By 2021, 80% of EMS agencies in the state submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.

As of December 2018, 199 of 280 (71%) licensed Florida EMS agencies are reporting to EMSTARS which accounts for approximately 88% of all emergency calls. Of the 199 agencies reporting to EMSTARS, 58% (116) are submitting version 3.x compliant data representing a 17% increase over the past year.
EMSC 02: Pediatric Emergency Care Coordinator (PECC) ✔

EMSC 03: Use of Pediatric-Specific Equipment ✔

• By 2020, increase to 30% the proportion of EMS agencies that have a designated individual responsible for the coordination of pediatric emergency care.

• FL 37% or 60/162 responding EMS agencies had a PECC

• By 2020, increase to 30% the proportion of EMS agencies that evaluate EMS practitioners' pediatric skills at least once per year.

• FL 30% of responding agencies had moderate to intensive training using pediatric specific equipment, however 11% had very little or none.
In 2017-18, the Florida EMSC Program, conducted an assessment on whether there was an individual responsible for the coordination of pediatric emergency care and a process for pediatric training within local EMS agencies. Florida achieved a 78% response rate. This report compares Florida’s results with national results.

If you would like more information please do not hesitate to contact the: Florida EMSC Program Manager at 850-245-4440, ext. 2686

Coordination of Pediatric Emergency Care:
The Institute of Medicine report “Emergency Care for Children: Growing Pains” states that pediatric coordinators are necessary to advocate for improved competencies and the availability of resources for pediatric patients in both the prehospital and emergency department settings.

Gausche-Hill et al. in a national study 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. An individual who coordinates pediatric emergency care for EMS agencies may also result in ensuring that the agency and its providers are more prepared to care for ill and injured children.

<table>
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<tr>
<th>FLORIDA</th>
<th>NATIONAL</th>
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<tr>
<td>% of EMS agencies with access to a Pediatric Emergency Care Coordinator</td>
<td>37% of EMS Agencies</td>
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Of the 37% who have a Pediatric Emergency Care Coordinator, what are the top five duties performed?

| Promotes pediatric continuing education opportunities | 100% |
| Ensures that fellow providers follow pediatric clinical practice guidelines and/or protocols | 97% |
| Oversees pediatric process improvement initiatives | 95% |
| Ensures that the pediatric perspective is included in the development of EMS protocols | 92% |
| Ensures the availability of pediatric medications, equipment, and supplies | 87% |

Frequency of Pediatric Training:
Pediatric EMS encounters are often rare so there is little chance for providers to practice the needed skills in the field. Studies have shown that specific clinical skills, of EMS providers, deteriorate over time when they are not practiced regularly in a training setting or actual patient encounter.

Evaluation of training using pediatric-specific equipment among EMS providers was scored based on type and frequency of training at the EMS Agency. An EMS Agency scoring 6 points or higher, on a 12 point scale, was considered to have moderate to extensive training for pediatric-specific needs.

Distribution of Florida Results:

- **FLORIDA MEDIAN SCORE = 4**
- **NATIONAL MEDIAN SCORE = 3**

ENGAGE regional, agency, and medical directors to better understand barriers and look for solutions to increase the coordination of care and the frequency of training for pediatric patients.

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This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) EMS for Children Program, under 5U58MC08999 and 10MH760174, respectively. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Prehospital PECC

Fast Facts

What is a Pediatric Emergency Care Coordinator and why are they important?

**Pediatric Emergency Care Coordinator (PECC)**

An individual or individuals who are responsible for coordinating pediatric-specific activities.

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.

What the research shows

The Institute of Medicine 2007 publication “Emergency Care for Children: Growing Pains,” recommended that EMS agencies appoint a pediatric emergency coordinator to provide pediatric leadership for the organization. This recommendation was based on findings that PECCs are necessary to advocate for improved competencies and the availability of resources for pediatric patients.

Physician Oversight of Pediatric Care in Emergency Medical Services

In 2016, an NAEMSP review concluded that existing literature supports PECCs as an improvement within EMS agencies which facilitates optimal care of children in a pre-hospital setting.

Resource Document: Coordination of Pediatric Emergency Care in EMS Systems

Katherine Remick, MD, Jong Un, MD, MHSc, Kathleen Adkington, MD, MHSc, Marshall Isham, MD, MS, Julie C. Lawrence, MD, MHSc, Marieanne Gansche-Hill, MD

The conclusion of this 2017 document is that an "EMS PECC facilitates the integration of pediatric needs into all aspects of EMS," and that EMS agencies may benefit from having a PECC based upon results received from pediatric verification programs for emergency departments.

national data

Based on responses to the 2017-2018 EMS for Children Program survey

B166 Responding Agencies

| Percentage | 22.9% |
| 3.4% |
| 24.6% |
| 49.1% |

Whether your agency is urban, rural, volunteer, or paid, various staffing models can fit your needs

**AGENCY**

- One full-time individual (dedicated role)
- One individual with additional duties
- Multiple individuals sharing duties

**REGIONAL**

- Shared individual
- Medical Directors Group
- Pediatric Committee

**roles & responsibilities pick-list**

- Protocol development/review
- Case retrieval, feedback to providers
- Medical oversight
- Pediatric education/training
- Mandatory of pediatric experiences, health, and pediatric
- Online medical director
- Research
- Injury prevention

Various resources exist to help you implement and support a PECC in your agency

**additional information**

Brought to you by:

Prehospital Pediatric Emergency Care Coordination Learning Collaborative Resources
Nationally, approximately 24 million children are seen in hospital emergency departments every year. Most children are treated first in a local community hospital, which may not have all of the processes, staff, and equipment needed to provide specialty pediatric care.

When this is the case, a critically ill or injured child will need to be transferred rapidly from the initial hospital to a more specialized receiving facility, such as a pediatric-specialty hospital or a trauma center that has additional resources needed to treat children. The development of written interfacility transfer agreements and guidelines promotes effective working relationships between referring hospitals and specialized receiving facilities.

Written interfacility transfer agreements and guidelines standardize the process for communication between healthcare providers and expedite care for children:

- **Interfacility Transfer Agreements** ensure the transfer between facilities is established in writing, whereas,
- **Interfacility Transfer Guidelines** contain the steps and procedures necessary to ensure that children are rapidly and properly transferred.

### FLORIDA ASSESSMENT:

In 2018, the Florida EMSC Program, conducted an assessment of hospitals with emergency departments to determine the presence of interfacility transfer agreements and guidelines. Florida achieved a 84% response rate. This report compares Florida results with national results.

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

Florida EMSC Program Manager at 850-245-4440, ext. 2686

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### INTERFACILITY TRANSFER AGREEMENTS AND GUIDELINES:

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<tr>
<th>FLORIDA</th>
<th>NATIONAL</th>
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<tbody>
<tr>
<td>Percent of hospitals that have interfacility transfer agreements:</td>
<td>94%</td>
</tr>
<tr>
<td>Percent of hospitals that have interfacility transfer guidelines:</td>
<td>97%</td>
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</table>

### KEY ELEMENTS OF INTERFACILITY TRANSFER GUIDELINES:

Of the 97% of hospitals that reported having interfacility transfer guidelines, the following are in place:

- **Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center**
  
  100%

- **Plan for transfer of patient medical record**
  
  100%

- **Plan for transfer of copy of signed transport consent**
  
  100%

- **Process for patient transfer (including obtaining informed consent)**
  
  100%

- **Plan for transfer of personal belongings of the patient**
  
  99%

- **Process for selecting the appropriate care facility**
  
  99%

- **Process for selecting the appropriately staffed transport service to match the patient’s acuity level**
  
  99%

- **Plan for provision of directions and referral institution information to family**
  
  96%