



Prereview Questionnaire

LEVEL III



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+ years

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 betters 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 III 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 demonstrates 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

2.12 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

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

YES/NO

If ‘No,’ briefly explain.

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

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

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

2.56 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?

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

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

2.57 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.

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

YES/NO

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

2.58 Do all children’s surgeons and anesthesiologists with pediatric expertise participate in children’s surgery PIPS review activities?

YES/NO

• Describe this process in detail.

2.59 Does the medical director of children’s surgery in the applicant center exercise either direct responsibility or delegate this responsibility for performance review, and have the authority to evaluate each children’s surgeon’s ability to participate in children’s surgical cases based on an annual review?

YES/NO

If ‘No,’ briefly explain.

2.60 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 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 monitored?

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

YES/NO

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

2.61 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.

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 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.

• Describe in detail how coverage is provided by pediatric emergency medicine physicians and/or emergency medicine physicians with pediatric expertise as defined in the optimal resource standards document.

Do all emergency medicine physicians who care for children < 18 years of age have current certification by the American Board of Emergency Medicine or the American Board of Pediatrics, and meet all additional requirements for eligibility or have a Certificate of Added Qualification (CAQ) for pediatric specialty designation?

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

How does institution credential pediatric specific skills?

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

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

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

YES/NO

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

YES/NO

• Briefly describe.

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

YES/NO

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

YES/NO

• Detail required pediatric training and experience for nursing staff.
• Detail pediatric training and orientation for new nursing hires.

What percentage of nurses are certified in pediatric emergency nursing?

- Describe the nursing participation in relevant pediatric continuing education.

What percentage of nurses have PALS or an equivalent certification?

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

- Briefly detail.

2.62 Is there an on-call radiologist with pediatric expertise available within 60 minutes 24/7 for hands on pediatric imaging?

YES/NO

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

Do all radiologists participating in the children's surgical program have current certification by the American Board of Radiology or equivalent, and meet all additional requirements for eligibility or have CAQ for pediatric specialty designation?

YES/NO

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

How does institution verify/credential/and recredential pediatric specific skills?

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

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

How does the institution credential pediatric specific skills?

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

2.63 Do all radiologist with pediatric expertise have certification by the American Board of Radiology or equivalent, demonstrable ongoing pediatric experience to support the scope of actual practice, and 10 or more children's CME credit hours annually?

YES/NO

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

2.64 Does the Level III applicant center have written transfer guidelines approved by the medical director of children's surgery that define appropriate patients for transfer and retention?

YES/NO

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

- Describe how pediatric patient transfers and retentions are monitored by the PIPS process, and how compliance with the above guidelines and policies is monitored.

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 an anesthesiologist with pediatric expertise 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.

3.4 Is the transport team performance monitored by PIPS?

YES/NO

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?

3.6 Does the applicant center have a relationship with a pediatric-specific transport team to or from your center?

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?

What is the PIPS process at the applicant center?

What is the loop closure process 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)

4.8 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.

4.13 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?

4.16 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.

4.17 Is there an 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

- Describe the relationship to any freestanding ambulatory surgery sites.

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

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 recredentialing.

6.5 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?

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

Does one of these individuals serve as MDCA?

YES/NO

If 'No,' who provides this leadership?

6.6 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.

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 provided care to these children.

6.7 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.

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 < 18years 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?

YES/NO

- 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.

6.24 Does the applicant center have documentation of joint medical decision making for pediatric patients in any ICU environment and a process in place to ensure prompt availability of ICU physician and surgeon coverage 24 hours a day when critically ill patients are treated locally?

YES/NO

Most critically ill pediatric patients are transferred to a higher level of care, but when patients are treated locally, what is the process in place to ensure active surgical involvement and availability?

6.25 Is a qualified nurse with pediatric specific experience and training present 24 hours per day to provide care for infants and children with surgical needs during any ICU phase of care (i.e., both NICU and PICU)?

YES/NO

If 'No,' briefly explain.

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

6.31 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.

6.35 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.

6.40 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.

7.2 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 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

*Skip if not participating in ACS NSQIP Pediatric.

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 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?

*Skip if not participating in ACS NSQIP Pediatric.

*Skip if not participating in ACS NSQIP Pediatric.

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

*Skip if not participating in ACS NSQIP Pediatric.

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.

7.10 Are surgical outcomes data collected for comparison of institutional performance with national benchmarks?

YES/NO

• Detail staff and their training.
• Describe reporting relationships for these staff.
• Describe process by which data accuracy and complete perioperative event capture are ensured.

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 show this standard has been met by uploading the organizational chart in the 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 show this standard has been met by uploading the organizational chart in the 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 multidisciplinary peer review committee?

YES/NO

• Describe the process by which such problem trends for children are identified and reviewed by the children’s surgical leadership. 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.

8.6 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

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

YES/NO

- Describe these activities briefly and give 3 specific 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**.