

HISTORICAL PERSPECTIVES

1960s & 1970s

Adult Emergency Care Improves, But Pediatric Care Lags Behind

In the 1960s, an EMS system for adults takes form, catalyzed by experiences from the Korean and Vietnam Wars, which demonstrated improved survival by stabilizing and transporting soldiers to well-equipped trauma centers. While adult care improves, however, children's outcomes lag behind.

1970

NHTSA Created

The National Highway Safety Bureau becomes the National Highway Transportation Safety Administration (NHTSA). Part of NHTSA's mission is to develop an emergency medical services (EMS) system.²

1975-79

Gaps in Pediatric EMS Identified

EMS systems dramatically improve outcomes for adults. But children's outcomes lag behind. Pediatric surgeons, pediatricians, and other professional groups begin to voice concerns.⁴

1966

Report Published on Deficiencies in U.S. Emergency Systems

The National Academies of Sciences publish a report, *Accidental Death and Disability: The Neglected Disease of Modern Society*, which highlights deficiencies in the nation's emergency systems.¹ The National Highway Safety Bureau is created.²

1973

EMS Systems Act of 1973 Passed

Congress passes the EMS Systems Act of 1973, a program managed by the Health Resources and Services Administration (HRSA) to provide resources to state and local governments for implementing comprehensive EMS systems.³

1979

EMS Programs With Pediatric Focus Proposed

Calvin Sia, MD, president of the Hawaii Medical Association, urges members of the American Academy of Pediatrics (AAP) to develop multifaceted EMS programs to reduce death and disability in children.⁴

KEY

-  EMSC Program Growth
-  Foundational Reports, Resources, and Field Advances
-  Clinical Research Developments
-  Legislation, Policy, and Infrastructure
-  Pediatric Readiness
-  Disaster Preparedness

1980s

Pediatric Emergency Care Picks Up Speed and the EMSC Program Begins

The advocacy of key individuals like Dr. Sia and organizations like AAP leads to funding of the EMSC Program by Congress. The program, administered by HRSA, begins to fund states to improve their emergency care systems. Meanwhile, pediatric emergency medicine gains traction as a distinct and important field.

1983

Interspecialty Conference on Childhood Emergencies Held

The American College of Emergency Physicians (ACEP) hosts the Interspecialty Conference on Childhood Emergencies, which leads to ACEP and AAP forming a joint task force to improve care for pediatric patients.⁶

1984

First APLS Course Implemented

The first Advanced Pediatric Life Support (APLS) course from AAP and ACEP is implemented. APLS, which is later published as a manual, serves as the standard resource for critical condition recognition and stabilization.⁷

1986

First EMSC Grants Awarded to Four States

EMSC awards grants in Alabama, California, New York, and Oregon. Increasing numbers of new states and territories are awarded grants over the years.¹⁰

1981

AAP Section Dedicated to PEM

The AAP creates a section dedicated to pediatric emergency medicine (PEM).⁵

1983

Bill Cosponsored by Senators to Create EMSC Program

Senator Daniel Inouye (D-HI) joins Dr. Sia's crusade after learning about a staff member's experience with inadequate emergency care for his young daughter. Senators Orrin Hatch (R-UT) and Lowell Weicker (R-CT) join in sponsoring legislation to create the Emergency Medical Services for Children (EMSC) Program.⁴

1984

Federal Funds for EMSC Authorized

The U.S. Congress enacts legislation authorizing the use of federal funds for the EMSC Program. Administered by HRSA's Maternal and Child Health Bureau (MCHB), the EMSC Program provides states with funding for projects to improve emergency medical services for critically ill and injured children.^{7,8}

1985

EMSC Grant Announcement Published

Congress appropriates initial funds for EMSC, and the first program grant announcements are published.⁸

1986

First PEM Journal Published

The first journal devoted to PEM, *Pediatric Emergency Care*, is published.⁶

1988

EMSC Reauthorizing Legislation Passed

The U.S. Congress passes the first EMSC reauthorizing legislation.¹²

1990s

Early EMSC Growth

An increasing number of states receive funding and the EMSC Program structure evolves to include two resource centers, a Family Advisory Network, and Targeted Issues Grants. In addition, the individual state grants are restructured as the State Partnership Program. The impact of state work accelerates with the release of foundational resources and introduction of state policies that codify EMSC priorities.

1991

PEM Approved as a Subspecialty

PEM is approved by the American Board of Pediatrics and American Board of Emergency Medicine as a subspecialty, thereby establishing national standards for the knowledge base and skills required of PEM specialists.⁶

1991

First EMSC-Related State Legislation Passed

In anticipation of receiving EMSC funding, Illinois passes the first EMSC-related state legislation as part of its EMS Systems Act. "Pediatric Trauma" outlines next steps for improving pediatric emergency care that were enabled by the grant.¹⁴ Since this legislation, numerous EMSC-related state laws have helped codify the program at the state level.



1987

First PALS Course Created

The first Pediatric Advanced Life Support (PALS) course is created and implemented by AAP and the American Heart Association. PALS is the standard for resuscitation training for pediatric health care providers in the United States.¹¹



1989

PEM Course Made Available

The first national PEM course is introduced by ACEP and AAP.⁴ Previously, there were no standards for pediatric emergency care, and pediatrics remained a minor area of focus in emergency medicine. The PEM course created a path toward standardization of care.



1991

EMSC Resource Centers Established

MCHB establishes the EMSC Resource Network, which includes the EMSC National Resource Center (NRC), located at Children's National Medical Center in Washington, D.C., and the National EMSC Resource Alliance, located at Harbor-UCLA Medical Center in Los Angeles, CA.⁸ The role of these centers is to assist state grantees, promote awareness of the unique needs of children, and increase collaborations to improve pediatric emergency care.⁴



First Targeted Issues Grant Awarded

California becomes the first state to be awarded an EMSC Targeted Issues Grant, which was established to find new approaches to improving emergency care for children. Typically, the grants result in a new resource or tool or demonstrate the efficacy of a particular strategy. This first Targeted Issues Grant focused on statewide improvement of the pediatric capabilities of local and regional emergency and critical care systems.¹³





1992

First State-Level Office of EMSC Established

New Jersey becomes the first state to establish an Office of EMSC as part of its state health department.⁸

1993

Model EMSC Statute Published

The *Harvard Journal of Legislation* publishes a model EMSC statute to encourage states to establish a Children's Emergency Medical and Injury Prevention Systems Act. The act addresses EMSC standards and advisory panels.¹⁵



1993

Emergency Medical Services for Children Report Released by IOM

The Institute of Medicine (IOM), now the National Academies of Sciences, Engineering, and Medicine, releases a report detailing continued deficiencies in pediatric emergency care and the need for better data. This report underscores why emergency care for children must differ from care for adults and justifies EMSC initiatives.¹⁶



1994

More Focus Placed on Children with Special Health Care Needs

A national workgroup is formed to address the emergency care needs of children with special health care needs.¹⁷



1995

First Pediatric Emergency School Nurse Course Developed

The University of Connecticut receives a Targeted Issues Grant to update its school nurse training program and host a national train-the-trainer course. This work has been continued by the Illinois EMSC Program, which created an instructor manual that is used in many states. The course is designed to enhance school nurses' assessment, triage, and treatment skills for when they care for acutely ill or injured students.¹⁸



1995

NEDARC Created

To help address "the need for more and better data on the volume, nature, and outcomes of pediatric emergency care," a major shortcoming identified in the IOM report, MCHB funds the National EMSC Data Analysis Resource Center (NEDARC), located at the University of Utah in Salt Lake City, UT.⁸



1996

EMSC Partnership for Children Consortium Established

MCHB establishes the EMSC Partnership for Children Consortium to promote collaboration between national organizations, including AAP, ACEP, the National Association of EMTs (NAEMT), the National Association of State EMS Directors (now the National Association of State EMS Officials [NASEMSO]), the American Trauma Society, and the Ambulatory Pediatric Association. The partnership enables the EMSC Program to broaden its impact.¹⁹



1996

Minimum Pediatric Prehospital Equipment Guidelines Approved

Recognizing that EMS providers at all levels must have the appropriate equipment and supplies to optimize prehospital delivery of care, a group including the American College of Surgeons (ACS), National Association of EMS Physicians (NAEMSP), AAP, ACEP, and EMSC develops and approves "Minimum Pediatric Prehospital Equipment Guidelines."⁴



1996

Interagency Committee on Emergency Medical Research Created

The Interagency Committee on Emergency Medical Research is created to improve the quality and quantity of EMSC research and to foster collaboration between federal agencies such as HRSA, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Institutes of Health (NIH).⁴



1997

State Partnership Program Introduced

State Partnership Program grants are introduced to help states continue to improve, refine, and integrate pediatric care in their EMS systems.²⁰ Eight EMSC regions are formalized to support collaboration among State Partnership grantees.²¹



1998

First National Congress on Childhood Emergencies Held

MCHB sponsors the National Congress on Childhood Emergencies, a historic gathering of advocates and experts across the country. During the event, HRSA announces its first National Heroes Awards to honor those who excel in improving children's emergency care, including Dr. Sia.²²



1998

Emergency Guidelines for Schools Published

The Ohio EMSC Program publishes the first edition of *Emergency Guidelines for Schools*, which addresses how to help ill or injured students when a school nurse is not available. The document is later updated by other states, including, most recently, the Tennessee EMSC Program.²³



1998

First State Recognition Program Established

Illinois EMSC establishes the nation's first program recognizing emergency departments (EDs) for meeting certain pediatric standards.²⁴ As of 2023, 17 states have recognition programs for EDs.



1999

FAN Created

Recognizing that families are an invaluable resource in improving emergency care, the EMSC Program forms the EMSC Family Advisory Network (FAN). FAN representatives impart a consumer's perspective and serve as community allies to support patient- and family-centered care across the continuum.²⁵



1999

First Model of Standards for EDs Approved for Pediatrics Published

California publishes the first standards for EDs that are approved for pediatrics, also known as EDAPs. The standards are an early model for pediatric readiness.²⁶



2000s

Gaining National Traction and Growing the Research Base

Collaborations increase with federal agencies and national organizations. In addition, the EMSC Program introduces the Pediatric Emergency Care Applied Research Network (PECARN) and begins to grow the base of evidence for improved pediatric emergency care. At the state level, performance measures are established to track progress.

2000

Healthy People 2010 Released by HHS

The U.S. Department of Health and Human Services (HHS) releases Healthy People 2010, a national health promotion and disease prevention initiative that includes two EMSC-related objectives.²⁸

2001

"Care of Children in the Emergency Department: Guidelines for Preparedness" Released

AAP and ACEP release "Care of Children in the Emergency Department: Guidelines for Preparedness," the first set of national guidelines outlining necessary resources for ensuring children receive quality emergency care in EDs.³⁰

2002

EMSC DCC Established

The EMSC Data Coordinating Center (DCC) — which supports data collection and management, quality assurance, statistical analysis, and more for PECARN — is established at the University of Utah.

EMSC National Public Information and Education Campaign Launched

HHS adopts the EMSC Program's theme "The Right Care When It Counts" as the focus of its annual observance of Children's Health Month in October. The centerpiece of the celebration is a three-year campaign to engage families in understanding children's unique needs in emergencies.¹⁰

2000

EMSC-Related Multi-Agency Program Announcement Made

A multi-agency program announcement is made in the *NIH Guide for Grants and Contracts* to outline research needs for the EMSC Program.⁴

2000

State-by-State Trauma Systems Needs Survey Conducted

EMSC, NHTSA, and the Office of Rural Health Policy conduct a state-by-state trauma systems needs survey to characterize the current structure and viability of state trauma systems. The survey leads to the development of a national group on trauma and EMS systems, inclusive of rural communities.²⁷

2000

"Guidelines on Providing Family-Centered Prehospital Care" Published

EMSC Program funding helps support a foundational NAEMT publication, "Guidelines for Providing Family-Centered Prehospital Care."²⁹

2001

PECARN Cooperative Agreement Created

EMSC funds four cooperative agreements to form PECARN, the first federally funded, multi-institutional network for research in pediatric emergency medicine.³¹

National EMS for Children Day Established

National EMS for Children Day is established as part of National EMS Week, which is presented by ACEP in partnership with NAEMT. EMSC Day is now celebrated annually on the third Wednesday in May.³²



2003

First National Assessment of EDs Conducted

Under a grant from the EMSC Program, an assessment is conducted to determine U.S. hospitals' compliance with AAP and ACEP's 2001 "Care of Children in the Emergency Department: Guidelines for Preparedness." Results reveal that most hospitals are unaware of the national guidelines and few hospitals have all of the equipment and essential care policies listed.³⁴



2005

"Twenty Years of Emergency Medical Services for Children" Published

"Twenty Years of Emergency Medical Services for Children: A Cause for Celebration and a Call for Action" is published in *Pediatrics*, outlining the importance and impact of the EMSC Program.³⁵



2006

Focus Placed on Tribal EMS Program

Outcomes from EMSC State Partnership Programs working with Tribal EMS Programs are presented at the annual EMSC Grantee Meeting.³⁶

2006

Future of Emergency Care Series Released by IOM

IOM releases *Future of Emergency Care in the U.S. Health System*, a series of reports that includes *Emergency Care for Children: Growing Pains* and highlights ongoing gaps in pediatric emergency care as well strategies to address them — including the adoption of pediatric champions in emergency settings, also known as pediatric emergency care coordinators (PECCs).³⁸



EMSC Performance Measures Rolled Out

To track EMSC's impact and in accordance with the Government Performance and Results Act, the EMSC State Partnership Program's first performance measures are rolled out, covering topics that include ensuring the operational capacity to provide pediatric emergency care; requirements for pediatric emergency education for license renewal for basic and advanced life support providers; and establishing the permanence of EMSC in the state.³⁷

2007

PECARN Dexamethasone Trial Published

PECARN completes its major trial looking at the use of dexamethasone for the treatment of infant bronchiolitis and publishes the study in the *New England Journal of Medicine*.³⁹



2008

EMSC Research Applications Released by NIH

The NIH releases a special program announcement inviting applications for EMSC research; this first-ever multi-agency program funding opportunity announcement aims to expand and improve EMSC research.⁴⁰



2009

State Partnership Program Performance Measures Refined

The first set of performance measures are refined to further demonstrate the results of State Partnership Program funding. Additional measures address pediatric medical direction, equipment on patient care units, training for prehospital providers, trauma and medical recognition programs, interfacility transfer, and the adoption of program priorities in state policies.⁴¹



2009

Ninth Region Formed

EMSC State Partnership Programs form a ninth region, the Pacific Islands EMSC Region.⁴²



2009

PECARN Traumatic Brain Injury Prediction Rule Study Released

A PECARN study of 42,000 children with blunt head trauma leads to a clinical prediction rule for emergency neuroimaging, thus reducing unnecessary scans and radiation exposure.⁴⁸



2009

Ambulance Equipment Guidelines Updated and Checklist Created

The document "Minimum Pediatric Prehospital Equipment Guidelines" is updated to "Equipment for Ambulances," which includes recommendations for both pediatric and adult patients.⁴³ The guidelines are subsequently updated in 2014 and 2020 ("Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances"). A corresponding checklist is also created.

"Guidelines for Care of Children in the Emergency Department" Released

"Care of Children in the Emergency Department: Guidelines for Preparedness" is updated to a joint policy statement, "Guidelines for Care of Children in the Emergency Department." Authored by AAP, ACEP, and the Emergency Nurses Association (ENA), the statement is endorsed by 22 organizations, including ACS, NAEMSP, NAEMT, and NASEMSO. The statement offers recommendations for essential equipment, medications, personnel training, and key policies necessary for optimal pediatric emergency care in EDs.⁴⁴

2010s

Evolution of Pediatric Readiness

The concept of pediatric readiness takes hold in the form of two flagship projects: the National Pediatric Readiness Project (NPRP) for EDs and the National Prehospital Pediatric Readiness Project (PPRP) for EMS agencies. As part of that work, the EMSC Program begins to emphasize quality improvement (QI) through the creation of the EMSC Innovation and Improvement Center (EIIIC).



2011

PECARN Expanded by EMSC

EMSC expands PECARN by awarding six new cooperative agreements.⁴⁶

2012

NPRP Implemented

In partnership with AAP, ACEP, and ENA, the EMSC Program implements the NPRP, a multiphase QI initiative to ensure all EDs are prepared to care for children. The first phase of the NPRP is a national assessment of EDs to help identify gaps based on the 2009 policy statement "Guidelines for Care of Children in the Emergency Department."⁴⁷



2012

State Partnership Regionalization of Care Grants Funded

EMSC funds six State Partnership Regionalization of Care Grants, an initiative to develop and implement regionalized systems of care that encompass the sharing of resources and improving access to pediatric health care services in Tribal, territorial, insular, and rural areas.⁴⁸



2013

Six Prehospital Care Targeted Issues Grants Funded

EMSC funds six new Targeted Issues Grants on pediatric prehospital care, representing one of the largest investments — \$5.4 million over three years — in pediatric prehospital research.⁵⁰



NEDARC and DCC Combined

NEDARC and DCC combine as the EMSC Data Center.⁴⁹

2013

First NPRP National Assessment Conducted and Toolkit Finalized

More than 4,000 EDs participate in the NPRP Assessment, representing a response rate of more than 82%. In late 2013, EMSC, AAP, ACEP, and ENA initiate phase two of the NPRP: the development of strategies and resources to engage EDs in QI activities, including the creation of the NPRP Toolkit, which offers resources for addressing gaps identified by the assessment, and the NPRP Checklist.⁵²



2013

EMSC Funding Spread Throughout Entire United States

With the awarding of State Partnership Program grants to Palau, Marshall Islands, and the Federated States of Micronesia, EMSC funding has reached all 59 states, territories, and jurisdictions. As of 2023, 57 states, territories, and jurisdictions hold grants.⁵¹

2013

CT Scan Tool Published by PECARN

PECARN publishes a clinical prediction tool that helps clinicians identify which children with abdominal injuries do not need a CT scan.⁵³

2014

Pediatric Disaster Guidelines for Hospitals Published

The NRC publishes "Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies," which is updated by the EIIC in 2022.⁵⁵

2015

PECARN Expanded to Include Prehospital Research

PECARN expands to include prehospital research for the first time and adds six EMS affiliates.⁴⁶

2015

Pediatric Readiness Results Published

Results from the first NPRP Assessment are published in *JAMA Pediatrics*, indicating a median pediatric readiness score of 69 out of 100 for participating hospital EDs.⁵²

2014

EMSC 30th Anniversary Observed

EMSC celebrates 30 years with the slogan "Then, Now, Imagine...Honoring the Past, Experiencing the Present, Visualizing the Future." To commemorate the occasion, the article "Emergency Medical Services for Children: Thirty Years of Advancing High-Quality Emergency Care for Children" is published in *Pediatric Emergency Care*.⁵⁴

2015

PECARN Therapeutic Hypothermia Trial Published

PECARN teams up with the National Institute of Child Health and Human Development's Collaborative Pediatric Critical Care Research Network and completes two trials to evaluate whether regulating body temperature improves outcomes for children after cardiac arrest, both in and out of the hospital. The studies are published in 2015 and 2017 in the *New England Journal of Medicine*.^{56,57}

2016

EIIC Established

EMSC establishes and awards a grant to create the EIIC, which is focused on accelerating the impact of the EMSC Program through quality improvement science and builds off the work of the NRC.⁵⁸

New Targeted Issues

Grants Funded

Five Targeted Issues Grants are awarded to help translate research into practice.⁵⁹



2016

Facility Recognition Collaborative Kicked Off

The EIIC holds the Facility Recognition Collaborative to assist states with creating programs that recognize EDs that are ready to care for children in emergencies. By the end of the collaborative, five states prepare to launch a program and eight states report progress toward implementation.⁶⁰

2017

New Performance Measures Rolled Out; EMS Survey Begins

Due to the success and retirement of earlier performance measures, EMSC creates three new prehospital-focused performance measures and updates other measures for State Partnership Programs. The EMSC Data Center begins surveying to collect data on key performance measures. The survey becomes annual in 2020 and is known as the EMS for Children Survey.⁶¹



2018

Two Collaboratives Launched

EIIC launches the Pediatric Readiness Quality Collaborative (PRQC) and the PECC Learning Collaborative to engage EMSC grantees and hundreds of hospital and prehospital clinicians in improving emergency care.⁶²

"Pediatric Readiness in the Emergency Department" Joint Policy Statement Released

The 2009 joint policy statement "Guidelines for Care of Children in the Emergency Department" is updated by AAP, ACEP, and ENA to "Pediatric Readiness in the Emergency Department."⁶³

2018

PEM Knowledge Advanced

NEDARC, in collaboration with other EMSC team members, contributes to the body of knowledge in PEM with four key articles in 2018.^{64,65,66,67}



2018

EMSC Highlighted in *Clinical Pediatric Emergency Medicine*

A special issue of *Clinical Pediatric Emergency Medicine* is published and includes multiple EMSC-focused research articles.⁶⁸

2018

Two Key Studies Published by PECARN

PECARN publishes the results of a study that demonstrates that contrary to common practice, clinicians may safely individualize fluid hydration for children with diabetic ketoacidosis without fear of causing brain injury.⁶⁹ PECARN also publishes a landmark study that proves probiotics do not improve the severity or length of viral acute gastroenteritis.⁷⁰



2019

PPRP Steering Committee Convened

Key national organizations unite to drive pediatric improvements in prehospital EMS systems through the PPRP, which parallels the NPRP and aims to launch an assessment of EMS agencies in 2024.⁷¹

Fourfold Lower Rate of Mortality Associated With ED Pediatric Readiness Revealed in Study

“Emergency Department Pediatric Readiness and Mortality in Critically Ill Children” is published, marking the first publication that quantifies the impact of pediatric readiness on outcomes nationally using data from the 2013 assessment.⁷²



2019

Pediatric Disaster Care Centers of Excellence Funded

The Administration for Strategic Preparedness and Response (ASPR) awards \$16 million to create two Pediatric Disaster Care Centers of Excellence as pilot projects to improve regional disaster response capabilities: the Eastern Great Lakes Pediatric Consortium for Disaster Response (now known as Region V for Kids) and the Western Region Alliance for Pediatric Emergency Management (WRAP-EM). The Centers of Excellence work closely with EMSC.⁷⁶



2020

“Pediatric Readiness in Emergency Medical Services Systems” Published

A joint policy statement, “Pediatric Readiness in Emergency Medical Services Systems,” is published in the January 2020 *Pediatrics* by AAP, ACEP, ENA, NAEMSP, and NAEMT alongside a technical report by AAP. The documents form the basis for the PPRP’s work.⁷⁷



2019

Critical Crossroads: Pediatric Mental Health Care in the Emergency Department Published

Catalyzed by the growing pediatric mental health care crisis, MCHB publishes a resource toolkit, *Critical Crossroads: Pediatric Mental Health Care in the Emergency Department*.⁷³

2019

Landmark Research on Febrile Infants and Status Epilepticus Published by PECARN

PECARN publishes a series of articles that change the way emergency medicine evaluates febrile infants and informs the AAP clinical practice guideline “Evaluation and Management of Well-Appearing Febrile Infants 8–60 Days Old.”⁷⁴ PECARN also publishes a critical study that finds no significant difference between key medication options for status epilepticus, which allows clinicians to use the option that is safest and easily available.⁷⁵

2020s

Preparing for Everyday Emergencies and Disasters

Pediatric readiness initiatives continue to reach new heights. Catalyzed in part by the COVID-19 pandemic, there is an increased focus on the intersection of emergency care and disaster preparedness for children. Congress funds the Pediatric Pandemic Network (PPN) as part of the EMSC Branch within HRSA.

2020

EMSC Scholars and Fellows Program Launched

The EIIC launches two opportunities to engage future leaders in the EMSC space: the EMSC Scholars Program and the EMSC Fellows Program.⁷⁸

2020

Novel Suicide Screening Tool Developed by PECARN

PECARN publishes a novel teen suicide screening tool that can improve detection of teenagers' mental health needs.⁷⁹



2020

First PEAK Released

The EIIC releases its first Pediatric Education and Advocacy Kit (PEAK), a collection of both original and curated resources on areas of clinical focus.⁸¹



2021

HRSA EMSC Branch Expanded With Establishment of PPN

HRSA awards a \$48 million grant over five years to five children's hospitals to establish the Center for Pediatric Everyday Readiness — PPN. The network resides within the EMSC Branch of MCHB alongside the EMSC Program. The goal of the network is to improve the nation's ability to meet the needs of children during disasters and global health threats, in part by improving everyday pediatric readiness. The network brings together the expertise of the children's hospitals in collaboration with the EIIC and the ASPR Pediatric Disaster Care Centers of Excellence. This program is a Special Project of Regional and National Significance, authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act.⁸²



2022

Long-Term Impact of Readiness Demonstrated

Research funded through a Targeted Issues Grant demonstrates that high pediatric readiness in EDs is associated with 30% reduced mortality in injured children at trauma centers out to one year.⁸⁷



2020

Pediatric Disaster Preparedness Quality Collaborative Launched

EIIC partners with Region V for Kids to hold a Pediatric Disaster Preparedness Quality Collaborative.⁸⁰

2021

71% Response Rate Achieved by Second NPRP Assessment

Despite the ongoing challenges related to the COVID-19 pandemic, the NPRP launches its second national assessment of hospital EDs, which yields a 71% response rate.⁸³

Pediatric Readiness Included in Forthcoming Trauma Verification Standards

ACS announces new pediatric standards for all verified trauma centers, including a standard based on the NPRP, broadly expanding the reach of pediatric readiness. Standards go into effect in 2023.⁸⁴

Two Collaboratives Launched

EIIC launches a six-month Telehealth Collaborative; the 10-month PECC Workforce Development Collaborative kicks off later in the year.⁶²

IHS EMSC Hybrid Simulation Program Initiated

The Indian Health Services (IHS) and EMSC Hybrid Simulation Program begins. The program helps designate and support PECCs for IHS, Tribal, and rural EDs. The initiative connects PECCs with academic medical centers and offers simulation training program cofacilitated by the PECCs.⁸⁵

Checklist and Toolkit Developed by PPRP

The PPRP develops and releases an official checklist and toolkit for EMS agencies.⁸⁶

2022

Prehospital Pain Guidelines Released

HRSA jointly funds the development of "Evidence-Based Guidelines for Prehospital Pain Management." These recommendations help EMS agencies learn how to safely treat pain in children as they are transported to an ED.⁸⁸



2022

PPN Expanded to 10 Hub Sites

HRSA awards an additional \$29 million over five years to five children's hospitals, expanding the PPN to 10 total hub sites.⁸²



2023

Long- and Short-Term Impact Demonstrated

Targeted Issues research demonstrates the impact of readiness on long- and short-term mortality and for both ill and injured children. The study also shows that high pediatric readiness in EDs in the 11 states studied could save 1,400 children's lives in one year.⁸⁹ Other studies find achieving high pediatric readiness in EDs is not associated with marked increases in the cost of care and that EMS agencies that transport critically ill children to EDs with higher pediatric readiness saved children's lives.^{90,91}



2023

Recognition Programs Incorporated into Performance Measures

The EMSC Program rolls out new performance measures for State Partnership Programs, which include establishing pediatric readiness recognition programs for EDs and EMS agencies.⁹³



NPRQI Platform Opens

Funded by a Targeted Issues Grant, The National Pediatric Readiness Quality Initiative (NPRQI) launches its QI platform to support low-volume EDs in implementing pediatric QI efforts.⁹²



2023

PECARN Clinical Advances

PECARN identifies new and more effective approaches to provide emergency care for children, including improving pain management for children with sickle cell disease experiencing vaso-occlusive pain; increasing understanding of the risks to cognitive development among children who experience diabetic crisis; and assessing the efficacy of a computerized screening tool for adolescents that can estimate their risk of suicide attempt within the next three months.^{94,95,96}

Two Collaboratives Kicked Off

The ED Screening and Treatment Options for Pediatric (STOP) Suicide QI Collaborative kicks off for ED-based teams. A second cohort of PRQC launches with four focus areas, including suicide, and leverages the NPRQI platform.⁶²



2023

NPRP 2021 Assessment Manuscript Published

The results of the NPRP 2021 Assessment are published in *JAMA Network Open*. The results show a median weighted pediatric readiness score of 69.5 out of 100.⁹⁷

Emerging Research on Disparities & Cost

A study finds pediatric readiness reduces, though does not eliminate, racial and ethnic disparities in care. Meanwhile, emerging research indicates becoming pediatric ready costs between \$4-48 per patient.^{98,99}

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