



2025-26 PEDIATRIC RECEIVING CENTER (PedRC) DESIGNATION / RECOGNITION PROJECT

PHASE 2 PedRC VIRTUAL MEETINGS WITH PAT FROST

OPPORTUNITY TO SHOWCASE PEDIATRIC READINESS IN CALL with PedRC LEAD CONTRACTOR

SCHEDULING IS NOW OPEN

Dear Alameda County Hospital ED Directors, PECCs, and Pediatric Champions,

The Alameda County PedRC Designation and Recognition project has now moved into the Phase 2 assessment. If you completed the NPRP Pediatric Readiness Assessment and submitted the Gap Summary/Score in Phase 1, you now have the opportunity to showcase your pediatric readiness in a virtual one-hour call with Pat Frost, PedRC Contractor. The goal is to collect additional information to inform the PedRC designation as efficiently and effectively as possible. The details on the PedRC process, preparing for the call, agenda and participation form are provided below.

DESCRIPTION PedRC DESIGNATION PROCESS

- Pat Frost will complete an independent designation evaluation process in two phases
 - PHASE 1: Complete NPRP Survey & Submit Gap Summary Score
 - PHASE 2: Conference Call with Pat Frost
 - NOTE: Additional documentation, including a request for a site visit, may be required to complete the independent designation assessment process if virtual meeting and documentation is insufficient to establish a recommendation.*
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- The designation and recognition process require each hospital to demonstrate alignment with the California Code of Regulations, Title 22, Chapter 6.4 Pediatric Receiving Center criteria. [EMSC Regulations/California/Title-22/Division-9/Chapter-6.4/Article-3; California-EMS-Authority-Regulations-EMSC-effective-January-1-2025.pdf](https://www.cdph.ca/Programs/CID/DCDC/Pages/EMSC/Regulations/California/Title-22/Division-9/Chapter-6.4/Article-3;California-EMS-Authority-Regulations-EMSC-effective-January-1-2025.pdf)*
 - (NOTE: PedRC Designation process is completely separate from UCSF Pediatric Readiness SIM Site Visits).*

PREPARING FOR PedRC EVALUATION CALL

- Review the 2025 NPRP Survey Gap Reports and other previous pediatric readiness assessment reports.**
 - If you have not yet completed the survey assessment in 2025, please complete the survey online and access the gap summary report: <https://www.pedsready.org/>. If not sent previously, submit the Gap Summary report to Pat and Cynthia before scheduling the call*
- Schedule the one-hour TEAMS Call.** *(Refer to Virtual Call Participation Form – page 2)*
 - Ensure at least one PECC is available for the call. Ideally, the MD and Nurse PECC should both participate.
- Prepare for TEAMS Call Presentation** *(Refer to PedRC Documentation and Virtual Meeting Preparation – page 3).*
 - Consider showcasing pediatric readiness strengths, gaps and planned corrective actions. Highlight how your hospital meets or exceeds National Pediatric Readiness Project (NPRP) standards.*
 - A simple PowerPoint may be helpful to guide your presentation.*
- Before your scheduled virtual evaluation meeting, please submit evidence of pediatric readiness** aligned with the state regulations.
 - Send any relevant CONFIDENTIAL PedRC documents at least two weeks before the TEAMS call to Pat and Cynthia (e.g. pediatric readiness reports, plans, policies, and protocols).*

AGENDA FOR Virtual Call (1-Hour)

- Introduction, PedRC Goals & Process
- Brief Review EMSC Designation & PECC Requirements
- Pediatric Readiness Showcase Presentation (Strengths, Gaps, Corrective Actions, & Evidence for Designation)
- Contractor Questions on Presentation & Submitted Documents

Please contact us if you have questions. Pat Frost looks forward to learning about the unique strengths of your hospital, how you address the needs of children and youth and the contributions you are making to the pediatric emergency care system in Alameda County. Thank you for your vital commitment and collaboration on this project.

Very respectfully,
Cynthia and Pat

Cynthia Frankel – Cynthia.Frankel@acgov.org (510) 295-9601; Pat Frost - pfrostamis@gmail.com



PedRC PHASE 2 – VIRTUAL CALL PARTICIPATION FORM

Hospital Name:	
Hospital Address:	
Name / Title POC:	
Phone / Cell:	
Email:	
Name / Titles of Participants Expected for TEAMS Call:	

Teams Call Availability

Select your top 3 preferred dates and times below for the call.

Mon. 10/6/2025

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 3-4pm

• **Tues. 10/7/2025**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 3-4pm

• **Mon. 10/20/2025**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 2:30-3:30pm
- ☐ 3-4pm

• **Tues. 10/21/2025**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 2:30-3:30pm
- ☐ 3-4pm

• **Tues. 12/9/2025**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 2:30-3:30pm
- ☐ 3-4pm

• **Mon. 12/15/2025** *(not available between 1:30-2:30)*

- ☐ 2:30-3:30pm
- ☐ 3-4pm
- ☐ 3:30-4:30pm

• **Tues. 12/16/25**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 3-4pm

• **Tues. 1/6/2026**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 3-4pm

• **Tues. 1/13/2026**

- ☐ 1-2pm
- ☐ 1:30-2:30pm
- ☐ 2-3pm
- ☐ 3-4pm

• **Propose Alternate Dates & Times** _____



Suggested PedRC Documentation and Virtual Meeting Preparation

1. Introduction

- Brief overview of hospital and ED
 - (CCS level, NICU/PICU/Behavioral Health resources).
- Your hospital's Pediatric Readiness Assessment score
- Why is your hospital pursuing a pediatric designation (vision and mission).

2. Documentation of Policies, Protocols, and Guidelines

- Prior ALCO pediatric readiness assessment reports
- Pediatric Emergency Care Policies demonstrating Compliance with EMSC Regulations.
- Policies and procedures documentation for the facility system on pediatric triage, treatment, and interfacility transfer (IFT) protocols, including description on 24/7 pediatric IFT capability.
- Telehealth/consultative pediatric services.

3. Documentation of Personnel and Pediatric Emergency Care Coordinators (PECCs)

- Identify **qualified PECCs** (physician and nurse).
- Submit a job action sheet or written description of the PECC roles in quality improvement, liaison activities, education, and pediatric disaster preparedness.
- Highlight ongoing training and competency validation (PALS, pediatric simulations, mock codes).

4. Equipment, Supplies, and Medications

- Description of emergency department and pharmacy procedures for pediatric equipment and medications.
- Description of the training and use of length-based systems or medical software for weight-based dosing.
- Description, photos, or documentation of items in specialized pediatric and newborn trays (airway, vascular access, chest tube, delivery).

5. Training, Competency, and Family-Centered Care

- Calendar description of staff training in pediatric resuscitation and trauma stabilization.
- Any calendar or list of Pediatric-specific disaster drills and surge planning activities over the last 12 months.
- Policies, procedures, checklists or other documentation addressing Family presence in resuscitation, child maltreatment protocols, behavioral health integration.

6. Quality Improvement and Data Reporting

- Participation in Alameda County pediatric QI and benchmarking (cardiac arrests, transfers, ICU admissions, deaths).
- Example(s) of pediatric QI projects or process improvements.
- Collaboration with EMS, other hospitals, and community partners.

7. Closing Story and Commitment

- Share a story (de-identified) that demonstrates your team's pediatric readiness in action.
- Reaffirm your hospital's commitment to continuous improvement in pediatric emergency care.