

**PEDIATRIC EMERGENCY CARE FACILITY RECOGNITION  
Emergency Department with Pediatric Level I/II/III Capabilities**

**Pediatric Plan Guidelines**

- 1) Use the Pediatric Emergency Care Facilities Standards document as a reference to outline and clearly explain the Emergency Department Pediatric Plan for your organization.
- 2) This plan must follow the format provided below and include all required documentation clearly labeled. The plan must also address:
  - a) How each of the requirements are currently, or will be met.
  - b) The time frame for implementation for any requirements not yet in place.
- 3) The Pediatric Plan should be developed through collaboration with all appropriate disciplines in your facility and externally.
- 4) The plan should be organized in the order listed in the guidelines below. Please include in an appendix all supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.) and label it clearly. Include a reference to the section of the Plan that the documentation supports.
- 5) Submit four (4) single-sided and unstapled copies of the Emergency Department Pediatric Plan (including supporting documentation) to:

**Office of EMS  
Pediatric Emergency Care Facility Recognition Program  
Attention Angela Quackenbush  
100 Sunnyside Road  
Smyrna, DE 19977**

- 6) For questions please contact the Delaware Emergency Medical Services for Children (EMSC) Program in the Office of EMS at 302-223-1208 or 302-223-1350.

\*Note: The term "pediatric" throughout this document refers to all children age 12 and younger.

**PLEASE PROVIDE THE FOLLOWING INFORMATION AND DOCUMENTATION:**

**A. Emergency Department Organizational Structure:**

1. Provide an Organizational Chart(s) identifying the administrative relationships among all departments in the hospital, especially as they relate to the Emergency Department. The chart(s) must include, but is not limited to, the following:
  - a. Board of Directors
  - b. Chief Executive Officer
  - c. Emergency Department
  - d. Department of Pediatrics
  - e. Trauma Service (if applicable)
  - f. Diagnostic Imaging
  - g. Medical Staff
  - h. Nursing Staff
2. In addition, provide a separate chart showing the organizational structure of the Emergency Department (ED), including the relationship of the physician, nursing and ancillary service staff. Include the reporting structure for the Nurse Manager and the ED Medical Director (to whom they report).

**B. Emergency Department Services**

1. Description of the ED services:
  2.
    - a. Provide a scope of services or policy outlining Emergency Department services, trauma level of the facility if applicable, description of population served, types of pediatric patients seen, annual number of Emergency Department visits overall and annual number of visits involving the pediatric patient (birth through age 12). Identify the timeframe used for the data provided (prefer calendar year 2011).
    - b. Identify the age range that your facility utilizes to define the pediatric patient, i.e., 0-12, birth to 14, 0-18. Please provide the total number of visits of pediatric patients for the age range defined in your facility as pediatric (if it differs from birth through age 12).
    - c. Provide a copy of your most current Delaware Trauma System designation letter if your facility participates in the Statewide Trauma System.
  2. Description of the ED patient flow:
    - a. Provide a narrative, flow chart, or algorithm of patient flow from point of entry through disposition.
    - b. Provide any policies/guidelines that describe the Emergency Department triage system and criteria for categorization of patients.

- c. Identify whether pediatric patients are seen in the general ED or in a separate area/bed space allocated for the pediatric patient.
  - d. If an Emergency Department lower acuity area exists, such as a fast-track, super-track, or otherwise named lower acuity area, please provide triage criteria for this area and information on physician and nursing staff qualifications for assignment to it, including pediatric-specific training required.
3. Description of social service availability:
- a. Provide a scope of services or policy that defines the services and availability of social service department personnel to the Emergency Department.
  - b. Describe typical contact mechanism(s) and response by social workers to ED requests (i.e., handled over the phone, respond directly to the ED, follow-up consult/appointment made).
  - c. Describe or provide a list of pediatric related continuing education obtained by social service staff working with children for the previous two years. (Recommendation: a minimum of four hours every two years.)

### **C. Pediatric Department Services**

1. Description of the pediatric department services:
  - a. Describe the pediatric inpatient unit, including the number of dedicated pediatric inpatient beds.
  - b. Provide a scope of services/policy outlining pediatric department services, for example, neonatal intensive care, orthopedics, pediatric neurology, cardiology, oncology or other specialized services that are provided to meet the needs of children.
2. Description of the pediatric staffing and availability:
  - a. Provide policy or scope of services outlining pediatric inpatient unit nursing to patient staffing ratios based on patient acuity per shift.
  - b. Provide the pediatric continuing education requirements and/or a list of pediatric nursing competencies verified and a description of how they are verified.
  - c. Provide a one month schedule demonstrating pediatric nursing staff coverage for the inpatient pediatric population 24 hours per day 7 days per week (schedule should be from within the three-month time period previous to the plan submission).
3. Description/documentation of pediatric inpatient capabilities with identification of pediatric general floor bed availability and unit resources:

- a. Provide the top ten ICD-9 diagnosis codes and number of pediatric patients admitted to your facility for each of the ten codes provided for a recent one-year period (prefer calendar year 2011). Identify the timeframe being reported.
- b. Provide an outline of pediatric capability specifically by age parameters and diagnosis. For example, describe neonatal intensive care or pediatric intensive care services provided at the facility.

**D. Professional Staff**

1. Emergency Department Medical Director
  - a. Provide current curriculum vitae.
  - b. Provide documentation of Board Certification or evidence of board eligibility. (rest of statement removed)
2. Pediatric Physician Coordinator
  - a. Provide a letter of appointment from the Emergency Department Director that states the name of the appointed Coordinator, the term of the appointment and the defined role and responsibilities of the Pediatric Physician Coordinator.
  - b. Provide current curriculum vitae.
  - c. Provide documentation of Board Certification or evidence of board eligibility.
  - d. Provide documentation of pediatric-related continuing education activities in past two years.
  - e. The Physician Coordinator (taken from the Standards):
    - i. Oversees pediatric emergency activities in the department.
    - ii. Has special interest, knowledge, and skill in emergency medical care of children as demonstrated by training, clinical experience, or focused continuing medical education.
    - iii. May be a staff physician who is currently assigned other roles in the ED.
    - iv. Collaborates with the nursing coordinator to assure adequate staffing, medications, equipment, supplies and other resources for children in the ED.
    - v. Oversees pediatric QI process, including development of policies and procedures, review of medication, supplies.
    - vi. Serves as a liaison for in-hospital and community committees addressing pediatric emergency care issues.
    - vii. Facilitates pediatric emergency education of staff.
    - viii. Promotes and verifies adequate skill and knowledge of ED staff physicians and other ED health care providers in the emergency care and resuscitation of infants and children.

- ix. Assists with development and periodic review of ED policies and procedures and standards for medications, equipment, and supplies to ensure adequate resources for children of all ages.
- x. Serves as liaison/coordinator to appropriate in-hospital and out-of-hospital pediatric care committees in the community.
- xi. Assures pediatric needs are addressed in hospital disaster/emergency preparedness plans.
- xii. These responsibilities may be delegated to other ED staff as appropriate.
- xiii. Collaborates with the Pediatric Nursing Coordinator to assure adequate staffing, medications, equipment, supplies and other resources for children in the ED.

3. Emergency Department Physicians

- a. Provide a policy or description of Emergency Department physician staffing, coverage and availability.
- b. Provide a copy of the Emergency Department physician credentialing policy.
- c. Provide a copy of the Emergency Department physician continuing education policy which should include a description of how physician continuing education is currently tracked and whether pediatric-related topics can be easily identified.
- d. Provide evidence for each physician of continuing pediatric-related medical education. (See Appendix A.)
- e. Provide description of the weekly staffing coverage.
- f. Provide a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the plan submission).
- g. LEVEL 1: Provide a one-month on-call schedule that identifies availability of a board certified/prepared pediatrician or pediatric emergency medicine physician for telephone consultation for other hospitals (schedule should be from within the three-month time period previous to plan submission).

4. Emergency Department Mid-Level Providers (Physician Assistant or Nurse Practitioner):

Note – Complete this section only if there are physician assistants and/or nurse practitioners in the Emergency Department and they participate in the care of pediatric patients. If there are mid-level providers please make a statement that these providers do not participate in pediatric emergency care in your facility.

Requirement:

- a. Provide a description outlining Emergency Department mid-level provider staffing, coverage, availability, responsibilities and process of credentialing.

- b. Provide a copy of a one-month staffing schedule/calendar (schedule should be from within the 3-month time period previous to the plan submission).
- c. Provide documentation of the mid-level provider continuing education which should include a description of how mid-level providers' continuing education is currently tracked and whether pediatric-related topics can be easily identified.
- d. Provide evidence for each mid-level provider of continuing pediatric-related medical education. (May use Appendix A.)

5. Pediatric Nurse Coordinator

- a. Provide a letter of appointment (removed) that states the name of the appointed Coordinator, the term of the appointment, the defined role and responsibilities including the time commitment of the Pediatric Nurse Coordinator.
- b. Provide current curriculum vitae.
- c. Provide documentation of pediatric-related continuing education activities in past two years.
- d. The Nurse Coordinator (taken from the Standards):
  - i. Oversees pediatric emergency activities in the department.
  - ii. Has special interest, knowledge, and skill in emergency medical care of children as demonstrated by training, clinical experience, or focused continuing nursing education.
  - iii. May be a staff nurse who is currently assigned other roles in the ED.
  - iv. Facilitates pediatric QI process, including development of policies and procedures, review of medication, supplies and serves as liaison for in-hospital and community committees addressing pediatric emergency care issues.
  - v. Facilitates pediatric emergency education of nursing staff.
  - vi. Promotes and verifies adequate skill and knowledge of ED staff nurses and other ED health care providers in the emergency care and resuscitation of infants and children.
  - vii. Facilitates ED pediatric PI, patient safety, injury and illness prevention, and clinical care activities.
  - viii. Assists with development and periodic review of ED policies and procedures and standards for medications, equipment, and supplies to ensure adequate resources for children of all ages.
  - ix. Serves as liaison/coordinator to appropriate in-hospital and out-of-hospital pediatric care committees in the community.
  - x. Assures pediatric needs are addressed in hospital disaster/emergency preparedness plans.



commitment from the appropriate medical leadership for the development and implementation of additional pediatric-specific treatment protocols. It is recommended that protocols be based on high volume/high risk diagnoses with inclusion of age-specific stabilization measures.

**F. Quality Improvement**

1. Describe and document the Emergency Department's participation in hospital-wide quality improvement and how pediatrics is integrated into the process.
  - a. Provide a policy/guideline that outlines the Emergency Department quality improvement program, i.e., describe the quality improvement process, clinical indicators and follow-up mechanisms, i.e., "loop closure" and target timeframes for closure of issues.
  - b. Describe how ED follow-up is completed to provide diagnostic imaging and blood work results to families.
  - c. Provide documentation outlining current and planned pediatric quality monitoring activities.
2. Define composition of the multidisciplinary quality committee that should include physician/nursing and other essential disciplines such as pediatric, social services, and respiratory therapy. Include the frequency of committee meetings and the reporting structure.
  - a. Provide copies of current pediatric quality monitoring tools and outcome criteria. If implementation of pediatric Emergency Department quality monitoring activities is pending, define implementation plan and timeframe.
  - b. Describe the ED unit-based quality committee and give examples of quality monitoring tools and pediatric outcome criteria.

**G. Equipment**

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.

**H. Resources (LEVEL 1 ONLY)**

1. Describe how the Level I will serve as a resource to participating Delaware hospitals (this includes phone transmitted and/or other communicated guidance on pediatric medical care) by:
  - a. training instructors to teach pre-hospital, nursing and physician-level pediatric emergency care;

- b. supporting Emergency Medical Service agencies and Emergency Medical Services leaders in maintaining a Delaware network of pediatric pre-hospital provider education and training;
  - c. disseminating new information and assisting in maintenance of pediatric emergency skills;
  - d. providing public education and promoting family-centered care in relation to policies, programs and environments for children treated in Emergency Departments;
  - e. providing transfer and transport agreements with other classifications of facilities and real-time consultation with these facilities on patient care and preparation for transfer;
  - f. providing a description of transport services for receiving critically ill or injured patients within the state network.
2. Description of how Level 1 will provide indirect (off-line) consultation, support, and education to Delaware pre-hospital systems and committees.

## APPENDIX A.

### Pediatric-Related Educational Activities

Pediatric-related continuing medical education may be achieved through a number of mechanisms, including participation, as student or instructor, in internal (hospital) or external:

- classes or presentations
- conferences
- standardized national courses (PALS, APLS etc)
- mock codes or simulations
- skills competency programs
- performance improvement programs
- case reviews/educational discussions
- quality chart reviews
- pediatric-related Board certification activities
- injury prevention activities
- pediatric-related data analysis/research

CME's may be Category 1 or 2.

Pediatric-related topics may include but are not limited to:

- Triage
- Illness/injury assessment and management
- Pain assessment and management including sedation and analgesia
- Airway management
- Vascular access
- Critical care monitoring
- Neonatal and pediatric resuscitation
- Trauma care
- Burn care
- Mass casualty events and preparedness
- Family centered care
- Medications, medication delivery and medication safety
- Team training and communication
- Family support and effective communication

Physicians who are not Emergency Medicine or Pediatric Emergency Medicine Board certified or eligible must maintain current PALS or APLS certification.

**Essential criterion:** Hospitals will utilize the following checklist or another tracking system for physicians to document their annual pediatric-related continuing education activities.

OR

**Desirable criterion:** Hospitals may track the hours physicians spend on pediatric-related continuing education activities. (Recommendation: 8 hours annually.)

## Pediatric-Related Educational Activities

Name: \_\_\_\_\_ Calendar Year \_\_\_\_\_

<b>Activity</b>	<b>Completed/Number</b>
Classes	
Presentations	
Conferences	
Standardized National Courses (PALS, APLS etc.)	
Mock Codes or Simulations	
Skills Competency Programs	
Performance Improvement Programs	
Case Reviews/Educational Discussions	
Quality Chart Reviews	
Pediatric-Related Board Certification Activities	
Injury Prevention Activities	
Pediatric-Related Data Analysis/Research	

Signed \_\_\_\_\_

Date \_\_\_\_\_