



LA Peds Ready 2.0  
Kickoff Meeting  
Feb 19, 2026

# Welcome

The main goal of LA Peds Ready 2.0 is to help provide you with the tools and resources that you need to improve pediatric care in your ED.

You are the stars of this show

We are here to facilitate



Catalina Island Health  
Cedar Sinai Medical Center  
Cedars Sinai Marina Hospital  
Coast Plaza Hospital  
Children's Hospital Los Angeles  
Dignity Health St. Mary's Hospital  
Emanate Health - Queen of the Valley Hospital  
Foothill Presbyterian Emanate Health  
Garfield Medical Center  
Glendale Memorial Hospital  
Greater El Monte Community Hospital  
Henry Mayo Newhall Hospital

Hollywood Presbyterian  
Huntington Hospital  
Kaiser Permanente Panorama City  
Kaiser Permanente South Bay  
LAC Harbor-UCLA Medical Center  
Los Angeles General Medical Center  
Memorial Hospital of Gardena  
MemorialCare-Long Beach Memorial Medical Center  
Olive View UCLA Medical Center  
Pacifica Hospital of the Valley  
PIH Downey  
PIH Health Good Samaritan Hospital

# Participating hospitals

Pomona Valley Hospital Medical Center  
Providence Holy Cross Medical Center  
Providence Little Co Mary Torrance  
Providence St. Jude  
Providence Saint John's Health Center  
San Dimas Community Hospital  
St. Francis Medical Center  
UCLA Health Ronald Reagan Medical Center  
UCLA Health Santa Monica Medical Center  
USC Arcadia Hospital  
Torrance Memorial Medical Center  
Whittier Hospital Medical Center



# Let's Start with Introductions

Please tell us one major challenge or barrier you are currently facing in your work

Please share one success over the past year that you would celebrate

# Your LA Peds Ready 2.0 Nursing Leads



Laura Garcia, RN



Nancy McGrath, MN, RN, CPNP



Robin Goodman, MSN, RN, CPEN

# Your LA Peds Ready 2.0 Team



Mohsen Saidinejad, MD



Patricia Padlipsky, MD



Todd Chang,  
MD

# Your LA Peds Ready 2.0 Team



Marianne Gausche-Hill, MD  
Senior Advisor



Ilene Claudius, MD  
Consultant Physician

# Special Pathogens Program Team



Brad Goldberg, MD



Erika Cheung, MSN, RN, CPN



Pooja Nawathe, MD

# LA Peds Ready 2.0 Overview

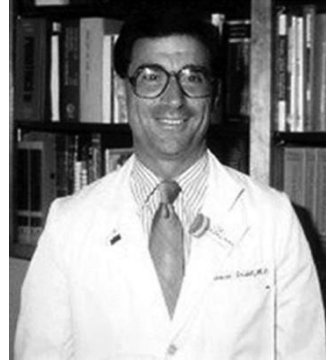
- Building on LA Peds Ready Project (2017-2018)
  - 24 non-EDAP hospitals
- Focus: Pediatric Readiness
- Education + Simulation + Assessment + Support
- Goal: Improve outcomes for children and build confidence in caring for pediatric patients
- Innovation: Train-the-Trainer

# Overview of Activities

- Completion of the 2026 NPRP assessment
- IMPACTs Simulation Platform
- Train-the-Trainer Model
- LA Peds Ready website
- Pediatric Readiness improvement activities
- Free multi-modal resources on pediatric emergency care
- Site visits

# LA Peds Ready 2.0 & Pediatric Readiness

- What is Pediatric Readiness?
- Data about national readiness scores – room for improvement
- LA County is a leader in Pediatric Readiness
  - History
  - Dr. James Seidel
  - Dr. Marianne Gausche-Hill
  - Dr. Kate Remick
- 2013 and 2021 assessment
- Impact and costs of Pediatric Readiness



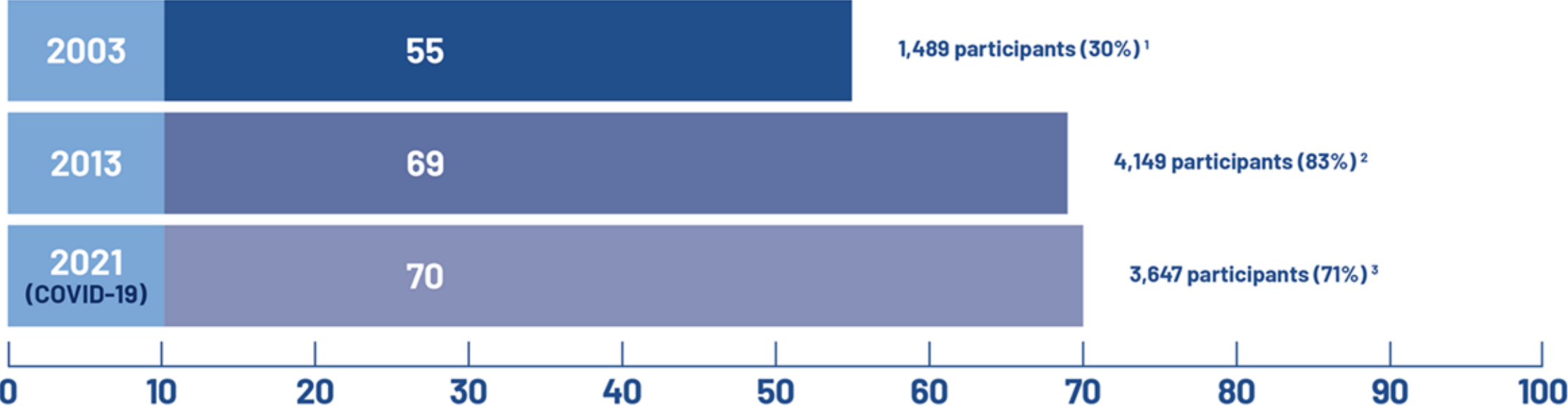
# The Importance of Pediatric Readiness

- >85% of children receive emergency care in general emergency departments (EDs), not in pediatric-specific facilities.
- However, many EDs see low pediatric volumes, making it harder to prioritize pediatric-specific training, equipment, and systems.
- Pediatric Readiness means having the people, processes, and resources in place to provide high-quality care to children.



# ED Progress Over Time

## Median Score (out of 100)



1. Gausche-Hill M, et al. Pediatric preparedness of US EDs: a 2003 survey. Pediatrics. 2007.  
2. Gausche-Hill M, et al. A national assessment of pediatric readiness of EDs. JAMA Pediatr. 2015.  
3. Remick KE, et al. National Assessment of Pediatric Readiness of US EDs During the COVID-19 Pandemic. JAMA Netw Open. 2023.



# Why Improvement Matters

**76%**

lower mortality risk  
in critically ill children.<sup>1,2</sup>

**60%**

lower mortality risk  
in critically injured children.<sup>2</sup>

**2,143 children's lives saved each year.<sup>3</sup>**

1. Ames SG, et al. ED Pediatric Readiness and Mortality in Critically Ill Children. *Pediatrics*. 2019.

2. Newgard CD, et al. ED Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care. *JAMA Netw Open*. 2023.

3. Newgard CD, et al. State and National Estimates of the Cost of Emergency Department Pediatric Readiness and Lives Saved. *JAMA Netw Open*. 2024.

## ...Plus a High Return on Investment

Achieving high levels of Pediatric Readiness costs hospitals \$4-\$48 per patient and would cost states \$0-\$12 per child resident. <sup>1,2</sup>

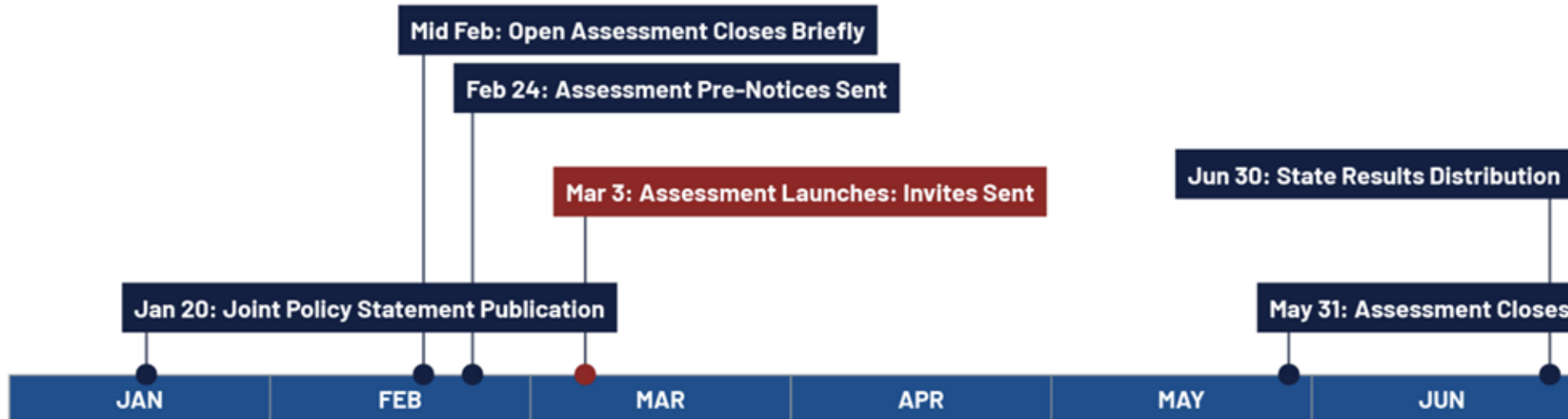


1. Remick KE, et al. The hospital costs of high ED pediatric readiness. J Am Coll Emerg Physicians Open. 2024.

2. Newgard CD, et al. ED Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care. JAMA Netw Open. 2023.

# 2026 National Pediatric Readiness Assessment

- March-May 2026
- Preceded by marketing campaign
- Prenotice and email communication sent beginning February 24



# 2026 Nationwide NPRP Assessment

- March 3-May 31
- Online assessment at [PedsReady.org](https://PedsReady.org)
- 30-45 minutes
- Ability to save progress and return later
- Only ONE assessment can be submitted per ED
- Invitations typically sent to an ED nurse manager who should coordinate response with PECCs, the ED medical director, the trauma coordinator, etc.



# Why the Assessment Matters

- Associated with improved outcomes
  - High Pediatric Readiness = lower mortality
  - Supports accreditation & quality goals
  - Data-driven improvement
- 
- Being pediatric ready means:
    - Reduces delay in care
    - Decreases unnecessary transfers
    - Improves care outcomes



# *Im*PACTS



IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION

# IMPACTs Simulation Platform

- Virtual simulation platform
- Pediatric scenarios
- Team-based learning
- Debriefing tools
- QI integration

Practice Pediatric Simulation That Works

SimBox simulations are practical, high-impact, and designed for any ED



SimBox+  
Leveraging  
technology for  
learning anywhere

**Im**PACTS  
IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION

Los Angeles County  
**PRP**  
Pediatric Readiness Project  
Ensuring Emergency Care for All Children

# Train-the-Trainer Model

- Build internal champions at non-EDAP
- Simulation support EDAPs & non-EDAPs
- Pediatric Liaison Nurse Mentors
- Standardized curriculum
- Scalable education
- Sustainability

# LA Peds Ready Website

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## LA Peds Ready Toolkit

This web site is designed to provide information and educational resources to assist health care providers in delivering high quality and evidence supported emergency care to all children.

[CHECK YOUR READINESS SCORE](#)



### Quality Improvement Resources

In this section, we have provided a series of content in topics related to emergency department operations efficiency...

[LEARN MORE](#)



### Clinical Practice Pathways

In this section, we have included many of the most common pediatric emergency medicine clinical pathways...

[LEARN MORE](#)



### Policies & Procedures

This is a growing section and we have provided a few of the relevant policies and procedures that have been subject of national discussion...

[LEARN MORE](#)



### Ongoing Education

In this section, we have included a link to upcoming national conferences that are relevant to pediatric emergency medicine...

[LEARN MORE](#)



**Username \***

**User Password \***

**Confirm Password \***

**Title**

**Role**

- PdLN
- Nurse Pediatric Champion
- Physician champion
- Others

**First Name \***

**Last Name \***

**Primary Email address \***

**Confirm Email \***

**Alternate email address (if available)**

**Primary institutional affiliation**



# EMSC Resources



LA PEDS ED PECC MODULE  
SERIES



EIIC INTERACTIVE  
MODULES



EIIC PEDIATRIC EDUCATION  
AND ADVOCACY KITS  
(PEAKS)

# ED PECC Module Series

## Strengthen Pediatric Emergency Care with New Free Modules

By Mohsen Saidinejad, MD, MBA, FACEP, and Robin Goodman, MSN, RN, CPEN | on February 3, 2026 | 0 Comment

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**EMSC**  
Emergency Medical  
Services for Children



# ED PECC Module Series

<p><b>Module 1</b> <b>The Pediatric Emergency Care Coordinator (PECC)</b> Overview of the role and responsibilities</p>	<p><b>Module 2</b> <b>The Role of the PECC and Pediatric Readiness</b> How PECCs advance readiness and improve outcomes</p>	<p><b>Module 3</b> <b>PECC Models and Best Practices</b> Exploring PECC models, key responsibilities for best practices</p>
<p><b>Module 4</b> <b>Pediatric Patient and Medication Safety</b> Practical steps to improve safety in medication and care delivery</p>	<p><b>Module 5</b> <b>Equipment, Supplies, and Medications</b> Ensuring pediatric-specific resources are available and organized</p>	<p><b>Module 6</b> <b>Policies, Procedures, and Protocols</b> Building systems that integrate pediatric considerations into daily practice</p>
<p><b>Module 7</b> <b>Care Team Competencies</b> Assessing and maintaining pediatric skillsets among staff</p>	<p><b>Module 8</b> <b>Support Services</b> Partnering with radiology and laboratory to deliver comprehensive pediatric care</p>	<p><b>Module 9</b> <b>Quality and Process Improvement</b> Using validated measures to drive ongoing improvement in pediatric outcomes</p>

# EIIC PEAK Topics



PEAK: Status Epilepticus



PEAK: Suicide



PEAK: Pain



PEAK: Agitation



PEAK: Child Abuse



PEAK: Multisystem Trauma



PEAK: Procedural Sedation



PEAK: Sepsis



PEAK: Blunt Head Trauma



# EIIC Interactive Modules

## EIIC: Emergency Department Management of the Agitated Pediatric Patient

Home / Resources / Clinical Resources (PEAKs) / Pediatric Education and Advocacy Kit (PEAK): Agitation  
/ EIIC: Emergency Department Management of the Agitated Pediatric Patient

### Audience

> ED Clinicians

### Media Type

> Module or Course

### Duration

60 minutes



### EIIC: Emergency Department Management of the Agitated Pediatric Patient >

Self-paced learning module on emergency department management of the agitated pediatric patient.

< Back to Pediatric Education and Advocacy Kit (PEAK): Agitation

- Agitation
- Status Epilepticus
- Suicide

# PEAK: Suicide



In the United States, suicide is the second leading cause of death for youths ages 10-18 (CDC NCHS Data Brief, 2019). Increasingly, the emergency care system has become a safety net for treating pediatric mental health issues: from 2007 to 2015, ED visits for suicide attempts and ideation doubled among the nation's youth (JAMA Pediatrics, 2019).

In light of the urgent need to improve pediatric suicide screening and mental health care in emergency settings, we are pleased to share new resources as part of our latest Pediatric Education and Advocacy Kit (PEAK): Suicide.

Through these resources, individuals can learn how to properly screen for pediatric suicide risk and assess acuity, develop safety plans, advocate for improved mental health care, and create care pathways to improve care for children and adolescents in crisis.

Last updated: October 2021

## BOTTOM LINE RECOMMENDATIONS

### Suicidal Risk Screening & Assessment

Suicide is the second leading cause of death for North American adolescents.<sup>1,2</sup> Children as young as 12 years old can experience suicidal ideation and engage in suicidal behavior.<sup>3</sup> Suicide risk must be determined for all pediatric patients receiving mental health care in an emergency department. Follow these two steps to determine risk:

- **Step 1:** Screen to identify those at risk of suicide and determine acuity.
- **Step 2:** Patients who screen positive in Step 1 require in-depth assessment to determine the need for treatment and safety planning.

#### Step 1: Screening for Suicide Risk

- While universal screening would be ideal, targeted screening of those presenting with mental health complaints is appropriate.
- Screening should be done at triage, be brief and employ validated tools.
- Asking about suicide or assessing suicidality does not increase a patient's risk of suicide.<sup>4</sup>
- Use a screening tool to detect risk (e.g., "The Ask Suicide-Screening Questions (ASQ)" which takes 20 seconds to administer, 98% sensitive for detecting suicide risk<sup>5</sup>).

Ask Suicide-Screening Questions (ASQ) <sup>5</sup>		
Questions	Responses	Outcomes
1. In the past few weeks, have you wished you were dead?	Yes/No	<b>Acute positive (imminent risk identified):</b> Patient answers 'yes' to any of questions 1-4, or refuses to answer, AND answers 'yes' to question 5. <ul style="list-style-type: none"> <li>• The patient's clinical needs are emergent and they should not leave the hospital until evaluated for safety.</li> <li>• The patient should remain under constant observation, ideally in a private room, without access to potentially dangerous objects until a suicide risk assessment has been completed.</li> </ul>
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	Yes/No	
3. In the past few weeks, have you been having thoughts about killing yourself?	Yes/No	<b>Non-acute positive (potential risk identified):</b> Patient answers 'yes' to any of questions 1-4, or refuses to answer, AND answers 'no' to question 5. <ul style="list-style-type: none"> <li>• The patient should not leave the hospital until a suicide risk assessment has been completed.</li> </ul>
4. Have you ever tried to kill yourself?	Yes/No	
5. Are you having thoughts of killing yourself right now?	Yes/No	<b>Negative:</b> A patient who answers 'no' to questions 1-4.

#### Step 2: Comprehensive Suicide Risk Assessment

- Perform a suicide risk assessment for patients who screen positive in Step 1.
- The assessment should obtain detailed information from the patient and parents/caregivers to inform safety planning and identify specific risk factors that can be addressed with targeted interventions.
- Part of the interview should be conducted privately with the patient.
- Inform the patient of the limits of confidentiality, including your obligation to inform appropriate people about immediate safety concerns.
- Establish rapport by making eye contact, using the patient's name, and explaining the purpose of the assessment.
- Demonstrate empathy by actively listening.
- There are no currently available assessment tools that can reliably predict future suicidal behaviour.<sup>6,7</sup>
- Validated interview tools for ages 6 and up (e.g., HEADS-ED available at [www.HEADS-ED.com](http://www.HEADS-ED.com)) can be used to structure the assessment.<sup>8</sup>

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## Suicidal Risk Screening & Assessment

The HEADS-ED has 7 domains for organizing the detailed information collected:

1. Home (e.g., How does your family get along with each other? Can probe for child protection issues, family violence)
2. Education and Employment (e.g., How is your school attendance? Are you working?)
3. Activities and peers (e.g., What are your relationships like with your friends? Can probe for bullying)
4. Drugs and alcohol (e.g., How often are you using drugs or alcohol? Cigarettes and/or vaping?)
5. Suicidality (e.g., Do you have thoughts of wanting to kill yourself? When do you have those thoughts? How and when would you do it?)
6. Emotions, behaviours, thought disturbance (e.g., How have you been living lately? Can assess for agitation)
7. Discharge or current resources (e.g., Do you have a mental health care provider or are you waiting to receive help?)

#### Step 3: Safety Planning/Management

- Identify potentially modifiable and non-modifiable risk factors to understand the patient's background and current life circumstances to inform safety planning and recommended resources.<sup>9</sup>
- Identify immediate risk factors associated with suicide.

Potentially modifiable risk factors	Immediate Risk Factors
<ul style="list-style-type: none"> <li>- Mental illness, including depression, substance use disorders, bipolar disorder, psychotic disorders</li> <li>- Family conflict</li> <li>- Living outside of home (e.g., homeless, group home, correctional facility)</li> <li>- Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>- Intoxication*</li> <li>- Agitation*</li> <li>- Recent stressful life event</li> </ul>
<ul style="list-style-type: none"> <li>- Previous deliberate non-suicidal self-injury or suicide attempt</li> <li>- Family history of suicide</li> <li>- History of adoption</li> <li>- History of bullying</li> <li>- History of abuse and/or trauma</li> <li>- Identification as transgender</li> </ul>	<p>*If present, suicide risk assessment should be repeated once the patient's intoxication and/or agitation has resolved.</p>

The purpose of this document is to provide healthcare professionals with key facts and recommendations for the screening and assessment of suicidal risk in children in the emergency department. This summary was co-produced by the suicidal risk screening and assessment content advisors for TREKK, Dr. Marilene Morneau of the University of Alberta, Dr. Amanda Newton of the University of Alberta, Dr. Stephen Freedman of the Cumming School of Medicine, University of Calgary, and Dr. Laurissa Katz of the Whiting Health Sciences Center (WHSC), and content advisors for EIC, Dr. Susan Duffy of the Alpert Medical School, Brown University, and Dr. Vera Fouad of the LeBon Oublier's Medical Center, and use the best available knowledge at the time of publication. However, healthcare professionals should continue to use their own judgment and take into consideration context, resources and other relevant factors. The TREKK Network and EIC are not liable for any damages, claims, liabilities, costs or obligations arising from the use of this document including loss of damages arising from any claims made by a third party. The TREKK Network and EIC also assumes no responsibility or liability for changes made to this document without its consent. This summary is based on:

1. Statistics Canada. Table 13-10-004-03, Leading causes of death, total population, by age group. Ottawa: Statistics Canada, 2021. [cited 2021 April 6]. Available from: <https://www150.statcan.gc.ca/n1/pub/82-625-x/2021001/article/00003-eng.htm>
2. National Center for Health Statistics. Adolescent health. USA: National Center for Health Statistics. [cited June 29, 2022]. Available from: <https://www.cdc.gov/nchs/data/adolescent-health.htm>
3. Lerman-Go E, Horowitz JM, Wharf EA, et al. The importance of screening problems for suicide risk in the emergency department. *Acad Pediatr*. 2019;14(4):305-307.
4. DeGisi CE, Schuman ME. On the seroprevalence of suicidal ideation: A meta-analysis. *Suicide and Life-Threatening Behavior*. 2018;48(1):531-545.
5. Newton AL, Solomon A, Kirkland SW, Sukert R. A systematic review of instruments to identify mental health and substance use problems among children in the emergency department. *Acad Emerg Med*. 2017;24(5):552-568.
6. Clark ME, O'Leary DM, Hertz RE. Suicide in the pediatric population: screening, risk assessment, and treatment. *Int Rev Psychiatry*. 2020;32(2):214-224.
7. Carter O, Miller A, MCDONNELL R, et al. Predicting suicidal behaviour using clinical instruments: systematic review and meta-analysis of positive predictive values for risk scales. *Br J Psychiatry*. 2017;210(5):387-393.
8. Campbell M, Gray C, Jensen R, et al. The HEADS-ED: A rapid mental health screening tool for pediatric patients in the emergency department. *Pediatrics*. 2012;130(2):e403-7.
9. Shan B & American Academy of Pediatrics Committee on Adolescence. Suicide and suicide attempts in adolescents. *Pediatrics*. 2016;137(5):e20161426.

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### AUDIENCE

- Advocates & Policymakers
- Clinicians 14
- Nurses 14
- Patients & Families 4
- Prehospital Practitioners 4

### SORT ORDER

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16 Results

**Document** Pinned

**HRSA Critical Crossroads: Pediatric Mental Health Care in the Emergency Department Toolkit**

45 minutes Details

**Practice Guideline** Pinned

**EIIC-TREKK Bottom Line Recommendation: Suicidal Risk Screening and Assessment Practice Guideline**

10 minutes Details

**Podcast**

**AAP Mental Health Advocacy: A Conversation with AAP President Lee Beers, MD, FAAP, Podcast**

50 minutes Details

**Video**

**AAP Pediatric Mental Health Minute Series: Mental Health of Infants & Small Children with Dr. Mary Margaret Gleason Video**

13 minutes Details

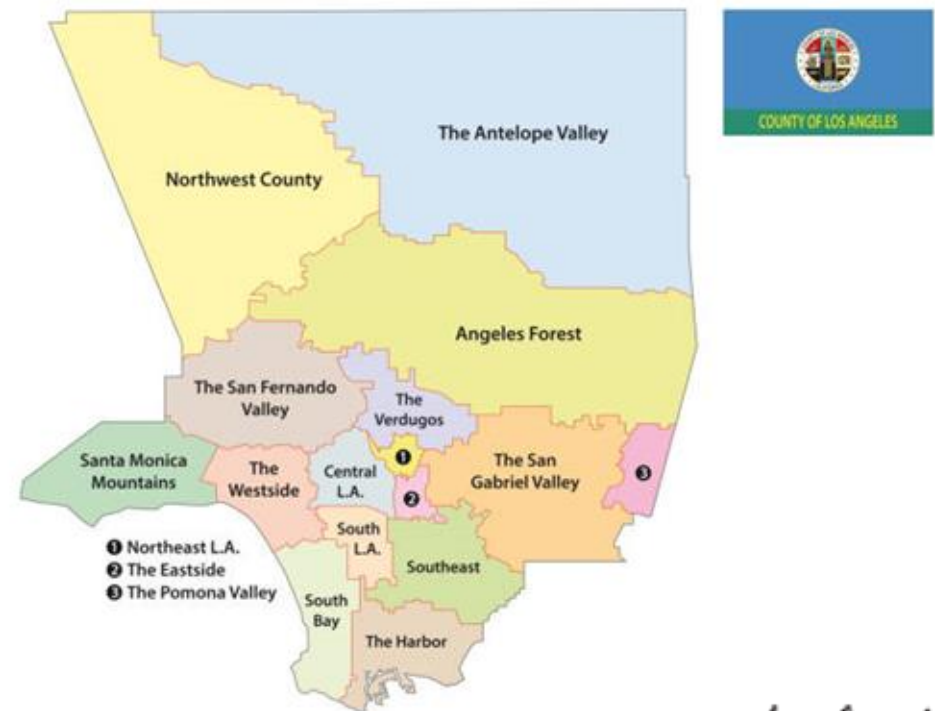


# Special Pathogens Educational Material

- Pediatric-specific protocols
- PPE readiness
- Isolation workflows
- Identification of a child with complicated influenza-like-illness
- Simulation integration
- Content to review:
  - Algorithm, approach to a child suspected of highly contagious infection
  - PPE and isolation consideration
  - Podcast on high consequence infectious disease agent

# In-Person Half-Day Visits

- Target: Non-EDAP hospitals
- Half-day structured visits
- 4 simulation cases
  - Scheduled and facilitated by LA Peds Ready 2.0 team
  - EDAP PdLN mentor works with site clinical staff during simulated cases
- Hands-on support
- Performance and gap analysis for mentor and mentee to work on



# Pediatric Readiness Improvement Activities

Activity	Time commitment	Timeline	Complete by
Complete 2026 NPRP Assessment	45 minutes	March 3, 2026-May 31, 2026	May 31, 2026
Gap analysis and identification of improvement goal	10-20 hours	June 1, 2026-July 31, 2027	September 2027
PECC Module series EICC PEAK site	2 hours 2-3 hours	July 15, 2026 –November 30, 2026	December 1, 2026
Interactive learning modules	2-3 hours	August 1, 2026-November 30, 2026	December 1, 2026
SimBox simulation	3-4 hours	August 15, 2026-May 31, 2027	June 30, 2027
Special pathogens (H5N1) content review	1-2 hours	October 15, 2026-January 31, 2027	February 1, 2027
Site visit	4-5 hours	June 15, 2026 - October 31, 2026	Nov 1, 2027
Post-participation NPRP open assessment	45 minutes	October 1, 2027-December 1, 2027	December 2027

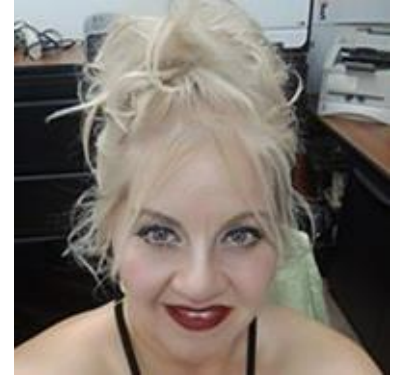
# Your participation is extremely valuable

- Helps build your EDs Pediatric Readiness
- Access to Pediatric Readiness resources
- Access to pediatric emergency care education
- Develop a simulation program to team build and practice pediatric emergency care skills
- The goal is to develop sustainable and ongoing connection with your mentors and continued Pediatric Readiness
- Each hospital will receive \$2000 for participation



# Next Steps

- Identify a Pediatric Champion
- Connect with your PdLN mentor
- Print the PDF of the 2026 NPRP Assessment on March 3
- Submit your EDs NPRP Assessment during the 2026 Nationwide Assessment period (March 3 - May 31).
- Review your NPRP Gap Report with your mentor
- Record your progress activities
- Reach out if you need help



Renee Sanchez

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# Open Discussion

- What excites you most?
- What feels challenging?
- What would make this most helpful?
- What's missing?