

Kentucky EMS for Children Program (KYEMSC)
Kentucky Pediatric Emergency Care Coalition (KPECC)

PEC Recognition Program

Pre-Review Questionnaire

This PRQ contains abbreviated references to the program requirements. See the full criteria document for complete details.

Health Care Institution Information

Facility Name: _____

What was your Total ED Volume for the last full year? _____

What % of your ED Volume was Pediatrics? _____

Staff Requirements

Do you have the following documents to support the requirements for the Staff Physicians?

Roster of staff physicians including training and specialty board status. Yes No

What % of MDs who staff the ED are board certified in Emergency Medicine or Pediatric Emergency Medicine? _____

PALS certification for physicians is... Required for all Required only for those not board certified or board
 Optional for all

What % of MDs who staff the ED are PALS certified? _____

APLS certification for physicians is... Required for all Required only for those not board certified or board
 Optional for all

What % of MDs who staff the ED are APLS certified? _____

Does your facility require Pediatric CE's? Yes No

If yes, how many per year? _____

Documentation for consultation with a physician that is board certified or eligible in Pediatrics or Pediatric Emergency Medicine Yes No

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A mechanism is in place to:

evaluate baseline pediatric competency Yes No

monitor ongoing clinical pediatric competency Yes No

Physician backup with equivalent qualifications within 60 min. Yes No

Do you have the following documents to support the requirements for the Mid-Level Providers?

Roster of mid-level providers including training (NP, PA) and licensure status. Yes No

PALS certification for mid-level providers is... Required Optional

What % of mid-level practitioners who staff the ED are PALS certified? _____

ENPC certification for Nurse Practitioners is... Required Optional

Does your facility require Pediatric CE's for Nurse Practitioners? Yes No

If yes, how many per year? _____

Does your facility require Pediatric CE's for Physician Assistants? Yes No

If yes, how many per year? _____

A mechanism is in place to:

evaluate baseline pediatric competency Yes No

monitor ongoing clinical pediatric competency Yes No

Do you have the following documents to support the requirements for ED Physician Coverage?

24-hour in-house physician or mid-level provider Yes No

Do you have the following documents to support the requirements for the Nursing Staff?

Roster of staff nurses Yes No

Records showing PALS and ENPC certification for nursing staff Yes No

PALS certification for nurses is... Required Optional

What % of nurses who staff the ED are PALS certified? _____

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ENPC certification for nurses is... Required Optional

What % of nurses who staff the ED are ENPC certified? _____

Examples of shift schedules from two non-consecutive months in the calendar year
 Yes No

Does your facility require Pediatric CE's? Yes No

If yes, how many per year? _____

A mechanism is in place to:

evaluate baseline pediatric competency Yes No

monitor ongoing clinical pediatric competency Yes No

Quality Improvement

Do you have the following documents to support the requirements the Quality Improvement Plan?

There are QI/PI plans that include pediatric specific indicators Yes No

The pediatric patient care-review process is integrated into the ED QI/PI plan and integrates with other departments and agencies as appropriate
 Yes No

QI/PI Facilitators do the following:

Identify pediatric-specific indicators of good outcomes Yes No

Collect and analyze data monthly to discover variances Yes No

Define plans for improvement Yes No

Evaluate or measure the success of the QI or PI process Yes No

Mechanisms are in place to monitor professional performance, credentialing, continuing education, and clinical competencies including integration of findings from QI audits and case reviews Yes No

Pediatric Patient Safety

Do you have the following documents to support the requirements for Pediatric Patient Safety?

- | | | |
|--|------------------------------|-----------------------------|
| Children are weighed and recorded in kilograms only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weights are recorded in a prominent place on the MR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of a standard method for estimating weight in KGS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A full set of vital signs should be recorded and reassessed per hospital policy for all children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additional monitoring is available based on severity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process to identify abnormal vitals for age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process for physician notification of abnormal vitals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safe medication storage and delivery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The guidelines for Pediatric Readiness list 15 recommendations for safe medication prescribing, delivery, and disposal. How many of the 15 processes are established practice in your facility? _____

- | | | |
|--|------------------------------|-----------------------------|
| 24/7 availability of appropriate interpreter services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Access to pediatric specific/age and developmentally appropriate communication tools | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Patient identification policies meet Joint Commission standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Timely reporting and evaluation of patient safety events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ED Policies, Procedures, Protocols, and/or Guidelines

Do you have the following documents to support the requirements for the following?

- | | | |
|--|------------------------------|-----------------------------|
| Written interfacility transfer guidelines and agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Illness and injury triage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pediatric patient assessment and reassessment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Documentation of pediatric vital signs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Immunization assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sedation and analgesia for procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent (including when parent is not available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social and mental health issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical or chemical restraint of pediatric patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child maltreatment reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death of a child in the ED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bereavement counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contacting regional organ procurement organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do Not Attempt Resuscitation orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family centered care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint decision making	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family presence during all aspects of care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education of patient/family/caregivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge planning and written instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication with the patient's medical home or PCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telehealth and telecommunications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidenced-based clinical pathways, order sets or decision support available to providers in real time	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All-Hazards Disaster Preparedness

Do you have the following documents to support the requirements for a disaster plan that specifically includes pediatric concerns and addresses the following issues?

Availability of pediatric-specific resources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric surge capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decontamination, isolation, quarantine of families/children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimization of parent-child separation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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- | | | |
|---|------------------------------|-----------------------------|
| Access to specific therapies and social services for children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disaster drills, including a pediatric MCI q 2 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Care of children with special health care needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Evacuation of pediatric units, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Emergency Department Support Services

Do you have the following documents to support the requirements for the following?

Radiological Services

- | | | |
|--|------------------------------|-----------------------------|
| Meet the needs of the children in the community served | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process for ensuring appropriate dosing (ALARA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process for timely review/interpretation/reporting of medical imaging by qualified personnel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process to send completed images to receiving facility when transferring pediatric patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Laboratory Services

- | | | |
|---|------------------------------|-----------------------------|
| Meets the needs of the children in the community served, including techniques for small sample size | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process for referring children or specimens to appropriate facilities if need exceeds hospital capability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Protocols for the screening and administration of blood and blood products for children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Equipment, Supplies, and Medications

Do you have the following documents to support the requirements for the following?

- | | | |
|--|------------------------------|-----------------------------|
| Pediatric resources appropriate for children of all ages and sizes are available, easily accessible, clearly labeled and logically organized | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Process to educate ED staff on location of all items and daily method to verify location, availability, and function | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Medications

- Check this box if all required medications are present in the ED.
- Check here if one or more required medications are not present in the ED. List missing medications below. Provide justification or alternative plan. (Considered on a case by case basis)

General Equipment/Supplies/Resources

- Check this box if all required items are present in the ED.
- Check here if one or more required items are not present in the ED. List missing items below. Provide justification or alternative plan. (Considered on a case by case basis)