

Study: Health equity an important aspect of improving quality of care provided to children in emergency departments

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A new multi-site study led by Indiana University School of Medicine has found increasing pediatric readiness in emergency departments reduces

but does not eliminate racial and ethnic disparities in children and adolescents with acute medical emergencies.

The study also involved researchers from Oregon Health and Science University and UC Davis Health. They recently published their findings in *JAMA Open Network*.

"Ours is a national study group focused on pediatric emergency department readiness," said Peter Jenkins, MD, associate professor surgery at IU School of Medicine and first author of the study. "We have been very productive in demonstrating that the more prepared an ED is to take care of kids, the better their chances of survival, and that includes children with traumatic injuries and [medical emergencies](#)."

"Readiness" can include a variety of factors for an ED, including staffing, materials, training and protocols. Jenkins said the more prepared the hospital, and the more protocols in place, then the more likely a child is to survive a traumatic injury or acute medical emergency. But until now, it was unclear whether children of all races and ethnicities benefit the same from increased levels of readiness.

"We believe that treatment protocols help to overcome biases and racism because if a child meets criteria, then we do one thing or another," Jenkins said. "We saw that for kids with traumatic injuries, whose care is largely determined by such protocols, there weren't significant differences in survival based on race and ethnicity. But for children with medical emergencies, where treatment protocols are often lacking, we found significant disparities in mortality between Black and white kids. Importantly, the higher the level of readiness of the ED, the lower the level of disparity between racial and [ethnic groups](#)."

Researchers looked at 633,536 [pediatric patients](#) at hospitals in 11 states from 2012–2017, making this one of the largest studies of racial and

[ethnic disparities](#) among children to date.

"A lot of times when we talk about [health equity](#), people are concerned that improving the condition of one group may result in another group losing out," Jenkins said. "This study shows the opposite to be true. All groups benefit from improved readiness, and we also have this extra layer of social justice woven into the narrative of improved health care quality. These findings only strengthens the case to provide resources to hospitals so they're prepared to take care of all sick kids."

In the future, the group plans to look at updated surveys of hospitals to determine if there have been changes in pediatric readiness over time. Jenkins said they also plan to promote the importance of health equity into the national platform for pediatric [readiness](#).

Other lead collaborators include Nathan Kuppermann, MD, MPH from UC Davis and Craig Newgard, MD, MPH from OHSU.

More information: Peter C. Jenkins et al, Emergency Department Pediatric Readiness and Disparities in Mortality Based on Race and Ethnicity, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.32160](#)

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