DGIS USER GUIDE EMERGENCY MEDICAL SERVICES FOR CHILDREN FORMS

Version 2.0 – Updated 04/28/2023

HRSA

CONTENTS

EMERGENCY MEDICAL SERVICES FOR CHILDREN FORMS

NOTE: Grantees awarded under HRSA-23-063 (H33) are required to complete EMSC 04, EMSC 08 and EMSC 09 forms. EMSC 01, EMSC 05, EMSC 06, and EMSC 07 have been discontinued. Data historically reported in EMSC 02 and EMSC 03 are now provided to HRSA via the EMSC Data Center (EDC).

On the following Emergency Medical Services for Children (EMSC) forms, grantees provide details to assess the establishment of pediatric medical recognition programs, as well as permanence and integration of EMSC priorities.

Data provided by the grantee will support the below areas:

1. Increase the percentage of hospitals recognized as part of a standardized statewide, territorial, or regional program to stabilize and manage pediatric medical emergencies, designating pediatric emergency care coordinators (PECC), ensuring that disaster plans address the needs of children, and ensuring staff weigh and record children's weight in kilograms.
2. Increase the number of states/territories that have established the permanence of EMSC.
3. Integrate existing EMS or hospital/healthcare facility statutes/regulations.

APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Report (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Emergency Medical Services for Children Forms

Emergency Medical Services for Children Forms	Report Types		
Applicable Forms	**NCPR**	**NCCPR**	**PPER**
EMSC 4 – Emergency Medical Services for Children Forms	✔	✔	✔
EMSC 8 – Emergency Medical Services for Children Forms	✔	✔	✔
EMSC 9 – Emergency Medical Services for Children Forms	✔	✔	✔

EMERGENCY MEDICAL SERVICES FOR CHILDREN FORM 4

FORM INSTRUCTIONS

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) 04 DETAIL SHEET

The following information is under the **EMSC 04 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. EMSC 04 – Emergency Department Preparedness
2. Goal
3. Level
4. Domain
5. Definition
6. EMSC Strategic Objective
7. Grantee Data Sources
8. Significance

Figure 2: EMSC 04: Detail Sheet

📑 **Emergency Medical Services for Children (EMSC 4)**

▸ DG0000   Due In: 49 Days | Status: Not Started

▸ Resources ⬀

▾ **EMSC 04 Detail Sheet**

EMSC 04 - Emergency Department Preparedness	The percent of hospitals with an Emergency Department (ED) recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. Show less
Goal	To increase the percent of hospitals that are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. Show less
Level	Grantee
Domain	Emergency Medical Services for Children
Definition	Numerator: Number of hospitals with an ED that are recognized through a statewide, territorial or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. Denominator: Total number of hospitals with an ED in the State/Territory. Units: 100 Text: Percent Standardized system: A system of care provides a framework for collaboration across agencies, health care organizations/services, families, and youths for the purposes of improving access and expanding coordinated culturally and linguistically competent care for children and youth. The system is coordinated, accountable and includes a facility recognition program for pediatric medical emergencies. Recognizing the pediatric emergency care capabilities of hospitals supports the development of a system of care that is responsive to the needs of children and extends access to specialty resources when needed. Hospital: Facilities that provide definitive medical and/or surgical assessment, diagnoses, and life and/or limb saving interventions for the ill and injured AND have an Emergency Department. Excludes Military and Indian Health Service hospitals. Show less

EMSC Strategic Objective	Ensure the operational capacity and infrastructure to provide pediatric emergency care.
	Develop a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies. Show less
Grantee Data Sources	This performance measure will require grantees to determine how many hospitals participate in their facility recognition program (if the state has a facility recognition program) for medical emergencies. Show less
Significance	The performance measure emphasizes the importance of the existence of a standardized statewide, territorial, or regional system of care for children that includes a recognition program for hospitals capable of stabilizing and/or managing pediatric medical emergencies. A standardized recognition and/or designation program, based on compliance with the current published pediatric emergency/trauma care guidelines, contributes to the development of an organized system of care that assists hospitals in determining their capacity and readiness to effectively deliver pediatric emergency/trauma and specialty care.
	This measure helps to ensure essential resources and protocols are available in facilities where children receive care for medical and trauma emergencies. A recognition program can also facilitate EMS transfer of children to appropriate levels of resources.
	Additionally, a pediatric recognition program, that includes a verification process to identify facilities meeting specific criteria, has been shown to increase the degree to which EDs are compliant with published guidelines and improve hospital pediatric readiness statewide. In addition, Performance Measure EMSC 04 does not require that the recognition program be mandated. Voluntary facility recognition is accepted. Show less

ANNUAL PERFORMANCE TARGETS

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Targets* (%): Enter an integer from 0–100. This is a required field.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields, if needed.

Figure 3: EMSC 04: Annual Performance Targets

I. Annual Performance Targets

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Targets (%)
8/1/2021-7/31/2022	25
8/1/2022-7/31/2023	35
8/1/2023 - 7/31/2024	45
8/1/2024 - 7/31/2025	55
8/1/2025 - 7/31/2026	70

DATA COLLECTION FOR DETAIL SHEET – EMERGENCY DEPARTMENT PREPAREDNESS

1. Indicate the degree to which a facility recognition program for pediatric medical emergencies exists (required): In this section, the grantee must select one option from *0*, *1*, *2*, *3*, *4*, and *5*. If the grantee selects options *0*, *1*, *2*, *3*, or *4*, then the *Numerator* and *Denominator* of the section called Hospitals with an Emergency Department (ED) that manage pediatric medical emergencies will remain locked. Only if the grantee selects option *5* will the *Numerator* and *Denominator* become unlocked.

Figure 4: EMSC 04: Data Collection for Detail Sheet – Emergency Department Preparedness

II. Data Collection for Detail Sheet - Emergency Department Preparedness

Indicate the degree to which a facility recognition program for pediatric medical emergencies exist

○ 0 - No progress has been made towards developing a statewide, territorial, or regional program that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies

○ 1 - Research has been conducted on the effectiveness of a pediatric medical facility recognition program (i.e., improved pediatric outcomes) and/or developing a pediatric medical facility recognition program has been discussed by the EMSC Advisory Committee and members are working on the issue.

○ 2 - Criteria that facilities must meet in order to receive recognition as being able to stabilize and/or manage pediatric medical emergencies have been developed.

○ 3 - An implementation process/plan for the pediatric medical facility recognition program has been developed.

○ 4 - The implementation process/plan for the pediatric medical facility recognition program has been piloted.

◉ 5 - At least one facility has been formally recognized through the pediatric medical facility recognition program.

HOSPITALS WITH AN EMERGENCY DEPARTMENT (ED) THAT MANAGE PEDIATRIC MEDICAL EMERGENCIES (REQUIRED)

In this section, the grantee must populate the below fields:

1. Numerator: This is the number of hospitals with an ED that is recognized through a statewide, territorial, or regional program and that are able to stabilize and/or manage pediatric medical emergencies. Enter an integer from 0–999,999.
2. Denominator: This is the total number of hospitals with an ED in the state/territory. Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.

Figure 5: EMSC 04: Hospitals with an Emergency Department (ED) that manage pediatric medical emergencies

Hospitals with an Emergency Department (ED) that manage pediatric medical emergencies	
Numerator *(Number of hospitals with an ED that are recognized through a statewide, territorial or regional program that are able to stabilize and/or manage pediatric medical emergencies.)*	10
Denominator *(Total number of hospitals with an ED in the State/Territory.)*	20

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Hospitals with an Emergency Department (ED) that manage pediatric medical emergencies exist.

Figure 6: EMSC 04: Annual Performance Indicator

III. Annual Performance Indicator	
This indicator is calculated based on the information provided in Section 2.	
Budget Period	**Indicator (%)** **(Numerator/Denominator * 100)**
4/1/2020-3/31/2021	50

COMMENTS (OPTIONAL)

The grantee may provide additional comments here.

Figure 7: EMSC 04: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

EMERGENCY MEDICAL SERVICES FOR CHILDREN FORM 8

FORM INSTRUCTIONS

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) 08 DETAIL SHEET

The following information is under the **EMSC 08 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. EMSC 08 – EMSC Permanence
2. Goal
3. Level
4. Domain
5. Definition
6. EMSC Strategic Objective
7. Grantee Data Sources
8. Significance

Figure 8: EMSC 08: Detail Sheet

Emergency Medical Services for Children (EMSC 8)

▸ DG00006863: (U7EMC00021) ZASLAWSKI MCFADYEN HEALTH CARE AUTHORITY, Mathis, NY   Due In: 49 Days | Status: Not Started

▸ Resources

▾ EMSC 08 Detail Sheet

EMSC 08 - EMSC Permanence	The degree to which the State/Territory has established permanence of EMSC in the State/Territory EMS system.
Goal	To increase the number of States/Territories that have established permanence of EMSC in the State/Territory EMS system.
Level	Grantee
Domain	Emergency Medical Service for Children
Definition	The number of elements that are associated with permanence of EMSC in a State/Territory EMS system on a scoring system ranging from a possible score of no elements (0) to five elements (5). Permanence of EMSC in a State/Territory EMS system is defined as: • The EMSC Advisory Committee has the required members as per the implementation manual. • The EMSC Advisory Committee meets at least four times a year. • Pediatric representation incorporated on the State/Territory EMS Board. • The State/Territory require pediatric representation on the EMS Board. • One full time EMSC Manager is dedicated solely to the EMSC Program. **EMSC** The component of emergency medical care that addresses the infant, child, and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component. EMSC includes emergent at the scene care as well as care received in the emergency department, surgical care, intensive care, long-term care, and rehabilitative care. EMSC extends far beyond these areas yet for the purposes of this manual this will be the extent currently being sought and reviewed. **EMS system** The continuum of patient care from prevention to rehabilitation, including pre-hospital, dispatch communications, out-of-hospital, hospital, primary care, emergency care, inpatient, and medical home. It encompasses every injury and illness Show less
Strategic Objective	Establish permanence of EMSC in each State/Territory EMS system. Establish an EMSC Advisory Committee within each State/Territory Incorporate pediatric representation on the State/Territory EMS Board Establish one full-time equivalent EMSC manager that is dedicated solely to the EMSC Program. Show less
Grantee Data Sources	Attached data collection form to be completed by grantee.
Significance	Establishing permanence of EMSC in the State/Territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to establish one full time equivalent EMSC Manager whose time is devoted solely (i.e., 100%) to the EMSC Program. Moreover, by ensuring pediatric representation on the State/Territory EMS Board, pediatric issues will more likely be addressed. Show less

ANNUAL PERFORMANCE TARGETS

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs):**
   a. *Targets* (%) (Required): Enter an integer from 0–5. This is a required field.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
   a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
   b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
   c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields, if needed.

Figure 9: EMSC 08: Annual Performance Targets

I. Annual Performance Targets

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Targets (%)
8/1/2021-7/31/2022	2
8/1/2022-7/31/2023	4
8/1/2023 - 7/31/2024	4
8/1/2024 - 7/31/2025	5
8/1/2025 - 7/31/2026	5

DATA COLLECTION FOR DETAIL SHEET – EMSC PERMANENCE (REQUIRED)

In this section, the grantee must select one option from the dropdown menu—*Yes* (*1*) or *No* (*0*) —for all five elements. The total of selections *Yes* (*1*) or *No* (*0*) made by the grantee will be reflected in the Annual Performance Score section.

Figure 10: EMSC 08: Elements

Element	Yes (1) / No (0)
1. The EMSC Advisory Committee has the required members as per the implementation manual.	Yes ⌄
	Select one
	Yes
2. The EMSC Advisory Committee has met four or more times during the grant year.	No
3. There is pediatric representation on the EMS Board.	Yes ⌄
4. There is a State/Territory mandate requiring pediatric representation on the EMS Board.	Yes ⌄
5. There is one full-time EMSC Manager that is dedicated solely to the EMSC Program.	Yes ⌄

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, EMSC Performance.

Figure 11: EMSC 08: Annual Performance Score

III. Annual Performance Score

> 🏳 The score is calculated based on the information provided in Section 2.

Budget Periods	Score
8/1/2021-7/31/2022	5

COMMENTS

The grantee may provide additional comments here.

Figure 12: EMSC 08: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

EMERGENCY MEDICAL SERVICES FOR CHILDREN FORM 9

FORM INSTRUCTIONS

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) 09 DETAIL SHEET

The following information is under the **EMSC 09 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. EMSC 09 – Integration of EMSC Priorities
2. Goal
3. Level
4. Domain
5. Definition
6. EMSC Strategic Objective
7. Grantee Data Sources
8. Significance

Figure 13: EMSC 09: Detail Sheet

Definition	The number of elements that are associated with integrating EMSC priorities in a State/Territory EMS system on a scoring system ranging from a possible score of no elements (0) to eleven elements (11).
	Priorities: The priorities of the EMSC Program include the following:
	1. EMS agencies are required to submit NEMSIS compliant data to the State EMS Office.
	2. EMS agencies in the state/territory have a designated individual who coordinates pediatric emergency are.
	3. EMS agencies in the state/territory have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.
	4. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage
	• pediatric medical emergencies
	• trauma
	5. Hospitals in the State/Territory have written inter- facility transfer guidelines that cover pediatric patients and that include the following components of transfer:
	• Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication).
	• Process for selecting the appropriate care facility.
	• 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.).
	• Process for patient transfer (including obtaining informed consent).
	• Plan for transfer of patient medical record.
	• Plan for transfer of copy of signed transport consent.
	• Plan for transfer of personal belongings of the patient.
	• Plan for provision of directions and referral institution information to family.
	6. Hospitals in the State/Territory have written inter-facility transfer agreements that cover pediatric patients.
	7. BLS and ALS pre-hospital provider agencies in the State/Territory are required to have on-line and off-line pediatric medical direction available.
	8. BLS and ALS patient care units in the State/Territory have the essential pediatric equipment and supplies, as outlined in the nationally recognized and endorsed guidelines.
	9. Requirements adopted by the State/Territory that requires pediatric continuing education prior to the renewal of BLS/ALS licensing/certification. Show less
Strategic Objective	Establish permanence of EMSC in each State/Territory EMS system.
Grantee Data Sources	Attached data collection form to be completed by grantee.
Significance	Establishing permanence of EMSC in the State/Territory EMS system is important for building the infrastructure of the EMSC Program and is fundamental to its success. For the EMSC Program to be sustained in the long-term and reach permanence, it is important to establish an EMSC Advisory Committee to ensure that the priorities of the EMSC Program are addressed. It is also important to establish one full time equivalent EMSC Manager whose time is devoted solely (i.e., 100%) to the EMSC Program. Moreover, by ensuring pediatric representation on the State/Territory EMS Board, pediatric issues will more likely be addressed. Show less

ANNUAL PERFORMANCE TARGETS (REQUIRED)

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Targets* (%): Enter an integer from 0–11. This is a required field.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields, if needed.

Figure 14: EMSC 09: Annual Performance Targets

I. Annual Performance Targets

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Targets (%)
8/1/2021-7/31/2022	5
8/1/2022-7/31/2023	6
8/1/2023 - 7/31/2024	7
8/1/2024 - 7/31/2025	8
8/1/2025 - 7/31/2026	11

DATA COLLECTION FOR DETAIL SHEET – EMSC PERMANENCE (REQUIRED)

In this section, the grantee may select one option from the dropdown menu—*Yes* (*1*) or *No* (*0*)—for all eleven elements. The total *Yes* (*1*) or *No* (*0*) selections made by the grantee will be reflected in the Annual Performance Score section.

Figure 15: EMSC 09: Data Collection for Detail Sheet - EMSC Permanence

II. Data Collection for Detail Sheet - EMSC Permanence

Using a response of Yes (1) or No (0), indicate the elements that your grant program has established to promote permanence of EMSC in the State/Territory EMS system

Element	Yes (1) / No (0)
1. There is a statute/regulation that requires the submission of NEMSIS compliant data to the state EMS office.	Yes
	Select one
	Yes
	No
2. There is a statute/regulation that assures an individual is designated to coordinate pediatric emergency care.	
3. There is a statute/regulation that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.	Yes
4. There is a statute/regulation for a hospital recognition program for identifying hospitals capable of dealing with pediatric medical emergencies.	Yes

5. There is a statute/regulation for a hospital recognition system for identifying hospitals capable of dealing with pediatric traumatic emergencies.	Yes
6. There is a statute/regulation for written inter-facility transfer guidelines that cover pediatric patients and include specific components of transfer.	Yes
7. There is a statute/regulation for written inter-facility transfer agreements that cover pediatric patients.	Yes
8. There is a statute/regulation for pediatric on-line medical direction for ALS and BLS pre-hospital provider agencies.	Yes
9. There is a statute/regulation for pediatric off-line medical direction for ALS and BLS pre-hospital provider agencies.	Yes
10. There is a statute/regulation for pediatric equipment for BLS and ALS patient care units.	Yes
11. There is a statute/regulation for the adoption of requirements for continuing pediatric education piror to recertification/relicensing of BLS and ALS providers.	Yes

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, EMSC Permanence.

Figure 16: EMSC 09: Annual Performance Score

III. Annual Performance Score

The score is calculated based on the information provided in Section 2.

Budget Periods	Score
8/1/2021-7/31/2022	6

COMMENTS

The grantee may provide additional comments here.

Figure 17: EMSC 09: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).