

QUALITY IMP

This Prereview Questionnaire (PRQ) only contains standards relevant to:



Prereview Questionnaire LEVEL II

How do the applicant center's surgeons demonstrate commitment to the children's surgical program?



Has the children's surgery program, including PIPS, been approved by the hospital's governing body?

YES/NO



Is there a resolution within the past three years from the hospital's governing body (hospital board) expressing support of the children's surgical program?

YES/NO

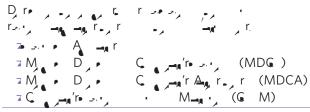


Is there a medical staff resolution within the past three years supporting the children's surgical program?



Does the applicant center provide on its campuses the necessary human and physical resources to properly provide children's surgical care consistent with the Level of verification?

YES/NO



Is the Surgical Administrator, MDCS, MDCA, and CSPM committed to the surgical center?

YES/NO

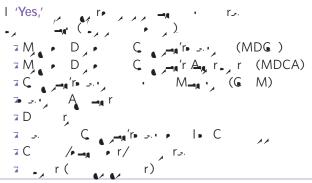
Are the responsibilities and authority for the Surgical Administrator, MDCS, MDCA and CSPM defined and programmatic support demonstrable?

YES/NO

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Is there specific budgetary support for the children's surgical program including personnel, education and equipment?

YES/NO



Does administrative support also include human resources, educational activities, and community outreach activities to enable community cooperation and a systematic approach to the care of children with surgical needs?

YES/NO



Does the CSPM report to an administrative level that best supports the role and responsibilities of the position, as well as to the MDCS?

YES/NO



Does the applicant center fully and currently meet all CMS Conditions of Participation?

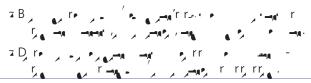
YES/NO

Was the applicant center under a System Improvement Agreement with CMS or any other performance improvement plans with any federal, state, or local licensing authority during the past three years?



2.1 Does the applicant center's credentialing body of the hospital ensure that qualifications of the practicing providers are current and reflect contemporary training, a process of Board Certification or alternate pathway as defined by the center, and experience specific to the care of children?

YES/NO

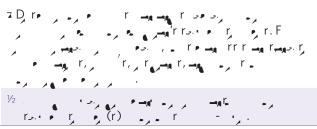


- 2.2 Does the applicant center perform at least 1,000 surgical procedures on patients < 18 years of age annually?</p>
 YES/NO
- 2.3 Are all children with primary surgical problems admitted to or evaluated by an identifiable surgical service staffed by credentialed children's surgical providers?

YES/NO

Is there sufficient infrastructure and administrative support for each of the children's surgical services to ensure adequate team-based care for the child and family?

YES/NO



2.4 Is a process in place to address children's surgical program operating room operational issues?

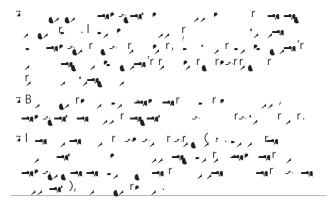
YES/NO

Is there a dedicated children's operating room committee which provides oversight of day to day OR operations and ensures that children's surgical needs are met?

YES/NO

Is the children's operating room committee freestanding or part of a larger administrative entity?

YES/NO



Does the operating room committee (or equivalent) meet at least quarterly?

YES/NO

Do committee meeting minutes reflect participants as well as the review of operational issues and, when

Is anesthesia and other equipment, including resuscitation devices, appropriate pharmacologic supplies and drug doses for all sizes of children, readily available in all pediatric ambulatory ORs and recovery areas?

YES/NO

Are one or more persons currently certified in PALS present and available to the pediatric patient who is sedated, anesthetized, recovering from anesthesia, or receiving perioperative opioids?

YES/NO

Are formal transfer agreements and a written policy or guidelines in place to allow planned processes and prompt transfer to an appropriate Level I, II, or III inpatient children's facility for pediatric ambulatory surge3I[surg)10 13 (e3I[surg)10 13 7 5ng aS.1 -US)/ry What is the percent effort of the MDCS devoted to direct patient care?

What is the case volume of the MDCS in the reporting year?

Does the MDCS have on call or emergency call responsibilities?

YES/NO

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Is the MDCS the Surgeon-in-Chief?

YES/NO

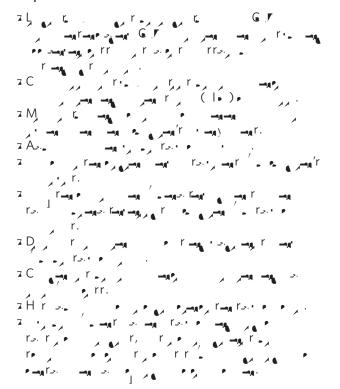


Does the applicant center also have a Surgical Quality Officer or Director of Quality that helps to support the program?

YES/NO



The official job description must reflect the responsibilities outlined below and support dedicated time and compensation commensurate with duties assigned. Does the MDCS fulfill the following responsibilities?



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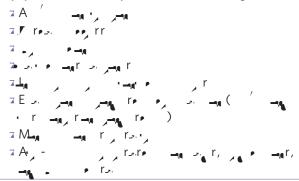
3.5 Is a designated children's OR immediately available 24/7 within 60 minutes?

YES/NO

Does the applicant center have age- and size-appropriate OR equipment?

YES/NO

Does the applicant center have pediatric-specific equipment for the scope of service, including:



Are anesthesia machines and other equipment, including resuscitation devices and pharmacologic supplies and drug doses, appropriate for all sizes of children and readily available in the operating room and recovery areas?

YES/NO

3.6 Is a designated Pediatric PACU or other unit with functional capacity available 24 hours per day to



4.3 Are the following available to provide care at the bedside within 60 minutes, 24/7 at the applicant center? Select all that apply.



4.4 Does the applicant center have a general pediatrician or pediatric hospitalist readily available within 60 minutes 24/7 if perioperative acute hospital care beyond the NICU or PICU is within the scope of service?



Describe how hospitalists and/or general pediatricians provide care to hospitalized patients on the surgical services.

4.5 How does the applicant center ensure 24/7/365 physician and specialty surgeon coverage of neonatal surgical patients?



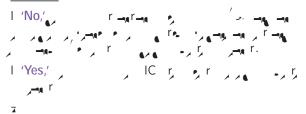
Who is at the bedside for these procedures?

Does the operating team (nursing staff, OR technician, and anesthesiologist) go to the NICU for these procedures?

YES/NO



Does the institution manage patients beyond the newborn period?



Who is responsible for approval and oversight of children's radiology providers?

Who is responsible for assessment and approval of pediatric provider credentials?

How does the institution credential pediatric specific skills?

What is the process for monitoring pediatric provider performance and for quality improvement?

Does the applicant center have a written policy defining credentials, scope of practice, and need for physical presence for the pediatric radiologist?

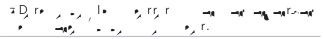
YES/NO

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What are the institutional criteria which require bedside physical presence of the attending pediatric radiologist?

What are the institutional criteria for bedside physical presence of the attending radiologist for suspected diagnosis of intussusception?

What are the institutional criteria for bedside physical presence of the attending radiologist for suspected diagnosis of malrotation with volvulus?



4.8 Describe the background and pediatric training of the interventional radiology providers and support personnel.

Are the applicant center's interventional radiology physicians and support personnel available 24/7 within 60 minutes?

What are the institutional policies for pediatric interventional radiology support staff and availability?

What are the institutional criteria which require bedside physical presence of the interventional radiologist?

Does the applicant center have interventional radiology, magnetic resonance imaging, and ultrasonography for children available within 60 minutes, 24/7?

YES/NO

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4.9 Does the pediatric emergency department have resources in place to support the level of verification, including processes, and nonphysician personnel?

YES/NO

Does the hospital have emergency services on site 24/7/365?

YES/NO

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Do you have any pediatric emergency medicine providers who you wish to be considered via Alternative Pathway (Appendix II)?

YES/NO



Does the applicant center have nonphysician emergency department personnel with specific and demonstrable pediatric training and experience?

YES/NO



What percentage of nurses are certified in pediatric emergency nursing?

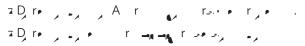
What percentage of nurses have PALS or an equivalent certification?



What percentage of pharmacists in the pediatric emergency department have pediatric training and experience?

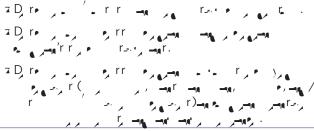


4.10 Describe the pediatric onboarding and ongoing educational programs for Advanced Practice Providers (APP) who are part of the surgical team(s).



Is there age-or case-based discrimination in the delineation of privileges to ensure that providers are appropriately trained to care for the infants and children for whom they will provide care?

YES/NO



Do all pediatric anesthesiologists at the applicant center have institutional credentials for privileges for anesthesia procedures to be done specifically in children (Delineation of Privileges)?

YES/NO



4.12 Are call schedules for all providers involved in children's surgical care readily available?

YES/NO

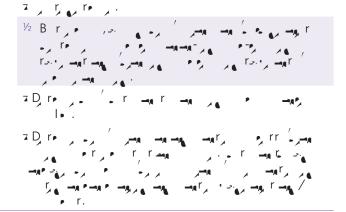
Are the pediatric surgeons and pediatric anesthesiologists on call at the applicant center exclusively dedicated to the center while on call?

Is a portion of children's surgical center call coverage provided by appropriately trained specialists who lack pediatric certification?

YES/NO

Does the applicant center have a written plan for provision of pediatric subspecialty care outside this limited scope of practice if needed during periods when call coverage is provided by physicians or surgeons without pediatric certification or without specific pediatric credentials?

YES/NO



- 4.13 At the applicant center, are all members of children's surgical specialties who take call knowledgeable and current in the care of children with surgical needs, as evidenced by maintaining current board certification of the physician's respective specialty board (Continuous Certification) OR by documenting acquisition of 12 relevant CME per year on average OR by demonstrating participation in an internal educational process conducted by the children's surgical program and the specialty liaison based on the principles of practice-based learning and the PI and patient safety program?

 YES/NO
- 4.14 Is there a pediatric rapid response and/or resuscitation team in house 24/7?



Is there a pediatric rapid response and/or resuscitation team with experience and training to support the scope of service in place 24/7 to respond to any site in the facility?

YES/NO

Does the applicant center have pediatric nutrition support available? YES/NO How do they interact with surgical teams? Does each surgical area within the hospital have an assigned registered dietician? YES/NO Does the registered dietician facilitate timely nutrition assessment, optimal nutrient delivery and appropriate adjustments when needed for the patient? YES/NO How is this done in the NICU and PICU? Do surgical patients in the PICU and NICU undergo a nutritional assessment within 48 hours of admission? YES/NO I 'No,' , r, , r. نهداد الهدر الهدام ترهه برااير 4.20 Are pediatric pharmacy services provided to the children's surgical population 24/7/365? YES/NO 7 D, r. Is a list of medications accessible and the policies and procedures regarding their administration available? YES/NO ZD, re , , , -a , re -a e, r. Were the policies and procedures developed by a multidisciplinary Pharmacy and Therapeutics (P&T) Committee or its equivalent? YES/NO

4.23 Does the applicant center's program identify and care for child maltreatment patients?

YES/NO



Is the child maltreatment team available 24/7?

YES/NO

Who responds when the team is activated?

Does the applicant center have a valid screening tool to identify child maltreatment specifically for the high-risk pediatric population?

YES/NO



Does the applicant center have an institutional policy for recognition and reporting of child maltreatment?

YES/NO



Does the child protective or child maltreatment team include a board-certified or board-eligible child abuse pediatrician?

YES/NO

Does the child protective or child maltreatment team include social services?

YES/NO

Do social services personnel within the child maltreatment team have training in the dynamics of child abuse, its assessment and management in a hospital setting, child abuse reporting laws, and appropriate interventions and support?

YES/NO



Is the medical director of the child maltreatment team a board certified (or in the examination process) child abuse pediatrician or a pediatrician with a special interest in child maltreatment who dedicates > 50% of their practice to this role?

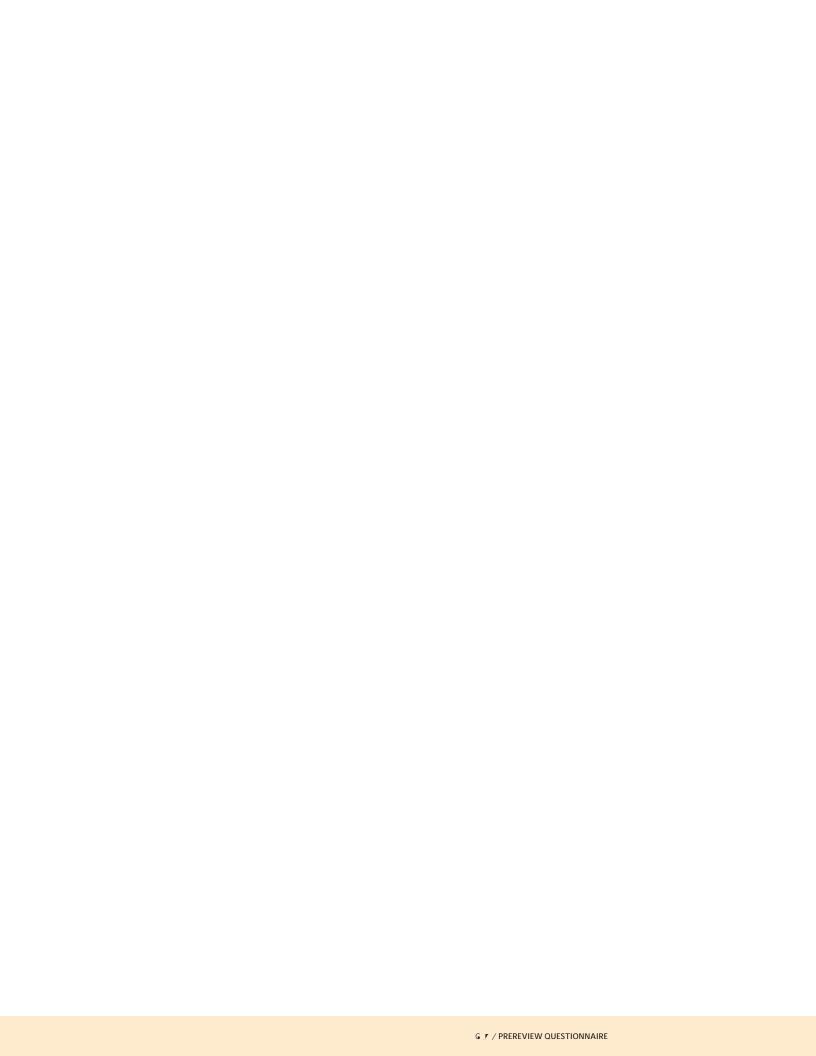
YES/NO Y E S 1 0 1/2 C.F.

4.24 Are standard laboratory analysis of blood, urine and other body fluids using techniques appropriate for pediatric patients available?

YES/NO

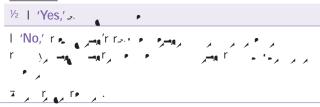
Does the Department of Pathology have pediatric training and competency requirements for physiciarespatfia ompetency requirements for physiciarespatfia of physiciarespatfia o

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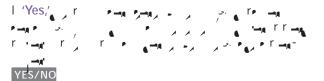
5.3 Is there a massive transfusion protocol for infants and children?

YES/NO



- 5.4 This standard will be demonstrated to the reviewer team with an onsite presentation.
- 5.5 This standard will be demonstrated to the reviewer team with an onsite presentation.
- 5.6 Does applicant center provide operative care for pediatric oncologic patients?

YES/NO



Do all surgical disciplines that provide care of oncology patients attend tumor board meetings?

YES/NO

Does a Medical Oncology Representative attend tumor board meetings?

YES/NO

Does a Radiation Oncology Representative attend tumor board meetings?

YES/NO

Does a Pathology Representative attend tumor board meetings?

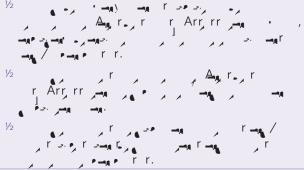
YES/NO

Does a Radiology Representative attend tumor board meetings?

YES/NO



5.7



Does the program engage in continuous review of day-of-surgery cancellations with specific review of cancellations and complications related to inadequate preoperative evaluation or preparation?

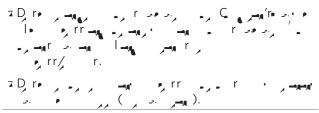
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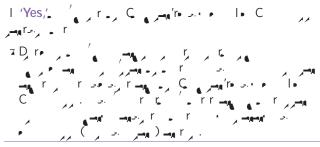
7.1 Does the applicant center have a structured effort that is integrated into the hospital's quality improvement and safety programs and which demonstrates a continuous process for improving care for children with surgical needs?

YES/NO



Are all quality and safety events that occur at the institution and involve surgical patients in the perioperative period promptly reported to surgical leadership?

YES/NO



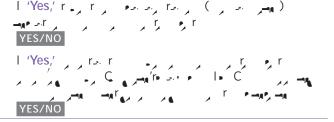
Are minutes from Children's Surgical PIPS Committee activities considered a confidential quality improvement document that is protected by all pertinent state and federal statutes?

YES/NO

Are learnings or opportunities for improvement developed from the Children's Surgical PIPS Committee deliberations disseminated to all appropriate participants in the care of patients in the Children's Surgery Center, to hospital quality improvement and safety officials, and to the appropriate hospital governing quality committee (or equivalent)?

Is a safety culture survey (or equivalent) completed at least every two years?

YES/NO



7.2 Is there a dedicated multidisciplinary Children's Surgical PIPS Committee?

YES/NO



Is the committee chaired by the Medical Director of Children's Surgery or designee?

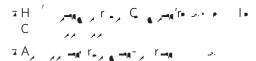
YES/NO

What is the name and title of the individual who chairs the committee?



Are Children's Surgical PIPS Committee meetings held frequently enough to assure timely review of children's surgical care, but at least quarterly?

YES/NO



Do representatives from all required surgical disciplines, medical procedural specialties, hospital administration, and nursing providing care to children participate in the multidisciplinary Children's Surgical PIPS Committee?



When a consistent problem or inappropriate variation is identified by the Children's Surgical PIPS process, is corrective action taken and documented? YES/NO Does the Children's Surgical PIPS Committee review institutional-specific NSQIP Pediatric data and identify any potential quality improvement activities based on changes or trends of concern in morbidity and mortality data or negative outlier status? YES/NO/NA

How are specific patient population processes or systems trends identified for review by Children's Surgical PIPS Committee?

Does the Children's Surgical PIPS process review the care of patients across multiple disciplines and access the results of those disciplines' PIPS processes?

YES/NO

7.6 Do quality improvement projects developed and monitored by Children's Surgical PIPS Committee have pre-determined follow-up, including what data will be monitored, at what intervals, and for what duration?

YES/NO



Do you have ongoing quality improvement projects that derive directly from the analysis of collected data, for example from ACS NSQIP Pediatric, Appendix 2, SPS, or STS?

YES/NO



Is there an established plan for sustainability of these quality improvement projects?

YES/NO

7.7 Are all transfers/transports out and to a higher level of care reviewed for appropriateness, timeliness, and outcome?

YES/NO

Is appropriate feedback (loop closure) provided where there are opportunities for education and/or improvement following transfers of care?

YES/NO

Does the applicant center's Children's Surgical PIPS process monitor and review transfers/transports of patients from other institutions for surgical care at the Children's Surgery Center?

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Anesthesiologist Table Level I, I MS, I O, II, III	r ر مار ر مارد المسلم المارد
Radiologist Table Level I, I MS, I O, II, III	אריק קיואר קבוריק יו יודר אין אין אין אין אין אין אין אין אייק אין אייק אין אייק אין אייק אין אייק אין אייק אי אריק אין איין איין איין איין איין איין איי
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Medical Specialist Table Level I, I MS, I O, II, III	ی در بر استان کی در د می در
Surgical Program Leadership and PI Committee Table	IPS

Level I, I MS, I O, II, III