State of Illinois
Illinois Department of Public Health

Illinois EMSC Facility Recognition

Initial Pediatric Plan Application Checklist

Instructions

Complete an EDAP or SEDP Pediatric Plan for your facility using the checklist below and the EDAP or SEDP requirements outlined in EMS Administrative Code, Sections 515.4000 and 515.4010.

Use the tabs provided by the EMSC office to organize your application.

A. Emergency Department Organizational Structure

- ☐ 1. Hospital Organizational Table identifying the administrative relationships among all departments in the hospital, especially as they relate to the emergency department (ED). The table must include, but is not limited to, the following: Board of Directors, Chief Executive Officers, Emergency Department, Department of Pediatrics, Trauma Service (if applicable), Department of Radiology.
- ☐ 2. Separate table showing the organization structure of the emergency department, including the relationship of the physician, nursing, and ancillary services. Include the reporting structure for the ED medical director (to whom he/she reports).

B. Emergency Department Services

1. Description of the emergency department services that includes the following:

- ☐ Scope of services or policy outlining emergency department services, emergency department level, a description of the population served, types of pediatric patients seen, and annual emergency department visits that involve the pediatric patient.
- ☐ Documentation identifying the age range that the hospital uses to define the pediatric patient, e.g., 0-15.
- ☐ Information on participation/status in the EMS system and the trauma system as appropriate.

2. Description of the emergency department patient flow that addresses the following:

- ☐ Narrative description or algorithm of patient path/flow from point of entry through disposition.
- ☐ Policies/guidelines that identify triaging/urgency categorization of patients.
- ☐ Documentation identifying whether pediatric patients are seen in the general emergency department or in a separate area/bed space allocated for the pediatric patient.
- ☐ Documentation identifying whether an emergency department fast-track area exists. If a fast-track is in place, provide triage criteria for this area and information on physician and nursing staffing/qualifications for assignment to the fast-track area.

3. Description of emergency medical services communication with identification of dedicated phone line, radio, and telemetry capabilities, that includes:

- ☐ Policy or narrative description of the emergency services dedicated phone/telemetry radio communication capabilities.
- ☐ Policy outlining staffing qualifications to access and use such equipment.

4. Description of social service availability and capabilities that includes:

- ☐ Scope of services or policy that defines the services, capabilities, and availability of social service department/personnel to the emergency department.
- ☐ Description of a typical mechanism and response by social worker to emergency department requests (e.g., handle over the phone, respond directly to the emergency department, follow-up consult/appointment made).

C. Pediatric Department Services

1. Description of the pediatric department services that includes:

- ☐ Documentation identifying whether there is a dedicated pediatric inpatient unit, dedicated pediatric inpatient beds, and pediatric intensive care unit
- ☐ Scope of services/policy outlining pediatric department services (as applicable).

2. Description of the pediatric staffing and availability that includes:

- ☐ Policy or scope of services outlining pediatric unit shift nursing staffing patterns based on patient acuity and any pediatric continuing education requirements/competencies verification.
- ☐ Documentation identifying whether pediatric patients are admitted for care to an adult inpatient unit. If this occurs, provide documentation that identifies unit pediatrician staffing/coverage for such patients and how nurses are assigned to the inpatient pediatric patient, e.g., only nurses who have completed the PALS course.

3. Description/documentation of pediatric inpatient capabilities with identification of pediatric intensive care unit (PICU) and/or pediatric general floor bed availability and unit resources that includes the following:

- ☐ Policy or scope of services that identifies what types of pediatric patients are typically admitted, i.e., types of conditions/diagnoses. Include admission guidelines that define pediatric patients specifically by age parameters or diagnoses.

- ☐ For those hospitals with a PICU, enclose a description of services, unit resources, and capabilities.
- ☐ If a PICU is not present, enclose a description of where patients requiring such care are transferred, established relationships with pediatric tertiary care center(s), etc.

D. Professional Staff

Emergency Department Director

- ☐ 1. Curriculum vitae or bio sketch for the ED medical director.
- ☐ 2. Copy of board certification as identified in Facility Recognition Criteria (Sections 515.4000 and 515.4010). *NOTE, also document the Board Certification on the Emergency Department Physician Credentialing Form.*

Emergency Department Physicians

1. Review the recognition requirements in Section 515.4000(a)(1) or 515.4010(a)(1) and submit the following:

- ☐ Policy or description of emergency department physician staffing, coverage, and availability (including fast track/urgent care area).
- ☐ Completed IDPH approved credentialing form for emergency department physician staff and a credentialing form for fast track/urgent care physicians.
- ☐ One-month staffing schedule/calendar, including fast track/urgent care area (schedule should be from within the three-month time period previous to the application submission).
- ☐ Documentation of a plan to maintain AHA or ARC PALS or ACEP-AAP APLS recognition (as applicable).
- ☐ Policy that incorporates requirements outlined in Section 515.4000(a)(1) or 515.4010(a)(1).

2. Review the Recognition Requirements in Section 515.4000(a)(2) or 515.4010(a)(2) and submit the following:

- ☐ Copy of the emergency department physician continuing education policy.
- ☐ Description of how physician continuing education is currently tracked.
- ☐ Documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into the overall continuing medical education (CME) tracking process).
- ☐ Policy that incorporates Section 515.4000(a)(2) or 515.4010(a)(2).

3. Review the Recognition Requirements in Section 515.4000(a)(3) or 515.4010(a)(3) and submit the following:

- ☐ ED physician coverage policy that incorporates Section 515.4000(a)(3) or 515.4010(a)(3). *NOTE: For SEDP hospitals, NP/CNS/PA coverage is allowed.*

4. Review the Recognition Requirements in Section 515.4000(a)(4) or 515.4010(a)(4) and submit the following:

- ☐ One-month on-call schedule that identifies availability of a board certified/prepared pediatrician or pediatric emergency medicine physician for telephone consultation (schedule should be from within the three-month time period previous to the application submission).

5. Review the Recognition Requirements in Section 515.4000(a)(5) or 515.4010(a)(5) and submit the following:
NOTE: For SEDP hospitals, NP/CNS/PA backup is allowed.

- ☐ Copy of a policy that identifies physician back-up availability to assist with critical situations, increased surge capacity, or disasters.

6. Review the Recognition Requirements in Section 515.4000(a)(6) or 515.4010(a)(6) and submit the following:

- ☐ Protocol/policy/bylaws that identifies maximum response time for all specialty on-call physicians.

Emergency Department Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant *NOTE: Complete this section only if nurse practitioners, clinical nurse specialists, and/or physician assistants' practice in the emergency department and participate in the care of pediatric patients.*

1. Review the Recognition Requirements in Section 515.4000(b)(1) or 515.4010(b)(1) and submit the following:

- ☐ Policy containing emergency department nurse practitioner, clinical nurse specialist, and/or physician assistant staffing, coverage, availability, responsibilities, and credentialing process.
- ☐ Completed IDPH approved credentialing form for all emergency department and fast track nurse practitioner, clinical nurse specialist, and physician assistant staff.
- ☐ Copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission).
- ☐ Documentation of a plan to maintain AHA or ARC PALS, ACEP-AAP APLS, or ENPC recognition.
- ☐ Policy that incorporates Section 515.4000(b)(1) or 515.4010(b)(1).

2. Review the Recognition Requirements in Section 515.4000(b)(2) or 515.4010(b)(2) and submit the following:

- ☐ Copy of the emergency department and fast track nurse practitioner, clinical nurse specialist, and physician assistant continuing education policy.
- ☐ Description of how nurse practitioner, clinical nurse specialist, and physician assistant continuing education is currently tracked.
- ☐ Documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into overall continuing education tracking process).
- ☐ A policy that incorporates Section 515.4000(b)(2) or 515.4010(b)(2).

Emergency Department Registered Nurses

1. Review the Recognition Requirements in Section 515.4000(c)(1) or 515.4010(c)(1) and submit the following:

- ☐ Policy/documentation outlining current nursing shift staffing plan/patterns.
- ☐ IDPH approved credentialing form for all emergency department nursing staff.
- ☐ Copy of a one-month nursing staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission).
- ☐ Documentation of a plan to maintain AHA or ARC PALS, ACEP-AAP APLS, or ENPC recognition.
- ☐ Policy that incorporates Section 515.4000(c)(1) or 515.4010(c)(1).

2. Review the Recognition Requirements in Section 515.4000(c)(2) or 515.4010(c)(2) and submit the following:

- ☐ Policy identifying continuing education requirements and competency testing for emergency department nursing staff.
- ☐ Description of how continuing education is currently tracked.
- ☐ Documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours.
- ☐ Policy that incorporates Section 515.4000(c)(2) or 515.4010(c)(2).

E. Policies and Procedures

1. Review Recognition Requirements for inter-facility transfer in Section 515.4000(d)(1) or 515.4010(d)(1) and submit the following:

- ☐ Written transfer agreement(s) with pediatric tertiary care centers and identification of facilities to which the hospital typically transfers pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the sending and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.
- ☐ Transfer policy that includes all of the components defined in Section 515.4000 or 515.4010 d, 1 and that incorporates the physiologic/other criteria identified in Appendix M: EMSC Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline. This policy should also include a defined process for initiation of transfer, including roles and responsibilities of the sending hospital and receiving hospital; a process for selecting the appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient acuity level; a process for patient transfer (including obtaining informed consent); a plan for patient medical record information, signed transport consent, and belongings; and a plan for provision of directions and receiving hospital information to the family.

2. Review Recognition Requirements for suspected child abuse and neglect in Section 515.4000(d)(2) or 515.4010(d)(2) and submit the following:

- ☐ Policy that includes age-specific identification, assessment, evaluation, and management measures for the suspected child abuse and neglect patient.
- ☐ An overview of your child abuse/neglect screening process, including screening questions within the electronic medical record (EMR).

3. Review Recognition Requirements for Treatment guidelines in Section 515.4000(d)(3) or 515.4010(d)(3) and submit the following:

- ☐ Copies of pediatric specific emergency department treatment guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (e.g., fever, trauma, respiratory distress, seizures).

4. Review Recognition Requirements for a Policy on latex allergy in Section 515.4000(d)(4) or 515.4010(d)(4) and submit the following:

- ☐ Policy that addresses assessment of latex allergies and the availability of latex-free equipment and supplies.

5. Review Recognition Requirements for incorporating pediatric components into the hospital disaster plan or emergency operations plan in Section 515.4000(d)(5) or 515.4010(d)(5) and submit the following:

- ☐ A copy of the Hospital Pediatric Disaster Preparedness Checklist that has been completed by the disaster/emergency management coordinator.
- ☐ A decontamination plan or policy that incorporates pediatric components.
- ☐ An evacuation plan or policy that incorporates pediatric components, including unit specific plans, policies, or considerations for the pediatric unit, pediatric intensive care unit, newborn nursery, and/or NICU (as applicable).

- ☐ A reunification plan or policy that incorporates pediatric components.
- ☐ A surge plan or policy that incorporates pediatric components.
- ☐ A Multi-Year Training and Exercise Plan (MYTEP), Integrated Preparedness Plan (IPP), or equivalent that minimally addresses a three-year timeframe (preferably beginning with the current year).

F. Quality Improvement

1. **Submit the following documentation:**
   - ☐ Description of the ongoing emergency department program for conducting outcome analysis or quality improvement and how pediatrics is integrated into the process.
   - ☐ Policy/guideline that outlines the emergency department quality improvement program, i.e., describe the quality improvement process, required clinical indicators, "loop closure," and target time frames for closure of issues.
   - ☐ Documentation outlining current and planned pediatric monitoring activities.
2. **Review the Recognition Requirements in Section 515.4000(e)(1) or 515.4010(e)(1) and submit the following:**
   - ☐ Documentation defining the composition of the interprofessional quality improvement (QI) committee (recommend broadening composition of committee beyond physician/nursing to include other essential disciplines such as pediatric, social services, respiratory therapy), frequency of committee meetings, and reporting structure.
   - ☐ Copy of the emergency department quality improvement plan, including QI policy, pediatric indicators, feedback loop and target time frames for closure of issues. If implementation of pediatric monitoring activities is pending, define implementation plan and time frame.
   - ☐ A plan for the conduction of interprofessional pediatric mock codes and debriefings
3. **Review the Recognition Requirements in Section 515.4000(e)(2) or 515.4010(e)(2) and submit the following:**
   - ☐ Curriculum vitae or bio sketch for the physician who will assume the pediatric physician champion role.
   - ☐ Curriculum vitae or resume of the individual who will assume the pediatric quality coordinator role.
   - ☐ Job description that addresses allocation of time and resources to the role and includes each of the requirements outlined in Section 515.4000(e)(2) or 515.4010(e)(2) that will be carried out by the pediatric quality coordinator.

G. Equipment

1. **Review the Recognition Requirements in Section 515.4000 or 515.4010 f, for the list of Emergency Department Equipment Requirements and submit the below.**
   - ☐ Completed checklist indicating that all equipment is present.

   Using the equipment list in the application, place an "X" next to each equipment item that is currently available. 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 or a waiver must be submitted for each item. Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.