



Prereview Questionnaire

LEVEL I



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+ years



This Prereview Questionnaire (PRQ) only contains standards relevant to Level I.

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 **childrenssurgery@facs.org** with any questions.

1.1 Does the applicant center participate in state and/or regional system planning or operation?

YES/NO

- Describe the applicant center’s participation in state and/or regional system planning or operation. For example, describe written transfer agreements and care guidelines; trauma system development and the institution’s role in such development (regional or state); state pediatric system development; outreach by pediatric transport services and other hospital services; and institutional networks and partnerships.
- Briefly describe the performance improvement process for the relevant state/regional system(s).

Is the children’s surgical center involved in prehospital training?

YES/NO

If **‘Yes,’** briefly describe.

Does the children’s surgical center participate in prehospital protocol development?

YES/NO

If **‘Yes,’** briefly describe and provide one example.

2.1 Do the applicant center’s surgeons demonstrate commitment to the children’s surgical program?

YES/NO

- Briefly describe how your children’s surgeons participate and demonstrate specific commitment to the children’s surgical program. (For example: What programs have your surgeons developed that augment care for children? What robust PIPS processes have been developed to enhance the quality of children’s care? What CME has been acquired above and beyond what are required for this program? What outreach activities does your institution promote which better the regional care of children?)

2.2 Does the applicant center accept referrals of all medically appropriate patients within their region from centers without the necessary children’s surgical capacity, regardless of payor?

YES/NO

If **‘No,’** briefly explain.

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

YES/NO

- Briefly describe the facilities included in the center application.

- Briefly describe the medical staff structure and how it relates to the provision of children’s surgical care.

↑ Upload an organizational chart which demonstrated the medical staff and administration relationships within the institution.

2.4 Does the institution require physical presence of the medical and surgical specialist at the bedside 24/7 within 60 minutes or less when medically necessary?

YES/NO

How do you recognize and create a corrective action plan when this does not occur?

2.5 Does the institution require a surgeon’s and anesthesiologist’s physical presence for procedures in which he/she is the primary provider?

YES/NO

How do you monitor compliance with this standard at your institution?

2.6 Are call schedules for all providers involved in children’s surgical care readily available?

YES/NO

2.7 Does the professional staff policy at the applicant center define in writing conditions/circumstances requiring physical presence of provider?

YES/NO

2.8 Does the applicant’s center perform surgical procedures for at least 1,000 patients < 18 years of age annually?

YES/NO

You will also show this standard has been met by completing the **SURGICAL CASE VOLUME TABLE**.

2.9 Does the applicant center have two or more pediatric surgeons on the medical staff?

YES/NO

You will also show this standard has been met by completing the **SURGEON TABLE**.

2.10 Does the applicant center have two or more pediatric anesthesiologists on the medical staff?

YES/NO

You will also show this standard has been met by completing the **ANESTHESIOLOGIST TABLE**.

2.11 Does a pediatric anesthesiologist serve as the primary anesthesiologist for all children 2 years of age or less?

YES/NO

Does a pediatric anesthesiologist serve as the primary anesthesiologist for all children less than or equal to 5 years of age or with an ASA greater than or equal to 3?

YES/NO

Do you have any pediatric anesthesiologist(s) who you wish to be considered via the alternative pathway (Appendix 3)?

YES/NO

If 'Yes,' upload items 1, 2, 3, 4, and 6 from Appendix 3, as well as the CV, for each provider.

2.12 Do all surgical specialists at the applicant center have institutional credentials for privileges for operative procedures to be done specifically in children (Delineation of Privileges)?

YES/NO

2.13 Does the applicant center maintain appropriate neonatal critical care services with demonstrable surgical leadership participating in their operational management?

YES/NO

If 'No,' explain how surgical issues are resolved.

If 'Yes,' describe role of and name this individual.

↑ Upload job description and curriculum vitae of this individual.

What authority does this individual have to direct relevant policy in the NICU?

- Provide evidence of direct involvement of this individual in the NICU care of infants during the reporting year.

Is there documentation of active participation by this individual and neonatology leadership in surgical PIPS activities?

YES/NO

- Describe at least one example of a quality improvement project and outcome in the NICU with the surgical services in the 12 months preceding this application.

Does the applicant center maintain appropriate pediatric critical care services with demonstrable surgical leadership participating in their operational management?

YES/NO

If 'No,' explain how surgical issues are resolved.

If 'Yes,' describe role of and name this individual.

↑ Upload job description and cv for this individual.

What authority does this individual have to direct relevant policy in the PICU?

- Provide evidence of direct involvement of this individual in the PICU care of children during the reporting year.

Is there documentation in the PIPS committee meeting minutes of active participation by this individual and PICU leadership in surgical PIPS activities?

YES/NO

- Describe at least one example of a quality improvement project and outcome in the PICU with the surgical services in the 12 months preceding this application.

2.14 Do individual children's surgeons participate in the perioperative care of surgical patients specific to their surgical fields in the NICU, including planning and implementation of major therapeutic decisions?

YES/NO

If 'No,' how is this care provided?

- Describe the manner in which children's surgeons plan and implement major therapeutic decisions.
- Describe the manner in which children's surgeons provide daily care for surgical patients in the NICU.

Do individual children's surgeons participate in the perioperative care of surgical patients specific to their surgical fields in the PICU, including planning and implementation of major therapeutic decisions?

YES/NO

If 'No,' how is this care provided?

- Describe the manner in which children's surgeons plan and implement major therapeutic decisions.
- Describe the manner in which children's surgeons provide daily care for surgical patients in the PICU.

2.15 Do individual children's surgeons demonstrate participation in the care of their surgical patients in the NICU who have protracted physiologic instability or major postoperative complications?

YES/NO

When physiologic instability, postoperative complications or major changes in patient status occur, what is the process to notify the surgical team?

How does the surgical team participate in the care of surgical patients in the NICU in these circumstances?

Do individual children's surgeons demonstrate participation in the care of their surgical patients in the PICU who have protracted physiologic instability or major postoperative complications?

YES/NO

When physiologic instability, postoperative complications or major changes in patient status occur, what is the process to notify the surgical team?

How does the surgical team participate in care in the PICU?

2.16 Does the applicant center participate in surgical education?

YES/NO

Please fill out the **GRADUATE MEDICAL EDUCATION TABLE** in Appendix A.

- Provide a summary of the CME and GME programs offered by the applicant center to physicians.

Does the applicant center sponsor and lead community surgical educational and outreach activities?

YES/NO

- Provide a brief summary of community education and outreach activities provided by the institution.

2.17 Does the applicant center provide resources consistent with Level IV Neonatal Intensive Care Unit (NICU) designation?

YES/NO

What NICU designation level does the application center have? Level I/Level II/Level III/Level IV

Has NICU level been verified by an external organization?

YES/NO

If **'Yes,'** what organization and when?

Date of verification?

What is annual number of NICU admissions?

What is the average daily NICU census?

What percent of NICU admissions undergo a surgical procedure (as defined in CD 2-8) during their NICU stay?

Are neonatologists, neonatal nurses, and neonatal respiratory therapists continuously available 24/7?

YES/NO

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

You will also show this standard has been met by completing the **MEDICAL SPECIALISTS TABLE**.

- Describe training experience and certification requirements for nursing personnel and respiratory therapists in the NICU.

Does the NICU provide sustained life support for newborns including advanced respiratory support and physiologic monitoring?

YES/NO

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

Does NICU provide comprehensive care for infants born < 32 weeks and weighing < 1500 g?

YES/NO

If **'No,'** explain how such patients are cared for.

Does NICU provide comprehensive care for infants born at all gestational ages and birth weights with critical illness?

YES/NO

If **'No,'** explain how such patients are cared for.

Does NICU provide a full range of respiratory support to include conventional and /or high-frequency ventilation and inhaled nitric oxide?

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

Are rotor and fixed-wing transport services for neonates available?

YES/NO

Does NICU have the following?

Pediatric specific laboratory

YES/NO

Pediatric imaging facilities

YES/NO

Pediatric nutrition support

YES/NO

Pediatric pharmacy support

YES/NO

Pediatric social services and pastoral care

YES/NO

All appropriate equipment for neonates (for example, incubators, ventilators, infusion equipment)

YES/NO

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

Is extracorporeal life support available?

YES/NO

If **'No,'** describe transfer processes to ECLS Center.

Is cardiac surgery available?

YES/NO

If **'No,'** describe transfer processes to Congenital Heart Center.

If not a Level IV NICU, describe your relationship to and transfer policies for a higher level of NICU care.

If not a Level IV NICU, describe transport process and pediatric training of personnel involved in the transfer of critically ill neonates.

- Detail training experience and responsibilities of NICU Medical Director.

2.18 Does NICU provide prompt and readily available access (within 60 minutes, 24/7) to a full range of the following?

Neonatologists

YES/NO

Pediatric medical subspecialists

Cardiology

YES/NO

Hematology/oncology

YES/NO

Infectious disease

YES/NO

Gastroenterology

YES/NO

Pulmonary medicine

YES/NO

Endocrinology

YES/NO

Genetics

YES/NO

Neurology

YES/NO

Nephrology

YES/NO

Pediatric surgeons

YES/NO

Children’s surgical specialists

YES/NO

Pediatric anesthesiologists

YES/NO

Pediatric ophthalmologists

YES/NO

If **‘No’** to any of the above, briefly explain.

You will also show this standard has been met by completing the **MEDICAL SPECIALISTS TABLE**.

2.19 Does the applicant center have a designated pediatric intensive care unit?

YES/NO

Does the applicant center’s PICU have pediatric specific facilities?

YES/NO

- Describe briefly.
- Provide the number of annual pediatric ICU admissions, age distribution, and average daily census.

What is the percent of PICU patients <18 years of age undergoing a surgical procedure during their hospitalization?

What is the number of annual PICU admissions with a primary diagnosis related to trauma?

2.20 Does the applicant center’s pediatric intensive care unit require pediatric intensivist availability 24/7 within 60 minutes by individuals certified in critical care medicine by the American Board of Pediatrics, the American Board of Anesthesiology, or the American Board of Surgery or equivalent organizations?

YES/NO

You will also show this standard has been met by completing the **MEDICAL SPECIALISTS TABLE**.

2.21 Do the PICU support staff have demonstrable relevant pediatric training and expertise?

YES/NO

PICU Nursing:

Are children’s specific nursing policies and procedures in place?

YES/NO

- Briefly explain.

What are the training and experience requirements for PICU nursing staff?

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

What percentage of nurses are certified in pediatric critical care nursing?

What percentage of nurses have PALS or an equivalent certification?

- Detail alternate certification and training.

Is there a dedicated pediatric nurse educator on staff (clinical nurse specialist)?

YES/NO

- Briefly explain.
- Describe the nursing staff participation in relevant pediatric continuing education.

PICU Respiratory therapy staff:

What are the training and experience requirements for PICU respiratory therapy staff?

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

Is there a pediatric-trained respiratory therapist in-house 24 hour per day assigned primarily to the PICU?

YES/NO

If **‘No,’** briefly explain.

Is there a pediatric respiratory therapist in-house 24 hour per day?

YES/NO

- Explain PICU responsibilities.

Is there a pediatric supervisor responsible for training registered respiratory therapy staff in pediatric respiratory care?

YES/NO

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

Is there demonstrated competence by respiratory therapists in the management of pediatric patients with respiratory failure and pediatric ventilatory support, including high flow nasal cannula and HFOV?

YES/NO

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

What percentage of respiratory therapists have current PALS or equivalent certification?

- Detail alternate certification and training.

PICU Pharmacy:

Are pharmacists with pediatric training and experience available in the PICU?

YES/NO

- Detail this pediatric training and experience.

Are pharmacists with pediatric training and experience available 24 hours per day for all requests?

YES/NO

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

Is there urgent pediatric drug-dosage information available at each PICU bedside?

YES/NO

Is there a pediatric pharmacist available for PICU medical rounds?

YES/NO

- Provide detail.

Describe the pediatric resources of Nutrition, Speech and Occupational Therapy, Physical Therapy, and Rehabilitation programs as they relate to the PICU patients.

2.22 Does the applicant center's PICU have specialized pediatric equipment?

YES/NO

- Provide a brief summary detailing pediatric equipment available.

2.23 Does the applicant center have two or more pediatric radiologists on the medical staff?

YES/NO

You will also show this standard has been met by completing the **RADIOLOGIST TABLE**.

Do you have any pediatric radiologist(s) who you wish to be considered via the alternative pathway (Appendix 3)?

YES/NO

If **'Yes,'** upload items 1, 2, 3, 4, and 6 from Appendix 3, as well as the CV, for each provider.

2.24 Is the on-call pediatric radiologist available within 60 minutes 24/7 for hands on pediatric imaging?

YES/NO

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

What are the institutional criteria which require bedside physical presence of the attending children's 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?

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

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

YES/NO

What are the institutional policies with regard to pediatric radiology support staff and availability?

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

2.26 Does the applicant center have attending pediatric emergency physician on-site presence 24/7?

YES/NO

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

You will also show this standard has been met by completing the **EMERGENCY PHYSICIAN TABLE**.

Do you have any pediatric emergency medicine providers who you wish to be considered via alternative pathway (Appendix 3)?

YES/NO

If **'Yes,'** upload items 1, 2, 3, 4, and 6 from Appendix 3, as well as the CV, for each provider.

What are the institutional criteria which require bedside physical presence of the attending pediatric emergency medicine physician?

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

YES/NO

- Describe facilities.
- Describe any relevant pediatric triage criteria as they relate to regional EMS/transport and/or integrated "adult" system.

2.28 Does the applicant center's emergency department have pediatric appropriate equipment?

YES/NO

- Describe briefly.

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

YES/NO

- Describe this training and experience.
- Describe the training and orientation provided to new hires in the pediatric emergency room.

What percentage of nurses are certified in pediatric emergency nursing?

Is there a dedicated pediatric nurse educator on staff (clinical nurse specialist)?

YES/NO

- Describe the nursing participation in relevant pediatric continuing education.

YES/NO

What percentage of nurses have PALS or an equivalent certification?

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

- Detail this training, experience and orientation for new hires.

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

YES/NO

↑ 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.

You will also show this standard has been met by completing the **NONPEDIATRIC CERTIFIED SURGEON CALL TABLE**.

2.31 Does the applicant center have a written plan and relevant published call schedules 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

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

2.32 Does the MDCS and PIPS committee monitor that the written plan and/or back-up coverage call schedule are in place in an ongoing fashion?

YES/NO

- Describe how the MDCS and PIPS committee monitor compliance.

2.33 Does the applicant center have relevant children's medical and surgical specialists available to support the entire scope of institutional surgical practice in infants and children?

YES/NO

If 'No,' explain how care within that specialty for children with surgical needs is provided.

You will also show this standard has been met by completing the **MEDICAL SPECIALISTS TABLE** and **THE SURGEON TABLE** in the Tables Tab.

2.34 Is all the care of children ≤ 5 years of age provided by the pediatric medical and surgical staff?

YES/NO

If 'No,' briefly explain.

- Describe how this is monitored by PIPS process.

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

YES/NO

What is the composition and 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 and team performance monitored?

2.36 Is an in-house physician or surgeon with PALS certification and pediatric resuscitation skills available in house 24/7?

YES/NO

2.37 Are there transfer agreements or written policies to cover specific pediatric services not immediately available?

YES/NO

2.65 Is the applicant center able to stabilize and transfer critically ill children?

YES/NO

- Describe this process for both internal transfers between units, and for inter institutional transfers.
- Describe the process for reviewing interhospital transfers to a higher level of care.
- For those patients received from other hospitals, describe the review process and means for providing feedback to referring hospitals.

2.66 Is the ambulatory surgical practice for children fully integrated into the overall children’s surgical center program?

YES/NO/NA

- Describe relationship to parent center, including both facilities and personnel.
- Describe the ambulatory surgery quality improvement process and relationship to the overall surgical QI process of parent organization.

↑ Upload organizational chart showing relationship of ambulatory surgery center administrative and medical leadership to that of parent center.

2.67 Do ambulatory surgery center personnel, (i.e., children’s surgeons, anesthesia and nursing staff) have the same requirements for training, experience and credentialing as in the parent Level I, II or III center?

YES/NO/NA

If ‘No,’ briefly explain.

Are all providers members of the parent organization’s pediatric medical/surgical staff?

YES/NO

If ‘No,’ briefly explain.

- Describe how nursing, pharmacy, and other support personnel relate to parent organization.

2.68 Does a pediatric anesthesiologist, pediatric surgeon or other specialty trained and certified children’s surgeon serve as medical director of the ambulatory surgery center?

YES/NO/NA

- Identify this individual.

2.69 Does a pediatric anesthesiologist administer or directly oversee the administration of a general anesthetic and/or sedation to all patients less than or equal to two years of age undergoing a surgical procedure at the ambulatory surgery center?

YES/NO/NA

If ‘No,’ briefly explain.

2.70 Does the preoperative preparation and postoperative recovery of children occur in an area appropriate for pediatric patients in the ambulatory surgery center?

YES/NO/NA

- Describe facility and personnel.

2.71 Are the special needs of a child’s social and emotional comfort considered in the operations and protocols of the pediatric ambulatory surgery center?

YES/NO/NA

- Describe how these needs are met.

2.72 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/NA

- Briefly describe.

2.73 Are one or more persons certified in pediatric advanced life support (PALS) present and available to the pediatric patient who is sedated, anesthetized, recovering from anesthesia, or receiving perioperative opioids during all hours of operation?

YES/NO/NA

- Briefly detail.

Are healthy full term infants > 4 weeks and less than 6 months of age monitored at least 2 to 4 hours after surgery and scheduled early in the day?

YES/NO

Is prolonged postoperative monitoring provided for infants less than 3 months who receive perioperative opioids?

YES/NO

Are full term infants less than 4 weeks of age, and preterm infants younger than 50 weeks postmenstrual age operated upon as ambulatory outpatients?

YES/NO

2.74 Are written policies in place and formal transfer agreements executed to allow planned processes and prompt transfer to an appropriate (Level I, II or III) inpatient children’s facility when medically necessary?

YES/NO/NA

Are pediatric transfers monitored by the PIPS process?

YES/NO

- Briefly describe.

3.1 Does the applicant center have a means for effective communication between referring and receiving center?

YES/NO

- Describe this system as it relates to children with surgical needs prior to transfer.
- Briefly describe the systems for medical control and communications during transport of children and neonates.
- Describe the mechanisms which assure a safe handoff from transferring to receiving providers.

3.2 Does the applicant center’s PIPS process monitor and review transfers?

YES/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.

What is the mechanism to assess overtriage and undertriage?

- Briefly describe.

3.3 Does the applicant center have a designated transport team for neonates and pediatric patients?

YES/NO

If 'No,' briefly explain.

- Briefly describe this transport team; detail the composition of the team including, the experience and training of personnel.
- Describe the relationship to other transport teams in the area and the integration of regional transport services.

How does the applicant center exercise medical control during transport?

What organization(s) is (are) responsible administratively and financially for the transport team?

What is the number of transports (by age) in reporting year? (Use age stratification on preapplication.)

What is the number of missed (i.e., requested but declined and/or not executed) transports and associated reasons for missed transport in reporting year?

3.4 Is the transport team performance monitored by PIPS?

YES/NO

- Describe the PIPS process as it relates to surgical patients and the transport team at the applicant center.

3.5 Does the PIPS process have a mechanism for feedback to referring institutions?

YES/NO

- Describe this process.

What is the loop closure process between referral and receiving providers for these transfers?

4.1 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

↑ Upload written resolution.

- Briefly describe the administrative commitment to the children's surgical program.

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

YES/NO

↑ Upload written resolution.

- Briefly describe the medical staff commitment to the children's surgical program. (List items by numbers or bullet points.)

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

YES/NO

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

Medical director of children's surgery

Medical director of children's anesthesia

Children's surgery program manager

Surgery administrator

Database

Quality or PIPS committee

Call pay/contracts/affiliate support

Others (provide details)

4.4 Is the MDSC a surgeon with current board certification (or equivalent) with special interest and qualifications in children's surgical care?

YES/NO

↑ Upload MDSC CV.

4.5 Is the MDSC an active clinical surgeon?

YES/NO

What is the percent effort of the MDSC devoted to direct patient care?

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

Does the MDSC have on call or emergency call responsibilities?

YES/NO

- Briefly describe.

4.6 Does the MDSC have 16 hours annually or 48 hours in 3 years of documented and verifiable external Category I CME related to children's surgery?

YES/NO

If 'No,' briefly explain.

4.7 Is the MDCS a member of and an active participant in national and/or regional children's surgical organizations?

If 'Yes,' provide a summary of these organizations and related MDCS activities.

4.8 Does the MDCS have the authority to correct deficiencies in surgical care for all surgeons who perform surgery on children or adolescents < 18 years of age?

YES/NO

- Describe how the MDCS relates within the hospital/center structure for the applicant organization.

↑ Upload an organizational chart which demonstrated the medical staff and administration relationships within the institution.

Does the structure provide the authority for the MDCS to perform the duties of the position?

YES/NO

Does the MDCS participate either directly or in a delegated fashion in the initial credentialing process as it relates to surgeons who care for infants and children < 18 years of age?

YES/NO

If 'No,' briefly explain.

- Describe the process by which the MDCS assures that children are operated upon and treated by appropriately trained children's surgical specialists.

If appropriately trained specialists who lack pediatric certification participate in pediatric call coverage, how do the MDCS and medical and surgical subspecialty leaders define the scope of practice?

Is there a written plan detailing scope of service and with clear delineation of circumstances requiring call in of pediatric specialty providers that is approved by the MDCS?

YES/NO

Does the MDCS have oversight authority for the quality of care for surgical children?

YES/NO

Does the MDCS Chair (or designate the Chair) of the surgery PIPS review committee?

YES/NO

If 'No,' briefly explain.

4.9 Is the MDCA an anesthesiologist with current board certification (or equivalent) with special interest and qualifications in children's anesthesia care?

YES/NO

↑ Upload the MDCA CV.

4.10 Is the MDCA an active clinical anesthesiologist?

YES/NO

What is the percent effort of the MDCA devoted to direct patient care?

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

Does the MDCA have on call or emergency call responsibilities?

YES/NO

- Please describe.

4.11 Does the MDCA have 16 hours annually or 48 hours in 3 years of documented and verifiable external Category I CME related to children's anesthesia?

YES/NO

If 'No,' briefly explain.

4.12 Is the MDCA a member of and an active participant in national and/or regional children's anesthesiology organizations?

YES/NO

If 'Yes,' provide a summary of these organizations and related MDCA activities.

4.13 Does the MDCA have the authority to correct deficiencies in anesthesia care for all anesthesiologists who deliver anesthesia to children or adolescents < 18 years of age?

YES/NO

- Describe how the MDCA relates within the hospital/center structure for the applicant hospital organization.

Does the structure provide the authority for the MDCA to perform the duties of the position?

YES/NO

Does the MDCA participate in the initial credentialing process as it relates to anesthesiologists who care for infants and children < 18 years of age?

YES/NO

If 'No,' briefly explain.

- Describe the process by which the MDCA assures that children are anesthetized upon and treated by appropriately trained children's anesthesia specialists.

If there are appropriately trained specialists in anesthesia who lack pediatric certification participating in call coverage, how does the MDCA define the scope of practice?

Is there a written plan detailing scope of service and with clear delineation of circumstances requiring call in of pediatric specialty anesthesia providers?

YES/NO

↑ Upload these written plans and policies.

Does the MDCA have oversight authority for the quality of anesthesia care for surgical children?

4.14 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

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

4.15 Is there sufficient infrastructure and support for each of the children's surgical services?

YES/NO

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

YES/NO

- Provide detail including committee composition and leadership.
- Describe function briefly, including any freestanding ambulatory surgery sites.
- If an alternative structure is used, briefly describe.

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

YES/NO

Do committee meeting minutes reflect analysis and corrective action?

YES/NO

4.19 Is there a Children's Surgery Program Manager (CSPM)?

YES/NO

↑ Upload the CSPM CV and job description.

Is the CSPM a full-time position?

YES/NO

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

Does the CSPM have evidence of educational preparation (a minimum of 16 hours of related continuing education per year or 48 hours over the 3-year period prior to application), and clinical experience in the care of patients undergoing surgery?

YES/NO

- Describe briefly clinical experience.

4.20 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.

What are the responsibilities of the CSPM with regard to quality improvement?

5.1 Does the applicant center's credentialing body of the hospital ensure that qualifications of the practicing providers are current, specific, and correlate with specific privileges for the care of children?

YES/NO

- Briefly describe how this is done for both initial credentialing and for re-credentialing.

5.2 Do all surgical specialist at the applicant center have institutional credentials for specific privileges for operative procedures to be done in children (Delineation of Privileges)?

YES/NO

- Describe the process to credential children's specialty surgeons.
- Describe the process to credential highly specialized procedures (for example, transplantation, bariatric, and/or similar low volume procedures) in children to ensure appropriate expertise and ongoing experience.

5.3 Do all surgeons remain actively involved in clinical surgery?

YES/NO

You will also show this standard has been met by completing the **SURGEON TABLE**.

- Describe the applicant center's policy and practice with regard to rec credentialing.

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

YES/NO

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

6.1 Does the applicant center have a MDCA?

YES/NO

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

6.2 Are pediatric anesthesia services as defined in the standards document immediately available on site 24 hours a day?

YES/NO

- Detail how immediate availability standard is met.
- Describe the criteria and process for deployment of the attending pediatric anesthesiologist team, as well as the process for monitoring compliance.

6.8 Is an anesthesiology medical director or designee identified to serve as liaison to the children's surgical performance improvement and patient safety program?

YES/NO

If the applicant center includes an ambulatory surgery center, detail the structure and processes used to integrate this with this individual's responsibilities.

6.9 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 nights and weekends.

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

- 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.
- Briefly describe the location of the operating suite(s) and relationships to the ED, NICU and PICU.

Number of operating rooms total?

Number of operating rooms used for patients < 18 years of age?

Number of operating rooms used for neonates (≤ 28 days of age)?

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

YES/NO

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

6.11 Is there a mechanism for providing additional pediatric staff for additional operating room(s) for simultaneous operations at all hours?

YES/NO

- Describe how and when backup pediatric OR team is called if the primary pediatric team is busy.

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

YES/NO

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

- Describe processes to identify such patients and to expedite OR access.
- Describe the PIPS process as it relates to this standard.

6.13 Do the operating rooms have all size and age appropriate pediatric equipment and support services for the services offered? Please check all that apply

Minimally invasive surgery

YES/NO

Endoscopes

YES/NO

Microscopes

YES/NO

Are age appropriate resuscitation fluids, medications and pediatric pharmacy support available at all times?

YES/NO

Are appropriate devices available for pediatric warming in the OR?

Patient

YES/NO

Fluids

YES/NO

Rooms

YES/NO

If **'No,'** to any of above, detail.

6.14 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

What is the number of dedicated pediatric PACU beds?

What is the number of total PACU beds?

What is the ratio of pediatric PACU beds to ORs?

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

Can the PACU serve as an overflow of the PICU?

YES/NO

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

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

YES/NO

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

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

YES/NO

- Describe briefly.

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

- Describe briefly.

6.17 Is diagnostic information from imaging studies communicated in a written form and in a timely manner at the applicant center?

YES/NO

- Describe briefly.
- Describe the above process when tele-radiology is used as an adjunct.

6.18 Is critical imaging information that is deemed to immediately affect patient care verbally communicated to the surgical team at the applicant center?

YES/NO

- Describe briefly.
- Describe the above process when tele-radiology is used as an adjunct.

6.19 Does the applicant center's final diagnostic imaging report accurately reflect the chronology and content of communications with the surgical team, including changes between the preliminary and final interpretation?

YES/NO

- Describe the above process when tele-radiology is used as an adjunct.
 - Describe briefly the PIPS process for the above scenario.
-

6.20 At the applicant center, is at least one pediatric radiologist involved as liaison to the children's surgical program and in protocol development and trend analysis that relates to diagnostic imaging?

YES/NO

How does this individual interact with the surgical services?

Give one example of this collaboration.

6.21 Does the applicant center have policies designed to ensure that infants and children who may require resuscitation and monitoring are accompanied by appropriately trained providers and relevant children's specific support equipment during transportation to and from the department and while in the radiology department?

YES/NO

What is the process (and team composition) to ensure that relevant pediatric providers and pediatric support personnel are present during transport and at bedside for critically ill patients requiring imaging or other similar procedures?

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

YES/NO

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

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

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

YES/NO

- Describe the background and pediatric training of the providers and support personnel.
- Describe mechanisms to ensure timely arrival for off hours imaging studies.

6.26 Is the ongoing attending surgeon involvement with all perioperative children verifiable in the medical record regardless of physical location of the patient?

YES/NO

6.28 Are children’s specialty surgeons readily available (within 60 minutes, 24/7) in the following disciplines?

Pediatric orthopaedic surgery

YES/NO

Pediatric neurosurgery

YES/NO

Congenital heart surgery

YES/NO

Pediatric plastic surgery

YES/NO

Pediatric ophthalmology

YES/NO

Pediatric otolaryngology

YES/NO

Pediatric urology

YES/NO

Pediatric (general thoracic) surgery

YES/NO

Pediatric anesthesiology

YES/NO

You will also show this standard has been met by completing the **SURGEON TABLE**.

6.29 Are pediatric medical specialists on staff readily available (within 60 minutes, 24/7) from the following disciplines?

Cardiology

YES/NO

Hematology/oncology

YES/NO

Infectious disease

YES/NO

Gastroenterology

YES/NO

Pulmonary medicine

YES/NO

Endocrinology

YES/NO

Genetics

YES/NO

Neurology

YES/NO

Nephrology

YES/NO

You will also show this standard has been met by completing the **MEDICAL SPECIALISTS TABLE** in Appendix A.

6.31 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.

6.32 Are related children’s specific support teams (for example, children’s respiratory therapy, pediatric dialysis team, and pediatric nutrition support team) readily available?

YES/NO

Does the center have 24/7 in house pediatric respiratory therapy available?

YES/NO

Is acute pediatric dialysis available 24/7?

YES/NO

If ‘Yes,’ provide detail regarding personnel and pediatric training and experience.

If ‘No,’ is a transfer agreement in place?

How are weekend and night pediatric specialty dialysis provided?

6.33 Does the applicant center have pediatric nutrition support available?

YES/NO

• Describe team composition, leadership, function.

6.34 Is there a Child Life (or similar) program?

YES/NO

If ‘Yes,’ briefly describe.

• Describe the institution’s approach to provide appropriate attention to the special social, behavioral, and emotional needs of children undergoing surgical procedures, including ambulatory and same day admit patients.

6.35 Does the applicant center’s program identify and care for Non Accidental Trauma (NAT) patients?

YES/NO

• Detail personnel, background, training, and availability of NAT team.

6.36 Is the NAT team available 24/7?

YES/NO

Who responds when the team is activated?

6.37 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 physician staff?

YES/NO

If 'Yes,' briefly describe.

Does the Department of Pathology have pediatric training and competency requirements for technical staff?

YES/NO

If 'Yes,' briefly describe.

Are these pathology personnel with pediatric expertise available 24/7 and deployed within 60 minutes when requested?

YES/NO

If 'No,' briefly explain.

- Explain the institutional policies and practices which govern the deployment of pediatric specific pathology personnel.

What are the institutional requirements for off hour response time (in minutes) for pediatric pathology physicians and technical staff covering from home?

Physicians

Technical Staff

- Describe how compliance with above is monitored 24/7?

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

YES/NO

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

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

YES/NO

↑ Upload protocol.

6.40 Does the applicant center have the ability to stabilize and transfer critically ill children?

YES/NO

- Describe the processes for inter-facility transfers of patients.
- Describe the processes for intra-facility transfers of patients.
- Describe the PIPS process for monitoring both of these processes.

7.1 Does the applicant organization participate in the ACS NSQIP Pediatrics Program?

YES/NO

Year of enrollment.

7.2 Does the applicant center collect and report the outcomes detailed in the Children's Surgery Safety Report (Appendix 2)?

YES/NO

7.3 Are the NSQIP Pediatric and Appendix 2 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.

7.4 Have quality improvement initiatives been developed based on the analysis of the data used to satisfy 7-3?

YES/NO

- Describe one such initiative in detail, including loop closure or outcome.

7.5 Are there ongoing quality improvement projects that derive from the analysis of collected institutional surgical outcomes data?

- Provide a list of such active projects.

↑ Upload a brief description of each including current status.

7.6 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 one such example.

7.7 Is the applicant center able to demonstrate effectiveness of data collection process at capturing relevant events in Appendix 2?

YES/NO

- Describe process by which these Appendix 2 data are collected and detail the team responsible.

How does the institution assure capture of all Appendix 2 events?

Is there an ACS NSQIP Pediatrics Surgical Clinical Reviewer (SCR)?

YES/NO

Does the SCR report to the following roles and, if so, describe reporting relationships.

Medical Director Children's Surgery

YES/NO

If 'Yes,' in what capacity?

Children’s Surgery Program Manager

YES/NO

If ‘Yes,’ in what capacity?

Administrative, specify

YES/NO

If ‘Yes,’ in what capacity?

Other, describe

YES/NO

If ‘Yes,’ in what capacity?

What are the responsibility and activities of the SCR with regard to quality improvement?

- Briefly describe the SCR job description.

7.8 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 2)?

YES/NO

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

7.9 Are the applicant center’s program manager (CSPM) and medical director (MDCS) responsible for ensuring that data collection staff are appropriately trained and monitored?

YES/NO

- Describe the relevant reporting relationships within the applicant organization.

↑ Upload organizational chart that portrays the PIPS process personnel and relationships both within the children’s surgery program as well as for the institution in general. The organizational chart should demonstrate the relationship of the children’s surgery PIPS process and committee with the greater institutional PIPS process and leadership.

8.1 Does the applicant center have a structured effort which is integrated into the hospital quality improvement and safety programs with the Board of Trustees quality committee (or equivalent), and which demonstrates a continuous process for improving care for children with surgical needs? You will also show this standard has been met by uploading the organizational chart in CD 7-9.

YES/NO

- Describe in detail the structure of the surgical PIPS process and the integration of that structure with the institutional QI and patient safety process/efforts.

8.2 Has the applicant center’s governing body committed to providing 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? You will also show this standard has been met by uploading the organizational chart in CD 7-9.

YES/NO

- Describe the administrative support that ensures a comprehensive evaluation of all aspects of surgical care for infants and children in the applicant center.
- Describe the lines of authority and responsibility that ensure comprehensive evaluation of all children’s surgical care in the institution.
- Detail processes for data collection and assessment, means for identification of issues, review of problems, feedback loop closure, and subsequent monitoring for each phase of care, transport through discharge.

8.3 Are problem trends identified and evaluated by a dedicated, multidisciplinary, children’s surgical PIPS committee?

YES/NO

- Describe the process by which such problems trends are identified and reviewed. Provide three examples where problem trends followed this process.

8.4 Does the applicant center have means for identifying specific patient population or systems issues for review?

YES/NO

- Describe the process that allows identification of population- or disease-based and children’s surgery system issues. Provide three examples of issues that have been identified through these mechanisms.

8.5 Is there a dedicated multidisciplinary children’s PIPS committee?

YES/NO

If ‘No,’ how is multidisciplinary review accomplished for the children’s surgical center.

You will also show this standard has been met by completing the **SURGICAL PROGRAM LEADERSHIP AND PIPS COMMITTEE TABLE**.

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?

↑ Upload CV of this individual if other than the MDCS or MDCA.

8.6 Do representatives from all surgical disciplines providing care to children as well as pediatric anesthesiology, radiology, medical procedural specialties, hospital administration, and nursing participate in the children’s surgery multidisciplinary PIPS committee?

YES/NO

Do representatives from neonatology, critical care medicine, and emergency medicine participate in the children’s surgery multidisciplinary PIPS committee if their care is within the scope of service of the institution?

YES/NO

You will also show this standard has been met by completing the **SURGICAL PROGRAM LEADERSHIP AND PIPS COMMITTEE TABLE**.

8.7 Does the PIPS committee review all deaths occurring in surgical patients, selected complications, and serious safety/sentinel events with the objectives of identifying issues and developing appropriate responses?

YES/NO

If ‘No,’ briefly explain.

- Explain how the institution ensures capture of all such events.
- Give an example of a death, a complication, and a serious safety/sentinel event where system issues were identified and responses developed.

8.8 Does the medical director of children’s surgery ensure documentation and dissemination of information derived from the children’s surgery multidisciplinary PIPS committee meetings to participants in the children’s surgical care program and to the hospital leadership?

YES/NO

8.9 Are minutes from PIPS activities considered a confidential quality improvement document that is protected by all pertinent state and federal statutes?

YES/NO

8.10 Do members or designees attend at least 50% of the children’s surgery multidisciplinary PIPS committee meetings?

YES/NO

8.11 Are children’s surgery multidisciplinary PIPS committee meetings held frequently enough to assure timely review of children’s surgical care, but at least quarterly?

YES/NO

↑ Upload a schedule of these meetings and attendance for the past 12 months.

8.12 Are all deaths of infants and children occurring within 30 days of an operative procedure systematically reviewed and categorized as unanticipated mortality with opportunity for improvement, mortality without opportunity for improvement, or anticipated mortality with opportunity for improvement?

YES/NO

Are these deaths categorized as patient-, system-, or provider-related?

8.13 When a consistent problem or inappropriate variation is identified in the PIPS process, is corrective action taken and documented?

YES/NO

8.14 Are transfers 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

8.15 Is availability of children’s specialty operating room personnel and timeliness of starting operations evaluated and measured to ensure response times which yield optimal care?

YES/NO

9.1 Does the applicant center have 20 peer-reviewed articles published in journals in PubMed in the most recent 3-year period?

YES/NO

You will also show this standard has been met by completing the **PUBLICATION AND SCHOLARSHIP TABLE**.

9.2 Do these publications result from work related to the children’s surgical services at the applicant center?

YES/NO

If ‘No,’ describe the exceptions.

9.3 Of the 20 publications, is at least one authored or coauthored by members of the general pediatric surgery team?

YES/NO

If ‘Yes’ to 9.1/9.2/9.3, then filter out 9.4/9.5 and vice versa.

9.4 Does the applicant center have 10 peer-reviewed articles published in journals in PubMed in the most recent 3-year period?

YES/NO

Do these publications result from work related to the children's surgical services at the applicant center?

YES/NO

If 'No,' describe the exceptions.

Of the 10 publications, is at least one authored or coauthored by members of a children's specialty surgical service at the applicant center?

YES/NO

You will also show this standard has been met by completing the **PUBLICATION AND SCHOLARSHIP TABLE**.

9.5 Does the applicant center demonstrate 4 of 7 of the following scholarly activities?

- (1) Leadership or active participation in major organizations relevant to children's surgical care. Evidence includes membership on committees of any of the regional and national organizations or demonstrable similar work.
- (2) Peer-reviewed funding for related research. There should be demonstrated evidence of funding of the center from a recognized government or extramural private agency or organization.
- (3) Evidence of dissemination of knowledge to include review articles, book chapters, technical documents, Web-based publications, editorial comments, training manuals, related course material or other educational materials which contribute to the practice of children's surgery.
- (4) Display of scholarly application of knowledge as evidenced by case reports or reports of clinical series in journals included in PubMed.
- (5) Participation as a visiting professor or invited lecturer at relevant national, regional or local conferences.
- (6) Support of resident participation in institution-focused scholarly activity, including laboratory experiences, clinical trials, or resident paper competitions at the state, regional, or national level.
- (7) Mentorship of residents and fellows, as evidenced by the development of a children's surgical fellowship program or successful matriculation of graduating residents into such fellowship programs.

YES/NO

9.6 Does the applicant center demonstrate support for the surgical research program, such as by providing basic laboratory space, research equipment, advanced information systems, biostatistics support, salary support for basic and social scientists, research support personnel, or seed grants for less experienced faculty?

YES/NO

- Describe briefly.

10.1 Does the applicant center engage in public and professional education?

YES/NO

- Describe these activities briefly and give 3 specific examples.

10.2 Does the applicant center provide some means to facilitate referral and access to children's surgical center resources (i.e., patient access center, pediatric and neonatal transport teams, etc.)?

YES/NO

- Describe and provide 3 examples.

10.3 Does the applicant center provide a mechanism to offer relevant children's surgical education to nurses and other allied health professionals who are part of the children's surgical team?

YES/NO

- Briefly describe.

10.4 At the applicant center, does the medical director of children's surgery, the liaison representatives from each of the surgical subspecialties performing children's surgery, as well as the liaison or medical director of pediatric anesthesiology, emergency medicine, and radiology accrue an average of 16 hours annually or 48 hours in 3 years of related external Category 1 CME?

YES/NO

You will also show this standard has been met by completing the **SURGICAL PROGRAM LEADERSHIP AND PIPS COMMITTEE TABLE**.

10.5 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 documenting acquisition of 16 hours of 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 or by meeting MOC requirements of the respective specialty board?

YES/NO

You will also show this standard has been met by completing the **SURGEON TABLE**.