REGIONAL
Committees on Trauma

RCOT Field Program
Pediatric Readiness Webinar Series

Webinar 2 – 9/24/25

Discussion Summary - Historical Development of Pediatric Readiness in U.S.

Session Overview

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 Pandemic Network (PPN) in 2021, and the release of the National Pediatric Readiness Project (NPRP) in 2012. Participants will also examine how the 2013 and 2021 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.

Opening Remarks

Facilitator: Dr. Jeff Kerby

Guest Speaker: Dr. Mary Fallat

Objectives

1. Provide historical context for pediatric readiness efforts and surveys.
2. Show how the National Pediatric Readiness Program (NPRP) shaped standards across the U.S. healthcare system.
3. Offer practical advocacy strategies for trauma system leaders and state-level stakeholders.

Key Presentation Highlights:

I. Historical Foundations

The EMS Systems Act (1973) marked the beginning of federally supported EMS systems, but excluded pediatrics. By 1981, federal funding was withdrawn and responsibility shifted to states, leading to fragmented systems. Pediatric care advocates, including Dr. Calvin Sia and Sen. Daniel Inouye, pushed for reform after tragic cases highlighted system failures. Their efforts culminated in the creation of the EMS for Children (EMSC) program in 1984, designed to reduce pediatric mortality and disability. Early EMSC efforts were modest—$2M for four states—but paved the way for later systemwide adoption.

II. Program Evolution

1990s–2000s: The Institute of Medicine (IOM) brought national attention to pediatric EMS gaps. Early standards for pediatric ED care were introduced (1999–2001). The Pediatric Emergency Care Applied Research Network (PECARN) launched in 2001, anchoring research in this space.

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National Surveys:

- 2003: First national ED assessment (paper survey, 29% response) revealed poor readiness (median score 55/100).
- 2013: Better engagement and resources (median score 69). Toolkits, QI collaboratives, and communication initiatives were launched.
- 2021: Median score only 70 despite years of effort, reflecting stagnation and the impact of COVID on hospital engagement.

III. Key Findings

- Early surveys revealed critical gaps: only 6% of EDs had essential pediatric supplies, and many lacked protocols, coordination, or child abuse recognition.
- High readiness scores (≥93) are directly linked to a ~50% reduction in pediatric trauma mortality. Achieving this threshold requires validated triage tools, robust QI processes, disaster planning, and access to critical pediatric equipment.
- Hospitals with designated Pediatric Emergency Care Coordinators (PECs), especially nurse–physician dyads, consistently scored higher.

IV. Current Standards and Challenges

The NPRP (in partnership with ACS, ACEP, AAP, ENA) sets a three-part standard:

1. Completion of the national pediatric readiness survey.
2. Identification of gaps in systems and resources.
3. Implementation of an action plan for improvement.

Persistent challenges include:

- Rural resistance: Small hospitals argue pediatric investment is unrealistic given low volumes.
- Financial hurdles: Pediatric care remains underfunded and under-incentivized.
- COVID aftershocks: Many rural hospitals closed pediatric wards to focus on adult care.
- Verification gaps: Fewer than one-third of trauma centers are ACS-verified; many lack pediatric-specific QI plans.

V. Opportunities

- NPRQI (Quality Improvement Initiative): Provides ED-level dashboards and performance metrics (e.g., reassessment of vital signs, pain scores) to track readiness.
- State Advocacy: States like Texas mandate pediatric readiness metrics for trauma centers, embedding standards into regulation.
- Affordability: Nationwide readiness would cost ~$207M annually—a fraction of U.S. healthcare spending.
- Accreditation Leverage: ACEP's new ED accreditation incorporates pediatric readiness and disaster planning.
- Simulation Programs: Onsite hospital simulations (e.g., Kentucky) build local confidence, identify equipment issues, and strengthen teamwork.

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Discussion and Q&A Highlights

Public Awareness

Dr. Kerby asked how families can identify pediatric-ready hospitals. Dr. Fallat explained that recognition programs exist but lack visibility. Advocacy is needed to better communicate readiness status to the public.

EMSC Program Managers

Dr. Jensen asked how to locate state EMSC managers. Dr. Fallat replied that nearly every state has one, with directories available despite turnover. These managers hold survey participation data critical for outreach. A link to your state partnership program may be obtained from https://emscimprovement.center/programs/partnerships/

State Collaboration

Dr. Draus (Florida) shared that his state built a pediatric subgroup within trauma committees, with EMSC leaders actively engaged in recurring calls. Dr. Jensen reported that 25% of adult trauma centers already meet top-quartile readiness (≥93), showing high scores are achievable beyond pediatric-only hospitals.

Implementation Issues

The 2026 survey will reset benchmarks, requiring one-time completion by ED leaders (not trauma program managers). Participants emphasized engaging ED physicians, nurse managers, and PECs in readiness, and integrating pediatric cases into QI reviews to drive learning and improvement.

Closing Remarks

Dr. Kerby called attention to the gap between ACS-verified centers and total trauma hospitals, urging state and regional advocacy to bridge it. Dr. Fallat concluded with the evidence: over 70 published studies confirm pediatric readiness reduces mortality. The ultimate vision is for every ED and EMS agency to be equipped and trained to deliver high-quality emergency care to children.

Key Takeaways & Action Items

For Trauma & ED Leaders

- Engage PECs: Appoint physician–nurse PEC dyads where possible; this improves readiness scores significantly.
- Use NPRQI Dashboards: Track pediatric patient metrics (e.g., reassessment of vital signs, pain assessment) to identify gaps in real time.
- Prepare for 2026 Survey: Ensure ED—not just trauma staff—are aware and ready to complete the updated survey.

For State Program Managers & Advocates

- Partner with EMSC: Collaborate with state EMSC coordinators to track hospital survey participation and readiness engagement.
- Promote Recognition Programs: Push for state-based pediatric readiness recognition and public-facing communication tools.

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- Legislative Action: Advocate for pediatric standards in trauma rules; follow models like Texas where readiness is embedded in state regulations.

For National Stakeholders

- Leverage Accreditation: Support ACEP and ACS readiness standards as a pathway to uniform national adoption.
- Invest Strategically: Highlight affordability (~$207M annually nationwide) compared to the potential reduction in pediatric mortality.
- Expand Education & Simulation: Promote simulation training, especially in rural hospitals, to close readiness gaps and improve confidence in pediatric emergency care.

Next Steps

Bottom Line

Pediatric readiness remains uneven nationally, but evidence is clear: readiness saves children's lives. With coordinated advocacy, QI processes, and survey-driven accountability, hospitals can achieve high readiness scores proven to cut mortality by half in critically ill and injured children.

Next Webinar

- **Title:** Pediatric Readiness Checklist
- **Speaker(s):** Lisa Gray, MHA, RN, CPN, TCRN - EMS for Children
- **Date:** tbd - November
- **Goal:** Educate Champions on the Pediatric Readiness Checklist, including its application and relevance for surgical and ED teams.
- **Key message/topic:**
- The Pediatric Readiness Checklist is a critical tool for advancing pediatric emergency care preparedness. This session provides Champions with a practical understanding of the checklist's components, including its application to trauma settings, surgical considerations, and equipment and supply readiness. Emphasis will be placed on tools such as length-based resuscitation tapes, medication dosing guides, and organized pediatric crash carts. Champions will learn how to guide trauma centers in conducting collaborative "readiness walkthroughs" to assess whether essential pediatric tools and equipment are available, accessible, and familiar to staff.
- **Call to action:** Distribute the checklist to trauma centers and coordinate readiness reviews focusing on equipment, meds, and ED accessibility.

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