

QUALITY IMP

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

AG C
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Prereview Questionnaire LEVEL II

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

2 B
 2 C
 2 D
 2 E

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

YES/NO

2 C
 2 D
 2 E

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

1/2

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

YES/NO

1/2

2 B
 2 D
 2 E

1.2 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

2 D
 2 A
 2 M D C (MDG)
 2 M D C (MDCA)
 2 C (GM)

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

2 B

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

YES/NO

1 'Yes'
 2 M D C (MDG)
 2 M D C (MDCA)
 2 C (GM)
 2 A
 2 D
 2 C
 2 C
 2 C

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

2 B

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

1 'No'
 1/2

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?

YES/NO

1/2
 C

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 B
2 D

2.2 Does the applicant center perform at least 1,000 surgical procedures on patients < 18 years of age annually?

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 D

1/2

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

2
2 B
2 I

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 surgery? (e.g., Level I, II, or III inpatient children's facility for pediatric ambulatory surgery)

YES/NO

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

2 B

Is the MDCS the Surgeon-in-Chief?

YES/NO

I 'No,' MDG 'r

I 'Yes,' -C

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

YES/NO

I 'Yes,' D

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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2 C (I)

2 M

2 A

2

2

2 D

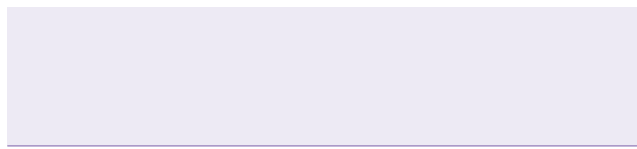
2 C

2 H r

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re

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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:

- A
- Resuscitation devices
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment
- Pediatric-specific equipment

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

B

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

[Redacted]

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.

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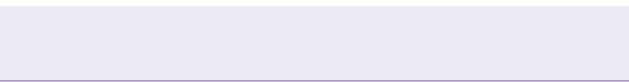
4.4 Does the applicant center have a general pediatrician or pediatric hospitalist readily available within 60 minutes 24/7 if perioperative acute hospital care beyond the NICU or PICU is within the scope of service?

I 'No,'

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?

D r
IC r.



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

| 'No,'
IC

4.6 Does the institution manage patients beyond the newborn period?

YES/NO

| 'No,'

| 'Yes,'
IC

2

4.19 Does the applicant center have pediatric nutrition support available?

YES/NO

[Handwritten: 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

[Handwritten: No]

[Handwritten: In the PICU, we have a dietician who does assessments. In the NICU, we have a dietician who does assessments.

[Handwritten: We have a dietician who does assessments in the NICU and PICU.

4.20 Are pediatric pharmacy services provided to the children's surgical population 24/7/365?

YES/NO

[Handwritten: No]

Is a list of medications accessible and the policies and procedures regarding their administration available?

YES/NO

[Handwritten: No]

Were the policies and procedures developed by a multidisciplinary Pharmacy and Therapeutics (P&T) Committee or its equivalent?

YES/NO

[Redacted]

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

YES/NO

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

YES NO

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

YES/NO

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

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

YES NO

Y E S 1 0 8 - 2 3 3 h 5

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 physicians staff?

YES/NO

5.9*



Do the specialized nursing protocols and/or teams promote communication between the patient and health





Surgeon Table

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

Anesthesiologist Table

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

Radiologist Table

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

Emergency Physician Table

Level I, II, III

Medical Specialist Table

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

**Surgical Program Leadership and PIPS
Committee Table**

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