

TEXAS FACILITY READINESS PROGRAM CHECK LIST

PEDIATRIC READY

Official Completing Form (please print): _____ **Date:** _____

Initials: _____

Instructions: The requirements and acceptable documentation are detailed for each item on the list by type of survey. For each item, please initial in the box provided for each line item/equipment to indicate that the acceptable forms of documentation/material were submitted and interviews/meetings were properly conducted via video conferencing or the type of survey requested (e.g. VCT or on site). Please attach any documentation/material as an addendum to this application.

DESCRIPTION

Type of Survey

Participation in the National Pediatrics Preparedness Project

PAPER/VTC

ON SITE

INIT

ALL APPLICANTS ARE REQUIRED TO PARTICIPATE IN THE NATIONAL PEDIATRIC PREPAREDNESS PROGRAM.

<https://www.pedsready.org/>

Physician, Nurses and Other Healthcare Providers Who Staff the ED

PAPER/VTC

ON SITE

INIT

Physicians who staff the ED have the necessary skill, knowledge, and training in the emergency evaluation and treatment of children of all ages who may be brought to the ED, consistent with the services provided by the hospital. This means that there is 24/7 provider coverage of the ED by a physician board certified in Emergency Medicine, Pediatrics, Family Medicine, Peds Emergency Medicine OR if they are not board certified in one of the aforementioned subspecialties they are current providers in PALS OR APLS.

A de-identified list of current medical staff and their board certification, if not board certified in EM, Peds, FM, or PEM, then then expiration date of their APLS/PALS certification.

Nurses and other ED health care providers have the necessary skills, knowledge, and training in providing emergency care to children of all ages who may be brought to the ED, consistent with the services offered by the hospital and have providers that are current in APLS, PALS or ENPC. Provider coverage must be 24/7.

A de-identified list of current nursing and ED health care providers and the expiration date of their APLS, PALS or ENPC provider verification.

Guidelines for Improving Pediatric Patient Safety

PAPER/VTC

ON SITE

INIT

<p>ALL infants and children presenting to the ED have the following vital signs recorded in the medical record: temperature, heart rate, respiratory rate.</p>	<p>Copy of Written policy and review of xx number of de-identified records for specified common pediatric chief complaints via video-conferencing (VC).</p>	<p>Sample Audit of charts</p>	
<p>Blood pressure and pulse oximetry monitoring are available using the appropriate size equipment for children of all ages on the basis of illness and injury severity.</p>	<p>Official equipment list for unit with hospital logo on the document from central supply/biomed department OR a picture of the equipment.</p>	<p>Visual Inspection of equipment by visiting surveyor</p>	
<p>A process in in place that allows for 24/7 access to interpreter services in the ED.</p>	<p>A demonstration of the process used to access the interpreter with VC</p>	<p>Demonstrate to visiting surveyor how to access the interpreter</p>	
<p>Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED</p>	<p>PAPER/VTC</p>	<p>ON SITE</p>	<p>INIT</p>
<p>Neonatal, infant AND child (BP cuff)</p>	<p>Official equipment list for unit with hospital logo on the document from central supply/biomed department and random visualization of equipment via VTC.</p>	<p>Visual Inspection of equipment by visiting surveyor</p>	
<p>Electrocardiography monitor/defibrillator with pediatric and adult capabilities including pads/paddles</p>			
<p>20, 22 AND 24 gauges (intravenous catheters over needles)</p>			
<p>Pediatric IO device (with appropriately - sized needles) for infants and children.</p>			
<p>IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate.</p>			
<p>Un/cuffed 2.5-6.0 mm endotracheal tubes</p>			
<p>0, 1, AND 2 Straight and 2 curved laryngoscope blades</p>			
<p>Oral airways sizes 0-3</p>			
<p>Pediatric stylet</p>			
<p>Infant and child suction catheters</p>			
<p>Infant (450 mL) self-inflating bag mask with a safety pop-off valve</p>			
<p>Neonatal, infant, AND child mask fit bag-mask device adaptors</p>			
<p>Standard infant and child clear O2 masks</p>			
<p>Infant AND child nasal cannulas</p>			

<p>Pediatric physician coordinator who is a specialist in pediatrics, emergency medicine, or family medicine, appointed by the ED medical director, who through training, clinical experience, or focused continuing medical education demonstrates competence in the care of children in emergency settings including resuscitation.</p>	<p>Name of person and copy of official position description and brief interview via VC.</p>	<p>30-minute interview by site surveyor with this person to discuss their role</p>	
<p>Pediatric nurse coordinator who is a registered nurse (RN), appointed by the ED nursing director, who possesses special interest, knowledge, and skill in the emergency <u>nursing</u> care of children.</p>	<p>Name of person and copy of official position description and brief interview via VC.</p>	<p>30-minute interview by site surveyor with this person to discuss their role</p>	
<p>Baseline and periodic competency evaluations must be completed for all ED clinical staff, including nurses, that are age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs.</p>	<p>Written policy regarding scope and frequency of evaluations for staff and view a personnel file via VC with documentation of competency evaluations.</p>	<p>Review de-identified evaluations of 10 staff</p>	
<p>The hospital has a pediatric patient care-review process using outcome-based measures for internal review. (e.g. number of pediatric patients seen in the ED, admission rate, incoming and outgoing transfer %, mortality, and return visit rate).</p>	<p>Submission of specified data in this line item</p>	<p>Interview with person responsible for doing this to describe the process used and to get feedback</p>	
<p>All children seen in the ED are weighed in kilograms (kgs) AND that weight is recorded in the ED medical record in kg only</p>	<p>Copy of Written policy and verify with records and looking at the scale via VC.</p>	<p>Chart audit of 10 charts</p>	

<p>A process for identifying age-specific abnormal vital signs and notifying the physician or APP of these abnormal vital signs are present.</p>	<p>1. Copy of Written Policy AND 2. discussion with person who takes vitals (PCA or RN) to describe what they do if something is abnormal via VC AND 3. Either verbal confirmation of notification process OR a chart audit of 10 charts with abnormal pediatric vitals to check for documentation of reporting.</p>	<p>Both a discussion with person who takes vitals (PCA or RN) to describe what they do if something is abnormal and chart audit of 10 charts with abnormal pediatric vitals to check for documentation of reporting</p>	
<p>There are processes in place for safe medication storage, prescribing, and delivery that includes pre-calculated dosing guidelines for children of all ages.</p>	<p>A description of the process and demonstrate via VC.</p>	<p>Discussion with RN, MD/DO, Pharmacist about a case example (with a controlled substance) to describe the process used in the ED to store, prescribe, and deliver a medication</p>	
<p>The ED has a process that promotes family-centered care (e.g. family presence at the bedside, family involvement in clinical decision making, caregiver education, etc.).</p>	<p>A written description of the facility's process</p>	<p>Interview staff (RN, MD/DO, child life if applicable) to describe management of a case scenario (a child in respiratory distress who needs to be intubated)</p>	
<p>The ED uses a validated triage tool AND has a triage policy that specifically addresses ill and injured children.</p>	<p>Name of the tool and a copy of the policy, which also specifies how staff are trained to use it</p>	<p>Chart audit of 10 cases that demonstrates triage documentation and triage level assigned</p>	
<p>The ED has a policy addressing how frequently children should be reassessed.</p>	<p>Copy of Written policy</p>	<p>Chart audit of 10 cases that demonstrates that</p>	

		the policy is adhered to	
The ED has a process for assessing immunization/ vaccination status and risk stratifying the under/ un-immunized patient.	A description of the process	Discussion with RN, MD/DO, Pharmacist about a case example (12 y/o with dirty wound and needs a tetanus booster) to describe the process used in the ED to store, prescribe, and deliver a medication	
The hospital has a written guideline for the initial management and transfer of children with behavioral and mental health issues out of the facility to an appropriate facility.	A description of the process	Discussion with RN, MD/DO about a case example (13 y/o with suicidal ideation) to describe the process used to transfer the patient	
The ED has a policy for the initial identification/evaluation and management of suspected child neglect and/or abuse.	Copy of Written policy	Discussion with RN, MD/DO about a case example (4 y/o brought in due to alleged sexual abuse that occurred that day) to describe the process used to evaluate and coordinate transfer or follow up for the patient	
The ED adheres to a policy on how to handle the death of a child in the ED.	Copy of Written policy	Discussion with RN, MD/DO about a case example (3 month old found apneic in crib, brought by EMS)	

<p>The ED adheres to a policy of medical imaging that addresses pediatric age- or weight-based appropriate dosing for studies that impart radiation consistent with the ALARA (as low as reasonably achievable) principle, if a computed tomography (CT) scanner is available at the facility.</p>	<p>Copy of Written policy</p>	<p>Discussion with radiologist and radiology tech about how the policy is applied. (Case example: 5 y/o with altered mental status after a head injury and needs a head CT)</p>	
<p>The ED or hospital has an all-hazard disaster-preparedness plan that addresses issues specific to the care of children.</p>	<p>A copy of the plan</p>	<p>Discussion with RN, MD/DO about a case example (Bus accident with 10 injured children coming to their ED) to describe the process used to evaluate and coordinate transfer for the patient, if needed</p>	
<p>The ED has an inter-facility transfer policy defining the roles and responsibilities of the referring facility and referral center.</p>	<p>Copy of Written policy</p>	<p>Discussion with MD/DO about where they would send the following patients, if services could not be provided at their own facility:</p> <ul style="list-style-type: none"> • A 3 y/o with >30% burns • A 2 y/o in MVC with a head bleed • A 6 y/o with a Type 3 supracondylar fracture • A 6 month-old with bronchiolitis, intubated for respiratory failure <ul style="list-style-type: none"> • A 15 y/o with ectopic pregnancy • A 13 y/o with suicidal ideation 	

<p>Medication chart, length-based tape, medical software, or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications.</p>	<p>A description of the tool(s) used</p>	<p>Discussion with RN, MD/DO, pharmacist about a case example (3 y/o with status epilepticus who needs medication for seizure and then needs to be intubated) to identify the proper doses of medications</p>	
<p>The following medications are available in the ED if a national shortage is not currently in effect: Atropine, Adenosine, Amiodarone, Anti-Emetic agents, Calcium chloride OR gluconate, Dextrose (D10W, D50W), Epinephrine (1:1000; 1:10 000 solutions), Lidocaine, Magnesium sulfate, Naloxone hydrochloride, Sodium bicarbonate (4.2%, 8.4%), Activated charcoal, Topical, oral, and parenteral Analgesics, Antimicrobial agents (parenteral and oral), Anticonvulsant medications, Antidotes (common antidotes should be accessible to the ED), Antipyretic drugs, Bronchodilators, Corticosteroids, Inotropic agents, Neuromuscular blockers, Sedatives, Vaccines, Vasopressor Agents, Insulin</p>	<p>A list of the medications in the ED. If a national shortage is in effect, submit documentation that the facility attempted to acquire the medication.</p>	<p>Discussion with RN, pharmacist about where each medication is kept (crash cart vs. pharmacy vs. Omnicell/Pyxis machine vs. medication room)</p>	
<p>Prostaglandin E1 (PGE1)</p>			
<p>The ED has a patient warming device for all ages including infants.</p>	<p>Full listing of the name of the equipment/device and how many are kept in the ED / Random visualization of equipment via VC</p>	<p>Visual inspection of the equipment/device by the visiting surveyor</p>	
<p>Weight scale in kilograms (not pounds)</p>			
<p>Doppler device</p>			
<p>Rectal thermometer</p>			
<p>A continuous end-tidal CO2 monitoring device</p>			
<p>Dextrose 5% in normal saline</p>			
<p>Dextrose 10% in water</p>			
<p>C-Collars or a method by which to stabilize the cervical spine or restrict cervical motion for patients of all ages</p>			
<p>Extremity splints in pediatric sizes</p>			
<p>Pediatric Magill forceps</p>			
<p>Infant AND Child Nasopharyngeal Airways</p>			
<p>Nonrebreather mask for infant AND child (clear O2 mask)</p>			
<p>Infant AND Child, 8 AND 10F (NG tube)</p>			
<p>Extraglottic/ supraglottic airways in sizes 1-3 (e.g. LMA, King, iGel)</p>			
<p>Supplies/kit for patients with difficult airways (e.g. needle cricothyrotomy supplies, surgical cricothyrotomy kit)</p>			

Pigtail or open chest tube thoracostomy supplies with appropriately sized chest tubes: Infant (10-12F) AND Child (16-24F)			
Newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel)			
PEEP valve			
PEDIATRIC CHAMPION			
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED	PAPER/VTC	ON SITE	INIT
UVCs 3.5 or 5 French	Visual Inspection by the visiting surveyor		
Central Lines in 2 of the following sizes: 4.0, 5.0, 6.0 or 7.0 F			
Lumbar-puncture tray including infant 22 gauge, pediatric–22 gauge, and adult 18-21 gauge lumbar puncture needles			
Tubes in sizes 2.5-5.5 mm for Tracheostomy			
Urinary catheterization kits and urinary (indwelling) catheters (6F–22F)			
Appropriateness of management and transfer for infants (<90 days old) with fever	In depth discussion with pediatric care coordinator or other QI personnel to describe how this is being accomplished.		
Quality Improvement Initiative	PAPER/VTC	ON SITE	INIT
The hospital agrees to participate in a QI initiative with EMSC, and they will submit de-identified information through an online portal. The facility should provide a description of what the facility is doing to address the gaps identified from this data (one example would be implementation of a clinical practice guideline or doing research on the issue), in a format that could potentially be used as a QI publication. This may include one or more of the following:	Written description of initiative to include data set and process for capturing data.		
CT use for traumatic head injury			
Appropriateness of imaging and transfer for suspected appendicitis			
Appropriateness of transfer for orthopedic injury			
Appropriateness of management and transfer for asthma and pneumonia			
Appropriateness of management and transfer for (febrile) seizures			
There is an individual in the hospital with a current certification in NRP 24/ 7 that is available to respond to the ED if there is not a provider in the hospital at the same time who is board certified in Pediatrics, Emergency Medicine, Pediatric Emergency Medicine, or Family Medicine	Provide surveyor with de-identified list of current medical staff and the expiration date of their NRP certification		

PEDIATRIC INNOVATOR

Physician, Nurses and Other Healthcare Providers Who Staff the ED	ON SITE	INIT
<p>Baseline and periodic competency evaluations must be completed for all ED clinical staff, including physicians and APPs, that are age-specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs. Competencies are determined by each institution's hospital policies and medical staff privileges as a part of the local credentialing process for all licensed ED staff.</p>	<p>Provide surveyor with de-identified evaluations of 10 staff. Written policy may be submitted in advance describing frequency and scope of evaluations.</p>	
Guidelines for QI/PI in the ED	ON SITE	INIT
<p>Components of the QI process interface with out-of-hospital, ED, inpatient pediatric, pediatric critical care, and hospital-wide QI/PI activities</p>	<p>In depth discussion with pediatric care coordinator or other QI personnel to describe how this is being accomplished. Submission of a written description of the process should be provided in advance of site survey.</p>	