



QUALIT

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

The PRQ is built online as the application for sites to complete based on the level of verification they are seeking. The purpose of this document is to allow interested sites to begin collecting data in preparation for enrollment. All uploads indicated in the PRQ will be accessed via a download feature in the online application as part of the questions. All tables indicated in the PRQ will be accessed via an online template and will be uploaded into the application.

Please contact the ACS Children's Surgery Team at **childrensurgery@facs.org** with any questions.

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

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**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**

- Briefly describe how children's surgical privileging is based on training, experience, and board certification.
- Describe the credentialing process for community-based providers and how experience is assessed.

**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**

- Describe the composition and structure of the team for each of the children's surgical services. For example, number of faculty, physician assistants, nurse practitioners, fellows, residents, and others that form the medical care team.

↑ Upload a figure depicting the relationship of the surgical service(s) to the hospital at-large.

**2.4 Is there an operating room committee (or functional equivalent) providing oversight of day to day OR operations that ensures that children's surgical needs are met?**

**YES/NO**

- Provide detail including committee composition and leadership. If the committee is part of a larger entity that includes adult services, who gives the children's report and are children's services discussed as a separate agenda item?
- Briefly describe the functions of this committee, including any freestanding ambulatory surgery sites.
- If an alternative structure is used (e.g. there is no formal operating room committee and these functions are included in another administrative entity or institutional meeting), briefly describe.

**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 appropriate, the analysis and corrective action?**

**YES/NO**

**2.5 Is the Ambulatory Surgical Center (ASC) demonstrably integrated with a Level I, II or III children's surgical center?**

**YES/NO**

- Briefly describe the relationship of the ASC to the parent facility.
- Define the pediatric procedures performed and patients that undergo surgery at the ASC.

**Does the ambulatory surgical center meet the operating room resource standards of the parent center?**

**YES/NO**

**Does the on-site ambulatory care team possess pediatric training and experience consistent with the level of requested verification?**

**YES/NO**

- Detail the pediatric specific training of nursing and paramedical personnel (including current PALS certification).

**Does a pediatric anesthesiologist, pediatric surgeon, or other specialty-trained children's surgeon serve as the Medical Director for the children's ambulatory surgical program?**

**YES/NO**

**Does a pediatric anesthesiologist (Level I or Level II) or an anesthesiologist with pediatric expertise (Level III) administer, or directly oversee the administration of general anesthesia to all patients 2 years or younger who are undergoing a surgical procedure?**

**YES/NO**

**Does the chief of anesthesiology, or their appointed chair/chief of anesthesia for the ambulatory surgical center acting on behalf of the chief of anesthesiology, have oversight responsibility for the ambulatory surgical center?**

**YES/NO**

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**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**

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**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 patients when medically necessary?**

**YES/NO**

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**Are these guidelines monitored by the PIPS process?**

**YES/NO**

↑ Upload the formal transfer agreements from the ambulatory surgical center to the parent children's hospital.

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**Does the ambulatory surgical center have established quality criteria and a mechanism to track complications and transfers to an inpatient facility after the provision of outpatient care, including general anesthesia?**

**YES/NO**

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Does the MDCA serve as the liaison to the children's surgical PIPS program?

YES/NO

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Does the applicant center have an anesthesiology medical director who is knowledgeable about pediatric perioperative needs?

YES/NO

↑ Upload CV of this individual.

↑ Upload job description of this individual.

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**2.11 Does the applicant center have a Children's Surgery Program Manager (CSPM)?**

YES/NO

↑ Upload the CSPM job description.

↑ Upload the CSPM CV.

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Does the background of the CSPM include educational preparation and relevant clinical experience in the care of patients with surgical needs?

YES/NO

Is the CSPM a full-time position?

YES/NO

If 'No,' briefly explain.

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Does the CSPM play an active role in the administration and review of children's surgical care from admission through discharge?

YES/NO

• Describe the role and how this is accomplished if not provided in the uploaded job description.

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Does the CSPM serve as an internal resource for staff in all departments, and act as an extended liaison for other system entities?

YES/NO

Does the CSPM play an active role in directing quality implementation and oversight of the CSV Program throughout the continuum of hospital care, including oversight of the NSQIP Pediatric Program?

YES/NO

• Detail at least three ways that this role is achieved, with one example describing involvement in the NSQIP program.

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What are the responsibilities of the CSPM regarding quality improvement activities?

Is the CSPM involved in research projects, analysis, and distribution of findings?

YES/NO

• Provide an example of this involvement.

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Does the applicant center ensure the data collection staff are appropriately trained and monitored to ensure high-quality data for children's surgical safety reports (Appendix I)?

YES/NO

• Describe the process of personnel training and any monitoring/audit activities for ensuring inter-rater reliability.

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Does the CSPM have a working relationship with the MDCA so that they function as a team?

YES/NO

• How is this accomplished?

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**3.3 Does the applicant center have 24/7 emergency department and emergency medicine capability to care for children with surgical needs within the scope of practice?**

YES/NO

If 'No,' briefly explain.

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Is the pediatric emergency department a physically identified and designated facility?

YES/NO

• Briefly describe.

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Does the applicant center's emergency department have pediatric appropriate equipment to care for children with surgical needs within the scope of practice?

YES/NO

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**3.4 Does the preoperative preparation of children occur in an area appropriate for pediatric patients?**

YES/NO

• Describe the facility.

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Is the preoperative preparation of children separate from adult patients?

YES/NO

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Does the applicant center have specific preoperative facilities and processes to meet the needs of the pediatric population?

YES/NO

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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:**

- Airway management
- Vascular access
- Thermal control
- Surgical instruments
- Intraoperative imaging capabilities
- Equipment for endoscopic evaluation (airway and gastrointestinal endoscopy)
- Minimally invasive surgery
- Age-appropriate resuscitation fluids, medications, and pharmacy support

**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**

- Briefly describe.

**3.6 Is a designated Pediatric PACU or other unit with functional capacity available 24 hours per day to provide care for the pediatric patient during the recovery phase?**

**YES/NO**

**What is the number of dedicated Pediatric PACU beds?**

**What is the number of total Pediatric PACU beds?**

**What is the ratio of Pediatric PACU beds to ORs?**

**Can the Pediatric PACU serve as an overflow of the PICU?**

**YES/NO**

If **'Yes,'** describe circumstances and processes.

**Does the postoperative recovery of children occur in a Pediatric PACU separate from adult patients and appropriate for pediatric patients?**

**YES/NO**

**Does the applicant center have after hours Pediatric PACU capabilities?**

**YES/NO**

- Briefly describe.

**Does the Pediatric PACU or other unit have the necessary equipment to monitor and resuscitate pediatric patients within the scope of services offered?**

**YES/NO**

- Briefly describe equipment.

**3.7 Does the applicant center have conventional radiography, ultrasound, fluoroscopy, and computed tomography (CT) with radiation dosing suitable for infants and children within the scope of services immediately available within 60 minutes, 24/7?**

**YES/NO**

If **'No,'** briefly explain.

If **'Yes,'** briefly describe how and by whom the service is provided.

**3.8 Does the applicant center have a blood bank capable of blood typing and cross-matching and have an adequate supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of infants and children within the scope of services?**

**YES/NO**

**Does the applicant center have laboratory services including testing of micro samples?**

**YES/NO**

↑ Upload blood banking policies and procedures as they relate specifically to children undergoing surgery, both elective and emergency.

**3.10 Briefly describe the telehealth processes for children surgical patients.**

**Does the center have telehealth agreements in place?**

**YES/NO**

**Is there adequate internet access, information technology equipment, and support systems to enable telemedicine and teleconferencing?**

**YES/NO**

- Briefly describe.

**4.1 Does the applicant center have both general surgeons and surgeons with pediatric expertise on the medical staff and continuously available within 60 minutes, 24/7?**

**YES/NO**

If **'No,'** briefly explain

- For specialty areas without available children's surgeons, explain how care within that specialty is provided.

**Do all children's surgeons with pediatric expertise at the applicant center participate regularly in children's surgery and perform 25 or more procedures annually in patients less than or equal to 18 years of age?**

**YES/NO**

If **'No,'** briefly explain.

**Do all children's surgeons with pediatric expertise have 10 or more hours of children's surgical Category I CME credits annually?**

**YES/NO**



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**4.2 Does the applicant center have general anesthesiologists with pediatric expertise on staff and continuously available within 60 minutes 24/7?**

**YES/NO**

If **'No,'** briefly describe patient circumstances and background of personnel who provide care to children with surgical needs.

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**Do all children's anesthesiologists with pediatric expertise at the applicant center participate regularly in children's surgery and perform 25 or more procedures annually in patients less than or equal to 24 months of age?**

**YES/NO**

If **'No,'** briefly explain.

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**Do all anesthesiologists with pediatric expertise have 10 or more hours of children's Category I CME credits annually?**

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**Is an anesthesiologist or CRNA with expertise in pediatrics available 24/7 to respond at bedside and provide anesthesia services as defined in the standards document within 60 minutes?**

**YES/NO**

If **'No,'** who provides this service?

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**What are the criteria to deploy an anesthesia provider with pediatric expertise?**

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**Does one of these individuals serve as MDCA?**

**YES/NO**

If **'No,'** who provides this leadership?

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**Does an anesthesiologist or CRNA with pediatric expertise serve as an anesthesia provider for all children 2 years of age or less?**

**YES/NO**

If **'No,'** describe the exceptions.

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**Does an anesthesiologist or CRNA with pediatric expertise serve as an anesthesia provider for all children less than or equal to 5 years of age or with an ASA greater than or equal to 3?**

**YES/NO**

If **'No,'** describe patient circumstances and background of provider personnel who provide care to these children.

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**Is there a physician or allied health professional demonstrably skilled in emergency airway management present 24/7?**

**YES/NO**

- Who is this individual?
  - Describe required experience and training, as well as the PIPS process regarding availability of personnel who can provide airway control.
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**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.**

- Cardiology
  - Hematology/oncology
  - Infectious disease
  - Gastroenterology
  - Pulmonary medicine
  - Endocrinology
  - Genetics
  - Neurology
  - Nephrology
  - Neonatologists
  - Pediatric surgeons
  - Pediatric anesthesiologists
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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?**

**YES/NO**

If **'No,'** describe how this care is provided.

- Describe how hospitalists and/or general pediatricians provide care to hospitalized patients on the surgical services.
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**4.5 Is there a pediatrician with expertise in the resuscitation and stabilization of neonates available within 60 minutes 24/7/365.**

**YES/NO**

If **'No,'** please describe how this care is provided.

- Describe how you stabilize and transfer newborns with surgical problems to higher level centers.
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**4.6 Does the applicant center have documentation of joint**

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**4.14 Is there a pediatric rapid response and/or resuscitation team in house 24/7?**

↑ Upload the hospital policies regarding pediatric Rapid Response Team.

↑ Upload the hospital policies regarding NICU Rapid Response Team.

**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**

If **'No,'** briefly explain.

**What is the composition of the RRT and what is the leadership of this team?**

**What is the pediatric experience and training required for the members of this team?**

**How is this team activated?**

**What is the number of pediatric activations in the 12-month reporting period?**

**How are outcomes monitored?**

**Is an in-house provider with PALS certification and pediatric resuscitation skills available in house 24/7?**

- Identify this individual, as well as required education and training.

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**4.15 Does the applicant center have specific preoperative personnel (Nurses, Pharmacists, Respiratory Therapists, and Social Workers) and processes to meet the needs of the pediatric population?**

**YES/NO**

- Describe briefly.

↑ Upload hospital policies, curriculum and assessment tools including educational requirements/training for these pediatric preoperative staff for review.

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**4.16 Is the operating room adequately staffed and immediately available with personnel with pediatric expertise 24/7?**

**YES/NO**

If **'No,'** briefly explain.

- Describe composition and pediatric training and experience of OR team, including on call team during nights and weekends.
- Describe the process for ensuring that nurses and surgical technicians are adequately trained to provide care for pediatric surgical patients in the OR, including onboarding and maintenance of skills.

**What are the criteria for deployment of pediatric specific providers and support personnel?**

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**Are nursing and other technical operating room personnel with pediatric expertise immediately available and deployed for all patients 5 years of age and younger?**

**YES/NO**

If **'No,'** what is the background and pediatric training of individuals who provide this care?

**Describe the mechanism for opening the OR if the pediatric team is not in-house 24/7.**

**Describe the process which monitors and ensures timely access to the OR for emergent pediatric patient needs.**

**What is the process to start a second pediatric emergency operation if the on call team is already activated?**

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**4.17 Does the applicant center have a designated Post-Anesthesia Care Unit (PACU) or other unit with specific pediatric personnel and functional capacity, including qualified pediatric nurses, available 24 hours per day to provide care for the pediatric patient if needed during the recovery phase?**

**YES/NO**

**Do all children less than or equal to 5 years of age receive PACU care in a pediatric PACU?**

**YES/NO**

If **'No,'** please explain.

**What are the institutional criteria for utilization of pediatric PACU personnel?**

**Does the PACU have pediatric trained nurses available 24 hours per day as needed during the pediatric patient's post-anesthesia recovery phase?**

**YES/NO**

- Briefly describe training, credentialing and competency requirements for nurses who care for pediatric patients in the PACU.

**If the PACU is covered by a pediatric call team from home, is there documentation that PACU nurses are available, and delays are not occurring?**

**YES/NO**

**Do nurses who care for children in the PACU have the education and skills necessary to provide family-centered care including detailed parent education for wound care, home medication administration and anticipatory guidance surrounding possible perioperative complications in children?**

**YES/NO**

- Please detail education and skills.
  - Describe and provide supporting documentation for any ongoing education that is provided to PACU nurses to ensure adequate training for pain management and airway management.
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**4.18 Do perioperative nursing staff have demonstrable relevant pediatric training and expertise?**

**YES/NO**

- ↑ Provide the agenda or program curriculum for general Pediatric nursing orientation for the reporting period.
- ↑ Provide the required annual competencies for the reporting period.
- Describe the process for ensuring institutional pediatric annual competencies and pediatric annual skill competencies are maintained by nursing staff.
- Describe initial pediatric onboarding and training for preoperative, PICU, NICU, PACU, emergency department, and operating room nursing staff at the institution.

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**Provide percentages of nurses who have completed nursing certification such as RNC, CCRN, etc. by unit:**

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**Does the hospital have operating room pediatric personnel available to start operating in a life-threatening situation within 60 minutes 24/7?**

**YES/NO**


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**Do surgical emergencies (i.e., malrotation, critical airway obstruction, physiologic threat to life/limb, trauma, etc.) reach the operating room within 60 minutes from time of declaration of such an emergency?**

**YES/NO**

- For those that did not meet 60 minutes, provide three examples and explain why these cases did not make it to the OR within 60 minutes.
- Describe processes to identify such patients and to expedite OR access.

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**5.2**  Upload institutional policies regarding bedside presence of the interventional radiologist.

**Is diagnostic information from imaging s2 (ti35 BT33ucpr)18 (esenc)9 (p naOinsi5.1504 Tm Dek 1615 14 (es 2)31 (4/7?) TEMC/P**



- 5.7
- ↑ Upload the organizational structure of the Perioperative Anesthesia Risk Assessment Program, including the number of preoperative evaluations and/or clinic visits.
  - ↑ Upload examples of Perioperative Anesthesia Risk Assessment medical review and preparation documentation.
  - ↑ Upload examples of educational materials and/or resources furnished to patients and families at preoperative clinic visits.

**Does the applicant center have a formal mechanism for reviewing preoperative medical records and reaching out to families to identify medical comorbidities before surgery?**

**YES/NO**

**Are mechanisms in place to provide preoperative education and preparation for children before surgery?**

**YES/NO**

- Please describe.

6.2 **You will demonstrate quality improvement initiatives have been developed based on the analysis of Appendix I data in Chapter 7.**

**Describe how Appendix I data are collected and describe the data sources.**

- Describe the associated surveillance methods and protocols for the safety data.
- Describe the process to identify and track events that are not identified by NSQIP Pediatric or other quality and safety programs.
- Describe the personnel involved in collecting Appendix I data.

**Does the applicant center ensure the data collection staff are appropriately trained and monitored to ensure high-quality data for Children's Surgical Safety Report (Appendix I)?**

**YES/NO**

- Describe the training process of personnel and any monitoring/audit activities.

**Are the Appendix I data reviewed by the Medical Director of Children's Surgery, the Children's Surgery Program Manager, and the Surgical PIPS Committee?**

**YES/NO**

- Briefly explain this process.
- Describe how Appendix I data are disseminated to all specialties.
- Describe the Appendix I data quality review process.

- ↑ Upload the Children's Surgery Safety Report (Appendix I) for the reporting period utilizing the included template.

- 6.3
- ↑ Upload a chart or process map demonstrating the program's available data resources and flow of electronic information to children's surgical center staff for quality improvement purposes and indicating key data collection personnel.
  - ↑ Upload any relevant policies or protocols related to children's surgical staff access to data resources.

**Are there any relevant fail points regarding the institution's data collection process?**

**YES/NO**

- Describe these points.

**Is the electronic health record utilized to optimize accuracy and efficiency of data collection and to improve surgical care in the applicant organization?**

**YES/NO**

- Describe at least two such examples.

**Does the Children's Surgery Program Manager (CSPM) have timely access to capture all summary data, specialty specific M&M, and significant event data related to surgical patients?**

**YES/NO**

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**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**

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**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)?**

**YES/NO**

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

**YES/NO**

If **‘Yes,’** is the safety culture survey (or equivalent) inclusive of perioperative services?

**YES/NO**







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7.7

