

PEDIATRIC READINESS ASSESSMENT

Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:

1. Name: _____
2. Title/Position: _____
3. Phone number: _____
4. Email: _____
5. Name of your facility/hospital: _____
6. Address of your facility/hospital: _____
7. City your facility/hospital is located in: _____
8. Zip code of your facility/hospital: _____

From this point forward, we will use the term hospital to indicate a hospital or facility where the Emergency Department is located.

9. Does your hospital have an emergency department (ED) that is open 24/7?

☐ Yes
☐ No —→ (You do not need to complete the assessment. Thank you for your time.)

These first few questions will help us understand the infrastructure of your hospital/facility and emergency department.

10. Which of the following best describes your hospital? (Choose one)

- ☐ **General Hospital** (a non-specialized facility treating adults and children for all medical and trauma conditions)
- ☐ **Children's Hospital within a General Hospital** (children's hospital located completely within a larger hospital which also sees adults)
- ☐ **Children's Hospital** (a stand-alone, specialized facility which offers services exclusively to children and adolescents)

- ☐ **Critical Access Hospital** (a non-specialized facility that is typically thirty-five miles from another hospital and maintains no more than 25 inpatient beds)
- ☐ **Micro-Hospital** (small scale inpatient facility that typically maintains eight to 15 beds for observation and short-stay use for low-acuity patients)
- ☐ **Satellite Emergency Department** (a stand-alone facility providing emergency department services, basic imaging and laboratory services that is affiliated with a hospital)
- ☐ **Free-Standing Emergency Department** (a stand-alone facility providing emergency department services, basic imaging and laboratory services that is independently owned and operated by a non-hospital for -profit entity)
- ☐ **Other**

11. You answered "other," please describe your hospital's infrastructure:

12. Which one of the following is the best description of your ED configuration for the care of children (children as defined by your hospital)?

(Choose one)

- a. ☐ Pediatric ED in a Children's hospital (hospital cares ONLY for children)
- b. ☐ Separate pediatric ED in a hospital that treats both adults and children
- c. ☐ General ED (pediatric and adult patients seen in same area)
- d. ☐ Other

13. You answered "other", please describe your hospital's ED configuration for the care of children: _____ **EDConfig_Other_Comments**

These next questions are about your hospital's trauma designation.

14. Is your hospital designated as a trauma center?

- ☐ Yes
- ☐ No → **Skip to Question 18**

15. Which of the following are used to verify your trauma center for designation?
(Check all that apply)

- a. ☐ American College of Surgeons
- b. ☐ State or Regional Level Entity (e.g., EMS authority/governing board/bureau, Department of Health)

16. At what trauma level is your hospital currently designated for adults? (Choose one)

- c. ☐ Adult Level I
- d. ☐ Adult Level II
- e. ☐ Adult Level III
- f. ☐ Adult Level IV
- g. ☐ Adult Level V
- h. ☐ None of the above

17. At what trauma level is your hospital currently designated for children? (Choose one)

- i. ☐ Pediatric Level I
- j. ☐ Pediatric Level II
- k. ☐ None of the above

Next we'd like to ask you some questions regarding your hospital's inpatient services.

18. Which of the following inpatient services does your hospital have on site?
(Check Yes or No for each)

- | | |
|--|--|
| a. Newborn nursery | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Neonatal intensive care unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Pediatric intensive care unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Pediatric step-down unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Pediatric inpatient ward | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Adult intensive care unit (medical or surgical) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Adult step-down unit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Adult inpatient ward | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Answer the following questions according to your hospital's definition of children.

If you answered yes to Adult Intensive Care Unit (medical or surgical) on Question 18:

19. Does your hospital ever admit children to the Adult Intensive Care Unit (medical or surgical)?

- ☐ Yes
☐ No

If you answered yes to Adult Step-Down Unit for Question 18:

20. Does your hospital ever admit children to the Adult Step-Down Unit?

- ☐ Yes
☐ No

If you answered yes to Adult Inpatient Ward for Question 18:

21. Does your hospital ever admit children to the Adult Inpatient Ward?

- ☐ Yes
☐ No

Administration and Coordination for the Care of Children

Pediatric Emergency Care Coordinators (PECCs) are individuals identified by ED or hospital leadership to oversee various administrative aspects of **pediatric** emergency care. When present, these individuals may be a physician, nurse, or advanced practice provider. The individuals filling the physician PECC role or the nurse PECC role may oversee more than one program, and/or be shared with other institutions.

Answers to the following questions will help us to better understand the resources available for the care of children in your ED.

Physician Administration/Coordination

22. Which one of the following statements best describes the presence of a **physician PECC** at your institution? (Choose one):

- ☐ Our institution has a physician PECC that is filled by an MD or DO
- ☐ Our institution has a physician PECC that is filled by an Advanced Practice Provider (e.g. Physician Assistant or Nurse Practitioner) with physician oversight
- ☐ Our institution does **NOT HAVE** a physician PECC at this time —→ **Skip to Question 25**

23. Is dedicated non-clinical time allotted to complete the tasks associated with the physician PECC role?

- ☐ Yes
☐ No

24. Which of the following statements best describes the scope of the physician PECC role? (Check one)

- ☐ an individual who coordinates care only for your hospital ED
☐ an individual who coordinates care for your hospital ED as well as other hospital EDs

Nurse Administration/Coordination

25. Which of the following statements best describes the presence of a **nurse PECC** at your institution? (Choose one):

- ☐ Our institution has a nurse PECC that is filled by a RN or BSN
☐ Our institution has a nurse PECC that is filled by a Nurse Practitioner.
☐ Our institution does **NOT HAVE** a nurse PECC at this time —→ **Skip to Question 28**

26. Is dedicated non-clinical time allotted to complete the tasks associated with this nurse PECC role?

- ☐ Yes
☐ No

27. Which of the following statements best describes the scope of the nurse PECC role? (Check one)

- ☐ an individual who coordinates care only for your hospital ED
☐ an individual who coordinates care for your hospital ED as well as other hospital EDs

The following questions refer to personnel, quality improvement, and patient safety in the ED. If you have a separate pediatric ED, then answer based on resources for that area; if you do not have a separate pediatric ED, then answer based on the overall ED resources.

Personnel – Physicians

28. Is there a physician working on site in the ED 24/7?

- ☐ Yes
☐ No → **Skip to Question 30**

29. What types of training/certification are required for physicians who staff your ED 24/7 and care for children?

(Check Yes or No for each)

- | | |
|---|--|
| a. Emergency medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Pediatric emergency medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Pediatrics board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Family medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Internal medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Surgery board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Board eligible/certified physician with other training | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Non-Board eligible/certified physician with other training | Yes <input type="checkbox"/> No <input type="checkbox"/> |

30. Does your hospital have a policy for physician credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of board certification, hospital specific competency evaluations)?

- ☐ Yes
☐ No → **Skip to Question 34**

If yes, then which of the following are required?

31. Continuing education requirements in pediatric emergency care **PhysPolicy_ConEd**

- ☐ Yes **Y**
☐ No **N**

32. **[2.5 points]** Maintenance of board certification **PhysPolicy_Board**

- ☐ Yes **Y**
☐ No **N**

33. Hospital-specific competency evaluations (e.g., sedation and analgesia)

PhysPolicy_Hosp

- ☐ Yes **Y**
☐ No **N**

Personnel – Nurses

34. Does your hospital have a policy for nurse credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance specialty certifications, hospital specific competency evaluations)?

- ☐ Yes
☐ No → **Skip to Question 38**

If yes, then which of the following are required?

35. Continuing education requirements in pediatric emergency care (e.g. ENPC, PALS)

NursePolicy_ConEd

- ☐ Yes **Y**
☐ No **N**

36. **[2.5 points]** Maintenance of specialty certification for nurses (e.g., CEN, CPEN)

NursePolicy_SpecCert

- ☐ Yes **Y**
☐ No **N**

37. Hospital specific competency evaluations (e.g., triage, pain assessment)

NursePolicy_Hosp

- ☐ Yes **Y**
☐ No **N**

Personnel – Advanced Practice Providers (Nurse Practitioners, Physician Assistants)

38. Does your hospital employ advanced practice providers (nurse practitioners and/or physician assistants) to provide care for children in the ED?

☐ Yes
☐ No —→ **Skip to Question 43**

39. Does your hospital staff policy for advanced practice provider credentialing require pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of national specialty certification, hospital specific competency evaluations).

☐ Yes
☐ No —→ **Skip to Question 43**

If yes, then which of the following are required?

40. Continuing education requirements in pediatric emergency care **AdvPolicy_ConEd**

☐ Yes **Y**
☐ No **N**

41. Maintenance of national specialty certification **AdvPolicy_SpecCert**

☐ Yes **Y**
☐ No **N**

42. Hospital specific competency evaluations (e.g., pain assessment and management)
AdvPolicy_Hosp

☐ Yes **Y**
☐ No **N**

Quality Improvement

43. Does your ED have a Quality Improvement/Performance Improvement Plan for pediatric patients? (e.g. chart review, collection of pediatric emergency care data, development of a plan to improve pediatric emergency care, etc)

☐ Yes
☐ No → **Skip to Question 45**

44. If yes, are each of the following components included in the Quality Improvement/Performance Improvement Plan?
(Check Yes or No for each)

- a. Patient care review process (chart review) Yes ☐ No ☐
- b. Identification of quality indicators for children (e.g., timely administration of steroids in acute asthma exacerbation or performing lumbar puncture on febrile neonates) Yes ☐ No ☐
- c. Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits) Yes ☐ No ☐
- d. Development of a plan for improvement in pediatric emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement) Yes ☐ No ☐
- e. Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated?) Yes ☐ No ☐

Pediatric Patient Safety in the ED

- 45. Are all children seen in the ED weighed in kilograms (without conversion from pounds)? Yes ☐ No ☐
- 46. Are all children's weights recorded in the ED medical record in kilograms only? Yes ☐ No ☐

47. Are temperature, heart rate, and respiratory rate recorded on all children? Yes ☐ No ☐
48. Is blood pressure monitoring available for children of all ages based on severity of illness? Yes ☐ No ☐
49. Is pulse oximetry monitoring available for children of all ages based on severity of illness? Yes ☐ No ☐
50. Is end tidal CO2 monitoring available for children of all ages based on severity of illness? Yes ☐ No ☐
51. Is there a process in place for notification of physicians when abnormal vital signs are found? Yes ☐ No ☐
52. Is a process in place for the use of pre-calculated drug dosing in all children? Yes ☐ No ☐
53. Is a process in place that allows for 24/7 access to interpreter services in the ED? Yes ☐ No ☐
54. Is level of consciousness (e.g. AVPU or GCS) assessed in all children? Yes ☐ No ☐
55. Is level of pain assessed in all children? Yes ☐ No ☐

Next we would like to know about policies and/or procedures that your ED has to address the needs of children. These pediatric policies may be integrated into the overall ED policy manual or may be listed separately. They should also be written and available to staff in the ED.

Policies and Procedures

56. Does your ED have a triage policy that specifically addresses ill and injured children?
- ☐ Yes
☐ No

57. Does your ED have policies, procedures, or plans for each of the following?
(Check Yes or No for each)

- a. Pediatric patient assessment and reassessment policies, procedures or plan Yes ☐ No ☐
- b. Immunization assessment and management of the under-immunized child policies, procedures or plan Yes ☐ No ☐
- c. Child maltreatment policies, procedures or plan Yes ☐ No ☐
- d. Death of the child in the ED policies, procedures or plan Yes ☐ No ☐
- e. Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight policies, procedures or plan Yes ☐ No ☐
- f. Behavioral health issues policies, procedures or plan for children of all ages Yes ☐ No ☐

58. Does your ED have a written guideline for the transfer of children with behavioral health issues out of your facility to an appropriate facility **Policies_Component_Behave** Yes ☐ No ☐

59. Does your ED have social services policies, procedures or a plan for children of all ages? **Policies_Social** Yes ☐ No ☐

Policies for Family Centered Care

60. Does your ED have a policy for promoting family-centered care? (e.g., family presence, family involvement in clinical decision making, etc.)

☐ Yes
☐ No → **Skip to Question 62**

61. Does your ED's family-centered care policy include any of the following?
(Check Yes or No for each)

- | | |
|---|--|
| a. Involving families and caregivers in patient care decision-making | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Involving families and caregivers in medication safety processes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Family and guardian presence during all aspects of emergency care, including resuscitation | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Education of the patient, family, and caregivers on treatment plan and disposition | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Bereavement counseling | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Policies for Disaster Planning

62. Does your hospital disaster plan address issues specific to the care of children? (e.g., pediatric surge capacity, patient tracking and reunification, pediatric decontamination)

☐ Yes
☐ No → **Skip to Question 68**

63. If yes, does your hospital disaster plan include each of the following?
(Check Yes or No for each)

- | | |
|--|--|
| a. Availability of medications, vaccines (e.g., tetanus and influenza), equipment, supplies, and appropriately trained providers for children in disasters | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Decontamination, isolation, and quarantine of families and children of all ages | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Minimization of parent-child separation and methods for reuniting separated children with their families | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- d. All disaster drills include pediatric patients Yes ☐ No ☐
64. Pediatric surge capacity for both injured and non-injured children Yes ☐ No ☐
65. Access to behavioral health therapies for children in the event of a disaster Yes ☐ No ☐
66. Access to social services for children in the event of a disaster Yes ☐ No ☐
67. The care of children with special health care needs, including children with developmental disabilities Yes ☐ No ☐

Next we would like to know about your hospital's interfacility transfer guidelines.

68. Does your hospital or medical facility have written interfacility guidelines that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

Note: Compliance with EMTALA does not constitute having interfacility transfer guidelines. The guidelines may be a separate document or part of an interfacility transfer agreement document.

☐ Yes
☐ No → **Skip to Question 70**

69. You answered that your hospital has written interfacility transfer guidelines. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below. (Check Yes or No for each)

- a. 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) Yes ☐ No ☐
- b. Process for selecting the appropriate care facility Yes ☐ No ☐

- c. 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.) Yes ☐ No ☐
- d. Process for patient transfer (including obtaining informed consent) Yes ☐ No ☐
- e. Plan for transfer of copy of patient medical record Yes ☐ No ☐
- f. Plan for transfer of copy of signed transport consent Yes ☐ No ☐
- g. Plan for transfer of personal belongings of the patient Yes ☐ No ☐
- h. Plan for provision of directions and referral institution information to family Yes ☐ No ☐

Next, we would like to know about your hospital's interfacility transfer agreements.

70. Does your hospital or medical facility have written interfacility agreement(s) with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

- ☐ Yes
☐ No

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied. If you have not already printed the entire assessment, we recommend printing this portion of the assessment and taking it to your equipment and supply areas to complete to ensure accurate reporting.

Equipment and Supplies Management

71. Are all ED staff trained on the location of all pediatric equipment and medications?

- ☐ Yes
☐ No

72. Is there a daily method used to verify the proper location and stocking of pediatric equipment and supplies?

- ☐ Yes
☐ No

73. Is there a standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)?

- ☐ Yes
☐ No

Monitoring Equipment

74. Is each of the following monitoring equipment items available for immediate use in the ED?

(Check Yes or No for each)

- | | |
|---|--|
| a. Neonatal blood pressure cuff | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Infant blood pressure cuff | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Child blood pressure cuff | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Defibrillator with pediatric and adult capabilities including pads/paddles | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Pulse oximeter with pediatric and adult probes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Continuous end-tidal CO2 monitoring device | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Resuscitation Equipment

75. Is each of the following fluid resuscitation equipment items available for immediate use in the ED?

(Check Yes or No for each)

- | | | |
|--|------------------------------|-----------------------------|
| a. 22 gauge catheter-over-the-needle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. 24 gauge catheter-over-the-needle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pediatric intra-osseous needles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. IV administration sets with calibrated chambers with the ability to regulate rate and volume of infusate (e.g. buretrol) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Airway Equipment

76. Is each of the following respiratory/airway management equipment items available for immediate use in the ED?

(Check Yes or No for each)

- | | | |
|--|------------------------------|-----------------------------|
| a. Endotracheal tubes: cuffed or uncuffed 2.5 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Endotracheal tubes: cuffed or uncuffed 3.0 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Endotracheal tubes: cuffed or uncuffed 3.5 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Endotracheal tubes: cuffed or uncuffed 4.0 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Endotracheal tubes: cuffed or uncuffed 4.5 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Endotracheal tubes: cuffed or uncuffed 5.0 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

g. Endotracheal tubes: cuffed or uncuffed 5.5 mm Yes ☐ No ☐

h. Endotracheal tubes: cuffed 6.0 mm Yes ☐ No ☐

Airway Equipment

77. Is each of the following respiratory/airway management equipment items available for immediate use in the ED?

(Check Yes or No for each)

a. Laryngoscope blades: straight, size 0 Yes ☐ No ☐

b. Laryngoscope blades: straight, size 1 Yes ☐ No ☐

c. Laryngoscope blades: straight, size 2 Yes ☐ No ☐

d. Laryngoscope blades: curved, size 2 Yes ☐ No ☐

e. Pediatric-sized Magill forceps Yes ☐ No ☐

f. Nasopharyngeal airways: infant-sized Yes ☐ No ☐

g. Nasopharyngeal airways: child-sized Yes ☐ No ☐

h. Oropharyngeal airways: size 0 (50mm) Yes ☐ No ☐

- i. Oropharyngeal airways: size 1 (60mm) Yes ☐ No ☐
- j. Oropharyngeal airways: size 2 (70mm) Yes ☐ No ☐
- k. Oropharyngeal airways: size 3 (80mm) Yes ☐ No ☐
- l. Stylets for pediatric/infant-sized endotracheal tubes Yes ☐ No ☐

Airway Equipment

78. Is each of the following respiratory/airway management equipment items available for immediate use in the ED?
(Check Yes or No for each)

- a. Bag-mask device, self-inflating: infant, 450 ml Yes ☐ No ☐
- b. Masks to fit bag-mask device adaptor: neonatal Yes ☐ No ☐
- c. Masks to fit bag-mask device adaptor: infant Yes ☐ No ☐
- d. Masks to fit bag-mask device adaptor: child Yes ☐ No ☐
- e. Simple oxygen face masks: standard infant Yes ☐ No ☐
- f. Clear oxygen masks: standard child Yes ☐ No ☐
- g. Non-rebreather masks: infant-sized Yes ☐ No ☐
- h. Non-rebreather masks: child-sized Yes ☐ No ☐
- i. Nasal cannulas: infant Yes ☐ No ☐

- j. Nasal cannulas: child Yes ☐ No ☐
- k. Suction catheters: at least one in range 6-8F Yes ☐ No ☐
- l. Suction catheters: at least one in range 10-12F Yes ☐ No ☐
- m. Supplies/kit for pediatric patients with difficult airways (e.g., supraglottic airways, needle cricothyrotomy supplies, surgical cricothyrotomy kit, and/or video laryngoscopy) Yes ☐ No ☐

Please provide actual data or estimations of ED patient volume for the following:

79. Estimate the total number of patients (adult and pediatric) seen in your ED in the last year. (Numeric data only, e.g., 5000, not “five thousand”)
Number of Total Patients _____
80. Estimate the number of pediatric patients (as defined by your hospital) seen in your ED in the last year.
(Choose one)
- ☐ Low: <1,800 pediatric patients (average of 5 or fewer a day)
- ☐ Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)
- ☐ Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)
- ☐ High: >=10,000 pediatric patients (average of 27 or more a day)
81. If you know the actual number or a more precise estimate of pediatric patients seen in your ED in the last year, please record below. (Numeric data only, e.g., 500, not “five hundred”)
Number of Pediatric Patients: _____ (not required)

Answers to the following questions will help us target efforts of the National Pediatric Readiness Project Coalition.

82. Please choose the resources which you feel are needed to support the role of pediatric emergency care coordinators. (Check all that apply) (not required)

- ☐ Job descriptions for pediatric emergency care coordinators (PECC)
- ☐ Talking points for administration to support all pediatric readiness efforts, including the role of the PECC, in your facility
- ☐ Specialized training for PECCs
- ☐ Other

83. You answered "other", please describe: _____

84. Please choose the resources which you feel are needed to improve pediatric emergency care. (Check all that apply) (not required)

- ☐ Access to evidence-based clinical pathways for children
- ☐ Template for a pediatric Quality Improvement Plan
- ☐ Template for all hazards disaster plans for children
- ☐ Template for pediatric surge planning
- ☐ Model policies and procedures for care of children
- ☐ Other

85. You answered "other", please describe: _____

86. Please choose the resources which you feel are needed to improve staff comfort/preparedness to care for children in the ED. (Check all that apply) (not required)

- ☐ Access to education for all staff caring for children (e.g., educational webinars/learning modules)
- ☐ Identify incentives for staff who improve pediatric emergency care for children in your ED
- ☐ Access to simulation/mock codes to care for children
- ☐ Access to team training with all health care providers impacting pediatric emergency care
- ☐ Other

87. You answered "other", please describe: _____

88. Please choose the resources which you feel are needed to improve ED infrastructure. (Check all that apply) (not required)

- ☐ Optimization of electronic medical records to facilitate patient safety (e.g., calculation of dosing to reduce error, vital signs or symptom-based alerts)
- ☐ Optimization of equipment to facilitate patient safety (e.g., scales)
- ☐ Other

89. You answered "other", please describe: _____

90. Please choose the EXTERNAL resources which you feel are needed to improve the pediatric readiness of your ED. (Check all that apply) (not required)

- ☐ Cost-calculator for items in the 2018 Pediatric Readiness Guidelines
- ☐ Access to pediatric expertise – regionally through tele-medicine or on site
- ☐ Development of a regional, state or national network for pediatric emergency care coordinators to share resources and best practices
- ☐ Model plan for regional or state recognition of facilities for pediatric readiness
- ☐ Opportunities to participate in quality improvement collaborative(s)
- ☐ Other

91. You answered “other”, please describe: _____

92. If you have any comments regarding pediatric readiness, please note them here:

Thank you for your help with this important assessment!