



# Maryland Pediatric Facility Recognition Application: 2025 Office Hours Frequently Asked Questions

Updated: 7/20/2025

The following questions were asked during the MD EMSC "Office Hours" about the Pediatric Facility Recognition process, application and specific sections. The Questions and Answers are listed by category of the process and the application forms. They represent questions from different hospitals, emergency departments and health care systems. A program announcement letter announcing the recognition process was sent by Dr. Ted Delbridge on May 22, 2025. A generic copy of this letter is below.

Specific questions during the application process should be sent to [pedsready@miemss.org](mailto:pedsready@miemss.org).

## Application Process:

### Q: How does a hospital initiate the application process?


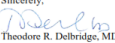
**A:** Letter of Intent is sent to MIEMSS, attention Cyndy Wright Johnson, from the CEO/ Hospital President/ Hospital Administrator containing the following information:

Interested in applying for a specific category within the Maryland Pediatric Facility Recognition Program. Choose one: Pediatric Ready ED, Pediatric Resource Hospital, Comprehensive Pediatric Hospital).

- ☐ Primary Contact for the application which may be the ED Pediatric Champion – nurse or physician.
- ☐ Contact includes: name, title, email and phone number
- ☐ Optional secondary contact

A sample letter of intent from a hospital is below. The letter may be mailed or attached to an email. An email statement is not a letter and will not start the application process.

Email scanned copy of the letter may be sent to [cwright@miemss.org](mailto:cwright@miemss.org).

Letter from Dr. Delbridge to each hospital leadership	SAMPLE letter of interest from hospital to MIEMSS template
<div><p>State of Maryland <b>Maryland Institute for Emergency Medical Services Systems</b> Wes Moore Governor      Clay B. Stump Chairman, EMSS Board      Theodore R. Delbridge, MD, MPH Executive Director</p><p>May 22, 2025</p><p>Re: Maryland Pediatric Facility Recognition</p><p>Dear [Maryland Hospital CEO]</p><p>As you know, hospitals and their emergency departments are important components of the emergency medical services (EMS) system. As such, MIEMSS designates them in tiered levels of sophistication as trauma centers, stroke centers, cardiac intervention centers and perinatal centers.</p><p>A longtime focus of the EMS system has also been excellence in the care of children. Every emergency department that receives children should be capable of initiating resuscitative measures and stabilizing a critically ill child. In fact, each Maryland emergency department has participated in the National Pediatric Readiness Project for the past 15 years. We now hope to recognize the relative degrees to which emergency departments are prepared to manage ill children.</p><p>I invite you to consider application to the Maryland Pediatric Facility Recognition Program. This new voluntary initiative provides recognition in one of three categories for emergency departments within hospitals and free-standing medical facilities:</p><ul style="list-style-type: none"><li>• Pediatric Ready Emergency Department</li><li>• Pediatric Resource Hospital</li><li>• Comprehensive Pediatric Hospital</li></ul><p>Through this inclusive program, we hope to garner recognition for hospitals based on their relative expertise and sophistication to manage pediatric emergencies. Criteria for recognition were developed with input from physician and nurse pediatric "champions" throughout the state. Further information about the eight domains of readiness and application guidance can be found at <a href="https://www.miemss.org/home/EMS-for-Children/Pediatric-Readiness-Hospitals">https://www.miemss.org/home/EMS-for-Children/Pediatric-Readiness-Hospitals</a>. To initiate the no-cost designation process, please send a brief letter of interest to Cyndy Wright-Johnson, Director, EMS for Children, at <a href="mailto:pedsready@miemss.org">pedsready@miemss.org</a>. Cyndy can also be reached for questions at 410-706-1758.</p><p>Thank you for your commitment to Maryland's EMS system, and especially the emergency care of children.</p><p>Sincerely,  Theodore R. Delbridge, MD, MPH Executive Director</p><p>cc: Jennifer Anders, MD, FAAP, FAEMS Cynthia Wright-Johnson, MSN, RN</p></div>	<div><p>SAMPLE Letter of Interest for Maryland Pediatric Facility Recognition Program</p><p><b>Hospital/ Health System Letter Head:</b></p><p>Date:</p><p>Dear Cyndy Wright Johnson,</p><p>I / we are responding to the May 22, 2025 letter from Dr. Ted Delbridge in reference to the Maryland Pediatric Facility Recognition Program. Our facility(ies) are interested in applying for recognition in this program in the category of (insert one of the three categories below).</p><ul style="list-style-type: none"><li><input type="checkbox"/> Pediatric Ready Emergency Department</li><li><input type="checkbox"/> Pediatric Resource Hospital</li><li><input type="checkbox"/> Comprehensive Pediatric Hospital</li></ul><p>The primary contact for this application is: Include name, email, phone number.</p><p>Secondary contact (if desired)</p><p>Salutation of interest and other comments as desired.</p><p>Sincerely,</p><p>President/ Chief Operating Officers</p><p>cc: Pediatric Nurse Champion Pediatric Physician Champion Other ED staff as desired</p><div><p>Contact for Maryland EMSC email or USPS: Cyndy Wright Johnson MSN RN Email: <a href="mailto:cwright@miemss.org">cwright@miemss.org</a> Address: MD EMSC @ MIEMSS, 653 West Pratt St. Baltimore Maryland 21201</p></div></div>



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**Q: Once the letter of intent has been received, what are the next steps?**

**A:** MIEMSS EMSC will send the primary contact a link to a Smart Sheet entitled “Pediatric Facility Recognition – Application Initiation Form” to complete. A secure Share File folder will be created for the facility and an e-invitation sent to the primary contact. Within the Share File will be a Pediatric Facility Recognition Checklist Chart specific to each facility at the level of Recognition indicated in the letter of intent.

The following documents will be loaded into the Share File during the application process.

- ☐ Pediatric Facility Recognition Checklist Chart for level of recognition applied (Checklist provided by MD EMSC)
- ☐ Pediatric ED Nurse Champion CV/ Resume
- ☐ Pediatric ED Physician/APP Champion CV/ Resume
- ☐ Job description for both Champions and protected time for Pediatric Readiness as designated
- ☐ 2021 NPRP Gap Analysis (contact [pedsready@miemss.org](mailto:pedsready@miemss.org) if staffing changes make this difficult to find)
- ☐ Additional NPRP Gap Analysis completed by the hospital more recently if applicable but not required

The application also includes four Smart Sheet forms to complete online. Links will be sent to the primary contact as soon as the Share File is created and invitation sent. The Smart Sheet should be submitted as they are completed, there is no option to save. A copy may be sent to the person completing them. The information reflects the NPRP Checklist - [https://www.miemss.org/home/Portals/0/Docs/EMSC/EMSC-NPRP\\_ED\\_Checklist\\_2024.pdf](https://www.miemss.org/home/Portals/0/Docs/EMSC/EMSC-NPRP_ED_Checklist_2024.pdf)

- ☐ Pediatric Facility Recognition – Demographics Form
- ☐ Pediatric Readiness – Policies, Procedure, Protocols Form
- ☐ Pediatric Readiness – Equipment Form
- ☐ Pediatric Readiness – Medication Form

**Q: Are there firm deadlines for the Application submission to be completed and the Site Visits schedule and completed?**

**A:** While the Pediatric Facility Recognition Application Initiation Form requests an estimated timeframe for application and site visit, the MD EMSC staff team will work with each hospital to schedule site visits at a time that work for both the ED and MD EMSC. Time line may be adjusted to accommodate key members of the team. Site visits will be planned to avoid conflicts with Joint Commission visits or other MIEMSS hospital program site visits.

**Q: How long with the site visit take?**

**A:** The Site Visit will take approximately 3 hours. Sample agenda is included in the Application program book posted on MIEMSS EMSC Pediatric Readiness Page and printed below.  
<https://www.miemss.org/home/EMS-for-Children/Pediatric-Readiness-Hospitals>



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## Sample Agenda (times to be specified for site visit date):

	Topics & Activities	Review Team and Facility Team members
15 min.	Welcome and Introduction	ED and Hospital Leadership Pediatric ED Champions
30 min.	Review Application & Documents	Pediatric ED Champions
30 min.	Tour of ED and related hospital areas specific to pediatric resources. (EMS entrances, Resuscitation room, Pediatric care designated space(s), Observation Unit, Radiology, and where appropriate Pediatric/ MCH inpatient unit & PICU	ED leadership Pediatric ED Champions Inpatient Unit leadership
30 min.	Review of Onsite Document ....	Pediatric ED Champions
45 min	Medical Record Review: using ePCR of charts identified prior to onsite review date. See Medical Record Review list below.	ED Staff familiar with ePCR to navigate software platform with Onsite review team.
15 min	Review of Performance Improvement Plan and the facility's pediatric metrics	Pediatric ED Champion ED leadership
15 min	Onsite Review Team meeting	Closed to Onsite Review Team only
15 min	Summary & Exit Interview	ED and Hospital Leadership Pediatric ED Champions

## **Pediatric Facility Recognition – Staff Requirements**

**Q: Does the criteria require the physician in the Emergency Department 24/7 be boarded or eligible in Emergency Medicine or Pediatrics include available on call / by phone?**

**A:** No, the ED physician in house must be present in the ED 24/7 and that physician must be board certified or board eligible in either Emergency Medicine or Pediatrics.

**Q: Does the “Boarded Pediatric physician in house 24/7” requirement include a neonatologist?**

**A:** Pediatrics in house 24/7 is Desired for Pediatric Ready ED and Pediatric Resource Hospital and may include a neonatologist if this person is available to come to the emergency department when needed. Written policies or procedures or protocols should outline the coverage and process to request ED presence. For the Comprehensive Pediatric Hospital it is Required that at least one Pediatrician be in house 24/7 to include PICU and/ or Pediatric In-Patient Unit.

**Q: May the ED Physician Pediatric Champion cover more than one ED location within a hospital system?**

**A:** Yes, this position may cover more than one ED location if that physician practices in both locations. Similarly, the ED Nurse Pediatric Champion may cover two locations if the nurse works in both locations. In these roles, they must also be involved in the QI committee and education for both locations. An APP may serve as the ED Pediatric Champion at one location in partnership with a physician within the health system.

**Q: Does the role description required for the Pediatric ED Nurse and Physician Campion have to be written and what portion dedicated to this role?**

**A:** Each position is required to be filled to apply for the recognition program (name, email, phone number and current employee of the hospital or ED). The role description may be incorporated into their formal job description or may be a document signed and dated by ED leadership. If standardized job descriptions are a part of health care system, this role may take time to be incorporated into software. Dedicated time will vary with each Pediatric Facility category and at this time MD EMSC gathering information from each hospital on how much protected time is provided.



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**Q: How should pediatric continuing education (CE) and pediatric specific competencies be documented and when does the “2 years” start?**

**A:** Documentation may occur within the staff evaluation software used by the hospital/ ED/ healthcare system that exists or it may be documented in a separate spreadsheet. MD EMSC has not identified specific topics or competencies for pediatrics. The PI process and patient demographics will help identify the topics to focus on each year. Competency specific to pediatrics may be incorporated into an annual competency day.

Tracking of the CE may start at the time of the application with samples of past pediatric CE included at the time of site visit.

Hours from PALS, ENPC or other standard courses may count as pediatric CE. Best practice including topics beyond resuscitation and some skills practiced more often. Simulation training in the ED using local or EMSC scenarios may also count as pediatric CE. Best practice includes topic beyond resuscitation and some skills (e.g. infant & child CPR) practiced more frequently (quarterly).

## Specific questions on Quality Improvement Section

**Q: For the Pediatric QI Committee, what topics should be covered, who should be members and how frequently should the committee meet.**

**A:** The Interdisciplinary Pediatric QI Committee membership will include the nurse and physician Pediatric Champion, other members of the ED staff leadership and liaison to the larger ED QI/PI Committee. The frequency of meetings will depend upon the volume of pediatric patients and may follow other established meetings. Separate membership and minute and attendance should be documented and available during the site visit.

Specific metrics on pediatrics will be identified by each hospital/ED and include pediatric death review, pediatric code review, and at least one metric to be monitored unique to children. Sample metrics are available from an extensive list from the EMSC Innovation and Improvement Center (national). Links are listed on the MIEMSS EMSC Pediatric Readiness website - <https://www.miemss.org/home/EMS-for-Children/Pediatric-Readiness-Hospitals>

**Q: If feedback to EMS and referring EDs is done by the base station coordinator, may that include pediatric cases?**

**A:** Yes the existing process and personnel providing feedback to EMS and referring EDs may continue to provide that essential information. Ideally the documentation of that feedback will include the age of the patient and trends be shared with the Pediatric Champions on a regular basis, potentially in the Pediatric QI Committee.

## Specific questions on Pediatric Inventory Forms on Equipment, Medication, Policies

**Q: For Pediatric Triage, what type of standardized pediatric tool will be required?**

**A:** While there is not a separate pediatric ESI Triage Tool, there are specific pediatric parameter by age for vitals signs and fever considerations within the ESI (NIH/ENA) tool. The site visit team will ask to see how those parameters are included in documentation and where they are for reference in Triage.

Below are references for ESI Triage noting the pediatric parameter locations:

[https://media.emscimprovement.center/documents/Emergency\\_Severity\\_Index\\_Handbook.pdf](https://media.emscimprovement.center/documents/Emergency_Severity_Index_Handbook.pdf)

- Chapter 2: ESI Algorithm contains Figure 2-2 Algorithm includes: parameters by age for Vital Signs & Pediatric Fever Considerations
- Chapter 4: High Risk: includes Pediatric Considerations for specific presentations
- Chapter 6: High Risk Vital Signs with a more detailed discussion of pediatric vitals signs and fever red flags with case examples for different ages (Children and Adults)



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- Appendix B: Two-page algorithm with same information as Figure 2-2 in printable format

**Q: In the Smart Sheet for Policies, Procedures and Protocol, how do we document protocol and do these need to be written documents?**

**A:** The Pediatric Inventory Smart Sheet for this section currently only has policies in the ED or policies in the hospital as a response option. That form will be updated to include policies, procedures or protocols. The same response will allow for more than one answer and documentation of ED or Hospital wide. The document must be written, signed and date of last review included. Said another way, culture or 'we always do it this way' will not meet the criteria.

## Disaster Preparedness & Plan

**Q: Does the pediatric plan need to be separate from the hospital Disaster Plan? What is needed for the equipment?**

**A:** Disaster plans and procedures and equipment lists for the ED and for the hospital may be combined but there must be specific descriptions based on the unique needs of children. The term 'All Ages' and 'All Hazards' do not address the differences for infants, children and adolescents.

For example: list of supplies for infants and children should be included, process or procedure for decontamination of non-mobile infants and non-verbal children (and adults) should be outlined, a reunification location and plan and staff responsible should be identified.

For pediatric surge, the staff responding from other locations within the hospital or health care system or from home should be in a policy or procedure

There are resource documents available from the EMSC national website that have extensive lists of domains specific for children: <https://emscimprovement.center/domains/preparedness/>

MD EMSC hosted a Joint Pediatric Forum on July 23, 2025 that will share a variety of resources from national organization and federal department and programs on pediatric disasters planning and preparedness. Slides from that Forum will be posted on the Pediatric Readiness home page for EMS & ED Champions.

## NPRP Gap Analysis

**Q: How do we obtain our 2021 National Pediatric Readiness Project Assessment if the person who completed it has left the hospital / ED?**

**A:** The GAP analysis from the national EMSC/ NPRP survey was sent by email to the person completing it the same day it was submitted. Directions were to download and save it, and share with ED leadership. MD EMSC staff team will work with the hospital to obtain a copy of the 2021 from the EMSC Data Center if possible. Contact [pedsready@miemss.org](mailto:pedsready@miemss.org) if staffing changes make this difficult to find.

**Q: Which GAP analysis does MIEMSS want submitted if we have gone back into the NPRP Assessment and completed the online survey again?**

**A:** Please submit the 2021 NPRP GAP analysis and the most recent survey GAP analysis reports (optional) into the Share File for your hospital/ ED. Both will be useful during the application process and will demonstrate efforts in Pediatric Readiness by your team.