

# PIPS Requirements

## Level I



This document is intended to assist Level I centers in ensuring their Performance Improvement and Patient Safety (PIPS) program is meeting the following standards.

The American College of Surgeons (ACS) Children's Surgery Verification (CSV) Program requires a structured effort that is integrated into the hospital's quality-improvement and safety programs and with the board of trustees' quality committee (or equivalent), and that demonstrates a continuous process for improving care for children with surgical needs (CD 8-1).

The surgical PIPS structure should be approved and supported by the hospital's governing body. This commitment must include adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of surgical care for infants and children beginning at transport from referring hospitals through discharge (CD 8-2).

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**PIPS Committee must verify compliance with the following standards:**

- Medical and surgical specialists must be available at bedside 24/7 within 60 minutes of request or identified need (CD 2-4)
- Surgeons and anesthesiologists must be physically present for procedures for which they are the primary responsible provider (CD 2-5)
- All call schedules for providers involved in children's surgical care must be readily available (CD 2-6)
- Two or more pediatric surgeons must be on the medical staff (CD 2-9)
- Two or more pediatric anesthesiologists must be on the medical staff (CD 2-10)
- Level IV NICUs must maintain a full complement and range of pediatric medical subspecialists, children's surgical subspecialists (as detailed in Chapter 6), and pediatric anesthesiologists on-site (the index institution is the primary site of practice) (CD 2-18)
- PICU requires pediatric intensivist availability and collaborative care 24/7 with bedside presence 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 organization (CD 2-20)
- Individuals trained and skilled in hands-on pediatric imaging, such as critical diagnostic or therapeutic fluoroscopy, must be physically available 24/7 within 60 minutes (CD 2-24)
- Interventional radiology physicians and support personnel must be available within 60 minutes 24/7 (CD 2-25)
- Formal transfer agreements and/or a written policy or guidelines must be in place to allow planned processes and prompt transfer to an appropriate Level I, II, or III inpatient children's facility for pediatric ambulatory surgery patients when medically necessary, and these guidelines must be monitored by the PIPS process (CD 2-74)
- The complement of personnel, mode of transport, and medical control policies will vary by location, but transport performance must be monitored by PIPS (CD 3-4)
- The final diagnostic-imaging report must accurately reflect the chronology and content of communications with the surgical team, including changes between the preliminary and final interpretation (CD 6-19)
- A general pediatrician or pediatric hospitalist must be readily available (within 60 minutes, 24/7) if perioperative acute hospital care beyond the NICU or PICU is within the scope of service (CD 6-31)

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- PIPS Committee must review:**
- Interhospital transfers, as well as overtriage and undertriage (CD 3-2)
  - Prompt and appropriate operating room (OR) response times—both provider and institutional—must be demonstrable for emergencies such as critical airway foreign bodies, malrotation with midgut volvulus, and others of similar life-, limb-, or disability-threatening medical urgency (CD 6-12)
  - ACS NSQIP Pediatric and Appendix 2 data (CD 7-3)
  - Identified problem trends regarding patient care (CD 8-3)
  - Selected complications and sentinel events in surgical patients with the objectives of identifying issues and developing appropriate responses (CD 8-7)
  - Deaths of infants and children occurring within 30 days of an operative procedure (CD 8-12)
  - Transfers out and to a higher level of care for appropriateness, timeliness, and outcome (CD 8-14)
  - Availability of children’s specialty OR personnel, the timeliness of starting operations, and measures implemented to ensure response times that yield optimal care (CD 8-15)
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- PIPS Committee must document:**
- Surgeons are actively participating in neonatal and pediatric critical care of their surgical patients (CD 2-14)
  - Availability of appropriate pediatric anesthesia services and the absence of delays in airway control or initiating operations (CD 6-2)
  - Timeliness of arrival for interventional radiology, magnetic resonance imaging, and ultrasonography personnel and performance of diagnostic study (CD 6-23)
  - Members or designees must attend at least 50 percent of the PIPS meetings (CD 8-10)
  - Corrective action taken on identified consistent problems or inappropriate variations (CD 8-13)
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- Required PIPS attendance and committee personnel:**
- A dedicated Multidisciplinary Children’s PIPS Committee must be chaired or co-chaired by the Medical Director of Children’s Surgery or designee (CD 4-8, CD 8-5)
  - An Anesthesiology Medical Director must be identified and serve as liaison or identify a designee to the children’s surgical PIPS program (CD 6-8)
  - PIPS participation must include representatives from pediatric anesthesiology, radiology, and other children’s surgical specialties and medical procedural specialties, as well as hospital administration, nursing, neonatology, critical-care medicine, and emergency medicine (CD 8-6)
  - The Medical Director of Children’s Surgery must ensure the dissemination and documentation of information derived from the PIPS process to participants in the children’s surgical care program and to the hospital leadership (CD 8-8)
  - Candid discussions during peer review activities shall be a confidential quality-improvement activity that is protected by all pertinent state and federal statutes (CD 8-9)
  - Members or designees must attend at least 50 percent of the PIPS meetings (CD 8-10)
  - The frequency of PIPS Committee meetings is to be determined by the Medical Director Children’s Surgery based on the needs of the PIPS program; the meetings must be frequent enough to ensure timely review of children’s surgical care, but they must be at least quarterly (CD 8-11)
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- Alternative pathways:**
- Twenty-four hour per day availability of a designated PACU or other unit with specific pediatric personnel and functional capacity, including qualified pediatric nurses, is required for the pediatric patient if needed during the recovery phase; if this requirement is met with a team on call from outside the hospital, absence of delays must be documented by the PIPS program (CD 6-14)
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**PIPS program requirements for ambulatory centers:**

- Formal transfer agreements and/or a written policy or guidelines must be in place to allow planned processes and prompt transfer to an appropriate Level I, II, or III inpatient children's facility for pediatric ambulatory surgery patients when medically necessary, and these guidelines must be monitored by the PIPS process (CD 2-74)
- An Anesthesiology Medical Director must be identified and serve as liaison or identify a designee to the children's surgical PIPS program (CD 6-8)
- A designated PACU or other unit with specific pediatric personnel and functional capacity, including qualified pediatric nurses, must be available to provide care for the pediatric patient during the recovery phase (CD 6-14); this requirement must be documented by the PIPS program
- A dedicated Multidisciplinary Children's PIPS Committee must be chaired or co-chaired by the Medical Director of Children's Surgery or designee (CD 8-5)
- PIPS participation must include representatives from pediatric anesthesiology, radiology, and other children's surgical specialties and medical procedural specialties within the scope of service as well as hospital administration and nursing (CD 8-6)
- The PIPS Committee will improve surgical care by reviewing all deaths occurring in surgical patients, selected complications, and sentinel events with the objectives of identifying issues and developing appropriate responses (CD 8-7)
- The Medical Director of Children's Surgery must ensure the dissemination and documentation of information derived from the PIPS process to participants in the children's surgical care program and to the hospital leadership (CD 8-8)
- Members or designees must attend at least 50 percent of the PIPS meetings (CD 8-10)
- The frequency of PIPS Committee meetings is to be determined by the Medical Director Children's Surgery based on the needs of the PIPS program; the meetings must be frequent enough to ensure timely review of children's surgical care, but they must be at least quarterly (CD 8-11)
- The PIPS Committee must review transfers out and to a higher level of care for appropriateness, timeliness, and outcome (CD 8-14)
- The PIPS Committee must evaluate and monitor the availability of children's specialty OR personnel, the timeliness of starting operations, and measures implemented to ensure response times that yield optimal care (CD 8-15)