

What Is the National Pediatric Readiness Project?

The National Pediatric Readiness Project (Peds Ready) is an ongoing quality improvement (QI) project designed to promote optimal care of children in all U.S. and territory emergency departments (ED).

The primary purpose of Peds Ready is three-fold: (1) to establish a composite baseline of the nation's capacity to provide care to children in the ED; (2) to create a foundation for EDs to engage in ongoing QI processes that includes implementing the "Guidelines for the Care of Children in the Emergency Department;" and (3) to establish a benchmark that measures an ED's improvement over time.

Why is Pediatric Readiness Important to Children?

Children comprise 27% of the U.S. population and account for approximately 20% of all hospital ED visits. Pediatric emergencies often take place close to home and school. Data validate that 90% of these emergency pediatric visits take place in a local general hospital rather than a facility with pediatric specialization or expertise. Thus, it is imperative that all hospitals providing emergency care for children be prepared with appropriate equipment, medications, and care policies, and staffed with providers who participate in regular evidence-based pediatric education offerings.

How did Peds Ready Originate?

In 2003, under a grant from the federal Emergency Medical Services for Children (EMSC) Program, the Guidelines Project Steering Committee conducted an assessment of all U.S. hospitals to determine their compliance with the 2001 American Academy of Pediatrics (AAP)/American College of Emergency Physicians (ACEP) "Care of Children in the Emergency Department: Guidelines for Preparedness." Results revealed that most hospitals were unaware of the national guidelines and few hospitals had all of the equipment and essential care policies listed in the recommended guidelines.

In 2009, AAP, ACEP, and the Emergency Nurses Association (ENA) released the joint policy statement "Guidelines for Care of Children in the Emergency Department" to replace the 2001 Guidelines for Preparedness. Endorsed by 22 national organizations, this statement offers recommendations for essential equipment, medications, personnel training, and key policies necessary for optimal pediatric emergency care.

In the Spring of 2012, Marianne Gausche-Hill, MD, completed a statewide survey of all hospitals within California to assess their capability to treat children in their ED based on the 2009 Guidelines. Three hundred of the 335 hospitals in

the state participated in the survey. The average Readiness Score for all participating California EDs was 71.4 (based on a 100-point scale). Those facilities with a high annual ED pediatric patient volume ($\geq 10,000$ patients) received the highest average score: 79.9.

Six months later, in September 2012, the EMSC Program launched the National Pediatric Readiness Project to expand on the work done in California.

Who Is Involved in Peds Ready?

Peds Ready is a collaboration between the federal EMSC Program, AAP, ACEP, and ENA. This project has also received the support of such organizations as The Joint Commission and the Healthcare Corporation of America.

As the project progressed and initial results were reviewed, these partners quickly identified the need to expand the project's reach and engage additional organizations and groups. For example:

- The injured child is often initially cared for in community hospitals. If the injuries are significant, he or she is then transferred to a pediatric trauma center. The need to expand the partnership to include health care professionals from the trauma community was recognized.
- A large number of assessment respondents were from rural community hospitals, thus it was appropriate to invite the National Association of Rural Health to discuss next steps.

How is Peds Ready Being Implemented?

The Peds Ready project is divided into two phases. Phase one, now complete, included the implementation of a national electronic assessment sent to approximately 5,000 EDs within the U.S. and its territories; the distribution of a Pediatric Readiness Score and a Gap Analysis to all participating hospitals; and the development of online resources to assist facilities with QI initiatives focused on pediatric readiness. *Note that an overwhelming 82% of America's hospitals participated in the Peds Ready online assessment.*

Phase two activities are currently being implemented, including: the analysis of collected data (initial analysis is complete), the dissemination and sharing of important data findings, and the creation of resources, tools, and partnerships to engage the health care community and effect change.

What are the Benefits for Participating Hospitals?

Many hospitals participated simply because they wanted to know how well their ED was prepared to care for children and to identify opportunities for improving their facility's pediatric emergency care capabilities.

Facilities that participated (n= 4,146) in the national assessment received the following benefits.

- Immediate feedback in the form of a Pediatric Readiness Score and a Gap Analysis Report. The Gap Analysis is an in-depth review of the areas that require improvement to increase a foundation for pediatric readiness. Topic areas in the gap analysis mirror the six topics in the 2009 Guidelines:
 - Administration and Coordination;
 - Physicians, Nursing, and Other Health Care Providers Who Staff the ED;
 - QI-Performance Improvement in the ED;
 - Improving Pediatric Patient Safety;
 - Policies, Procedures, and Protocols; and
 - Equipment, Supplies, and Medications.
- Benchmarking comparison scores between similar types of facilities based on pediatric patient volume. For example, facilities that see a high volume of children per year are compared to the average score of facilities with a similar pediatric volume.
- Free access to QI resources to help address identified areas of need. EDs participating in this project were encouraged to use their assessment feedback and the QI resources to develop individualized performance improvement plans.

What did Initial Analysis of Assessment Findings Reveal?

On April 13, 2015, the first Peds Ready manuscript, “National Assessment of Pediatric Readiness of Emergency Departments,” was published online in *JAMA Pediatrics*. A few important data points highlighted in the article include:

- The national overall hospital Pediatric Readiness score is 69%. Though this score is a marked improvement from an earlier assessment of pediatric readiness conducted in 2003, when the score was found to be 55%, there is still much work to be done. *Note that many facilities have requested opportunities to have the assessment portal left open for continued monitoring of their scores as they work on improvements.*
- Only 47% of responding facilities had included pediatric specific considerations into their hospital disaster plans. Even those facilities where children are frequently cared for had opportunities to improve their disaster preparedness. To respond to this need, a multidisciplinary group of pediatric disaster experts developed a tool to assist hospitals in the integration of the unique needs of children into their disaster plans. In October 2014, the EMSC Program released the “Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies.” The Checklist is intended as a tool to help hospital administrators and

leadership incorporate essential pediatric considerations into existing hospital disaster plans.

- Only 45% of hospital EDs reported having a pediatric care review process and only 58% of respondents had defined pediatric quality indicators. To assist facilities in developing a QI process addressing the needs of children, a webinar was held on December 17: Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your Emergency Department. The high interest in this webinar led to an online education tool that is linked to continuing education credit.
- The presence of a physician and nurse pediatric emergency care coordinator (PECC) was associated with a higher adjusted median Pediatric Readiness score compare with no PECC. To illustrate the important role PECCs play, a webinar was held on September 21: “Is your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness!”

Moving Forward, Will Peds Ready Partners Be Involved in Efforts to Improve ED Preparedness?

In early April 2015, established partners and new stakeholders for Pediatric Readiness gathered in Washington, DC, to discuss next steps for reducing gaps in hospital pediatric readiness. AAP, ACEP, and ENA discussed their proposed projects to support pediatric readiness efforts. In July, the EMSC Program hosted a “recap” webinar on the discussions held during the meeting. To learn more about each partner’s project and to view the archived webinar visit: www.pediatricreadiness.org/Partners/Organization_Projects.aspx.

For More Information

Additional information about Peds Ready can be found at: www.PediatricReadiness.org. Specific URLs for key documents discussed in this brief include:

1. Pediatric Readiness assessment questionnaire: www.pediatricreadiness.org/files/PDF/Assessment_and_Scoring_CA.pdf
2. Joint Policy Statement—Guidelines for Care of Children in the Emergency Department: www.pediatricreadiness.org/PRP_Assessment/
3. Checklist: Guidelines for Care of Children in the ED: www.pediatricreadiness.org/files/PDF/Checklist.pdf
4. Individual state assessment participation: www.pediatricreadiness.org/State_Results/State_Results.aspx
5. National and state aggregate findings: www.pediatricreadiness.org/State_Results/
6. QI Readiness Toolkit: www.pediatricreadiness.org/PRP_Resources/
7. Checklist of Essential Pediatric Domains and Considerations for Every Hospital’s Disaster Preparedness Policies: www.pediatricreadiness.org/State_Results/Key_Assessment_Finding.aspx
8. December 17 and September 21 webinars: www.pediatricreadiness.org/News/Webinar.aspx