

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN FACILITY RECOGNITION

*Pediatric Critical Care Center (PCCC), Emergency Department Approved for Pediatrics (EDAP) and
Standby Emergency Department Approved for Pediatrics (SEDP)*

Site Survey Process

I. SITE SURVEY OVERVIEW

- A. Site survey team arrives at hospital (see Section II)
- B. Opening conference (see Section III)
 - Introductions
 - EMSC Overview (presented by the survey team)
 - Presentation by hospital staff to site survey team (using SWOT format - **S**trengths, **W**eaknesses, **O**pportunities, **T**hreats) – see Section III C
- C. Emergency Department and Pediatric unit(s) tours (see Sections IV and V)
- D. Review of documents and manuals (see Section VI for list of materials to have available)
- E. Exit meeting (see Section VII)

II. RECOMMENDATIONS FOR HOSPITAL STAFF

- A. A hospital staff member should meet the survey team **in the main lobby of the hospital** at the time specified and escort them to the designated room for the opening conference.
- B. Please reserve a conference room that will be available for the duration of the survey and is large enough to accommodate the survey team and hospital staff comfortably. This room will be utilized for the opening and exit conferences as well as the review of requested documents and manuals. The room should be located away from patient care areas with traffic and noise at a minimum.
- C. Hospital staff should provide a guided tour of those areas outlined in this document.

III. OPENING CONFERENCE - Approx 30 min EDAP/SEDP (45 minutes for PCCC surveys)

- A. Hospital administration should choose personnel to attend the opening conference. The following individuals (or their designees) are recommended to attend (as applicable for your institution). Other individuals are welcome to attend.
 - Hospital's Chief Administrative Officer/Executive Officer or a designee
 - Chief of Pediatrics or if the hospital does not have a Pediatric Department, the designated pediatric consultant
 - Administrator of Pediatric Services, if applicable
 - Nursing Director or Nurse Manager of the Pediatric Units
 - Emergency Department Medical Director and/or Pediatric ED Medical Director
 - Emergency Department Nurse Manager and/or Pediatric ED Nurse Manager
 - Administrator of Emergency Services
 - Pediatric Physician Champion
 - Pediatric Quality Coordinator
 - Hospital Quality Improvement Department Director or designee
 - Hospital Emergency Management/Disaster Preparedness Coordinator
 - Mid-Level Practitioner, i.e. Nurse Practitioner or Physician Assistant for those facilities that utilize mid-level practitioners in their ED
 - PharmD as available (at hospitals with PharmD's in the ED and/or units)
 - **For EMS Resource or Associate Hospitals only:** The EMS Medical Director and EMS Coordinator

Please note that for PCCC Site Surveys the individuals noted on the previous page as well as the following additional individuals should attend:

1. The Medical Director of the Pediatric Intensive Care Services
 2. The Medical Director(s) of the Pediatric Units
 3. The Medical Director of Pediatric Ambulatory Care (**optional**)
 4. The Nursing Director or Nurse Manager of the Pediatric Intensive Care Services
 5. The Administrator of Pediatric Services
 6. The Transport Team Medical Director
 7. The Transport Team Nurse Coordinator
- B. The opening conference begins with introductions of the survey team and hospital representatives. The site survey team leader will provide a brief EMSC overview and outline the site survey agenda.
- C. Hospital staff should then be prepared to conduct a brief formal presentation on the following:
1. Provide a presentation using the SWOT format. Outline your **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats as related to your pediatric emergency care capabilities, services and resources as a PCCC/EDAP, EDAP or SEDP.
 2. Present the following demographics/information:
 - Age range of your pediatric patient population;
 - Annual number of emergency department visits (including a pediatric breakdown);
 - Top 5 ED pediatric diagnoses;
 - Annual number of pediatric inpatient admissions from the ED and top 5 admit diagnoses.
 3. Provide an overview of the ED quality improvement process/activities. The Pediatric Quality Coordinator and Pediatric Physician Champion should review the following:
 - Discuss how pediatrics is integrated into the quality improvement process;
 - Discuss reporting mechanisms/loop closure mechanisms;
 - Identify how the Pediatric Quality Coordinator and the Pediatric Physician Champion are supported in their roles;
 - For PCCC surveys, provide an overview of PICU and pediatric inpatient QI activities.
 4. Discuss the interfacility transfer process, including:
 - The volume/categories of pediatric patients (i.e. respiratory, trauma, psych) transferred out of the facility;
 - For PCCC surveys, also comment on transfers into the hospital.
 - Transport team access, response, composition and capabilities.
 5. Outline how pediatric disaster preparedness and pediatric surge capabilities are being addressed in your disaster planning.

IV. EMERGENCY DEPARTMENT TOUR (Approximately 45 – 60 minutes)

- A. After completion of the opening conference, the emergency department and pediatric inpatient unit tour will then begin (for PCCC surveys, the PICU will also be toured). The survey team will encourage dialogue during the tour and may utilize tour time to conduct informal conversations with clinical staff to assess level of awareness and knowledge regarding pediatric care and policy/procedures.
- B. Tour will focus on patient flow from patient arrival through disposition and should include identification of pediatric designated area/beds (as applicable).
- C. Designated hospital personnel will provide a guided tour for site surveyors that shall include the following areas.
 1. Ambulance bay
 2. Helicopter landing area

3. Emergency department area including pediatric care beds/area if designated
4. Location and access to on-call schedule(s) for specialty services and resource staff
5. EMS Communication center or equipment
6. Pediatric equipment/supply/medication areas. Compliance with equipment/supplies criteria will be reviewed during the tour. **Please ensure that 2-3 staff members are available to assist with this component of the survey.**
7. Location of Radiology/CAT scan in proximity to the ED.
8. Disaster supply area(s), decontamination shower area/capabilities, and pediatric surge areas.

V. PEDIATRIC UNIT(S) TOUR (as applicable) – Approx 20 min EDAP/SEDP; 60 min PCCC

- A. Designated hospital personnel will provide a guided tour for site surveyors that includes:
 1. Inpatient Pediatric Unit
 2. Pediatric Intensive Care Unit (For PCCC surveys only. During the PCCC survey, equipment/supplies will be reviewed during the PICU and Inpatient Pediatric Unit tour).
 3. Family room areas
 4. Treatment areas
 5. Play and education areas
 6. Area security measures
 7. Equipment/supply/medication areas.
- B. Upon completion of the tour, surveyors will return to the predesignated conference room for a review of policies, disaster plan, quality improvement and other requested documents (see below).

VI. REVIEW OF DOCUMENTS AND MANUALS (Approximately 60 – 75 minutes)

Please assure that the following documents and manuals are available in the conference room for the site survey team to review after the tour has been completed. NOTE: If documents are only available online, please ensure computers are available for the survey team.

1. Any items/documents/clarification requested in your *PCCC/EDAP/SEDP Application Review Summary* must be provided. IDPH requires one printed copy of these documents to maintain in IDPH files.
2. Emergency department policy and procedure manuals (For PCCC surveys, the PICU and pediatric unit policy and procedure manuals must also be available).
3. ED Nursing and physician staff meeting minutes (For PCCC surveys, the PICU/pediatric unit nursing and physician meeting minutes must also be available).
4. Nursing and physician staff continuing education files.
5. Hospital Emergency Operations Plan (EOP)/Disaster Plan, and other disaster related policies (e.g. evacuation plans, Decon/Hazmat Plan). In addition, a completed EMSC Hospital Pediatric Preparedness Checklist should be available for review.
6. Emergency department quality improvement documentation/manuals with monitor tools, follow-up/loop closure documentation and multidisciplinary QI meeting minutes. Quality improvement documentation related to the following must be available: pediatric deaths, interfacility transfers, child abuse/neglect, critically ill or injured children in need of stabilization (e.g. respiratory failure, sepsis, shock, altered level of consciousness, cardiopulmonary failure) and pediatric strategic priorities of the institution.

NOTE: Please be prepared to have the Pediatric Quality Coordinator and Pediatric Physician Champion walk thru the QI review process for each of the 4 EDAP required QI monitors (see below). This review should include one patient medical record for each of these 4 monitors to demonstrate the review process for each monitor (i.e. have a medical record for a critically ill/injured child and walk thru the review process for critically ill or injured children in need of

stabilization). Be sure to have available any related QI tools/parameters for each monitor during this review.

- Pediatric deaths
- Pediatric interfacility transfers
- Suspected child abuse/neglect
- Critically ill or injured children in need of stabilization

7. For PCCC surveys, also assure availability of PICU and pediatric unit QI manuals and materials

8. Documentation related to current or planned pediatric mock code processes and conduction of pediatric mock codes must be available.

9. Documentation identifying the Emergency Department Pediatric Quality Coordinator participation on the regional QI subcommittee and participation in regional quality improvement activities (meeting minutes and regional monitor activities/findings/process).

10. Transfer log and transfer/transport quality improvement documentation.

11. Any other documents requested by the site survey team at the time of the survey.

VII EXIT MEETING (Approximately 20 – 30 minutes)

- A. The exit meeting is the culmination of the site survey visit. In order to obtain maximum benefit of the exit meeting, it is recommended that the same hospital personnel who attend the opening conference be present for the exit meeting.
- B. The exit conference will be tape recorded to assure that discussions and recommendations for the post-survey written report are captured accurately. The hospital is also encouraged to tape record for future reference.
- C. The purpose of the exit meeting is to provide an opportunity for the site survey team to obtain clarification on any remaining questions identified during the tour/quality improvement review and to provide the institution with an opportunity to contribute any additional information as necessary.
- D. The exit meeting and survey process should be viewed as a means of identifying opportunities for improvement in pediatric emergency care. The Illinois Department of Public Health and the Illinois EMSC program are committed to assisting institutions with their efforts in improving their emergency medical services and critical care capabilities for children.