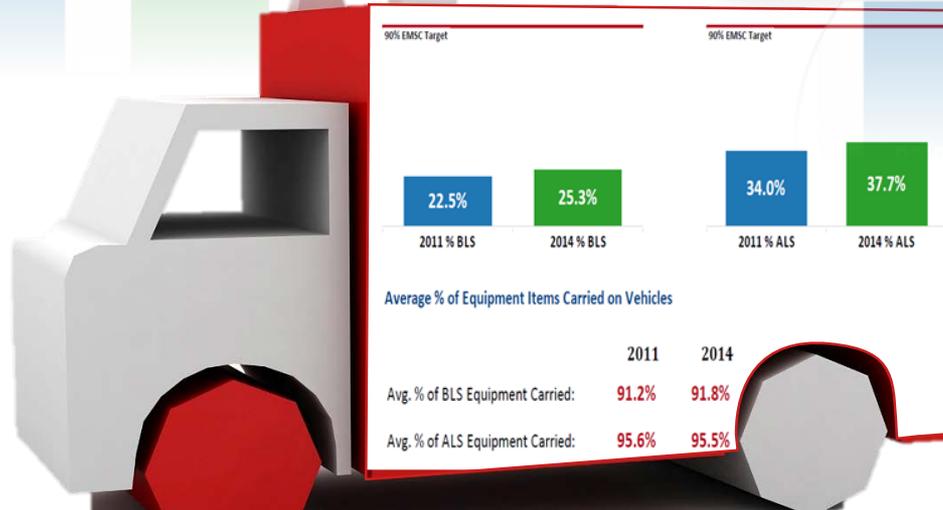
Availability of Online Medical



Offline Medical Direction



Availability of Pediatric Equipment on Transporting Vehicles



So.... Next steps in EMS PM Development

2017/2018 Data Collection via surveys



Building EMS Performance Measures

- **Jan 2013** – Stakeholder interviews
- **August 2013** – PMAC 1.5 day meeting
- **Spring 2014** – Topic areas selected
- **Fall 2014** – Survey questions & measures developed
- **Jan- Feb 2015** – EMS Agency testing
- **Mar 2015** – Recommendations to HRSA
- **June 2016** – OMB approves measures

Performance Measure Advisory Committee (PMAC)

- Chad McIntyre
- Deena Brecher
- Erin Shumard
- Kathleen Adelgais
- Aarron Reinert
- Melissa Costello
- Brian Moore
- Frank Guyette
- Mary Fallat
- Greg Brown
- Kat Altenhofen
- Rachel Alter
- Manish Shah
- Cathy Gotshall
- Peter Taillac
- Katherine Hert
- Patti Pettis
- Drew Dawson
- Morgan Scaggs
- Wanda Arbelo
- Fred Hornby
- Toni Gross

Red text indicates EMSC Program
Managers

Building EMS Performance Measures

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2017 Performance Measures

- Performance Measure *Submission of NEMESIS Compliant Version 3.x- Data*
- Performance Measure *Pediatric Emergency Care Coordinator (PECC)*
- Performance Measure *Use of Pediatric-Specific Equipment*
- Performance Measure *Hospital Recognition for Pediatric Medical Emergencies*
- Performance Measure *Hospital Recognition for Pediatric Trauma*

2017 Performance Measures

- Performance Measure *Interfacility Transfer Guidelines*
- Performance Measure *Interfacility Transfer Agreements*
- Performance Measure *Permanence of EMSC*
- Performance Measure *Integration of EMSC Priorities into Statutes or Regulations*

2017 Performance Measures

- Performance Measure *Submission of NEMESIS Compliant Version 3.x- Data*
- Performance Measure *Pediatric Emergency Care Coordinator (PECC)*
- Performance Measure *Use of Pediatric-Specific Equipment*
- Performance Measure *Hospital Recognition for Pediatric Medical Emergencies*
- Performance Measure *Hospital Recognition for Pediatric Trauma*

Building New Performance Measures

- **Fall 2016** – Measures implemented
- **Feb 2017** – PM Manual Finalized
- **March 2017** – Data collection begins

Collecting Baseline PM Data

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.

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**

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- a. Two or more times a year
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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?**

A Few More Things

- Survey Development and Testing
- Field Test in Rhode Island (thank you!)
 - Launched February 1st
- Survey Portal

Field Test Data

TIME:

Range: 2.4 minutes to 11 days

3 Over 30 Minutes

2 Over 1 day, 1 = 5 days, 1 = 11 days

Average time: 10.4 minutes (with days removed)

911:

2 Respondents DO NOT respond to 911 calls

Field Test Data

9 Incompletes

3 returned and completed the assessment

- o 2 left at opening
- o 1 left after address given (stopped Q4)
- o 1 left after respond 911 (stopped Q5 – before Agency info)
- o 3 stopped after highest level (stopped Q8 – before provider numbers)
- o 1 stopped at end of skill checking (stopped Q15)
- o 1 stopped after “no pecc”

6. 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. 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)
- 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) may be customized in the online survey to better reflect individual state/territory terminology.

8. What is the *HIGHEST* level of certification or licensure for your EMS *AGENCY*?

(Choose one)

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

Field Test Data

Since Feb. 7th – We are missing early data

70 visits

38 unique visitors

- 31 Desktop – 18 completed assessment
- 6 Mobile Devices
 - Only 1 of the 6 mobile devices completed the assessment
- 1 Tablet – did not finish assessment

Slight Changes

1. For questions 6, 7, and 9 (data about the agency) can be skipped by the respondent
2. Re-designing the entry to survey to be device responsive-the survey it self is already device responsive

EMSC Survey Portal

Responsive design for various devices

Welcome to
EMSC Surveys



This site is for **Emergency Medical Services Professionals** who have been invited to take an on-line survey for the Emergency Medical Services for Children (EMSC) Program. Please follow the directions in the box to the left.

We recommend that you **PRINT** a paper copy of the assessment **FIRST** before you take the assessment in order to assist you in compiling your answers:



[Paper Version of the Assessment](#)
(for reference purposes)

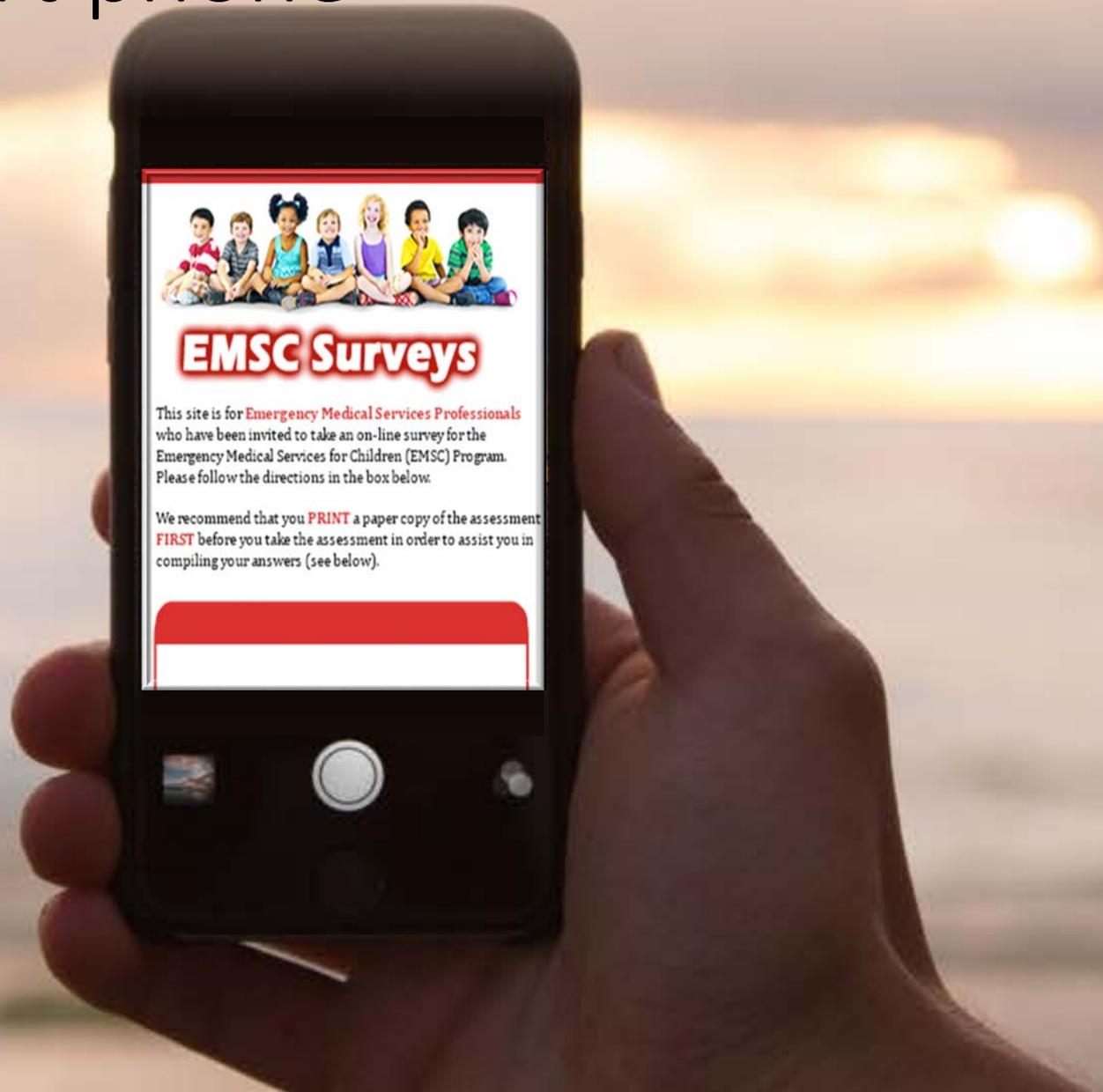
[View Response Rates](#)

Thank You!



For a laptop or desktop computer

For a smart phone



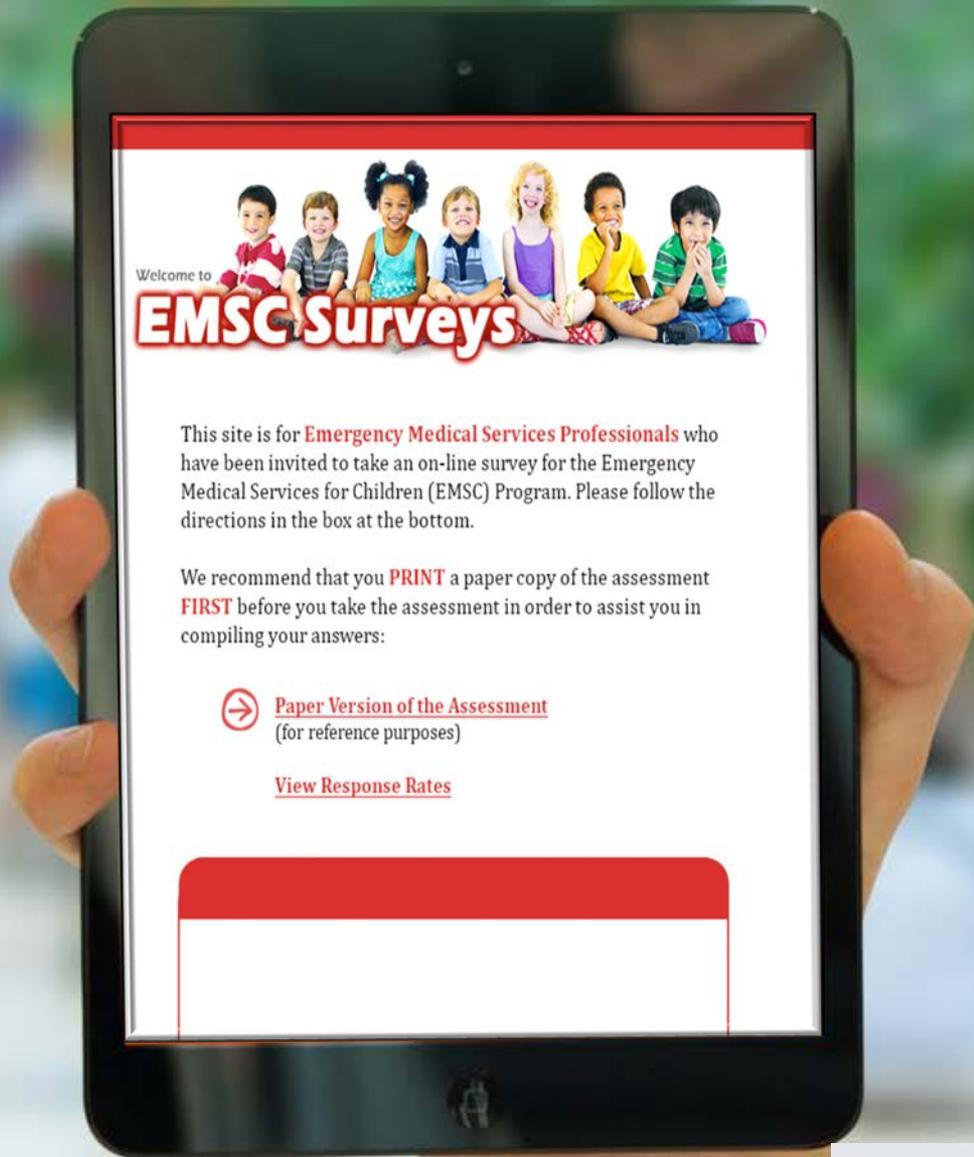
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For a tablet (portrait)



Welcome to

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Thank You!

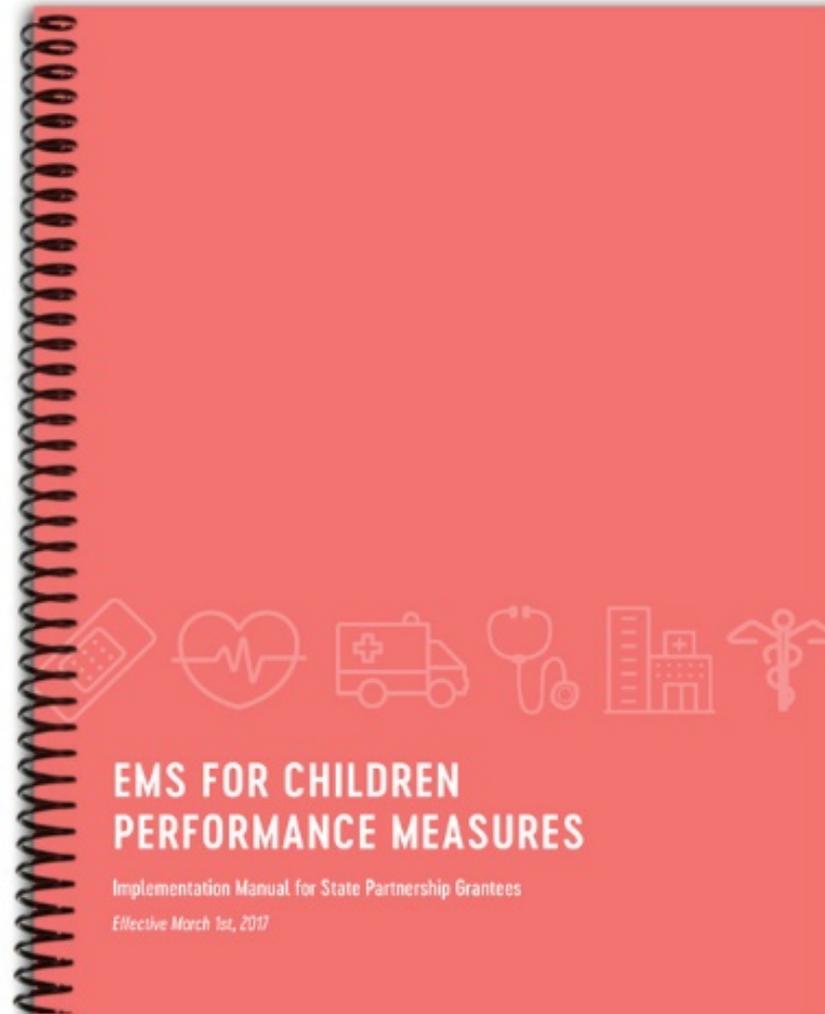
For a tablet (landscape)

Baseline Data Collection

EMSC 01 EMSC 02 EMSC 03



You have all received the Performance Measure Manual



You have all received the Performance Measure Manual



THE EMS FOR CHILDREN PROGRAM

The EMS for Children Program

In 1984, the U.S. Congress enacted legislation, authorizing the use of federal funds for the Emergency Medical Services for Children (EMSC) Program. The EMSC Program is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), and Maternal and Child Health Bureau (MCHB). The EMSC Program provides grant funds to help improve emergency medical services for critically ill and injured children in U.S. states, territories, freely associated states, and the District of Columbia. The Program does not promote the development of a separate EMS system for children, but rather it promotes enhancing the pediatric capability of existing EMS systems.

The aim of the EMSC Program is to reduce childhood death and disability caused by severe illness or injury. The Program has successfully raised awareness among healthcare professionals, EMS and trauma system planners, and the general public that children respond differently—physically, emotionally, and psychologically—to illness and injury compared to adults.

EMSC grant funds have enabled the development of:

- Prehospital and acute-care provider training
- The establishment of EMS guidelines and protocols, equipment lists, and other clinical-care resources
- The formation of advisory committees and national or federal partnerships
- The National Pediatric Readiness initiative and the identification of strategies for improving the EMS system for children.

The EMSC performance measures have set goals for states, territories, freely associated states, and the District of Columbia that will facilitate consistency in the EMS and trauma systems for the care of children across the nation.

You have all received the Performance Measure Manual



EMSC 01 SUBMISSION OF NEMSIS COMPLIANT VERSION 3.X DATA

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

Goal for this measure is that by 2021:

Eighty percent of EMS agencies in the state or territory submit NEMSIS version-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.

Significance of Measure:

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. NEMSIS, operated by the National Highway Traffic Safety Administration (NHTSA), 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. As a first step toward quality improvement (QI) in pediatric emergency medical and trauma care, the EMSC Program seeks to first understand the proportion of EMS agencies reporting to the state EMS office NEMSIS version 3.x-compliant data, then use that information to identify pediatric patient care needs and promote its full use at the EMS agency level. In the next five years, NEMSIS will enable states and territories to

Collecting Baseline PM Data

- **EMS 01** Submission of NEMESIS Compliant Version 3.x-
- **EMS 02** Performance Measure Pediatric Emergency Care Coordinator (PECC)
- **EMS 03** PECC Performance Measure Use of Pediatric-Specific Equipment

How well do you know your state Data Manager ?



Collecting Baseline PM Data 01

WHICH STATEMENT BEST DESCRIBES YOUR CURRENT STATUS?

Our state EMS Office has not yet transitioned to NEMSIS compliant version 3.x. 0

Our state EMS Office intends to transition to NEMSIS version 3.x-compliant, patient-care data to submit to the NEMSIS TAC by or before 2021. 1

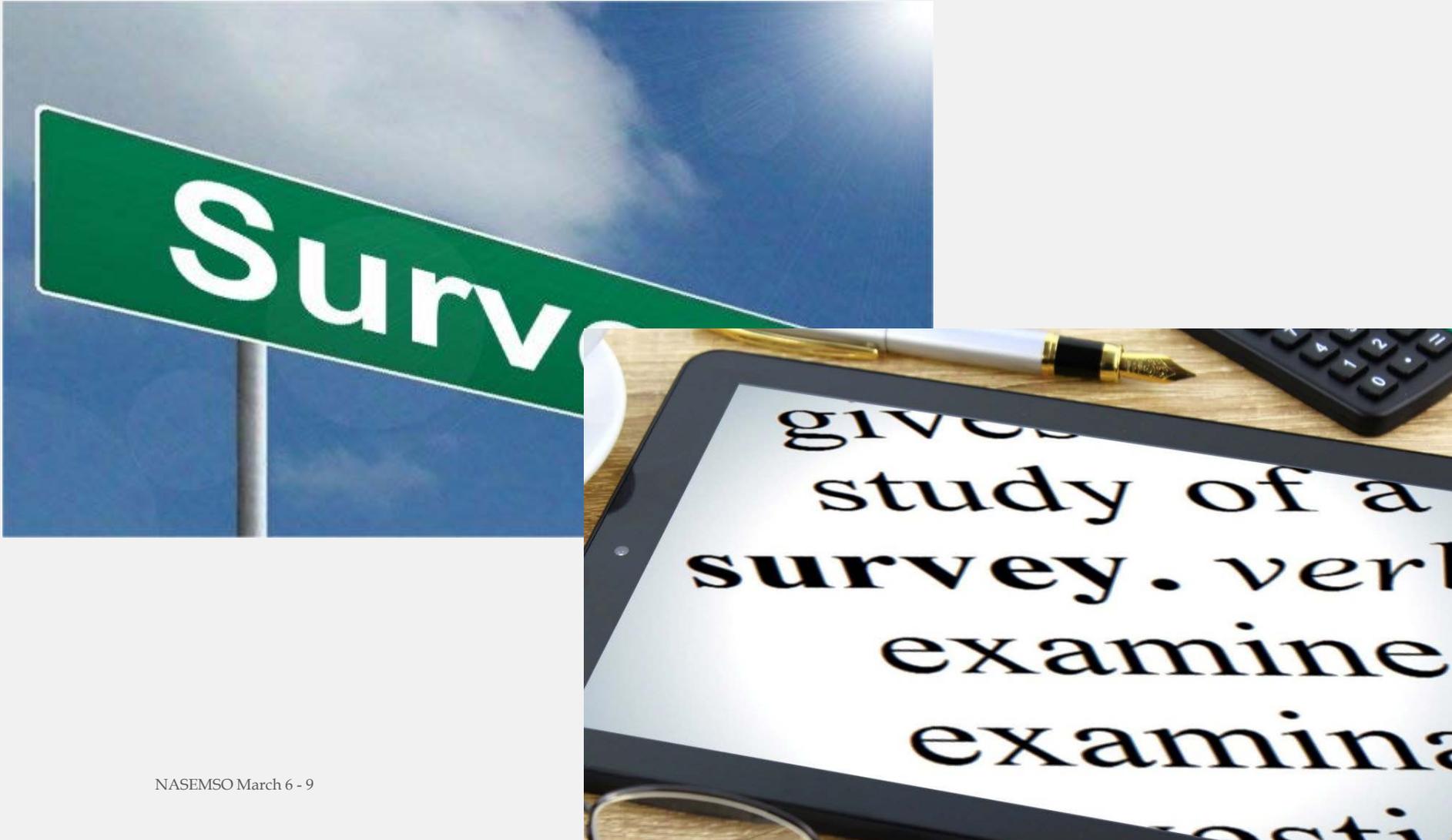
Our state EMS Office submits NEMSIS version 3.x-compliant, patient-care data to the NEMSIS TAC with less than 10 percent of EMS agencies reporting. 2

Our state EMS Office submits NEMSIS version 3.x-compliant, patient-care data to the NEMSIS TAC with at least 10 percent and less than 50 percent of the EMS agencies reporting. 3

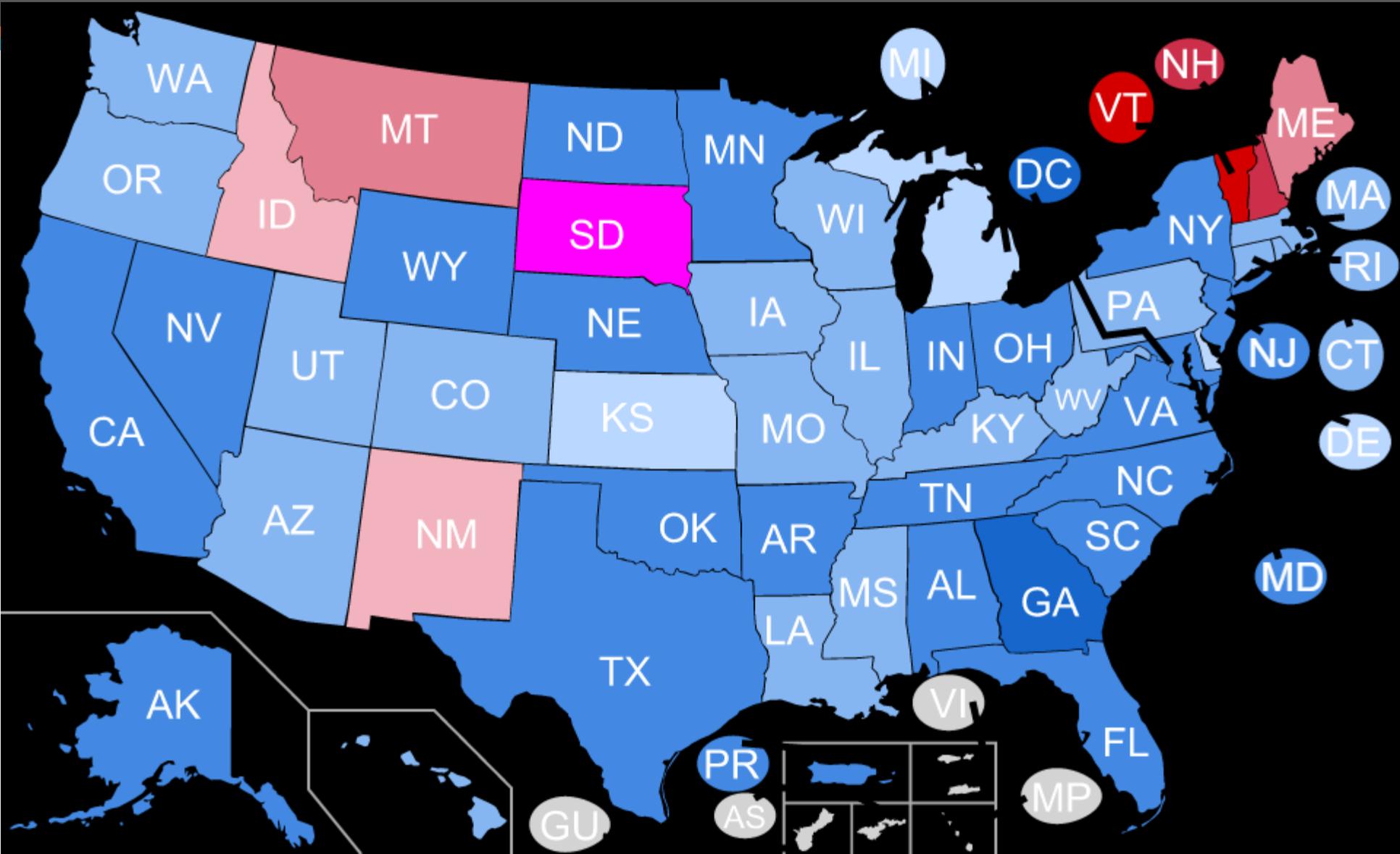
Our State EMS Office submits NEMSIS version 3.x-compliant, patient-care data to the NEMSIS TAC with at least 50 percent and less than 80 percent of the EMS agencies reporting. 4

Our state EMS Office submits NEMSIS version 3.x-compliant patient care-data to the NEMSIS TAC with at least 80 percent of the EMS agencies reporting. 5

SURVEY



SURVEY



Collecting Baseline PM Data 02

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Collecting Baseline PM Data 03

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Getting Started

- NEDARC contacted each state in October of 2016 to see when they wanted to get started
- We worked backwards to see when we needed to work with each state
- Most states got their 1st or 2nd choice of cohort.
- No more than 8 States in each cohort

PERFORMANCE MEASURE SURVEY SCHEDULE

Cohort	Preparation Begins	Survey Opens	States	Anticipated Total # of Agencies
Pilot Cohort	December-16	February-17	RI	60
Cohort 1	December-16	March-17	AS, GU, IN, IA, NC, PA	1407
Cohort 2	January-17	April-17	AR, MA, ND, SC, WV, WY	849
Cohort 3	February-17	May-17	MD, MI, NE, NJ, OR, TX, UT	1626
Cohort 4	March-17	June-17	AZ, DC, FL, GA, ID, KY, MS, OK	959
Cohort 5	April-17	July-17	HI, KS, MN, NV, WI	718
Cohort 6	May-17	August-17	CA, DE, LA	321
Cohort 7	June-17	September-17	AL, AK, CT, IL, MT, PR, SD, VT	1313
Cohort 8	July-17	October-17	CO, NM, TN, WA	741
Cohort 9	August-17	November-17	MO, OH	657
Cohort 10	September-17	December-17	FSM, RMI, CNMI, NH, NY, PW, VA, VI	1075
Grand Total:				9726

When NEDARC calls

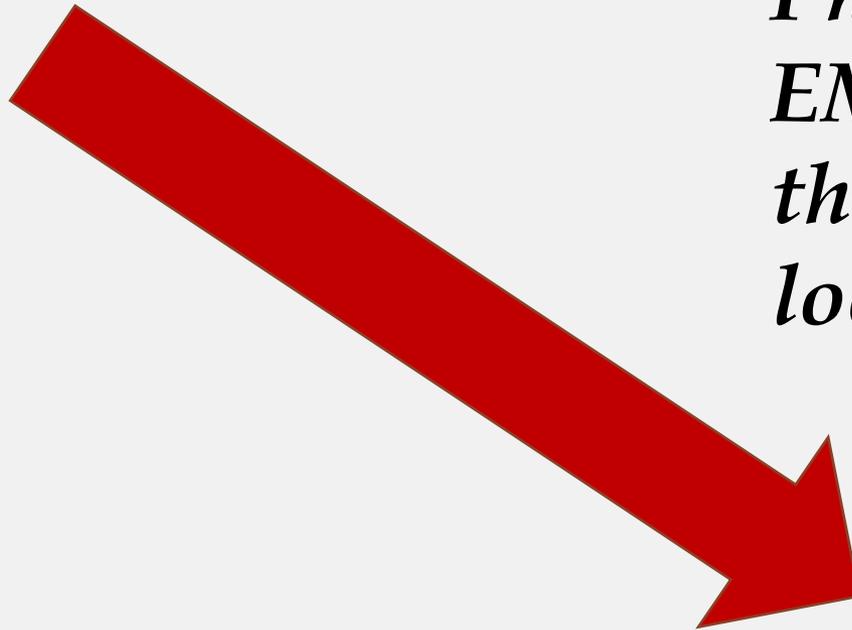
*Lets talk
about your
EMS
Services*



Collecting Baseline PM Data

NEDARC

*Good morning!
I need your
EMS Template
this is what it
looks like*



File Home Insert Page Layout Formulas Data Review View ACROBAT Tell me what you want to do...

Clipboard Font Alignment Number Styles Cells Editing

Calibri 11 Bold Italic Underline Merge & Center General Conditional Formatting Format as Table Cell Styles Insert Delete Format AutoSum Fill Clear Sort & Filter Find & Select

A1 portalID

	A	B	C	D	E	F	G
1	portalID	responded	agencyName	stateName	county	IHSTribal	contactName
2	<i>Leave Blank</i>	<i>Leave Blank</i>					
3							
4							
5							
6							
7							
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11							
12							
13							
14							
15							
16							

Collecting Baseline PM Data

State

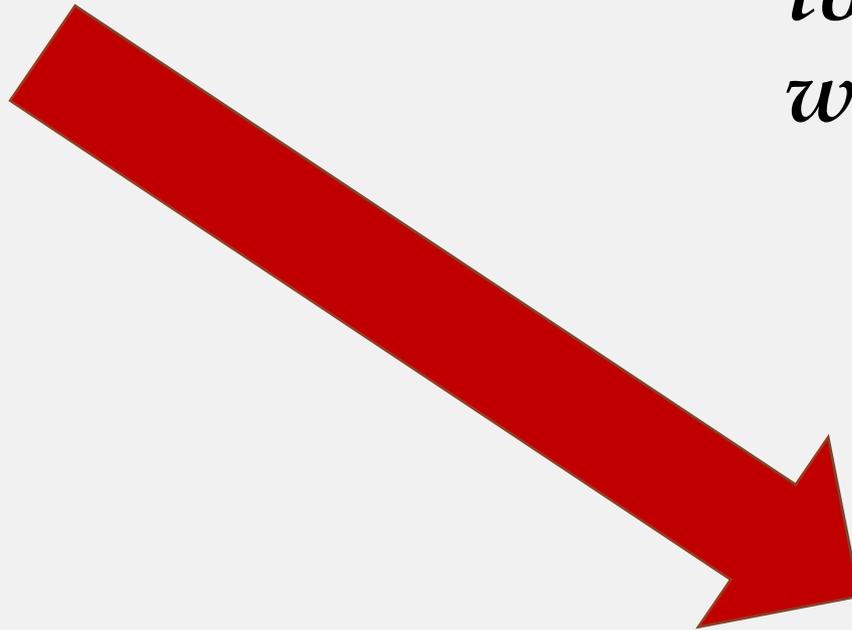
Here you go!



Collecting Baseline PM Data

NEDARC

*Great! We need
to check some
wording.*



Language Modification

IMPORTANT: Any terms they give you must map exactly to the questions in the assessment so the variables will be correct AND they cannot ADD or DELETE any provider levels or EMS Agency types; it needs to be a one-to-one match. If a state does not have an equivalent term leave the original terminology.

What are the equivalent terms for each of these? (ask Craig for assistance if needed)

***What is the HIGHEST level of certification or licensure for your EMS AGENCY?
(Choose one)***

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

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)

Provider Level (Full & part-time, volunteer & paid)



Emergency Medical Responder (EMR): _____

Emergency Medical Technician (EMT): _____

Advanced EMT (AEMT): _____

Paramedic: _____

Language Modification

NEDARC also needs to know how the EMS agencies will be grouped (please encourage county for GIS purposes):

EMS agency grouping: _____ (county, parish, municipality, etc.)

The state will need to send you their list customization information **no later** than **then**
45 days after the preparation month.

Collecting Baseline PM Data

State

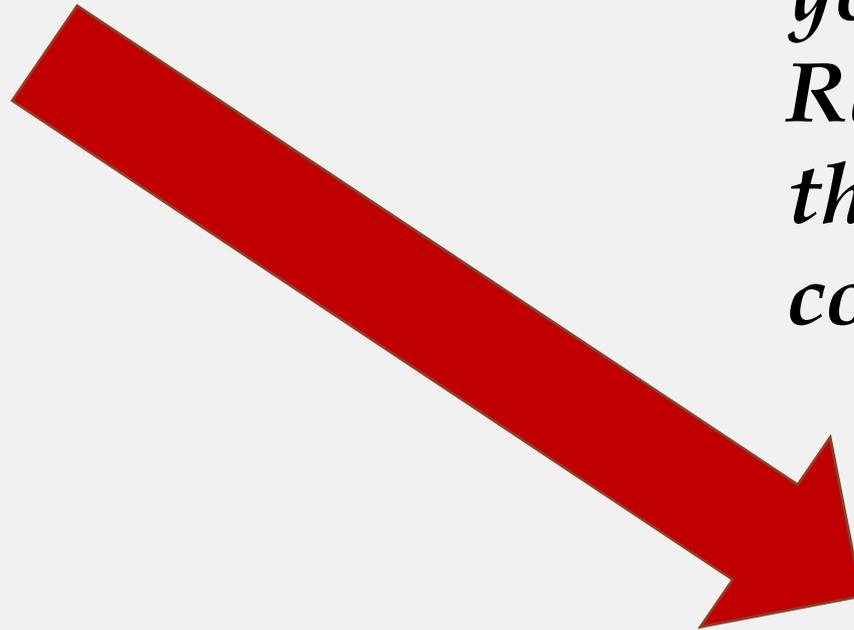
We call them A-EMT's. I would like to use the grouping "County"



Collecting Baseline PM Data

NEDARC

*Let's talk about
your Response
Rate Plan and
the 5 point
contact system*



5 Contact System

Task	Approximate Date
Assessment invitation email sent <i>(send the day the assessment is open-best time to send is a Tuesday morning and you can decide what day to send invitation)</i>	LAUNCH March 1st
1. First reminder email sent <i>(approximately 3-4 days after the invitation)</i>	March 6th
2. Second reminder email sent <i>(approximately 1-2 weeks after the invitation)</i>	March 21st
3. Third reminder email sent <i>(approximately one month after the invitation)</i>	April 3rd
4. Fourth and final email reminder <i>(approximately 6 weeks after the invitation)</i>	April 18th
5. Final contact starts using telephone script <i>(approximately 2 months after the invitation)</i>	May 2nd

First Reminder

Suggested subject line: Tell us about your agency

Dear EMS Agency Manager (If you know the respondents name, please use that instead of the generic title.),

Earlier this week, we sent an email asking for your participation in an important statewide assessment regarding the capabilities of all agencies in our state to treat ill or injured children. We hope that providing you with a link to the assessment website makes it easy for you to respond. To participate, simply click on the link below and follow the on-screen instructions:

emscsurveys.org

Our office conducts these assessments periodically as part of the Federal EMS for Children Program. I will be happy to respond to any questions you have regarding the assessment via email or phone. My contact information is listed at the bottom of this email.

We appreciate your considering our request.

Sincerely,

EMSC State Manager Name

Title

Organization

Email/Phone

NEDARC Resources

- Recent TechTalk mail merge



Collecting Baseline PM Data

*Wow! Those are great,
I don't know if I am
going to stick to the
exact timeline, but I
will utilize the
Templates*

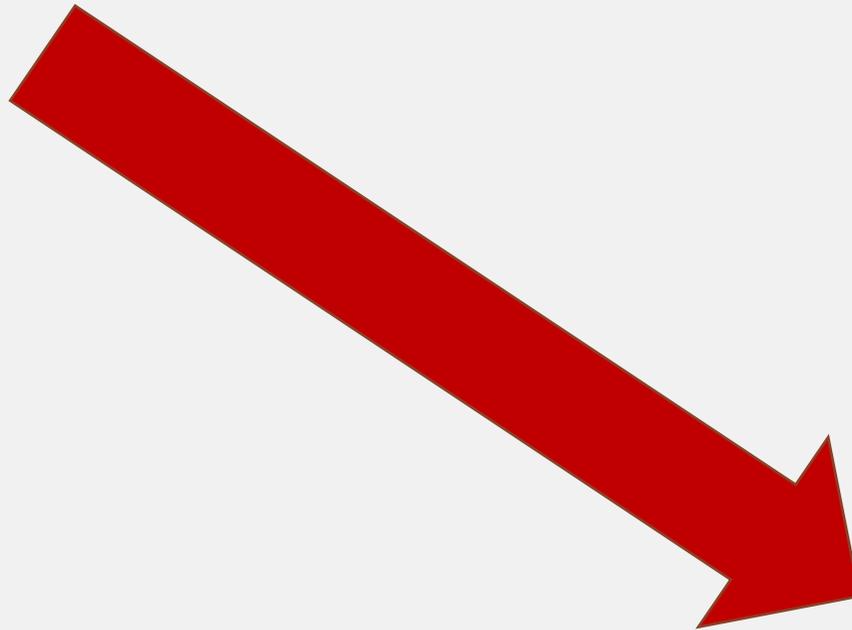
State



Collecting Baseline PM Data

NEDARC

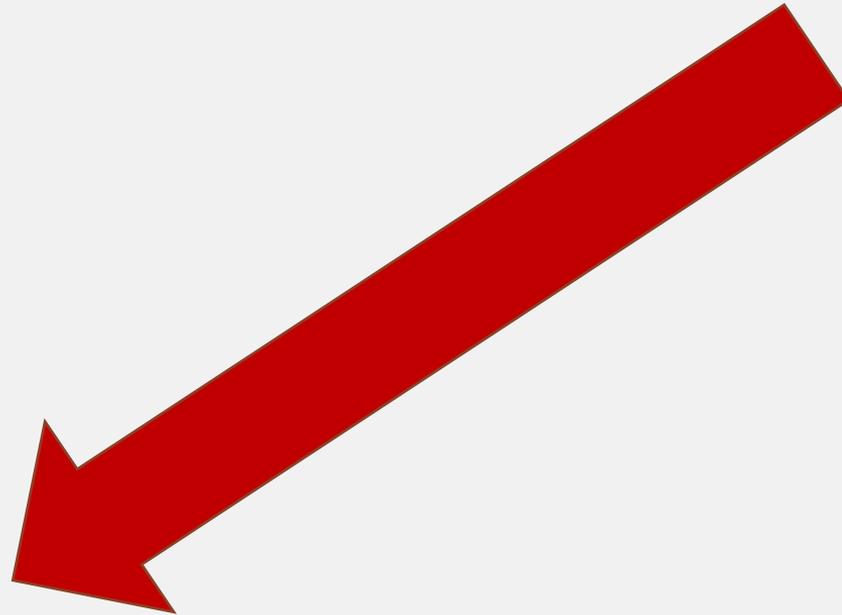
*Response rate
plan... How
are you
sending out
the Email?*



Collecting Baseline PM Data

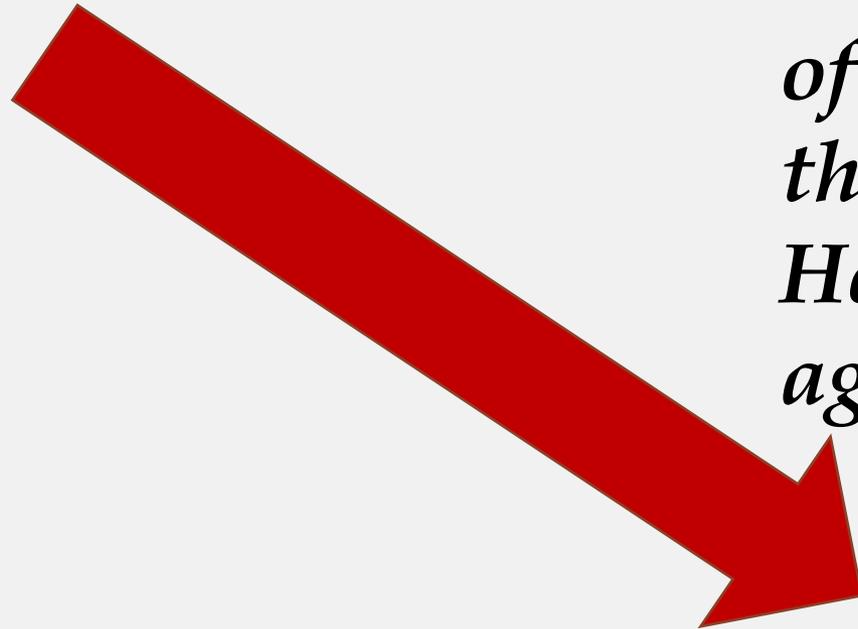
*We plan on
using the
emails and
follow up
with calls.*

State



Collecting Baseline PM Data

NEDARC



*I am doing the
“Final” cleaning
of your list. Are
there really 2
Hemingway EMS
agencies?*

Collecting Baseline PM Data

State

*There is only one
Hemingway...
Please delete the
duplicate.*



Tracking Table

Clipboard Font Alignment Number Styles Cells Editing

K63

	A	C	D	E	F	G	H	I	J	K	L
1				PHASE II: Agency List			PHASE III: Sampling			Phase IV: Conference Call w	
2	State	TA Rep	Cohort	Cohort Prep Begins	EMS Agency List Template Sent	Agency List Received	Sample? (Yes/No)	Sample Cleaned and Sent to Rachel	Sample DUE to Rachel	Conference Call with PM to discuss RR Plan and Customization	Customizat Wording Et Portal
5	American Samoa	Mike	1	12/1/2016	12/5/2016	1/10/2017	No	N/A	1/2/2017	1/26/2017	1
6	Guam	Craig	1	12/1/2016	12/14/2016	2/15/2017	No	N/A	1/2/2017	2/22/2017	2
7	Indiana	Patty	1	12/1/2016	Yes	1/9/2017	Yes	1/11/2017	1/2/2017	1/19/2017	Yes
12	Iowa	Andrea	1	12/1/2016	12/1/2016	12/1/2016	Yes	Yes	1/2/2017	1/6/2017	
14	North Carolina	Mike	1	12/1/2016	12/5/2016	12/19/2016	Yes	Yes	1/2/2017	1/27/2017	
15	Pennsylvania	Craig	1	12/1/2016	12/2/2016	12/6/2016	Yes	Yes	1/2/2017	2/13/2017	1
16	Rhode Island	Craig	1	12/1/2016	11/30/2016	12/8/2016	No	N/A	1/2/2017	1/26/2017	
18	Arkansas	Maggie	2	1/2/2017	Yes	2/3/2017	No	N/A	2/1/2017		2
20	Massachusetts	Craig	2	1/2/2017	1/3/2017	2/1/2017	Yes	2/15/2017	2/1/2017	2/21/2017	2
21	North Dakota	Andrea	2	1/2/2017	10/28/2016	1/4/2017	No	N/A	2/1/2017	1/18/2017	1
23	South Carolina	Andrea	2	1/2/2017	11/7/2016	2/3/2017	No	N/A	2/1/2017	2/17/2017	
26	West Virginia	Craig	2	1/2/2017	1/3/2017	1/23/2017	No	N/A	2/1/2017	2/24/2017	2
27	Wyoming	Craig	2	1/2/2017	1/3/2017	1/6/2016	No	N/A	2/1/2017	2/23/2017	2
28	Maryland	Maggie	3	2/1/2017	Yes		No	N/A	3/3/2017		
30	Michigan	Patty	3	2/1/2017	2/1/2017	2/7/2017	Yes	2/9/2017	3/3/2017	2/22/2017	
33	Nebraska	Andrea	3	2/1/2017	10/28/2016	2/26/2017	No	N/A	3/3/2017	3/1/2017	2
36	New Jersey	Craig	3	2/1/2017	2/1/2017	2/1/2017	Yes	Waiting on NJ	3/3/2017		
39	Texas	Craig	3	2/1/2017	2/1/2017	2/17/2017	Yes	3/1/2017	3/3/2017	2/28/2017	2
40	Utah	Andrea	3	2/1/2017	10/28/2016	2/27/2017	No	N/A	3/3/2017	3/1/2017	
43	Arizona	Craig	4	3/1/2017	3/1/2017				3/31/2017		
44	District of Columbia	Craig	4	3/1/2017	3/1/2017	3/2/2017	No	N/A	3/31/2017		
46	Florida	Patty	4	3/1/2017	3/1/2017				3/31/2017		
48	Georgia	Craig	4	3/1/2017	3/1/2017				3/31/2017		
49	Idaho	Andrea	4	3/1/2017	2/28/2017		No	N/A	3/31/2017		
52	Kentucky	Patty	4	3/1/2017	3/1/2017				3/31/2017		
58	Mississippi	Mike	4	3/1/2017	3/1/2017				3/31/2017		
60	Oklahoma	Maggie	4	3/1/2017					3/31/2017		

Collecting Baseline PM Data

NEDARC

*I am going to upload
this into the portal,
you will need to test it*





Welcome to

EMSC Surveys

Thank you for making a difference!

EMERGENCY
911

Emergency Medical Services for Children

Enter Your State/Territory:

Select your State/Territory, click "Submit"

State / Territory:

[Get Started >>](#)

If you **do not see your state/territory in the dropdown list above**, then your state/territory currently does not have any open surveys.

Please contact the individual from whom you acquired this web address.

This site is for Emergency Medical Services Professionals who have been invited to take an on-line survey for the Emergency Medical Services for Children (EMSC) Program.

We recommend that you PRINT a paper copy of the assessment FIRST before you take the assessment in order to assist you in compiling your answers:

[Paper Version of the Assessment](#)
(for reference purposes)



[View Response Rates](#)

Please follow the directions in the box to the left.

Thank You!



<http://emscsurveys.org>

Collecting Baseline PM Data

NEDARC

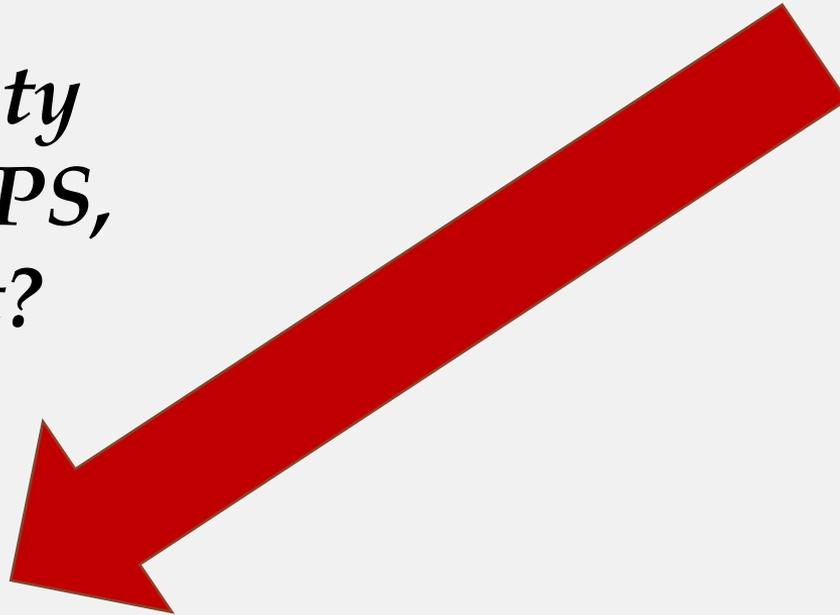


TEST IT OUT!!!!!!

Collecting Baseline PM Data

*The counties
are right.
COOK county
is in all CAPS,
can we fix it?*

State



Once you have launched

- NEDARC rep will contact you to see when you would like to receive updates.
- We can tell you who has and who has NOT completed the assessment
- You can also see where you are at by going to the portal



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EMSC Surveys

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<http://emscsurveys.org>

Welcome to

EMSC Surveys



Number of 911 EMS Agencies
Participating:

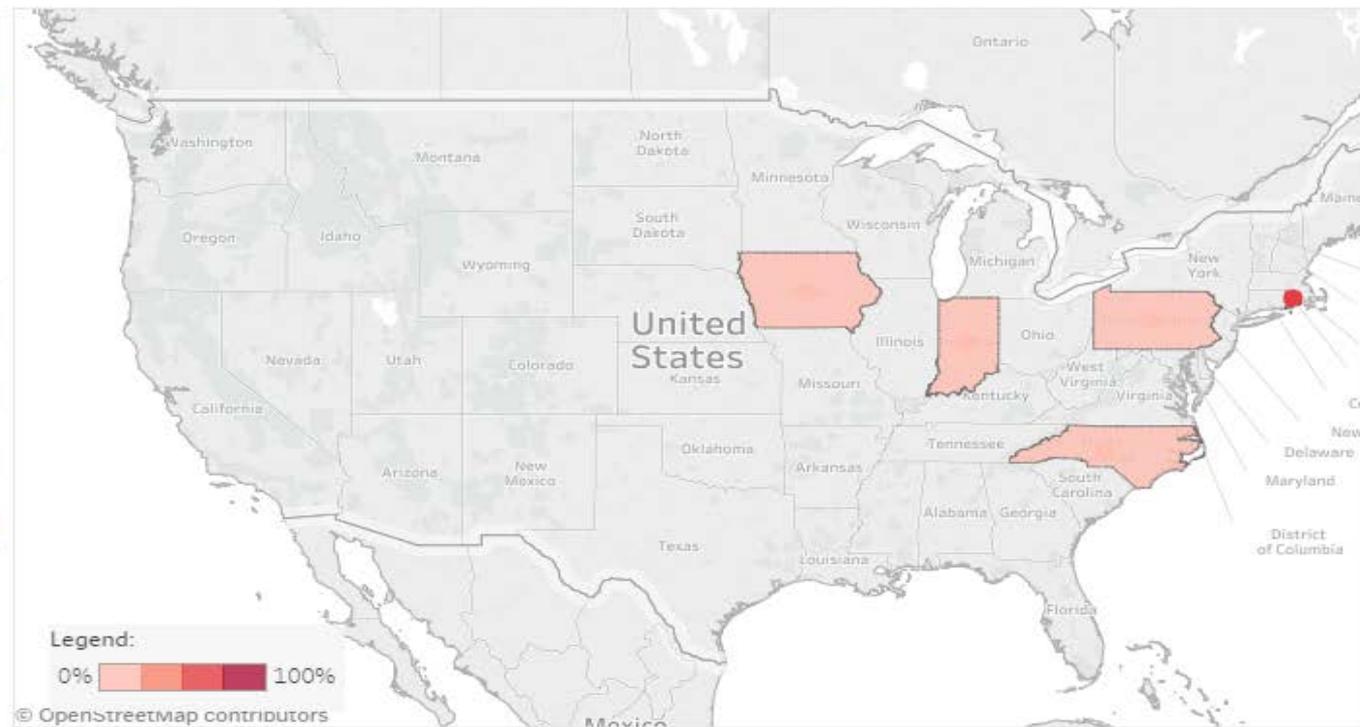
124

States/Territories Currently Surveying:

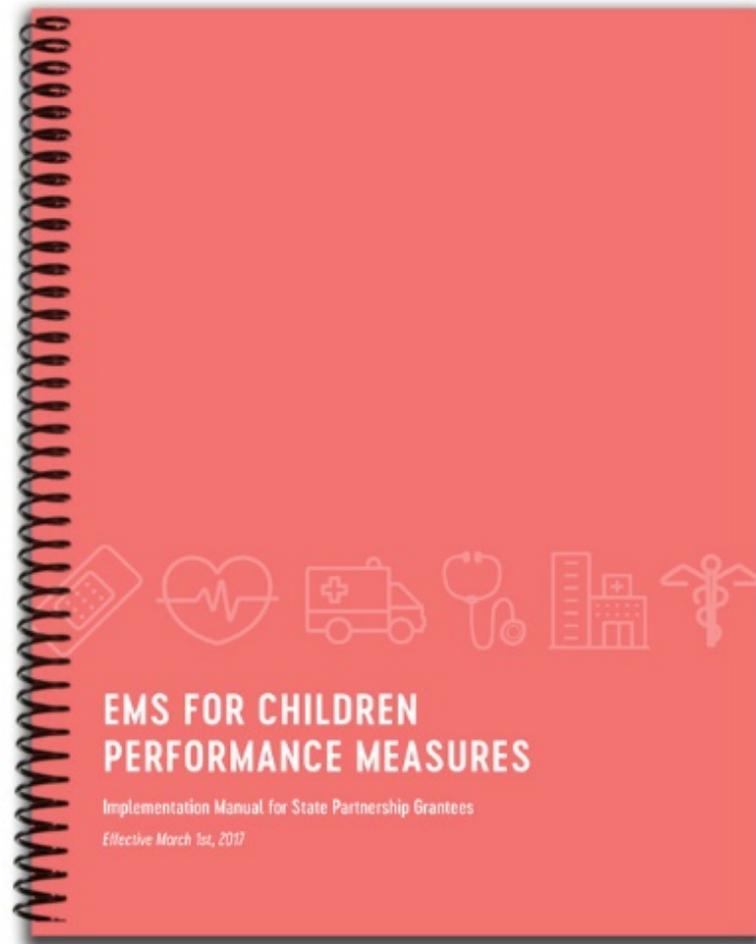
	% Responded	Num Responded	Num Surveyed
American Samoa	100%	1	1
Guam	0%	0	1
Indiana	5%	17	367
Iowa	8%	33	407
North Carolina	10%	32	306
Pennsylvania	2%	11	462
Rhode Island	50%	30	60
Grand Total	8%	124	1,604

Response Rates by State and/or Territory:

3/2/2017 11:01:31 AM



Resources for Managers



Fact Sheets and Slide Decks



During 2013-14, 49 states, the District of Columbia, 5 territories, and 3 freely associated states participated in an EMS for Children (EMSC) assessment for two federal, hospital-based performance measures about pediatric inter-facility transfer agreements and guidelines.*

The following is a brief summary of the results of the assessment for <STATENAME> with comparison to national percentages.

<STATENAME> had <XXX> responses from hospitals with Emergency Departments (EDs) and achieved a response rate of <XXX%>. Nationally, over 3,900 EDs responded; a response rate of 81.3%.

If you would like more information please do not hesitate to contact:

<First and Last Name>
<Title>
<Email Address or Phone>

Inter-facility Transfer Agreements:

Percent of hospitals that have inter-facility transfer agreements:

<STATENAME> PERCENTAGE:	NATIONWIDE PERCENTAGE:
XX%	66%

Inter-facility Transfer Guidelines:

	<STATENAME>	NATIONAL
Does your hospital have inter-facility transfer guidelines?		
Yes, have inter-facility transfer guidelines	<XX.X%>	69.3%
If yes, which EMSC components are included?		
Process for patient transfer (including obtaining informed consent)	<XX.X%>	98.8%
Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center	<XX.X%>	96.6%
Plan for transfer of patient medical record	<XX.X%>	98.9%
Plan for transfer of copy of signed transport consent	<XX.X%>	98.3%
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.)	<XX.X%>	91.0%
Process for selecting the appropriate care facility	<XX.X%>	86.9%
Plan for transfer of personal belongings of the patient	<XX.X%>	90.6%
Plan for provision of directions and referral institution information to family	<XX.X%>	82.8%

Percent of hospitals that have inter-facility transfer guidelines with all of the eight EMSC components:

<STATENAME> PERCENTAGE:	NATIONWIDE PERCENTAGE:
XX%	50%

This report was developed in partnership with the National Emergency Medical Services for Children Data Analysis Resource Center; funded in part by cooperative agreement #U03MC0008.

* The red boxes indicate federal reporting for National Performance Measures 76 and 77.

Assessed **XX** hospitals
with an Emergency
Department.

XX%
response rate



Summary Reports



Report Date: 3/13/2014 11:56:53 AM

Number of States Assessing for Offline Medical Direction (in national database): **45**

Total Number of Agencies (in national database): **5,692**

Note: IHS/Tribal Agencies Excluded for Performance Measure Calculation.

Availability of Offline Medical Direction (2013-14 Data):

Measure: The percent of pre-hospital provider agencies in the State/Territory that have offline pediatric medical direction available from dispatch through patient transport to a definitive care facility.

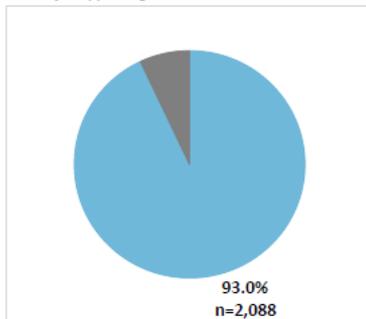
Respondents were asked a series of questions to assess their offline pediatric medical capabilities. The following is a summary of those questions.

Highest reported level of state certification/licensure:

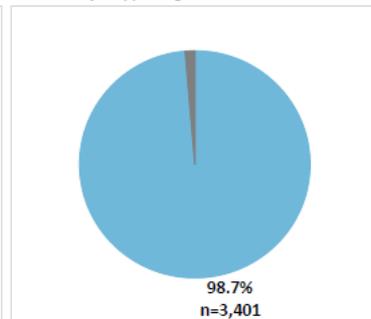
	Num of Agencies	% of Total
Basic Life Support Agencies	2,245	39.4%
Advanced Life Support Agencies	3,447	60.6%
Grand Total	5,692	100.0%

Written protocols are available to your providers for the treatment of pediatric patients, ages 0-18 years.

Basic Life Support Agencies



Advanced Life Support Agencies



Legend: ■ Yes, Written Protocols Available for Peds Patients ■ No, Written Protocols Available for Peds Patients

This report was developed in partnership with the National Emergency Medical Services for Children Data Analysis Resource Center, funded in part by cooperative agreement #U03MC00008.



AVAILABILITY OF OFFLINE MEDICAL DIRECTION CALCULATION:

How often were these pediatric protocols physically available (paper or electronic) in the EMS vehicle or carried by your providers during emergency calls? The answers reported as always or almost always counted as "having offline medical direction available."

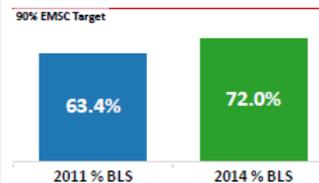
		Num of Agencies	% of Yes
Basic Life Support Agencies	Always or Almost Always (90 to 100%)	1,617	72.0%
	Usually (50 to 89%)	98	4.4%
	Occasionally (10 to 49%)	66	2.9%
	Rarely (1 to 9%)	114	5.1%
	Never (0%)	193	8.6%
	No Protocols Available	157	7.0%
Grand Total		2,245	100.0%

		Num of Agencies	% of Yes
Advanced Life Support Agencies	Always or Almost Always (90 to 100%)	3,222	93.5%
	Usually (50 to 89%)	61	1.8%
	Occasionally (10 to 49%)	37	1.1%
	Rarely (1 to 9%)	46	1.3%
	Never (0%)	35	1.0%
	No Protocols Available	46	1.3%
Grand Total		3,447	100.0%

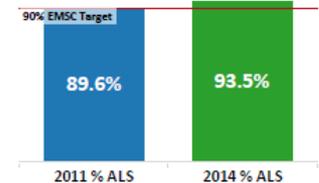
Offline Medical Direction Historical Comparison

The following is a historical comparison of the final calculations for offline medical direction. Data from 2013-14 is compared with the data collected during the previous data collection period (2010-11). The EMSC program target is highlighted in the chart at 90%.

Basic Life Support Agencies:



Advanced Life Support Agencies:



NEDARC YouTube Channel

- Videos to accompany the manual will be made.
- 01 has been made
- Want to make 2 more
- NEDARC web page and YouTube Channel

Any other thoughts?

