



The Kid Angle

Kid-focused news from First Focus on Children

Compelling emergency rooms to better care for kids

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Children are not just little adults, as the pediatric community likes to say. But you wouldn't know that from most U.S. emergency rooms.

A study of 983 emergency rooms [published by JAMA Network](#) earlier this year found that ERs that were well-equipped to treat children cut the odds of those children dying by up to 76%. The researchers estimated that properly prepared emergency rooms would have saved more than 1,400 children's lives.

And it's not like these failures are a secret.

As far back as 1984, lawmakers created the Emergency Medical Services for Children (EMS-C) program to provide [high-quality, equitable pediatric emergency care to children regardless of where they lived](#). But as [The Wall Street Journal grimly noted](#) in its recent excellent report on this subject, "hospitals have had little incentive to improve care for kids because many government agencies and professional groups haven't required action. State efforts to help hospitals have limited federal funding, and child emergency care isn't in as high demand or as lucrative as other services."

Translation: Hospitals don't make as much money taking care of kids in emergencies as they do on other things. And no one's making them step up. So they don't.

What would it mean for emergency rooms to be "pediatric ready"? At a minimum, [writes First Focus on Children President Bruce Lesley](#), they would have smaller needles, blood pressure cuffs, pediatric-sized airway management tools, and other appropriate equipment. Ideally, staff would be trained in pediatric care, would include a pediatric emergency care coordinator, and would have ready access to pediatric specialists.

To compel emergency rooms to meet minimum pediatric readiness standards nationwide, Bruce recommends that lawmakers:

- **Establish Protocols for Pediatric Emergency Care:** The Centers for Medicare and Medicaid Services (CMS) and the Joint Commission, a private organization that sets

standards for hospitals, must create clear guidelines and protocols for pediatric emergencies.

- **Link Pediatric Readiness Standards to Hospital Payment Rates:** CMS should tie both Medicare and Medicaid participation standards to require compliance with pediatric readiness standards, such as through a requirement for compliance to receive a disproportionate share of hospital (DSH) funding, and value-based payments should be increased to hospitals that meet pediatric readiness standards.
- **Increase Funding for EMS-C and Promote its [National Pediatric Readiness Project](#):** With additional funding and support, all states and hospitals should come into compliance with minimal pediatric readiness standards as soon as possible.

These issues represent just the tip of an iceberg in a very, very dangerous sea. Children already are [dying at a higher rate than they have in the last 50 years](#) and infant mortality, always higher than in other wealthy nations, [increased for the first time in two decades](#) between 2021 and 2022.

We as a nation must ensure that all children have health care coverage, improve maternal health, address the children's mental health crisis, prevent gun violence, increase immunization rates, and improve health system access and quality.

Creating better emergency room care for our nation's children is just one of the ways we must improve their health care.

But doing that would be a good start.



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