

In 2017-18, the Alabama 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. Alabama achieved a 82% response rate. This report compares Alabama's results with national results.

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

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Coordination of Pediatric Emergency Care:

The Institute of Medicine report "Emergency Care for Children: Growing Pains"¹ states that pediatric coordinators are necessary to advocate for improved competencies and the availability of resources for pediatric patients in both the pre-hospital and emergency department settings.

Gausche-Hill et al.² 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.

	ALABAMA	NATIONAL
% of EMS agencies with access to a Pediatric Emergency Care Coordinator	21% of EMS Agencies	23% of EMS Agencies

Of the 21% who have a Pediatric Emergency Care Coordinator, what are the top five duties performed?

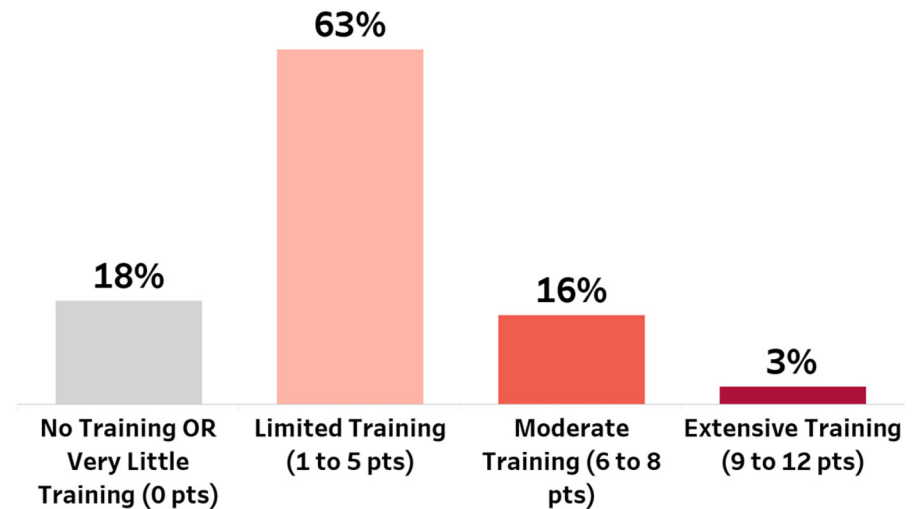
Ensures that fellow providers follow pediatric clinical practice guidelines and/or protocols	100%
Promotes pediatric continuing education opportunities	100%
Ensures the availability of pediatric medications, equipment, and supplies	96%
Ensures that the pediatric perspective is included in the development of EMS protocols	81%
Oversees pediatric process improvement initiatives	81%

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.³

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 Alabama Results:



ALABAMA MEDIAN SCORE = 2

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.

¹ Institute of Medicine (2007). "Emergency care for children: Growing pains"

² Gausche-Hill, et al. (2015). A national assessment of pediatric readiness of emergency departments. *JAMA Pediatrics*, 169(6), 527-534.

³ Lammers, R. L., et al. (2009). Simulation-based assessment of paramedic pediatric resuscitation skills. *Prehospital Emergency Care*, 13(3), 345-356

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