



Instructions

Follow and carefully complete this checklist, which outlines the components that must be included in the submitted plan. Include any applicable supplemental documentation.

Refer to the EMS Administrative Code sections for PCCC and Emergency Department Approved for Pediatrics (EDAP) requirements that are located in the pages following this checklist in the application.

Use the tabs provided by the Emergency Medical Services for Children (EMSC) office to organize your application.

A. Organizational Structure

<p>Enclosed is an Organizational Table identifying the administrative relationships among all departments in the hospital, especially as they relate to the pediatrics department. The table must include, but is not limited to, the following:</p>	
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Trauma Service
<input type="checkbox"/> Chief Executive Officers	<input type="checkbox"/> Department of Radiology
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Laboratory Services
<input type="checkbox"/> Department of Pediatrics	<input type="checkbox"/> Transport Service Team
<input type="checkbox"/> Pediatric Ambulatory Care	<input type="checkbox"/> Social Services
<p>Enclosed is an organizational table showing the organizational structure of the Department of Pediatrics, including the relationship of the physician, nursing, and ancillary services for both the Pediatric Intensive Care Unit (PICU) and Pediatric units. Include the reporting structure for the pediatric chairman (to whom he/she reports to).</p>	
<input type="checkbox"/> Department of Pediatrics Organizational Structure (Table)	
<p>Enclosed is an organizational table showing the organizational structure of the Emergency Department (ED), including the relationship of the physician, nursing, and ancillary services. Include the reporting structure for the Emergency Department director (to whom he/she reports to).</p>	
<input type="checkbox"/> Emergency Department Organizational Structure (Table)	

B. EDAP Renewal Checklist

<p>Review EMS Administrative Code 515.4000 a, 1 and 2 for the physician staff qualifications and continuing medical education (CME) and submit each of the following:</p>
<input type="checkbox"/> A policy (s) or medical staff bylaws that incorporates the physician qualifications and continuing medical education (CME) requirements.
<input type="checkbox"/> A completed CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS Form.
<input type="checkbox"/> A completed CREDENTIALS OF FAST TRACK PHYSICIANS Form.
<input type="checkbox"/> The curriculum vitae for the ED medical director (that states their role as the ED medical director).
<input type="checkbox"/> A current one-month physician schedule for the ED.
<input type="checkbox"/> For EDAP physicians who meet alternate criteria, enclose the following: 1) a letter(s) verifying hours worked by this/these physicians, 2) a copy of current AHA PALS or ACEP-AAP APLS certification, and 3) copies of 16 hours of pediatric CME completion over the past two years.
<p>Review EMS Administrative Code 515.4000 a, 3, for the ED Physician coverage and submit:</p>
<input type="checkbox"/> A policy that incorporates this requirement.
<p>Review EMS Administrative Code 515.4000 a, 4, for ED Consultation and submit:</p>
<input type="checkbox"/> A one month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians, or documentation verifying 24-hour telephone consultation.
<p>Review EMS Administrative Code 515.4000 a, 5, for ED Physician Back-up and submit:</p>
<input type="checkbox"/> A policy that incorporates this requirement.
<p>Review EMS Administrative Code 515.4000 a, 6, for On Call Specialty Physician Response Time and submit:</p>
<input type="checkbox"/> A policy that incorporates this requirement.



Review EMS Administrative Code 515.4000 b, 1 and 2 for Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant qualifications and continuing medical education and submit each of the following:

- A policy that incorporates this requirement.
 - A completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST, AND PHYSICIAN ASSISTANT** Form.
 - A current one-month nurse practitioner/clinical nurse specialist/physician assistant schedule.
 - For nurse practitioners who meet alternate criteria, enclose the following: 1) letter(s) verifying hours worked by this/these nurse practitioners, 2) copies of current AHA PALS or ACEP-AAP APLS certification, 3) copies of 16 hours of pediatric CME completion over the past two years.
- OR**
- Documentation that nurse practitioners/clinical nurse specialists/physicians assistants are not utilized in the ED.

Review EMS Administrative Code 515.4000 c, 1 and 2 for Nursing qualifications and continuing education and submit each of the following:

- A policy that incorporates this requirement.
- A completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF** Form.
- A one-month Registered Nurse staffing schedule for the emergency department.

Review EMS Administrative Code 515.4000 d, 1, for inter-facility transfer and submit each of the following:

- An interfacility transfer policy that addresses pediatric transfers and includes all of the components defined in Section 515.4000 d, 1.
- A copy (s) of the current written transfer agreements (that cover pediatric patients) with hospitals that provide pediatric specialty services, pediatric intensive care, and burn care not available at this facility.

Review EMS Administrative Code 515.4000 d, 2, for suspected child abuse and neglect and submit each of the following:

- A policy that incorporates this requirement.
- An overview of your child abuse/neglect screening process, including screening questions within the electronic medical record (EMR).

Review EMS Administrative Code 515.4000 d, 3, for treatment guidelines and submit:

- All pediatric treatment/care guidelines.

Review EMS Administrative Code 515.4000 d, 4, for Latex-free policy and submit:

- A copy of the hospital's latex-free policy that addresses latex allergies and the availability of latex free equipment and supplies.

Review EMS Administrative Code 515.4000 d, 5, for Disaster Preparedness and submit each of the following:

- A copy of the Hospital Pediatric Disaster Preparedness Checklist 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 Multi-Year Training and Exercise Plan (MYTEP) that minimally addresses a three-year timeframe.



Review EMS Administrative Code 515.4000 e, 1, for quality improvement activities and the multidisciplinary quality improvement committee and submit:

- A policy (or other formal document) that outlines the overall emergency department quality improvement program and identifies the integration of pediatric QI activities into the emergency department quality program. Components that need to be included in the policy include:
 - Description of the quality improvement process.
 - Responsible multidisciplinary committee and committee membership. NOTE: Committee composition needs to extend beyond physician/nursing to include other essential disciplines, such as pediatrics, social services, respiratory therapy, and other services.
 - Pediatric clinical indicators/monitors and/or outcome analysis, including the required EDAP monitors for pediatric deaths, pediatric interfacility transfers, child abuse/neglect cases, and critically ill and injured children in need of stabilization. Include any other pediatric quality and safety priorities of the institution.
 - Feedback processes, target timeframes for closure of issues, follow-up mechanisms, i.e, loop closure.

Review EMS Administrative Code 515.4000 e, 2, for the Pediatric Physician Champion and submit:

- A curriculum vitae for the Pediatric Physician Champion (that states their role as the Pediatric Physician Champion).

Review EMS Administrative Code 515.4000 e, 3, for the Pediatric Quality Coordinator (PQC) responsibilities and submit each of the following:

- A resume for the Pediatric Quality Coordinator (that states their role as the PQC).
- A job description or formal document for the PQC that includes:
 - Allocation of appropriate time and resources by the hospital to fulfill the PQC responsibilities.
 - Responsibilities of the PQC as outlined in 515.4000 e, 3, A-E.
- Documentation detailing the participation of the PQC in regional QI activities and how that has impacted pediatric quality care in the ED.

Review EMS Administrative Code 515.4000 f, for the list of Emergency Department Equipment Requirements and submit:

- A completed checklist indicating 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.**

C. PCCC Renewal Checklist
Facility Requirements

Review EMS Administrative Code 515.4020 a, 1-11 as related to hospital resources and submit documentation identifying the ability to meet each of the following:

- A scope of services/policy outlining PICU services, unit resources, and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and diagnoses.
- A list of the members of the PICU committee, as well as their disciplines. (Meeting minutes from the past year will be requested at the time of site survey.)
- Documentation to substantiate helicopter landing capabilities.
- A statement regarding 24-hour CAT Scan availability.
- A statement regarding the ability to meet the laboratory requirements.
- A statement of hemodialysis capabilities availability or transfer agreement.
- A statement or scope of service from each program identifying the availability of staff as outlined in Section 515.4020 a, 8.
- A list of professional pediatric critical care educational classes your staff has provided within the region in the past year (include information on classes held within your facility and within the region or surrounding geographic area).
- A list of public education/information sessions on pediatric emergency care that your staff has provided in the past year to the community (e.g., CPR/first aid trainings, health fairs, educational presentations conducted within the community, region, or surrounding geographic area).
- Documentation of any pediatric research the facility has been engaged in during the past year (include the research project abstract, summary of projects, or listing of research activities).



PICU Service Requirements

D. Professional Staff

Pediatric Intensive Care Unit Medical Director

Review EMS Administrative Code 515.4020 b, for the Medical Director and Co-Director requirements and submit each of the following:

- A curriculum vitae for the appointed PICU medical director.
- A copy of board certification or verification of board certification.
- A curriculum vitae and board certification for the co-director **(as applicable - see requirement 515.4020 b,2)**.

PICU Medical Staff Requirements

Review EMS Administrative Code 515.4020 c, and submit each of the following:

PICU Medical Staff

- A policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporate section 515.4020 c,1,A and B.
- A completed Credentials of PICU Physicians Form that includes the medical director (and co-director as applicable).
- A one-month staffing schedule/calendar (schedule should be from within the three month time period previous to the application submission).

Physician Specialist Availability (section 515.4020 c,2)

- A policy or by-laws that address the response time and on-call scheduling of pediatric surgeons.
- A policy/process outlining board, sub-board certification, or board preparedness for all specialist physicians.
- A policy/process outlining how pediatric proficiency is defined and assuring all specialist physicians maintain 10 hours of pediatric CME per year.
- A policy/process outlining anesthesiologist on-call staffing and response time, subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by the institution, and 10 hours of pediatric CME per year. For certified nurse anesthetists, provide a copy of the by-laws that address their responsibilities and back up.
- On-call schedules from the last month that list physician availability to meet requirements in section 515.4020 c,2,D and E.

PICU Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant Requirements

NOTE – Complete this section only if nurse practitioners, clinical nurse specialists and/or physician assistants practice in the PICU.

Review EMS Administrative Code 515.4020 d and submit each of the following:

Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant Requirements in section 515.4020 d,1,2 and 3

- A policy outlining PICU nurse practitioner, clinical nurse specialist and physician assistant staffing, coverage, availability, responsibilities, and credentialing process.
- A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission).
- A completed Credentials of PICU Nurse Practitioner/Clinical Nurse Specialist/Physician Assistant Form.

Educational Requirement in section 515.4020 d,4 and 5

- A policy that incorporates the APLS, PALS, or ENPC requirement.
- A copy of the PICU nurse practitioner/clinical nurse specialist/physician assistant continuing education policy that incorporates requirement section 515.4020 d,4 and 5.



PICU Nursing Staff Requirements

Review EMS Administrative Code 515.4020 e and submit each of the following:

PICU Nurse Manager

- A curriculum vitae for the PICU nurse manager.
- A policy or job description that incorporates the PALS, APLS, or ENPC requirement in Section 515.4020 e,1,C.

PICU Pediatric Clinical Nurse Expert

- A policy or job description of the role and responsibilities of the pediatric clinical nurse expert in the PICU.
- A resume of the PICU pediatric clinical nurse expert.
- A policy that incorporates the PALS, APLS or ENPC requirement and pediatric continuing education requirement in Section 515.4020 e,2,C and D.

Nursing Patient Care Services

- A policy/documentation outlining current nursing shift staffing plan/patterns.
- A completed Credentials of PICU Nursing Staff Form that includes the PICU nurse manager and PICU pediatric clinical nurse expert.
- A policy or job description for the PICU nurse that outlines the orientation process and educational requirements, including the PALS, APLS, or ENPC requirement, and pediatric continuing education requirement outlined in Section 515.4020 e,3,C and D.
- A copy of a one-month nurse staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission).
- A policy reflecting yearly competency review requirements for the PICU staff.

E. Policies, Procedures, and Treatment Protocols

Review EMS Administrative Code 515.4020 f and submit each of the following:

- An admission and discharge criteria policy.
- A staffing policy that addresses nursing shift staffing patterns based on patient acuity.
- A policy for managing the psychiatric needs of the PICU patient.
- Protocols, order sets, pathways, or guidelines for management of high- and low-frequency diagnoses.

F. Inter-facility Transfer/Transport

Review EMS Administrative Code 515.4020 g and submit each of the following:

- A copy of the last annual report containing the number of annual transfers to your facility from transferring institutions.
- A policy outlining the feedback process to transferring hospitals on the status of the referral patient and the methods for quality review of the transfer process.
- Documentation outlining the pediatric inter-facility transport system capabilities and resources.
- A transfer policy that addresses pediatric inter-facility transfers.

G. Quality Improvement

Review EMS Administrative Code 515.4020 h and submit each of the following:

- A list of the members of the Multidisciplinary Pediatric QI Committee and their respective positions/disciplines.
- An institutional Quality Improvement Organizational Chart.
- The PICU outcome analysis plan and pediatric monitoring activities that meet section 515.4020 h,2 (minutes from the past year that reflect the activities of the Multidisciplinary Pediatric QI Committee will be requested at the time of site survey).



H. Equipment

Review EMS Administrative Code 515.APPENDIX P and submit:

A completed checklist indicating that all equipment is present.

Using the equipment list provided in Appendix L, 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, how quickly the item can be accessed if maintained elsewhere in the hospital, and demonstrate how there will be no reduction in the provision of medical care.**

Pediatric Inpatient Care Service Requirements

I. Professional Staff

Pediatric Unit Physician Requirements

Review EMS Administrative Code 515.4020 j,1 and submit each of the following:

- A curriculum vitae and a copy of board certification for the pediatric inpatient director.
- A policy or a scope of services for the pediatric unit that defines responsibility for medical management of care.
- A roster of physician coverage of the pediatric units and identify any hospitalists. If pediatric hospitalists are utilized, define their scope of service including their responsibilities to other attendings.
- A completed Credentials of Pediatric Unit Hospitalists Form.
- A policy that incorporates the PALS or APLS requirement in section 515.4020 j,1,B.
- A policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care.

Pediatric Unit Nurse Manager Requirements

Review EMS Administrative Code 515.4020 j,2 and submit each of the following:

- A curriculum vitae for the pediatric unit manager.
- A job description or policy incorporating the PALS, APLS, or ENPC requirement in section 515.4020 j,2,C.

Pediatric Unit Nursing Care Services

Review EMS Administrative Code 515.4020 j,3 and submit each of the following:

- A policy/documentation outlining current nursing shift staffing plan/patterns.
- A policy describing annual competency review requirements for the pediatric nursing staff based on high-risk, low-frequency therapies.
- A policy or job description for the pediatric unit nurse that outlines the orientation process and the educational requirements including the PALS, APLS, or ENPC requirement, and the pediatric continuing education requirement outlined in section 515.4020 j,3 C and D.
- A copy of a one-month nursing staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission).
- A completed Credentials for the Pediatric Unit Nursing Staff Form that includes the pediatric unit nurse manager.



J. Policies, Procedures and Treatment Protocols

Review EMS Administrative Code 515.4020 k and submit each of the following:

- A policy or scope of services that outlines the Pediatric Department services, ages of patients served, admission guidelines.
- A staffing policy that addresses nursing shift staffing patterns based on patient acuity.
- A safety and security policy for the patient in the unit.
- An inter-facility transport policy that addresses safety and acuity.
- An intra-facility transport policy that addresses safety and acuity.
- A latex-allergy policy.
- A pediatric organ procurement/donation policy.
- An isolation precautions policy that incorporates appropriate infection control measures.
- A disaster policy that addresses the specific medical and psychosocial needs of the pediatric population.
- Protocols, order sets, pathways, or guidelines for management of high- and low-frequency diagnoses.
- A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators.
 - Death of a child.
 - Child has been a victim of, or witness to, violence.
 - Family needs assistance in obtaining resources to take the child home.
 - Family needs a payment resource for their child's health needs.
 - Family needs to be linked back to their primary health, social service, or educational system.
 - Family needs support services to adjust to their child's health condition(s) or the increased demands related to changes in their child's health condition(s).
 - Family needs additional education related to the child's care needs in order to care for the child at home.
- A discharge planning policy and/or protocol that includes the following:
 1. Documentation of appropriate primary care/ specialty follow-up provisions.
 2. Mechanism to access a primary care resource for children who do not have a provider.
 3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
 - Information on the child's hospital course.
 - Discharge instructions and education.
 - Follow-up arrangements.
 4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
 - Require the assistance of medical technology.
 - Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms.
 - Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services.
 - Have a brain injury – mild, moderate, or severe.
 - Have a spinal cord injury.
 - Exhibit seizure behavior during his or her acute care episode or the child has a history of seizure disorder and is not currently linked with specialty follow up.
 - Have a submersion injury, such as a near-drowning.
 - Have a burn (other than a superficial burn).
 - Have a pre-existing condition that experiences a change in health or functional status.
 - Have a neurological, musculoskeletal, or developmental disability.
 - Have a sudden onset of behavioral change, e.g., in cognition, language, or affect.

K. Quality Improvement

Review EMS Administrative Code 515.4020 I and submit:

- The titles of the pediatric unit representatives who serve on the multidisciplinary Pediatric QI Committee.



L. Equipment

Review EMS Administrative Code 515.APPENDIX P and submit the following:

- A completed checklist indicating that all equipment is present.

Using the equipment list provided in Appendix L, 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, how quickly the item can be accessed if maintained elsewhere in the hospital, and demonstrate how there will be no reduction in the provision of medical care.**