

Development of a Pediatric Facility Recognition Virtual Survey Process in Illinois
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BACKGROUND

- Illinois Facility Recognition Program began in 1998
- 185 hospitals with ED's in Illinois 108 are designated as:
 - 10 Pediatric Critical Care Centers (PCCC)
- 84 Emergency Department Approved for Pediatrics (EDAP)
- 14 Standby Emergency Department Approved for Pediatrics (SEDP)
- State comprised of 11 EMS Regions
 - Annually 2-3 regions surveyed. Hospitals undergo renewal surveys every 4 years
 - Spring 2020 surveys delayed until late summer; Decision to conduct virtually due to COVID-19.
 - Virtual surveys continued through 2020 and to-date in 2021

METHODS

- Defined secure webinar platform (Cisco WebEx state license)
- Developed a Virtual Survey Process guidance document
- Includes various checklists to guide the process
- Conducted educational sessions hospital personnel and surveyors
 - Reviewed survey agenda
- Discussed survey prerequisites (i.e. multiple computer devices needed)
- Defined documents for pre-survey submission and documents for review at time of survey
- Webinar platform tests with hospital personnel/hospital IT
 - Requested presence of hospital IT throughout survey process to troubleshoot issues
- Pre-survey documents hospitals were requested to submit specific documents for surveyor review prior to the survey; physician surveyors pre-selected 16 medical records from an ED patient list each hospital generated – these medical records then needed to be available for review during the survey

RESULTS

- To date, 47 virtual surveys conducted
- An additional 5 post-survey follow-up re-visits conducted
- Virtual surveys consisted of an Opening Session (hospital presentation, including an overview of their Strengths, Weaknesses, Opportunities, Threats - SWOT), Four Document Review sessions (conducted simultaneously) and a Closing Session. Surveyor Team Huddle held prior to the Closing Session to debrief and prepare observations and closing remarks
- Hospital provided pre-recorded video tour of ED, equipment/supplies, applicable inpatient areas
- Document review sessions were locked to safeguard EMR and other confidential documents/discussion
- One state surveyor facilitated/monitored survey, addressed issues
- Closing session recorded to capture surveyor recommendations



Attachment C: Required Documents to be Submitted PRIO to Survey

NOTE: Do NOT submi any documents or recor containing patient name(s) or other protected health or personal information

Summary—as noted by an "X" with accompanying explanation/request ("GAP" documentation/binder)
A fix of all emergency department productic patient visib lage of 35 years) for the timeframe 11/10/1909 – 27/28/2000 that we seen in the emergency department for the conditions listed below. This fix should include DATE OF WST, AGE, DIAGNOSS, and DISYSTION. DO NOT INCLUDE PATIENT YAME, MEDICAL ROCOD MARRIES, OR ANY OTHER PATINT DEMINTER MORNAMION. Two Inospital will then be requested to pull several medical records that the survey team will review during the survey. Also systems any returnent guidelies for the below conditions:
Asthma
o Bronchiolitis
o Diabetes/DKA
o Fever < 2 years old
o Head injury
o Seizure
Electronic copy of opening session presentation and SWOT analysis
Pediatric crash cart inventory list
Electronic medication dispensing inventory list (i.e. Pxyis, Omnicell, etc.)
Electronic supply dispensing inventory list (i.e. Pxyis, Omnicell, etc.)
Pediatric QI monitor tools for each of the required EDAP/SEDP monitors (pediatric
deaths, interfacility transfers, suspected child abuse and neglect cases, and critically
ill/injured children in need of stabilization)
Examples of sharing of pediatric QI findings, i.e. dashboard/bulletin board/newsletter
(i.e. aggregate data that is shared with staff; should not include patient identifiers)
Pediatric Mock Code Process/Schedule/Evaluations

CONCLUSIONS

- In-person surveys are the ideal, however the virtual process went well and has applicability for future hospital follow-up
- Virtual surveys provided an avenue to stay on track with the renewal process and to assess compliance in a pandemic
- Labor-intensive process
 - Much pre-survey preparation was needed
 - Education/training of hospitals and survey team members is essential
 - Document review during virtual surveys dependent upon hospital personnel sharing each document which is limiting at times, versus self-navigation during in-person surveys
- Surveyor unfamiliarity with specific type of Electronic Medical Record may lengthen the medical record review time
- Process refined over time based on surveyor observations and hospital feedback

CONTACT INFORMATION

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