T P Q (PRQ) :

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 @ . with any questions.

1.1 H ?

- Briefly describe how the applicant center's children's surgeons participate and demonstrate specific commitment to the children's surgical program. List three examples. Examples include: administrative commitment, outreach activities, quality committees, and other similar activities.

H PIPS, ?

ES/NO

- Commitment must include adequate administrative support and defined lines of authority to ensure comprehensive evaluation of all aspects of surgical care for infants and children from transport from referring hospitals through discharge.

I ( ) ?

ES/NO

½ Upload written resolution.

I ?

ES/NO

½ Upload written resolution.

- Briefly describe the medical staff commitment to the children's surgical program.
- Describe the lines of authority and responsibility that ensure comprehensive evaluation of all children's surgical care in the institution.
- Describe the administrative support that ensures a comprehensive evaluation of all aspects of surgical care for infants and children in the applicant center.

1.2 D

L ?

ES/NO

Describe the leadership structure of the program for surgery and anesthesia for the following roles:

- Surgical Administrator
- Medical Director of Children's Surgery (MDCS)
- Medical Director of Children's Anesthesia (MDCA)
- Children's Surgery Program Manager (CSPM)

I S A , MDCS, MDCA, CSPM ?

ES/NO

A S A , MDCS, MDCA CSPM ?

ES/NO

- Briefly detail.

I ?

ES/NO

If , ,' briefly describe relevant program support for the following (where applicable):

- Medical Director of Children's Surgery (MDCS)
- Medical Director of Children's Anesthesia (MDCA)
- Children's Surgery Program Manager (CSPM)
- Surgery Administrator
- Database
- Quality or Children's Surgical PIPS Committee
- Call pay/contracts/affiliate support
- Others (provide details)

D ?

ES/NO

- Briefly detail three examples from independent disciplines (only one example from trauma).

D CSPM MDCS?

ES/NO

If N ,' detail who the CSPM reports to.

½ Upload an org chart which demonstrates the medical staff and administration relationships within the institution.

D CMS C P ?

ES/NO

A S CMS ?

ES/NO

½ Upload the certificate of accreditation from Joint Commission or DNV if applicable.

2.1 D

B C

?

ES/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.

2.2 D 2,000

< 18 ?

ES/NO

2.3 A

?

ES/NO

I

?

ES/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.

½ Upload a figure depicting the relationship of the surgical service(s) to the hospital at-large.

2.4 I

?

ES/NO

I OR

?

ES/NO

I

?

I MDCS S -C ?

ES/NO

If N ,' please provide the MDCS's title and upload the job description.

If ,' please upload the Surgeon-in-Chief job description.

D S

Q T91. 1T0 0 0 1 /GS1 9.75 0 0 9.75 Q T91.33T0 0 0 1 Q 156 0 .33T0 0 0 1/MCID 452 >>BDC BT

SCR ?

½ Upload SCR job description and/or other Data Collection Staff Member job description.

½ Upload SCR CV and/or other Data Collection Staff Member CV.

D SCR NSQIP ACS Q S C ?

If N , briefly describe.

3.1 D L I N I C (NICU) ?

ES/NO

NICU ?

H NICU ?

ES/NO

If , what organization?

D :

- 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

A ?

ES/NO

• Briefly describe.

I OR - OR 60 , 24/7?

ES/NO

3.6 I P PACU 24 ?

ES/NO

P PACU ?

P PACU ?

P PACU OR ?

C P PACU PICU?

ES/NO

If ,' describe circumstances and processes.

D P PACU ?

ES/NO

D P PACU ?

ES/NO

• Briefly describe.

D P PACU ?

ES/NO

• Briefly describe equipment.

3.7 D (CT) 60 , 24/7?

ES/NO

If N ,' briefly explain.

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

D MRI

40 0 1 /GS1 /T1 1 T 9.75 0 0 9.75 372.126 649.950541

A ECMO
PIPS ?
ES/NO/NA

If N , explain how ECMO patient mortalities are reviewed.

I ECMO
ECMO
ECMO ?
ES/NO

• Briefly describe.

H ECMO
?

3.10 B

D ?
ES/NO

I
?
ES/NO

• Briefly describe.

4.1 D
?
ES/NO

If N , please explain.

I
?
ES/NO

D
?
ES/NO

If N ,

- Describe the relevant written center guidelines/criteria for major surgical procedures performed in the PICU.

?

D (, OR , PICU)

?

ES/NO

If N , briefly explain.

- Describe the communication systems and processes that ensure timely communication between medical and surgical teams.

D PICU ?

ES/NO

If N , briefly explain.

PICU N :
A ?

ES/NO

- Briefly explain.

PICU ?

- Explain the training and orientation process for new PICU hires.

?

PALS ?

- Detail alternate certification and training.

PICU R T S :
PICU ?

- Describe the training and orientation process for new PICU respiratory therapy hires.

I - 24 PICU?

ES/NO

If N , briefly explain.

I - 24 ?

ES/NO

- Explain PICU responsibilities.

I HFO ?

ES/NO

If N , briefly explain.

PALS ?

- Detail alternate certification and training.

PICU P : A PICU?

ES/NO

- Detail this pediatric training and experience.

A 24 ?

ES/NO

If N , briefly explain.

I - PICU ?

ES/NO

I PICU ?

ES/NO

- Briefly detail.

D N , S O T , P T , R PICU .

4.7 D ?

ES/NO

D ( ) A P (A II)?

ES/NO

If , upload Alternative Pathway items for each provider.

I - 60 , 24/7 ?

ES/NO

If N , briefly explain.

?

?

?

- Describe the institutional PIPS processes to ensure compliance with the above policies.

D
(D P)?

ES/NO

½ Upload all specialties Delineation of Privileges.

4.12 A ?

ES/NO

I ?

ES/NO

½ If , upload the call schedule for the last 3 months for any of the services for which this is the case, including the schedule for back-up coverage

D ?

ES/NO

• Please describe.

½ By specialty, upload the written plan which defines the scope of practice for non-pediatric-certified surgeons and when pediatric certified surgeons will become involved.

• Describe how this plan is monitored for compliance by PIPS.

A ?

ES/NO

If N , briefly explain.

4.13 A
(C
C) OR 12
CME OR

- Describe the pediatric training and experience required for registered dieticians at the institution.

4.20 A [redacted] 24/7/365?

ES/NO

- Describe pediatric pharmacy services and formulary management.

I [redacted] ?

ES/NO

- Describe relevant prescribing policies.

[redacted] P [redacted] T [redacted] (P&T) C [redacted] ?

ES/NO

D [redacted] P [redacted] T [redacted] C [redacted] ?

ES/NO

D [redacted] ?

ES/NO

- Describe pediatric clinical pharmacy onboarding training and maintenance of competency processes and requirements.

A [redacted] ?

ES/NO

D [redacted] ?

ES/NO

I [redacted] (I [redacted] II)?

ES/NO

4.21 D [redacted] PICU, NICU, CICU ED [redacted] 24/7/365?

ES/NO

- Describe the respiratory therapy team at the applicant center.

D [redacted] ?

ES/NO

- Describe any relevant respiratory therapy policies

D

ES/NO

- Define the screening population and methodology by uploading a guideline or protocol.

D

ES/NO

- Provide institutional policy for recognition and reporting of child maltreatment.

D

ES/NO

D

ES/NO

D

ES/NO

- Detail training and education.

I ( ) > 50%

ES/NO

½ Upload CV.

4.24 A

ES/NO

D D P

ES/NO

If ,' briefly describe.

D D P

ES/NO

If ,' briefly describe.

A

D [redacted] ?

ES/NO

I [redacted] ?

ES/NO

• Please describe.

D

?

ES/NO

( )

?

5.3 I

? I

?

ES/NO

½ Upload protocol.

MTP

PIPS C ?

ES/NO

D PIPS

MTP?

ES/NO

A ?

ES/NO

P :

- Number of activations
- Missed activations (patients receiving large volume of transfusion without MTP activation)
- Time from activation to first available blood products
- Inability to supply products as requested in timely fashion
- Blood product wasted

5.4 T .

5.5 T .

5.6 D D0 ( )]TJETEMC q 1 0 0 1 6343C 2 719tr m36.096 0 ISQ/P <</Lang (en-US)343C 2 681tr00IDC BT0 0 0 1 k/GS1 gs/T10 1 Tf0 Tc 9.7

?

ES/NO

If , ,' does applicant center have a multidisciplinary clinical tumor board to facilitate re0.75e6 0 0 1P <</Lang (Tm[YES/NO)50 ( )]TJETEMC q 1 0 0 1 01 <</Lan4>d5os4 (r)1 0 0 9.75 66

5.10* D
3 /
?

ES/NO

D
( )
MDC, /
/ /
?

ES/NO

D /
?

ES/NO

D
( )
?

ES/NO

D M C (MDC) C
/
MDC,
/ ?

ES/NO

D MDC
?

ES/NO

D
MDC
6 /P <</L13 T T9.75 0 0 9.75 279.4036 313.9508 T ( )T 2
?

ES/NO

D
?

ES/NO

D MDC

6.1 D
ACS NSQIP P P ?

ES/NO/NA

NSQIP P ?

A NSQIP P -

A C S PIPS C C S C ( )?

ES/NO

I ( ) ?

ES/NO

If ' is the safety culture survey (or equivalent) inclusive of perioperative services?

ES/NO

If ' are results from the perioperative services reviewed by the Children's Surgical PIPS Committee and improvement plans developed for areas of concern?

- Give an example of a postoperative death, a complication, AND a serious safety/sentinel event OR a state or nationally required reportable HAC where system issues were identified and responses developed.

A
30
C
S PIPS C -
C
S PIPS C - ?

ES/NO

- Describe this process.

D C S PIPS
?

ES/NO

7.5 I
?

ES/NO

D C S PIPS

7.7 A / ?

ES/NO

I ( ) / ?

ES/NO

D C S PIPS / C S C ?

ES/NO

- Describe this process.
- Briefly describe the mechanisms utilized for review and feedback from recipient personnel to transferring providers at referring facility and to transport team.

A / C S PIPS C - ?

ES/NO

I C S PIPS C ?

ES/NO

I / C S PIPS C ?

ES/NO

- Describe the Children's Surgical PIPS process as it relates to surgical patients and the transport/transfer team at the applicant center.
- Describe how compliance with guidelines and policies for pediatric patient transfers/transports ar

3) Evidence of creation or dissemination of multidisciplinary clinical-based knowledge as evidenced by 3 of the following 5 examples over the past 3 years:
1) creation of clinical pathways or other contributions to PI;
2) publication of case reports, review articles, book chapters, technical documents, Web-based publications, editorial comments, or presentation at a national or international meeting;
3) participation in regional or national surgery quality improvement initiatives;
4) participation in collaboratives;
5) creation or dissemination of training manuals or related course material or other educational materials that contribute to the practice of children's surgery to local or regional hospitals.