**Talking Points**

**National Assessment of Pediatric Readiness**

**of Emergency Departments**

**Background**

* The American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA) and the Health Resources and Service Administration’s Emergency Medical Services for Children (EMSC) Program are dedicated to continuing to promote the best emergency medical care for children. Physicians and nurses providing pediatric emergency care are dedicated to continuously improving the quality of that care.
* These organizations are leading a quality improvement initiative to further enhance pediatric readiness in emergency departments (<http://www.pediatricreadiness.org/About_PRP/>), as defined in the joint policy statement, “Guidelines for the Care of Children in the Emergency Department,”

(<http://www.emscnrc.org/Research/ED_Readiness.aspx>).

* These organizations, in collaboration with a team of investigators and the EMS for Children program, developed and administered an electronic assessment to evaluate emergency department readiness to care for children.
* The assessment tool was designed to assist hospitals to self-measure levels of pediatric equipment availability, staff participation in continuing education, as well as the availability of essential policies for children in emergency departments.
* A total of 4,149 hospitals participated in the 55-question assessment conducted from January to August 2013. The overall response rate was an amazing 83 percent.
* **The strong response rate reflects an ongoing commitment by emergency medical providers to maintain and improve emergency care for children.**
* The results of the assessment will promote a better understanding of emergency department pediatric readiness and identify opportunities to continue to improve pediatric emergency care.

**Assessment Results**

* Emergency department pediatric readiness has improved greatly since a similar assessment was conducted in 2003.

—83 percent of emergency departments took the assessment, compared with 29 percent in 2003. The strong response rate (83 percent) reflects an ongoing commitment by emergency medical nursing and physician providers to maintaining and improving emergency care for children.

—The Pediatric Readiness score, based on a 100-point scale, increased to nearly 70 (up from 55 in 2003).

—Overall, emergency departments have 91 percent of recommended pediatric equipment, as defined by the 2009 joint policy statement, readily available.

—Emergency departments with the largest pediatric patient volumes scored nearly 90 out of 100 (up from 70 in 2003).

—Almost half of all emergency departments have physician pediatric emergency care coordinators (PECC) and 59 percent have nurse PECCs — a nearly three-fold increase from 2003.

**This is an important finding because the presence of a PECC is strongly correlated with improved pediatric readiness, independent of other factors.**

—99.5percent of respondents said that emergency department staff are trained on the location of pediatric equipment and use a pre-calculated chart, length-based tool or medical software to ensure proper sizing of resuscitation equipment and proper dosing of medications.

* **Opportunities for Improvement**

—Only 47 percent of respondents had a disaster plan that addresses issues specific to the care of children.

—At least 15 percent of emergency departments lacked one or more pieces of equipment as recommended by the 2009 guidelines, such as pediatric Magill forceps for removal of airway foreign bodies.

—Nearly 81 percent of respondents reported barriers to guidelines implementation. The most frequent barriers reported were cost of training personnel (54 percent) and lack of educational resources (49 percent).

* **Ongoing Improvement Initiatives to Support Emergency Departments**

---Development and maintenance a Pediatric Readiness Toolkit website and informational webinars, such as “Quality Improvement to Maximize Pediatric Emergency Care”. These resources aid emergency department and administrative leaders (for example, a job description for a PECC coordinator and model pediatric policies and transfer agreements) in facilitating their pediatric readiness improvement efforts. <http://www.pediatricreadiness.org/PRP_Resources/>.

—Development of a “Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies.” Thiswas released in October 2014 and disseminated to every hospital emergency department.

—EMSC State Partnership grantees are working with hospitals in their states and providing resources to assist in improving pediatric readiness scores.

—Champion teams are being established in each state to serve as resources for hospital emergency departments working to improve their Pediatric Readiness scores. Teams will include AAP, ACEP and ENA state and chapter leaders.

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For more information about the assessment and scoring, contact Michael Ely [michael.ely@hsc.utah.edu](mailto:michael.ely@hsc.utah.edu) at the National Emergency Medical Services for Children Data Analysis Resource Center.

For more information about upcoming initiatives, contact Kathleen Brown MD at the EMSC National Resource Center, [KBrown@childrensnational.org](mailto:KBrown@childrensnational.org) or Beth Edgerton MD, EEdgerton@hrsa.gov at HRSA.