Committees on Trauma

RCOT Field Program

Pediatric Readiness Webinar Series



Webinar 1 - 7/23/25

Discussion Summary - Pediatric Readiness: A National Priority in Trauma Care

Session Overview

Pediatric Readiness is a nationally recognized standard that directly impacts child survival in trauma systems. This first session will set the stage for the entire Field Program series by highlighting the historical development of Pediatric Readiness efforts in the U.S., from early EMS for Children initiatives to the creation of national guidelines and benchmarks. We will examine how evidence of mortality benefit has shaped current standards and how the ACS Committee on Trauma's Resources for the Optimal Care of the Injured Patient, 2023 formally integrated Pediatric Readiness into trauma center verification. This session will also introduce participants to the RCOT Field Program as a tool to support this work—but Pediatric Readiness remains the central focus of the series.

Opening Remarks

Facilitator: Dr. Warren Dorlac

Guest Speaker: Dr. Aaron Jensen (Trauma Medical Director, UCSF Benioff Children's Hospital Oakland, prior FTL)

Key Presentation Highlights:

I. Program Overview & Launch Context

Purpose of the RCOT Pediatric Readiness Field Program:

- Pediatric Readiness is one of three ongoing working groups of the RCOT Field Program (along with RMOCC and local advocacy efforts).
- Aims to improve emergency pediatric care capabilities across trauma centers.
- Aligns with 2022 ACS trauma verification standards requiring pediatric readiness assessment.
- This is the first of an eight-session webinar series offering tools and education.

Key Goals:

- Develop pediatric readiness champions in all states and provinces.
- Ensure participation in 2026 National Pediatric Readiness Assessment.

II. Why Pediatric Readiness Matters

Quantified Mortality Benefits:

- 30% lower trauma-specific mortality.
- 76% lower all-cause pediatric ED mortality. (At the low cost of \$48.00 per patient)
- Over 2,000 lives are saved annually if readiness is optimized.





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National Coverage Gaps:

- Only 51% of U.S. children have 60-minute access to pediatric trauma centers (by ground transport).
- Readiness improvements at adult centers raise 60-minute access to 81% (by ground transport)

III. Case Example: The Value of Readiness in Action

A 7-year-old injured near a pediatric-ready **adult** trauma center received immediate, protocol-based care and was transferred successfully within 60 minutes, resulting in a full recovery. This case underscored the life-saving impact of pediatric readiness at non-pediatric trauma centers.

IV. What Is Pediatric Readiness?

Core Components (6 Domains):

- Equipment and Supplies pediatric-specific tools and medications.
- Provider Competencies training in pediatric trauma care.
- Coordination of Care Pediatric Emergency Care Coordinators (PECCs).
- Pediatric-Specific Quality Improvement (QI) systematic case reviews.
- Policies and Procedures tailored protocols for pediatric patients.
- Patient Safety standard use of kilograms (not pounds) and accurate drug dosing.

V. Assessment Tools & Metrics

2021 National Pediatric Readiness Project (NPRP) Assessment:

- Administered by EMSC Data Center (EDC).
- Now required for ACS-verified centers, open year-round.
- Produces a readiness score and gap report.

2021 Findings:

- TQIP data from 66,000 pediatric cases at630 centers was linked to weighted pediatric readiness scores (wPRS) of the initial treating center.
- 27% improvement in risk-adjusted mortality at the top quartile centers (wPRS ≥ 93).

Key Lessons

- Pediatric Readiness saves lives
- Optimizing Pediatric Readiness is inexpensive
- Pediatric Readiness can be improved at low-volume hospitals with systematically targeted efforts. Simulation-based training has been shown to be an effective tool.
- The use of a minimum threshold Pediatric Readiness score for trauma center verification is controversial. At the moment, VRC criteria do not require a minimum score.





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- Resources to improve Pediatric Readiness can be found at the EMSC Innovation and Improvement Center websites
 - https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/
 - https://emscimprovement.center/education-and-resources/peak/multisystem-trauma/
- Burn readiness will be included in future toolkits.
- Funding uncertainty around EMSC and future programming.
- Level IV standards include Pediatric Readiness

Action Items for Attendees

- Review your NPRP Gap Report from 2021 (available from your ED manager or educator).
- Nominate or become your state's Pediatric Readiness Champion.
- Form a multidisciplinary pediatric readiness team. (ACEP, AAP, EMSC manager, trauma representatives)
- Compile trauma center list from your state or province along with contact information to ensure 2026
 NPRP participation. EMS coordinator will be able to help with this list.
- Contact Luca Cassano ACS COT with your champion info. gcassano@facs.org
- Take the 2026 NPRP survey and encourage all trauma centers in your state to complete the survey.

Next Steps

Webinar Series Topics (Upcoming Sessions)

- History of Pediatric Readiness & NPRP National Assessment
- Pediatric Readiness Checklist policies and equipment audits
- Pediatric QI NPRQI Collaborative for small centers
- Protocols MTP, TBI, imaging, telehealth
- Simulation & Partner Engagement
- State Facility Recognition Programs (e.g., COPPER)
- Sustainability funding and policy
- Post-Survey Lessons from 2026 NPRP results

Next Webinar

- Title: Historical Development of Pediatric Readiness in U.S.
- Speaker(s): Dr. Mary Fallat
- Date: Wednesday, September 24, 2025 at 4:00 pm central
- Goal: Provide historical context and foundational knowledge of Pediatric Readiness systems and surveys.
- Key message/topic:

Pediatric Readiness did not emerge overnight. This session traces the historical development of Pediatric Readiness in U.S. emergency and trauma care systems, beginning with the establishment of the Emergency Medical Services for Children (EMSC) program in 2001. It will review key milestones such as the formation of the Emergency Medical Services Innovation and Improvement Center (EIIC) in 2016, the launch of the Pediatric





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RCOT Field Program

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Pandemic Network (PPN) in 2021, and the release of the National Pediatric Readiness Project (NPRP) in 2012. Participants will also examine how the 2003 and 2020 NPRP surveys, the development of the Pediatric Readiness Checklist, and the Institute of Medicine's 2006 Report helped define national standards. Understanding this historical progression prepares participants to lead future improvements and advocate effectively within their trauma systems.

• Call to action: Gather data on which trauma centers in your state have participated in previous NPRP surveys.

