



Prereview Questionnaire

LEVEL III

facs.org/childrensverification



AMERICAN COLLEGE OF SURGEONS

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

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

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

Prereview Questionnaire **LEVEL III**

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

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

Has the children's surgery program, including PIPS, been approved by the hospital's governing body?

YES/NO

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

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.

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

1.2 Does the applicant center provide on its campuses the necessary human and physical resources to properly provide children's surgical care consistent with the Level of verification?

YES/NO

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

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

Is the Surgical Administrator, MDCS, MDCA, and CSPM committed to the surgical center?

YES/NO

Are the responsibilities and authority for the Surgical Administrator, MDCS, MDCA and CSPM defined and programmatic support demonstrable?

YES/NO

- Briefly detail.

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

Does administrative support also include human resources, educational activities, and community outreach activities to enable community cooperation and a systematic approach to the care of children with surgical needs?

YES/NO

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

Does the CSPM report to an administrative level that best supports the role and responsibilities of the position, as well as to the MDCS?

YES/NO

If 'No,' detail who the CSPM reports to.

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

Does the applicant center fully and currently meet all CMS Conditions of Participation?

YES/NO

Was the applicant center under a System Improvement Agreement with CMS or any other performance improvement plans with any federal, state, or local licensing authority during the past three years?

YES/NO

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

2.1 Does the applicant center’s credentialing body of the hospital ensure that qualifications of the practicing providers are current and reflect contemporary training, a process of Board Certification or alternate pathway as defined by the center, and experience specific to the care of children?

YES/NO

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

2.3 Are all children with primary surgical problems admitted to or evaluated by an identifiable surgical service staffed by credentialed children’s surgical providers?

YES/NO

Is there sufficient infrastructure and administrative support for each of the children’s surgical services to ensure adequate team-based care for the child and family?

YES/NO

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

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

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

YES/NO

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

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

YES/NO

Do committee meeting minutes reflect participants as well as the review of operational issues and, when appropriate, the analysis and corrective action?

YES/NO

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

YES/NO

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

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

YES/NO

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

YES/NO

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

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

YES/NO

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

YES/NO

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

YES/NO

Does the preoperative preparation and postoperative recovery of children occur in a PACU or a cohort area of a PACU separate from adult patients and appropriate for pediatric patients?

YES/NO

Are the special needs for a child’s social and emotional comfort considered in the construction and protocols of the pediatric ambulatory surgical center?

YES/NO

Is anesthesia and other equipment, including resuscitation devices, appropriate pharmacologic supplies and drug doses for all sizes of children, readily available in all pediatric ambulatory ORs and recovery areas?

YES/NO

Are one or more persons currently certified in PALS present and available to the pediatric patient who is sedated, anesthetized, recovering from anesthesia, or receiving perioperative opioids?

YES/NO

Are formal transfer agreements and a written policy or guidelines in place to allow planned processes and prompt transfer to an appropriate Level I, II, or III inpatient children's facility for pediatric ambulatory surgery patients when medically necessary?

YES/NO

Are these guidelines monitored by the PIPS process?

YES/NO

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

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

YES/NO

Is this process integrated into the PIPS process?

YES/NO

↑ Upload a diagram of the administrative structure of the ambulatory surgical center.

↑ Upload the ambulatory surgical center's policies and procedures including for preterm infants and full-term infants < 6 months.

↑ Upload the CVs of the ACS Chief of Anesthesia, Medical Director and Nursing Director if different than parent center.

↑ Upload job descriptions for the Chief of Anesthesia and Medical Director for the ambulatory center.

2.6 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, development, or operation, detailing the context, aims, purpose, results, and implications of the project(s). This would include trauma outreach activities but should also include activities by other surgical subspecialty disciplines and include any performance improvement processes.
- Please provide examples of the three most impactful projects.
- Briefly describe center's involvement in the performance improvement process for the relevant state/regional system(s).

Is the children's surgical center involved in pre-hospital training?

YES/NO

If 'Yes,' briefly describe.

Does the children's surgical center participate in pre-hospital protocol development?

YES/NO

If 'Yes,' briefly describe.

2.7 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.

- Describe the processes by which regional referrals are facilitated.

How is the center contacted if a patient needs to be referred?

2.8 Does the applicant center have transfer agreements or written policies to cover specific pediatric services not immediately available or for patients whose medical needs do not match local resources?

YES/NO

Are written policies in place and formal transfer agreements executed to allow planned processes and prompt transfer to an appropriate inpatient children's facility when medically necessary?

YES/NO

Does the applicant center have written transfer guidelines and protocols approved by the Medical Director of Children's Surgery or hospital administration that define appropriate patients for transfer?

YES/NO

If 'No,' briefly explain.

- Provide a list of services that ARE available at your center by specialty.
- Provide a list of specialty centers to which your center refers most of its patients for services that you do not provide.

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

YES/NO

↑ Upload MDCS CV.

Is the MDCS a demonstrably active clinical surgeon with principal responsibility for quality improvement?

YES/NO

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

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

Does the MDCS have on call or emergency call responsibilities?

YES/NO

- Briefly describe.

Is the MDCS the Surgeon-in-Chief?**YES/NO**

If **'No,'** please provide the MDCS's title and upload the job description.

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

Does the applicant center also have a Surgical Quality Officer or Director of Quality that helps to support the program?**YES/NO**

If **'Yes,'** upload the Surgical Quality Officer or Director of Quality job description.

The official job description must reflect the responsibilities outlined below and support dedicated time and compensation commensurate with duties assigned. Does the MDCS fulfill the following responsibilities?

- Leadership: provides the leadership for all CSV operations including CSV implementation oversight and accruing necessary resources to assure that all standards are met.
- Committee oversight: oversees the performance improvement and patient safety (PIPS) committee.
- Membership and active participation in appropriate regional or national children's organizations.
- Authority to manage the surgical program.
- Participates in credentialing of surgeons with children's privileges.
- Works in cooperation with nursing administration to support the nursing needs of children with surgical problems.
- Develops treatment protocols and guidelines along with the surgical team.
- Coordinates the performance improvement and quality review process.
- Has authority to correct deficiencies in surgical care.
- Together with institutional surgical and medical subspecialty leaders, prospectively defines the scope of practice of specialists who provide pediatric consultation but lack pediatric certification.
- Together with institutional medical and surgical subspecialty leaders, monitors compliance with a written plan and relevant published call schedules for the provision of pediatric subspecialty care outside limited scope of practice above if needed during periods when call coverage is provided by physicians or surgeons without pediatric certification or without specific pediatric credentials.
- Ensures 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.
- Level III only: Through the PIPS program and hospital policy or administrative authority, the MDCS in a Level III center has responsibility for performance, quality review, and evaluation of each surgeon's ability to participate in children's surgical cases based on an annual review.

↑ Upload a summary and related MDCS activity pertaining to the membership and active participation in appropriate regional or national children's organizations.

Describe how the MDCS relates within the hospital/center structure for the applicant organization.**Does the structure provide the authority for the MDCS to perform the duties of the position?****YES/NO**

2.10 Does the applicant center have a MDCA?**YES/NO**

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

Is the MDCA demonstrably active in the delivery of clinical anesthesia services to infants and children?**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**

- Briefly describe.
-

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.

Does the MDCA participate in the credentialing and privileging of anesthesiologists with children's privileges?**YES/NO**

Does the MDCA work in cooperation with the MDCS and nursing administration to support the nursing needs of children with surgical problems?**YES/NO**

- Briefly describe.
-

Does the MDCA develop treatment protocols along with the surgical teams?**YES/NO**

Does the MDCA help coordinate the surgical performance improvement and quality review process?**YES/NO**

Does the MDCA have the authority to correct deficiencies in anesthesia care?**YES/NO**

Does the MDCA have a title of Chief of Pediatric Anesthesia?**YES/NO**

If **'No,'** please detail if the MDCA has a stand-alone leadership responsibility within the applicant center.

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

YES/NO

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

YES/NO

↑ Upload CV of this individual.

↑ Upload job description of this individual.

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

YES/NO

↑ Upload the CSPM job description.

↑ Upload the CSPM CV.

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

YES/NO

Is the CSPM a full-time position?

YES/NO

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

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

YES/NO

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

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

YES/NO

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

YES/NO

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

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

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

YES/NO

▪ Provide an example of this involvement.

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

YES/NO

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

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

YES/NO

▪ How is this accomplished?

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

YES/NO

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

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 to care for children with surgical needs within the scope of practice?

YES/NO

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

YES/NO

▪ Describe the facility.

Is the preoperative preparation of children separate from adult patients?

YES/NO

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

YES/NO

▪ Describe the children's preoperative processes.

Is after hours capability available?

YES/NO

Is the geography different after hours?

YES/NO

If **'Yes,'** please describe.

Does the preoperative area have pediatric appropriate equipment?

YES/NO

▪ Summarize pediatric appropriate equipment.

3.5 Is a designated children's OR immediately available 24/7 within 60 minutes?

YES/NO

Does the applicant center have age- and size-appropriate OR equipment?

YES/NO

Does the applicant center have pediatric-specific equipment for the scope of service, including:

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

Are anesthesia machines and other equipment, including resuscitation devices and pharmacologic supplies and drug doses, appropriate for all sizes of children and readily available in the operating room and recovery areas?

YES/NO

- Briefly describe.

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

YES/NO

What is the number of dedicated Pediatric PACU beds?

What is the number of total Pediatric PACU beds?

What is the ratio of Pediatric PACU beds to ORs?

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

YES/NO

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

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

YES/NO

Does the applicant center have after hours Pediatric PACU capabilities?

YES/NO

- Briefly describe.

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

YES/NO

- Briefly describe equipment.

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

YES/NO

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

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

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

YES/NO

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

YES/NO

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

3.10 Briefly describe the telehealth processes for children surgical patients.

Does the center have telehealth agreements in place?

YES/NO

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

YES/NO

- Briefly describe.

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

YES/NO

If **'No,'** briefly explain

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

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

YES/NO

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

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

YES/NO

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

YES/NO

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

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?

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?

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 provide care to these children.

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.
-

4.3 Are the following available to provide care at the bedside within 60 minutes, 24/7 at the applicant center? Select all that apply.

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

4.4 Does the applicant center have a general pediatrician or pediatric hospitalist readily available within 60 minutes 24/7 if perioperative acute hospital care beyond the NICU or PICU is within the scope of service?

YES/NO

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

- Describe how hospitalists and/or general pediatricians provide care to hospitalized patients on the surgical services.
-

4.5 Is there a pediatrician with expertise in the resuscitation and stabilization of neonates available within 60 minutes 24/7/365.

YES/NO

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

- Describe how you stabilize and transfer newborns with surgical problems to higher level centers.
-

4.6 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?

Is a qualified nurse with pediatric 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.

4.7 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?

How does the 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?

Do all radiologists 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 12 or more pediatric CME credit hours annually?

YES/NO

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

4.9 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.

- Describe in detail how coverage is provided by pediatric emergency medicine physicians as defined in the optimal resource standards document.
- Describe briefly pediatric specific personnel and processes in the pediatric emergency room.

How does institution credential pediatric specific skills?

What are the processes 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 nonphysician personnel?

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

- 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.

4.10 Describe the pediatric onboarding and ongoing educational programs for Advanced Practice Providers (APP) who are part of the surgical team(s).

- Describe the role APPs provide by surgical specialty.
- Describe the composition and structure of the team for each of the children's surgical services. For example, number of faculty, physician assistants, nurse practitioners, fellows, residents, and others that form the medical care team.
- Describe how APPs are integrated in the PIPS process.

If APPs care for children with surgical needs, describe the credentialing process.

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

YES/NO

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

- Describe the credentialing process for children's surgeons with pediatric expertise.

4.12 Are call schedules for all providers involved in children's surgical care readily available?

YES/NO

4.13 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 maintaining current board certification of the physician's respective specialty board (Continuous Certification) OR by documenting acquisition of 12 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?

YES/NO

Do all children's surgeons with pediatric expertise have 12 or more hours of children's surgical Category I CME credits annually averaged over 3 years?

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

↑ Upload the hospital policies regarding pediatric Rapid Response Team.

↑ Upload the hospital policies regarding NICU Rapid Response Team.

Is there a pediatric rapid response and/or resuscitation team with experience and training to support the scope of service in place 24/7 to respond to any site in the facility?

YES/NO

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

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

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

How is this team activated?

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

How are outcomes monitored?

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

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

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

YES/NO

- Describe briefly.

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

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

YES/NO

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

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

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

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

YES/NO

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

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

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

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

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

YES/NO

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

YES/NO

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

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

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

YES/NO

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

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

YES/NO

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

YES/NO

- Please detail education and skills.
 - Describe and provide supporting documentation for any ongoing education that is provided to PACU nurses to ensure adequate training for pain management and airway management.
-

4.18 Do perioperative nursing staff have demonstrable relevant pediatric training and expertise?

YES/NO

- ↑ Provide the agenda or program curriculum for general Pediatric nursing orientation for the reporting period.
- ↑ Provide the required annual competencies for the reporting period.

- Describe the process for ensuring institutional pediatric annual competencies and pediatric annual skill competencies are maintained by nursing staff.
- Describe initial pediatric onboarding and training for preoperative, PICU, NICU, PACU, emergency department, and operating room nursing staff at the institution.

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

- NICU
- PICU
- CICU (if applicable)
- OR
- PACU
- Surgical Acute Care

Do ED, NICU, PICU, CICU, OR, PACU and Surgical Acute Care nurses maintain resuscitation training certifications required by the institution, if within the scope of service?

YES/NO

- Please describe

Provide percentages of the nursing staff who are BLS, PALS, and NRP certified by unit.

- ED
- NICU
- PICU
- CICU (if applicable)
- OR
- PACU
- Surgical Acute Care

Do nurses who work in combined adult and pediatric units have 30% or more (over the past 3 months) assigned shifts that include pediatric patients?

YES/NO

4.19 Does the applicant center have a screening method for the children's surgical population to identify patients at risk of malnutrition?

YES/NO

- Describe method of screening for malnutrition.

4.21 Do high-risk clinical areas, such as PICU, NICU, CICU and ED have dedicated respiratory therapy support by respiratory therapists with pediatric expertise 24/7/365?

YES/NO

- Describe the respiratory therapy team at the applicant center.

Does the hospital's pediatric rapid response resuscitation team include a respiratory therapist with a practice history within a high-risk pediatric clinical area?

YES/NO

- Describe any relevant respiratory therapy policies relating to children's surgery.

Does the institution have prospectively established training and competency requirements specific for children, including onboarding and ongoing assessment to ensure acquisition and maintenance of pediatric skills and competencies?

YES/NO

- Detail established training and competency requirements specific for children.

4.23 Does the applicant center's program identify and care for child maltreatment patients?

YES/NO

- Detail personnel, background, training, and availability of child maltreatment team.

Is the child maltreatment team available 24/7?

YES/NO

Who responds when the team is activated?

Does the applicant center have a valid screening tool to identify child maltreatment specifically for the high-risk pediatric population?

YES/NO

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

Does the applicant center have an institutional policy for recognition and reporting of child maltreatment?

YES/NO

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

Does the child protective or child maltreatment team include a board-certified or board-eligible child abuse pediatrician?

YES/NO

Does the child protective or child maltreatment team include social services?

YES/NO

Do social services personnel within the child maltreatment team have training in the dynamics of child abuse, its assessment and management in a hospital setting, child abuse reporting laws, and appropriate interventions and support?

YES/NO

- Detail training and education.

If applicant center does not have a child maltreatment team, are transfer agreements in place to provide child maltreatment services when not available?

YES/NO

4.24 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 hours response time (in minutes) for pediatric pathology physicians and technical staff covering from home?

- Describe how compliance with the above requirements is monitored 24/7.

Is an anatomic pathologist with appropriate pediatric expertise on the medical staff and available 24/7/365 for consultations and frozen sections?

YES/NO

Does the Department of Laboratory Services have a dedicated pediatric component that meets the needs of the patients and their caregivers?

YES/NO

4.25 If renal replacement capabilities are not available, are appropriate transfer agreements in place?

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

- Detail how the applicant center exercises medical control during transport.

What is the number of transferred patients categorized by age?

- Neonates (age \leq 28 days)
 - Infants (age 29 days-5 months, inclusive)
 - Young children (age 6-24 months, inclusive)
 - Children (age 2-12 years, inclusive)
 - Adolescents (between age 13-21 years, inclusive)
 - Adults (age $>$ 21 years)
-

Describe methodology of transports available.

What is the number of times transports were aborted or declined and associated reasons?

Does the applicant hospital have a written policy regarding hospital-to-hospital communication that includes pre-transfer workup information, determination of best method of transport (i.e. air vs. ground), and patient stabilization requirements?

Are evidence-based protocols for dealing with specific clinical situations developed and utilized?

YES/NO

Does the applicant center have a comprehensive quality improvement and safety program for review of Transport Services?

YES/NO

Does the program analyze the complement of personnel, mode of transport, and medical control policies?

YES/NO

Is there a mechanism of feedback to the referring center regarding the patient's diagnosis, therapy, and clinical condition?

YES/NO

- Please describe.

Does the applicant center have a relationship with and deploy a pediatric-specific transport team when transferring appropriate infants and children to and from their centers?

YES/NO

Is there joint decision-making and a process in place to ensure prompt availability of ICU physician and surgeon coverage 24/7/365?

YES/NO

- Describe this process.

5.1 Do OR processes meet the specific needs of the pediatric population?

YES/NO

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

YES/NO

Are back-up ORs available within 60 minutes of identified need?

YES/NO

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

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

- Provide the policy regarding the expected response time for in-house operating room (OR) team and for out-of-hospital call team.
-

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

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

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

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

YES/NO

- Describe this process briefly.
- Describe the above process when off-site (tele-radiology) radiologists are used as an adjunct.
- Describe the protocols for standardization of diagnostic studies.

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 off-site (tele-radiology) radiologists are used as an adjunct.

↑ Upload the center's critical finding reporting policy.

- Briefly describe the PIPS process for the above scenario.

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 off-site image analysis is used as an adjunct.
- Briefly describe the PIPS process for the above scenario.

At the applicant center, is at least one pediatric radiologist involved as a 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.
-

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?

5.3 **Is there a massive transfusion protocol for infants and children?**

YES/NO

↑ If 'Yes,' upload protocol.

If 'No,' is children's surgical center able to effectively stabilize and transfer critically ill patients to a higher level of care?

- Please describe.

5.4 **This standard will be demonstrated to the reviewer team with an onsite presentation.**

5.5 **This standard will be demonstrated to the reviewer team with an onsite presentation.**

5.6 **Does applicant center provide operative care for pediatric oncologic patients?**

YES/NO

If 'Yes,' does applicant center have a multidisciplinary clinical tumor board to facilitate review of diagnosis and staging as well as to coordinate therapeutic decision-making?

YES/NO

Do all surgical disciplines that provide care of oncology patients attend tumor board meetings?

YES/NO

Does a Medical Oncology Representative attend tumor board meetings?

YES/NO

Does a Radiation Oncology Representative attend tumor board meetings?

YES/NO

Does a Pathology Representative attend tumor board meetings?

YES/NO

Does a Radiology Representative attend tumor board meetings?

YES/NO

- Provide membership lists with designated specialty and meeting attendance records of the tumor board for the reporting year utilizing the included template.
-

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

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

YES/NO

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

YES/NO

- Please describe.

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

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

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

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

YES/NO

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

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

YES/NO

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

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

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

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

YES/NO

- Describe these points.

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

YES/NO

- Describe at least two such examples.

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

YES/NO

If 'No,' briefly describe.

7.1 **Does the applicant center have a structured effort that is integrated into the hospital's quality improvement and safety programs and which demonstrates a continuous process for improving care for children with surgical needs?**

YES/NO

- Describe in detail the structure of the Children's Surgical PIPS process and the integration of that structure with the institutional QI and patient safety process/efforts.
- Describe the reporting process to the hospital governing quality committee (or equivalent).

Are all quality and safety events that occur at the institution and involve surgical patients in the perioperative period promptly reported to surgical leadership?

YES/NO

If 'Yes,' how does the Children's Surgical PIPS Committee ensure this?

YES/NO

- Describe how data and expertise are shared bidirectionally between the hospital quality improvement and safety structures and the Children's Surgical PIPS Committee. You will also show this standard has been met by providing minutes of hospital governing quality committee (or equivalent) on site.

Are minutes from Children’s Surgical PIPS Committee activities considered a confidential quality improvement document that is protected by all pertinent state and federal statutes?

YES/NO

Are learnings or opportunities for improvement developed from the Children’s Surgical PIPS Committee deliberations disseminated to all appropriate participants in the care of patients in the Children’s Surgery Center, to hospital quality improvement and safety officials, and to the appropriate hospital governing quality committee (or equivalent)?

YES/NO

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

YES/NO

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

YES/NO

If **‘Yes,’** are results from the perioperative services reviewed by the Children’s Surgical PIPS Committee and improvement plans developed for areas of concern?

YES/NO

7.2 Is there a dedicated multidisciplinary Children’s Surgical PIPS Committee?

YES/NO

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

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.](#)

Are Children’s Surgical PIPS Committee meetings held frequently enough to assure timely review of children’s surgical care, but at least quarterly?

YES/NO

- How often does the Children’s Surgical PIPS Committee meet?
- Are meetings held in-person or virtually?

Do representatives from all required surgical disciplines, medical procedural specialties, hospital administration, and nursing providing care to children participate in the multidisciplinary Children’s Surgical PIPS Committee?

YES/NO

If **‘No,’** please briefly describe.

Do hospital quality improvement and safety staff and leaders participate in Children’s Surgical PIPS Committee meetings?

YES/NO

Do members or designees attend at least 50% of the multidisciplinary Children’s Surgical PIPS Committee meetings?

YES/NO

Do all children’s surgeons and anesthesiologists with pediatric expertise participate in children’s quality and safety activities?

YES/NO

- Describe this process in detail. For example, describe involvement in QI and respective M and M activities.

7.3 Does the Children’s Surgical PIPS Committee have specific written criteria that define which quality and/or safety concerns identified via departmental or specialty divisional M and M should be reviewed by the Children’s Surgical PIPS Committee?

YES/NO

Does the criteria focus on any system issues, issues related to two or more disciplines, and serious safety events related to deviations from standards of care?

YES/NO

- Please detail criteria.

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

YES/NO

When a consistent problem or inappropriate variation is identified by the Children’s Surgical PIPS process, is corrective action taken and documented?

YES/NO

Are problem trends identified and evaluated by a dedicated, multidisciplinary, Children’s Surgical PIPS Committee?

YES/NO/NA

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

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.
-

7.4 Does the Children's Surgical PIPS Committee review all postoperative deaths, selected complications, serious safety events, and any state or nationally required reportable hospital-acquired conditions (HAC) occurring in surgical patients 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 postoperative death, a complication, AND a serious safety/sentinel event OR a state or nationally required reportable HAC where system issues were identified and responses developed.

Are all deaths of infants and children occurring within 30 days of a procedure under general anesthesia systematically reviewed and categorized by Children's Surgical PIPS Committee or its sub-committees by applying criteria defined in advance by Children's Surgical PIPS Committee or its sub-committees?

YES/NO

- Describe this process.

Does discussion of mortality at Children's Surgical PIPS focus on identified opportunities for improvement, system issues that might have impacted outcome, involvement of two or more disciplines in the surgical care, and major safety events stemming from a deviation in the standard of care?

YES/NO

7.5 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

Does the Children's Surgical PIPS process systematically monitor compliance with response times and physical presence and outcomes when a non-pediatric specialist provides call coverage?

YES/NO

- Please detail this process.

Does the Children's Surgical PIPS Committee, or sub-committee thereof, review Appendix I data at least semi-annually to identify any trends that warrant more detailed review, and to screen for any serious safety events that might represent a deviation from standard of care?

YES/NO

- Please detail the review process.

Does the Children's Surgical PIPS Committee define criteria to determine which Appendix I events require discussion with the Children's Surgical PIPS Committee at large in order to improve quality and safety?

YES/NO

Does the Children's Surgical PIPS Committee use a team approach to develop and continuously monitor documented quality improvement activity related to NSQIP Pediatric and Appendix I data?

YES/NO/NA

Does the Children's Surgical PIPS Committee use a team approach to develop and continuously monitor documented quality improvement activity related to any of the following domains: Quality improvement activities arising from specialty-derived M and M reviews, Serious safety events affecting surgical patients, Transport-related issues, or Children's Surgical PIPS Committee monitored performance data?

YES/NO

If **'Yes,'** select which domain(s).

- Quality improvement activities arising from specialty-derived M and M reviews
- Serious safety events affecting surgical patients
- Transport-related issues
- Children's Surgical PIPS Committee monitored performance data (e.g. surgeon response times, timeliness of surgical care, etc.)

How are specific patient population processes or systems trends identified for review by Children's Surgical PIPS Committee?

Does the Children's Surgical PIPS process review the care of patients across multiple disciplines and assess the results of those disciplines' PIPS processes?

YES/NO

7.6 Do quality improvement projects developed and monitored by Children's Surgical PIPS Committee have pre-determined follow-up, including what data will be monitored, at what intervals, and for what duration?

YES/NO

- Please detail how Children's Surgical PIPS Committee assesses if quality improvement progress has been sustained.

Do you have ongoing quality improvement projects that derive directly from the analysis of collected data, for example from ACS NSQIP Pediatric, Appendix 2, SPS, or STS?

YES/NO

- Please explain how quality improvement projects are approved at the surgical center, disseminated to surgical/medical staff, and implemented into the center's daily operations.

↑ Please upload the QI projects table utilizing the included template.

↑ Please upload the provided template describing your three best QI projects.

Is there an established plan for sustainability of these quality improvement projects?

YES/NO

7.7 Are all transfers/transports 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

Does the applicant center's Children's Surgical PIPS process monitor and review transfers/transports of patients from other institutions for surgical care at the Children's Surgery Center?

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.

Are any quality or safety issues related to transfers/transports reviewed by the Children's Surgical PIPS Committee or a multidisciplinary sub-committee thereof?

YES/NO

If 'Yes,' are issues identified as serious discussed by the Children's Surgical PIPS Committee at large?

YES/NO

Is the transport/transfer team performance monitored by Children's Surgical PIPS Committee?

YES/NO

- Describe the Children's Surgical PIPS process as it relates to surgical patients and the transport/transfer team at the applicant center.
- Describe how compliance with guidelines and policies for pediatric patient transfers/transports are monitored.
- Provide an example of a QI project/initiative related to transport.

8.2 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 and provide up to three examples.

Surgeon Table

Level I, I MS, I O, II, III

This table will provide a list of all surgeons and proceduralists on the medical staff who participate in the management of children < 18 years of age, including surgeons without pediatric certification covering weekend and/or night call.

Anesthesiologist Table

Level I, I MS, I O, II, III

This table will provide a list of all anesthesiologists on the medical staff who participate in the management of children < 18 years of age.

Radiologist Table

Level I, I MS, I O, II, III

This table will provide a list of all radiologists who participate in the management of patients < 18 years of age, including radiologists without pediatric certification covering weekend and/or night call.

Emergency Physician Table

Level I, II, III

This table will provide a list of all emergency medicine (EM) physicians who participate in the management of patients < 18 years of age.

Medical Specialist Table

Level I, I MS, I O, II, III

This table will outline all medical staff who participate in the management of neonates in the neonatal ICU, intensivists that manage patients in the pediatric ICU, and the Head of each pediatric medical specialty.

Surgical Program Leadership and PIPS Committee Table

Level I, I MS, I O, II, III

This table will provide a list of all support personnel specific to administration of the children's surgery program including % effort devoted to the program; program leadership roles; and members of the PIPS Committee.

Surgical Case Volume Table

Level I, I MS, I O, II, III

This table will provide a list by age group and disposition/location the number of patient visits to the OR/procedure area in a 12-month reporting period: patients undergoing multiple operations/procedures under one sedation/anesthetic should only be counted once.