# ILLINOIS EMSC

### FACILITY RECOGNITION

***EDAP & SEDP Renewal Pediatric Plan***

***Checklist***

### Instructions:

Complete an updated EDAP or SEDP Pediatric Plan for your facility using the checklist below. Refer to the EMS Administrative Code sections for EDAP or SEDP that are located in the pages following this checklist in this application packet.

**Use the tabs provided by the EMSC office to organize your application.**

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| **For each requirement outlined below, select the response(s) as directed and attach supporting documentation.** | | | |
|  |  | Submit an organizational chart identifying the administrative relationships among all departments in the hospital, including the Emergency Department and Department of Pediatrics. |  |
|  |  | Submit an organizational chart identifying the organizational/reporting structure of ED physician, nursing and ancillary services. |  |
| Review EMS Administrative Code 515.4000 a, 1 and 2 or 515.4010 a, 1 and 2 for the physician staff qualifications and continuing medical education and submit each of the below. | | |  |
|  |  | Enclosed is a policy (s) that incorporates the physician qualifications and CME requirements. |  |
|  |  | Enclosed is a completed CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS Form. |  |
|  |  | Enclosed is a completed CREDENTIALS OF FAST TRACK PHYSICIANS Form. |  |
|  |  | Enclosed is the curriculum vitae for the ED Medical Director (that states their role as the ED Medical Director). |  |
|  |  | Enclosed is a current one-month physician schedule for the ED. |  |
|  |  | For EDAP physicians who meet alternate criteria, enclosed is the following: 1). a letter(s) verifying hours worked by this/these physicians; 2). a copy of current AHA PALS or ACEP-AAP PALS certification; and 3). copies of 16 hours of pediatric CME completion over the past two years. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 3, for the ED Physician coverage and submit one of the below. (NOTE: For SEDP Hospitals, NP/CNS/PA ED coverage is allowed) | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 4, for ED Consultation and submit the below. | | |  |
|  |  | Enclosed is a one month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians, or documentation verifying 24 hour telephone consultation. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 5, for ED Physician Back-up and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 6, for On Call Specialty Physician Response Time and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 b, 1 and 2 for Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant qualifications and continuing medical education and submit the below.** | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
|  |  | Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST AND PHYSICIAN ASSISTANT** Form. |  |
|  |  | Enclosed is a current one-month nurse practitioner/clinical nurse specialist/physician assistant schedule. |  |
|  |  | For nurse practitioners who meet alternate criteria, enclosed is the following: 1). letter(s) verifying hours worked by this/these nurse practitioners; 2). copies of current AHA PALS or ACEP-AAP PALS certification; 3). copies of 16 hours of pediatric CME completion over the past two years. |  |
|  |  | **OR**  Enclosed is documentation that nurse practitioners/clinical nurse specialists/physicians assistants are not utilized in the ED) |  |
| Review EMS Administrative Code 515.4000 or 515.4010 c, 1 and 2 for Nursing qualifications and continuing education and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
|  |  | Enclosed is a completed CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF Form. |  |
|  |  | Enclosed is a one-month Registered Nurse staffing schedule for the emergency department. |  |

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| Review EMS Administrative Code 515.4000 or 515.4010 d, 1, for inter-facility transfer and submit the below. | | |  |
|  |  | Enclosed is an interfacility transfer policy that addresses pediatric transfers and includes all of the components defined in Section 515.4000 or 515.4010 d, 1. |  |
|  |  | Enclosed is a copy (s) of our current written transfer agreements (that cover pediatric patients) with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at this facility. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 2, for** **suspected child abuse and neglect and submit the below.** | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 3, for** **treatment guidelines and submit the below.** | | |  |
|  |  | Enclosed are all pediatric treatment/care guidelines. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 4, for** **Latex-allergy policy and submit the below.** | | |  |
|  |  | Enclosed is a copy of our latex-free policy that addresses latex allergies and the availability of latex free equipment and supplies. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 5, for** **Disaster Preparedness and submit the below.** | | |  |
|  |  | Enclosed is a copy of the Hospital Pediatric Disaster Preparedness Checklist that has been completed by the disaster/emergency management coordinator. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 e, 1, for** **quality improvement activities and the multidisciplinary quality improvement committee and submit the below.** | | |  |
|  |  | Enclosed is a policy (or other formal document) that outlines the overall emergency department quality improvement program, and identifies the integration of pediatric QI activities into the emergency department quality program. Components that need to be included in the policy:   * Description of the quality improvement process * Responsible multidisciplinary committee and committee membership. NOTE: Committee composition needs to extend beyond physician/nursing to include other essential disciplines such as pediatrics, social services, respiratory therapy, other services * Pediatric clinical indicators/monitors and/or outcome analysis, including the required EDAP/SEDP monitors: pediatric deaths, pediatric interfacility transfers, child abuse/neglect cases, and critically ill and injured children in need of stabilization. Include any other pediatric quality and safety priorities of the institution. * Feedback processes, target timeframes for closure of issues, follow-up mechanisms, and loop closure. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 e, 2, for the Pediatric Physician Champion and submit the below.** | | |  |
|  |  | Enclosed is a curriculum vitae for the Pediatric Physician Champion (that states their role as the Pediatric Physician Champion). |  |
| Review EMS Administrative Code 515.4000 or 515.4010 e, 3, for the Pediatric Quality Coordinator (PQC) responsibilities and submit the below. | | |  |
|  |  | Enclosed is a resume for the Pediatric Quality Coordinator (that states their role as the PQC). |  |
|  |  | Enclosed is a job description or formal document for the PQC that includes   * Allocation of appropriate time and resources by the hospital to fulfill the PQC responsibilities * Responsibilities of the PQC as outlined in 515.4000 or 515.4010, e, 3, A-E. |  |
|  |  | Enclosed is documentation detailing the participation of the PQC in the Regional Pediatric QI Committee and in Regional QI activities and how that has impacted pediatric quality care in the ED. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 f, for the list of Emergency Department Equipment Requirements and submit the below. | | |  |
|  |  | Enclosed is a completed checklist indicating that all equipment is present. |  |
| Using the equipment list in the application, place an “X” next to each equipment item that is **currently available**. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship, how quickly the item can be accessed if maintained elsewhere in the hospital, and demonstrate how there will be no reduction in the provision of medical care.** | | |  |