

The Kentucky EMS for Children (KYEMSC) Program and The Kentucky Pediatric Emergency Care Coalition (KPECC) Pediatric Emergency Care (PEC) Recognition Program Peds Ready ED Verification Site Visit Agenda

The purpose of the review process is to verify a hospital's compliance with the Pediatric Emergency Care Recognition Program criteria for recognition as a Pediatric Ready Emergency Department.

Site surveyors are charged with the responsibility of obtaining a detailed and accurate assessment of a hospital's resources and capabilities in a very short period of time. For this reason, we ask that the emergency care coordinators at the hospital carefully prepare for the visit by having all documents and medical records carefully organized and accessible to the surveyors.

The 2018 Joint Policy Statement – Pediatric Readiness in the Emergency Department, details the criteria a facility must meet to be recognized through the program. (If the only barrier to recognition is the inability to identify a Physician Pediatric Emergency Care Coordinator, facilities that meet the remaining criteria will still be considered for recognition.) The Pre-Review Questionnaire (PRQ) gives surveyors an overview of the facilities Pediatric Emergency Care Readiness and serves as a guide for the review process. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional validation of compliance with guidelines and recommendations, or to get a better understanding of how your internal policies and practices work in relation to the overall care of the pediatric patient in your facility.

For planning purposes, the review will last approximately three to four hours. The lead reviewer will coordinate the process with the hospital and the survey team. We typically start with a meeting of the key staff leaders from the Emergency Department team and those devoted to pediatric emergency care at each facility. The PEC Coordinator(s) must be in attendance. Other attendees may include the ED Manager, ED Medical Director, Chief Nursing Officer, the Chief Medical Officer, the Chief Executive Officer, Trauma Program Manager, Emergency Preparedness Coordinator, and representatives from the local EMS agency.

The initial meeting will allow the Site Verification Team to ask questions and get clarification on the application and other materials provided prior to the visit. Depending on the documents and the questions, this often runs about 45 to 60 minutes.

The next step usually is a tour of the Emergency Department and related facilities with an emphasis on pediatric resources. This typically takes about 45-60 minutes and is led by the PEC Coordinator/s and ED Manager. If it becomes necessary to split the survey team, someone from the ED team should accompany each surveyor on the tour of that portion of the facility. At least one of the reviewers will visit each department listed below, but not necessarily in the order stated.

A. Emergency Department

- 1) Review emergency department facility, resuscitation area, equipment, protocols, flow sheet staffing, trauma call
- 2) Interview emergency physician, and emergency nurse.
- 3) Review the prehospital interaction and performance improvement and patient safety feedback mechanism.
- 4) The emergency department logbook should also be available for the reviewers to view during the hospital visit. There may be additional records requested on-site based on this review.
- 5) Review of pediatric emergency care equipment and supplies.

B. Radiology

- 1) Inspect facility
- 2) Interview radiologist and technologist
- 3) Discuss patient triage
- 4) Determine patient monitoring policy
- 5) CT log (if applicable)

After the tour, the Site Verification Team will go to the area designated for review of the charts, documents, meeting minutes and other information provided. If the medical records are electronic, someone familiar with the system should be available to assist team member doing the review. This document and chart review typically takes about 45 minutes.

Document/Plan/Chart Review/Performance Improvement (PI) Program

Please see page 3 of this document for a detailed list of documents that must be available to the site survey team for review during the site visit.

Site Surveyor Team Meeting

When the team has completed the document review, we will ask the hospital staff to leave us for a while so that the Site Surveyors can prepare for the exit interview. This is a closed meeting for the site survey team only. There will be an agreed upon time to reconvene for the Exit Interview.

Exit Interview Anticipate about 30 minutes. While the Kentucky Pediatric Emergency Care Program does not have any specific guidelines regarding attendees at the Exit Interview, the specific contents of the Exit Interview are considered confidential.

With that in mind, typical hospital representatives included in this briefing are:

- 1) Hospital administration
- 2) Nurse/physician PEC Coordinator/s
- 3) ED Manager
- 4) Trauma program manager/Trauma Coordinator
- 5) Others as desired by hospital administration

This voluntary site visit has been made by surveyors approved by the KYEMSC Advisory Committee and the KPECC Steering Committee. The surveyors will discuss their findings in four major areas:

- 1) Strengths
- 2) Deficiencies
- 3) Weaknesses
- 4) Recommendations

If deficiencies in meeting the program criteria are identified, the facility will be granted an extension to address the deficiencies and will be required to submit sufficient data to show deficiency resolution before further consideration.

The Reviewers' Report will be submitted to the KYEMSC Advisory Committee and the KPECC Steering Committee and they will make a final determination regarding Pediatric Readiness Verification. Upon verification, a three-year verification certificate will be provided to the Pediatric Ready Emergency Department.

For site visit preparation planning

MATERIALS AVAILABLE AT TIME OF REVIEW

All materials requested are to be available on site in a room where the chart review will take place. A room with conference style table and adequate space for surveyors to comfortably complete the review of the medical records should be available.

A. Copies of the pediatric treatment protocols, policies, or guidelines.

B. Copy of the facility Disaster Plan and Evacuation Plan, with emphasis on how the plan recognizes and accommodates pediatric patients.

C. Copy of any Pediatric Care Team call schedules and activation response for at least 3 months prior to review.

D. Documentation of CME for the ED medical director and ED medical staff for past 3 years.

E. Documentation of pediatric-related CEU for the Pediatric Emergency Care coordinator and ED nursing team members.

F. Performance Improvement and Patient Safety (PIPS)

- 1) Minutes of all ED and/or Trauma Center PI for the past one year, including multidisciplinary peer review and M&M committees
- 2) Attendance records for all PI meetings
- 3) Documentation of all PI initiatives
- 4) Specific evidence of loop closure
- 5.) If loop closure involved follow-up activities with the pre-hospital providers or external groups, provide documentation of that process and outcome as well.

G. Specific ED pediatric patient medical records will be requested for the review.

Charts should be pulled from the 12 months prior to the scheduled survey date. As a minimum, pull at least 10 charts, to include each of the following categories if applicable:

- 1) Pediatric patients transferred in or out for the management of an acute injury or illness
- 2) Any pediatric patient admitted for an acute injury or illness
- 3) Emergency care code activations that involve pediatric patients
- 4) Any pediatric patient that underwent a surgical procedure for an urgent illness or injury.
- 5) Pediatric patients experiencing severe respiratory distress, cardiopulmonary failure, and trauma.
- 6) Any pediatric patients less than 29 days old.
- 7) If the pediatric patient was brought to the facility by EMS, include the EMS Patient Record for that patient so that the "continuum of care" from pre-hospital through discharge can be reviewed.

*In addition to the above charts, pull any pediatric deaths in the ED for the previous 18 months.

If the medical records are electronic, there must be computers available for each of the site surveyors. At the time of the review, there must be one person available for each of the surveyors that are proficient and knowledgeable in the electronic medical record system. Also, be prepared to extract data from the trauma registry upon the site surveyors' request.