Children's Surgery Verification™

QUALITY IMPROVEMENT PROGRAM

Prereview Questionnaire

LEVEL I

facs.org/childrensverification

American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

Children's Surgery Verification™
QUALITY IMPROVEMENT PROGRAM

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 I

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.

2.2 **Does the applicant center perform at least 2,000 surgical procedures on patients < 18 years of age annually?**

YES/NO

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 a process in place to address children's surgical program operating room operational issues?**

YES/NO

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

YES/NO

Is the children's operating room committee freestanding or part of a larger administrative entity?

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

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.

↑ 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

Is the MDCA an anesthesiologist with current board certification (or equivalent) with special interest and qualifications in children's anesthesia care?
YES/NO

↑ Upload the MDCA CV.

↑ Upload the MDCA job description.

Does the MDCA have the authority to lead the multidisciplinary activities of the children's program?
YES/NO

Are there other anesthesia providers with leadership roles in the CSV Program (e.g. Director of Sedation Services, Director of Surgical Safety)?
YES/NO

If **'Yes,'** please provide names and titles.

↑ If **'Yes,'** please upload relevant CV and job description(s) for each 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 MDCS so that they function as a team?
YES/NO

- How is this accomplished?

2.12 **Does the applicant center have a NSQIP Pediatric Surgeon Champion?**
YES/NO

↑ Upload the NSQIP Pediatric Surgeon Champion Job Description.

↑ Upload the NSQIP Pediatric Surgeon Champion CV.

Describe the NSQIP Pediatric Surgeon Champion and SCR collaborative team approach.

Does the NSQIP Pediatric Surgeon Champion oversee the NSQIP Pediatric activities?
YES/NO

Does the NSQIP Pediatric Surgeon Champion review the Semi-Annual Report on a regular basis?
YES/NO

Does the NSQIP Pediatric Surgeon Champion attend the PIPS meetings monthly?
YES/NO

If **'No,'** briefly detail attendance.

Does the NSQIP Pediatric Surgeon Champion actively participate in the NSQIP Pediatric program by participating in children's surgery calls and periodically attending the ACS Quality and Safety Conference?
YES/NO

Is there protected time and support for NSQIP Pediatric activities?
YES/NO

2.13 **Do the MDCS, CSPM, and the NSQIP Pediatric Surgeon Champion ensure that the SCR completes the ongoing certification examination and audit process?**
YES/NO

What is the administrative process to ensure that the SCR and other data collection staff are appropriately trained and monitored to ensure high-quality data collection?

What is the role of the SCR at the institution?

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

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

Does the SCR actively participate in the NSQIP Pediatric program by participating in the children's surgery conference calls and periodically attending the ACS Quality and Safety Conference?

If **'No,'** briefly describe.

3.1 **Does the applicant center provide resources consistent with a Level IV Neonatal Intensive Care Unit (NICU) designation?**
YES/NO

What is the NICU designation level of the applicant center?

Has NICU level been verified by an external organization?
YES/NO

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

- Date of verification.

What is the annual number of NICU admissions?

What is the average daily NICU census?

What percent of NICU admissions undergo a surgical procedure during their NICU stay?

Describe the facilities and resources adequately to adequately support a Level IV NICU status.

Does the NICU have the following?

- Pediatric specific laboratory
- Pediatric imaging facilities
- Pediatric nutrition support
- Pediatric pharmacy support
- Pediatric social services and pastoral care
- All appropriate equipment for neonates (for example, incubators, ventilators, infusion equipment)

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

3.2 **Does the applicant center have a designated tertiary or quaternary pediatric intensive care unit (PICU)?**

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

- Describe the facilities and resources adequately to support the PICU.
- Describe the resources to support the following issues: Patients with increased intracranial pressure; Patients with acute hepatic failure leading to coma; Patients with congenital heart disease with unstable cardiorespiratory status and/or need for temporary cardiac pacing; Patients with head injuries with initial GCS ≤8; Patients with multiple traumatic injuries; Patients with heart disease requiring an anatomic intervention.
- If resources for these issues are not provided at your site, describe how are they addressed for the issues above.

Does the PICU have the following?

- Pediatric specific laboratory
- Pediatric imaging facilities
- Pediatric nutrition support
- Pediatric pharmacy support
- Pediatric social services and pastoral care
- All appropriate equipment and technology for pediatric patients
- Invasive and noninvasive respiratory support
- Renal replacement therapies
- Access to a specialized burn unit or burn center

If **'No,'** briefly explain

- Provide the percent of PICU surgical patients and range of physiologic score (e.g. PRISM or others) for each age group on the included template.

3.3 **Is the pediatric emergency department a physically identified and designated facility?**
YES/NO

- Describe facilities.

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.

In the circumstance that an urgent case presents, and the children's OR is busy, does the applicant center have capacity to start a back-up children's OR within 60 minutes, 24/7?

YES/NO

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.

Does the applicant center have MRI and interventional radiology immediately available within 60 minutes, 24/7?

YES/NO

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

If **'Yes,'** briefly describe how 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.

3.9 **Does the applicant center have an ECMO program?**

YES/NO

If **'Yes,'** describe the availability of ECMO services.

If **'No,'** are there prospectively defined plans and transfer agreements to facilitate prompt transfer to an ECMO center?

YES/NO

- Describe this process.
- Describe the quality assurance process for ECMO patients.

Are surgeons a part of the leadership of this program to assure well-coordinated care?

YES/NO/NA

- Briefly describe.

Does leadership of the ECMO program include neonatologists and pediatric intensivists?

YES/NO/NA

- Briefly describe.

Does leadership engage in quality improvement efforts and protocol development?

YES/NO/NA

- Briefly describe.

Are all mortalities of ECMO patient reviewed in the PIPS committee or subcommittee?
YES/NO/NA

If **'No,'** explain how ECMO patient mortalities are reviewed.

If there is not an ECMO program at the center, is there a quality assurance program to ensure appropriate identification of ECMO candidates and timely, safe transfer to an ECMO center?
YES/NO

- Briefly describe.

How are quality issues with ECMO coordinated with overall hospital quality?

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 **Do all credentialed children's surgeons remain actively involved in clinical surgery?**
YES/NO

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

Is the ongoing attending surgeon involvement with all perioperative children verifiable in the medical record regardless of physical location of the patient?
YES/NO

Do individual children's surgeons participate in the perioperative care of surgical patients specific to their surgical fields including planning and implementation of major therapeutic decisions, demonstrable participation in care in the setting of protracted physiologic instability or major postoperative complications, and involvement in the critical care of all infants and children receiving perioperative care?
YES/NO

If **'No',** how is this care provided?

- Describe how children's surgeons direct the management of patients in the setting of physiologic instability or major postoperative complications.
- Describe how children's surgeons are involved in the critical care of all infants and children receiving perioperative care.

What is the hospital policy regarding surgeon involvement in perioperative care of children?

Does the institution require physical presence of the surgical specialists 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?

Is children's surgical specialist coverage available for all required disciplines within 60 minutes 24/7 at the applicant center?
YES/NO

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

- Outline the PIPS process to identify and correct circumstances where children's surgeons are not involved in perioperative care as described.

Does the applicant center have relevant children's surgical specialists available to support the entire scope of institutional surgical practice in infants and children?
YES/NO

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

Do each of these surgeons perform 25 or more operative cases annually?
YES/NO

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

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

- Pediatric Orthopaedic surgery
- Pediatric Neurosurgery
- Congenital Heart Surgery
- Pediatric Plastic Surgery
- Pediatric Ophthalmology
- Pediatric Otolaryngology
- Pediatric Urology
- Pediatric (General Thoracic) Surgery

Do these children's specialty surgeons provide the care for all children ≤5 years of age?
YES/NO

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

Does the applicant center have two or more pediatric general and thoracic surgeons on the medical staff?
YES/NO

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

Are any surgeons without ABMS certification considered to be "equivalent" children's surgeons?
YES/NO

If **'Yes,'** please submit CV for each surgeon.

4.2 **Does the institution require an 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?

Does the applicant center have two or more pediatric anesthesiologists on the medical staff?
YES/NO

Does a pediatric anesthesiologist serve as the primary anesthesiologist for all children 2 years of age or less?
YES/NO

Does a pediatric anesthesiologist serve as the primary anesthesiologist for all children less than or equal to 5 years of age or with an ASA greater than or equal to 3?
YES/NO

Do you have any pediatric anesthesiologist(s) who you wish to be considered via the Alternative Pathway (Appendix II)?
YES/NO

↑ If **'Yes,'** upload Alternative Pathway items for each provider.

Are any anesthesiologists without ABA certification or Alternative Pathway candidates considered to be "equivalent" pediatric anesthesiologists?
YES/NO

If **'Yes,'** submit CV for each.

Are pediatric anesthesia services as defined in the standards document immediately available on site 24 hours a day?
YES/NO

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

↑ Upload written plan/policies detailing the scope of service with clear delineation of circumstances requiring call-in of pediatric specialty anesthesia providers and provision of emergency care.

4.3 **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?

Does the applicant center have relevant children's medical specialists available to support the entire scope of institutional surgical practice in infants and children?
YES/NO

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

Are pediatric medical specialists on staff readily available (within 60 minutes, 24/7) from the following disciplines? Select all that apply.

- Cardiology
- Hematology/Oncology
- Infectious Disease
- Gastroenterology
- Pulmonary Medicine
- Endocrinology
- Genetics
- Neurology
- Nephrology
- Rheumatology
- Physical Medicine and Rehabilitation
- Radiation Oncology

Describe how equivalency is assessed at the center when a physician is not pediatric board certified.

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 **How does the applicant center ensure 24/7/365 physician and specialty surgeon coverage of children with surgical needs?**

- Describe in house neonatology coverage for the NICU patients.

Do individual children's surgeons demonstrate participation in the care of their surgical patients in the NICU who have protracted physiologic instability or major postoperative complications?
YES/NO

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

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

Does the applicant center maintain appropriate neonatal critical care services with demonstrable surgical leadership participating in their operational management?
YES/NO

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

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

↑ Upload job description and curriculum vitae of this individual.

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

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

Is there documentation of active participation by this individual and neonatology leadership in surgical PIPS activities?
YES/NO

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

Does the NICU provide prompt and readily available access (within 60 minutes, 24/7) to a full range of the following?
YES/NO

- Neonatologists
- Pediatric medical subspecialists
- Cardiology
- Hematology/oncology
- Infectious disease
- Gastroenterology
- Pulmonary medicine
- Endocrinology
- Genetics
- Neurology
- Nephrology
- Pediatric surgeons
- Children's surgical specialists (all Level I required specialties)
- Pediatric anesthesiologists
- Pediatric ophthalmologists

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.

Does the applicant center provide nonphysician personnel with neonatal experience and training consistent with the current AAP NICU Guidelines?
YES/NO

- Summarize onboarding, ongoing education and maintenance of competencies, policies, and processes for nursing personnel in the NICU.
- Summarize onboarding, ongoing education and maintenance of competencies, policies, and processes for pharmacy in the NICU.
- Summarize onboarding, ongoing education and maintenance of competencies, policies, and processes for respiratory therapy in the NICU.
- Summarize onboarding, ongoing education and maintenance of competencies, policies, and processes for social services personnel in the NICU.
- Describe the character of the procedures and provide the approximate annual number of operative procedures performed under general anesthesia in the NICU.
- Describe the relevant written center guidelines/criteria for major surgical procedures performed in the NICU.

Who is at the bedside for these procedures?

Does the operating team (nursing staff, OR technician, and anesthesiologist) go to the NICU for these procedures?
YES/NO

If **'No,'** describe the training, experience, and competencies of each of the operating team disciplines for these NICU operative procedures.

4.6 How does the applicant center ensure 24/7/365 physician and specialty surgeon coverage of children with surgical needs?

Does the applicant center maintain appropriate pediatric critical care services with demonstrable surgical leadership participating in their operational management?
YES/NO

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

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

↑ Upload job description and CV for this individual.

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

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

Is there documentation in the PIPS committee meeting minutes of active participation by this individual and PICU leadership in surgical PIPS activities?
YES/NO

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

Does the applicant center's pediatric intensive care unit require pediatric intensivist availability 24/7 within 60 minutes by individuals certified in critical care medicine by the American Board of Pediatrics, the American Board of Anesthesiology, or the American Board of Surgery or equivalent organizations?
YES/NO

Does the applicant center's pediatric intensive care unit require a qualified medical provider who is able to respond within 5 minutes to all emergent patient issues (e.g., airway management or cardiopulmonary resuscitation pediatric intensivist availability)?
YES/NO

If **'No,'** how is the care provided?

- Describe the character of the procedures and provide the approximate annual number of operative procedures performed under general anesthesia in the PICU.

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

Who is at the bedside for these procedures?

Does the operating team (nursing staff, OR technician, and anesthesiologist) go to the PICU for these procedures?
YES/NO

If **'No,'** describe the training, experience and competencies of each of the operating team members' disciplines for these PICU operative procedures.

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

Does the PICU have pediatric critical care physicians, respiratory therapists, nurses, and others with demonstrable pediatric training and experience?
YES/NO

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

PICU Nursing:
Are children's specific nursing policies and procedures in place?
YES/NO

- Briefly explain.

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

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

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

What percentage of nurses have PALS or an equivalent certification?

- Detail alternate certification and training.

PICU Respiratory Therapy Staff:
What are the training and experience requirements for PICU respiratory therapy staff?

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

Is there a pediatric-trained respiratory therapist in-house 24 hour per day assigned primarily to the PICU?
YES/NO

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

Is there a pediatric respiratory therapist in-house 24 hour per day?
YES/NO

- Explain PICU responsibilities.

Is there demonstrated competence by respiratory therapists in the management of pediatric patients with respiratory failure and pediatric ventilatory support, including high flow nasal cannula and HFOV?
YES/NO

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

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

- Detail alternate certification and training.

PICU Pharmacy: Are pharmacists with pediatric training and experience available in the PICU?
YES/NO

- Detail this pediatric training and experience.

Are pharmacists with pediatric training and experience available 24 hours per day for all requests?
YES/NO

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

Is there urgent pediatric drug-dosage information available at each PICU bedside?
YES/NO

Is there a pediatric pharmacist available for PICU medical rounds?
YES/NO

- Briefly detail.

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

4.7 **Does the applicant center have two or more pediatric radiologists on the medical staff?**
YES/NO

Do you have any pediatric radiologist(s) who you wish to be considered via the Alternative Pathway (Appendix II)?
YES/NO

If **'Yes,'** upload Alternative Pathway items for each provider.

Is the on-call pediatric radiologist available within 60 minutes, 24/7 for hands on pediatric imaging?
YES/NO

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

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

What are the institutional criteria for bedside physical presence of the attending radiologist for suspected diagnosis of intussusception?

What are the institutional criteria for bedside physical presence of the attending radiologist for suspected diagnosis of malrotation with volvulus?

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

Does the applicant center have interventional radiology, magnetic resonance imaging, and ultrasonography for children available within 60 minutes, 24/7?
YES/NO

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

4.8 Describe the background and pediatric training of the interventional radiology providers and support personnel.

Are the applicant center's interventional radiology physicians and support personnel available 24/7 within 60 minutes?
YES/NO

What are the institutional policies for pediatric interventional radiology support staff and availability?

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

Does the applicant center have interventional radiology, magnetic resonance imaging, and ultrasonography for children available within 60 minutes, 24/7?
YES/NO

- Describe mechanisms to ensure timely arrival for off hours imaging studies.

4.9 Does the applicant center have attending pediatric emergency physician on-site presence 24/7?
YES/NO

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

Do you have any pediatric emergency medicine senior trainees providing this coverage?
YES/NO

If **'Yes,'** are they credentialed by the hospital to work independently as attendings?

Are these fellows in the final year of training for pediatric emergency medicine via the American Board of Pediatrics pathway?
YES/NO

Have these trainees completed all clinical elements of the pediatric emergency medicine fellowship?
YES/NO

Do you have any pediatric emergency medicine providers who you wish to be considered via Alternative Pathway (Appendix II)?
YES/NO

↑ If **'Yes,'** upload Alternative Pathway items for each provider.

Does the applicant center have nonphysician emergency department personnel with specific and demonstrable pediatric training and experience?
YES/NO

- Describe this training and experience for nursing, pharmacy, respiratory and social services.
- Describe the training and orientation provided to new nursing hires in the pediatric emergency room.

What percentage of nurses are certified in pediatric emergency nursing?

Is there a dedicated pediatric nurse educator on staff (clinical nurse specialist)?
YES/NO

- Describe the nursing participation in relevant pediatric continuing education.

What percentage of nurses have PALS or an equivalent certification?

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

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

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 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

Is all the care of children less than or equal to 5 years of age provided by the pediatric medical and surgical staff?
YES/NO

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

Is there age-or case-based discrimination in the delineation of privileges to ensure that providers are appropriately trained to care for the infants and children for whom they will provide care?
YES/NO

- Describe how this is monitored by surgical leadership.
- Describe the process to credential and recredential 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.

Do all pediatric anesthesiologists at the applicant center have institutional credentials for privileges for anesthesia procedures to be done specifically in children (Delineation of Privileges)?
YES/NO

↑ Upload all specialties Delineation of Privileges.

4.12 **Are call schedules for all providers involved in children's surgical care readily available?**
YES/NO

Is a portion of children's surgical center call coverage provided by appropriately trained specialists who lack pediatric certification?
YES/NO

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

Does the applicant center have a written plan and relevant published call schedules for provision of pediatric subspecialty care outside this limited scope of practice if needed during periods when call coverage is provided by physicians or surgeons without pediatric certification or without specific pediatric credentials?
YES/NO

- Please describe.

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

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

Are the pediatric surgeons and pediatric anesthesiologists on call at the applicant center exclusively dedicated to the center while on call?
YES/NO

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

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

4.14 **Is there a pediatric rapid response and/or resuscitation team in house 24/7?**
YES/NO

↑ Upload the hospital policies regarding pediatric Rapid Response Team.

↑ Upload the hospital policies regarding NICU Rapid Response Team.

What is the composition and leadership of this team?

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

- Describe the process in place for pediatric education and skills assessment both for onboarding and maintenance of competency for all team members.

How is this team activated?

What is the number of activations for children's surgical patients in the 12-month reporting period?

How are outcomes and team performance monitored?

Is an in-house physician or surgeon with PALS certification and pediatric resuscitation skills available 24/7?
YES/NO

What is the process for surgery specific PIPS review of this RRT activity?

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 pediatric nutrition support available?**

YES/NO

- Describe team composition, leadership, and function.

How do they interact with surgical teams?

Does each surgical area within the hospital have an assigned registered dietician?

YES/NO

Does the registered dietician facilitate timely nutrition assessment, optimal nutrient delivery and appropriate adjustments when needed for the patient?

YES/NO

How is this done in the NICU and PICU?

Do surgical patients in the PICU and NICU undergo a nutritional assessment within 48 hours of admission?

YES/NO

If **'No,'** please describe.

- Provide the percentage of NICU and PICU surgical patients that have a nutrition assessment done within 48 hours of admission.

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

4.20 Are pediatric pharmacy services provided to the children's surgical population 24/7/365?
YES/NO

- Describe pediatric pharmacy services and formulary management.

Is a list of medications accessible and the policies and procedures regarding their administration available?
YES/NO

- Describe relevant prescribing policies.

Were the policies and procedures developed by a multidisciplinary Pharmacy and Therapeutics (P&T) Committee or its equivalent?
YES/NO

Does the Pharmacy and Therapeutics Committee include a pharmacist with pediatric training?
YES/NO

Do pharmacists with pediatric training participate in neonatal and pediatric codes?
YES/NO

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

Are pediatric clinical pharmacist competencies established and periodically reassessed?
YES/NO

Does the computerized order entry support system have requirements for safe medication use?
YES/NO

Is the computerized order entry support system reviewed by the pediatric pharmacy department or by a pediatric pharmacy specialist within an adult health system (Level I and II)?
YES/NO

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.

4.22 Is there a child life (or similar) program?
YES/NO

If **'Yes,'** briefly describe.

- Describe the institution's approach to provide appropriate attention to the special social, behavioral, and emotional needs of children undergoing surgical procedures, including ambulatory and same day admit patients.
- Describe the composition of the child life team, including number of members and designated service areas.

Are child life specialists certified through the Association of Child Life Professionals (ACLP)?
YES/NO

Are child life specialists available 7 days a week?
YES/NO

- Describe process for ensuring adequate child life support in high-need areas.

Is end-of-life support with a hospital endorsed bereavement program incorporated into the child life specialist responsibilities?
YES/NO

Does the applicant center have child life specialists with specific training and expertise in children's surgery available on site?
YES/NO

Are child life specialists available for preoperative care?
YES/NO

- Describe the availability of child life specialists.

Does the applicant center have clinicians with specific training and expertise in pediatric mental and/or behavioral health care available on site?
YES/NO

- Describe the availability of pediatric mental health/behavioral health specialists.

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.

Is the medical director of the child maltreatment team a board certified (or in the examination process) child abuse pediatrician or a pediatrician with a special interest in child maltreatment who dedicates > 50% of their practice to this role?
YES/NO

↑ Upload CV.

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 **Is there a pediatric dialysis team readily available?**
YES/NO

- Describe the pediatric training and experience of the team providing renal replacement therapy.

Is acute renal replacement therapy available 24/7?
YES/NO

If **'No,'** how are these services provided?

How is pediatric specialty dialysis provided during nights and weekends?

4.26 **Is the applicant center able to stabilize and transfer critically ill children?**
YES/NO

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

What is the number of transferred patients categorized by age?

- Neonates (age ≤ 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 transport team of medical personnel for neonatal and pediatric patients within the scope of service?
YES/NO

- Detail the composition of the transport team including the experience and training of personnel.

Does the applicant center have a back-up plan for when all the available teams are already deployed and there is a patient transfer need?
YES/NO

- Detail back-up plan.

Is the medical director of the transport team a physician with acute care experience who has working knowledge of transport medicine including infants and children and who assumes overarching responsibility of the program?
YES/NO

↑ Upload CV and job description.

Describe onboarding education for the transport team.

Does this meet CAMTS (Commission on Accreditation of Medical Transport Systems) standards?
YES/NO

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? Is there a massive transfusion protocol for infants and children?**
YES/NO

↑ Upload protocol.

Was the MTP developed by a multidisciplinary committee including representatives from the transfusion service or blood bank, emergency department, anesthesia, and the surgical representations from the PIPS Committee?
YES/NO

Does the PIPS program monitor the appropriate use, timeliness, and adequacy of the response of the MTP?
YES/NO

Are metrics reviewed at least annually?
YES/NO

Please describe goals for each metric and how site monitors compliance for each metric below:

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

5.4 **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.

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 Perioperative Anesthesia Risk Assessment Program that systematically reviews all children with significant co-morbidities or undergoing complex surgery?
YES/NO

If **'Yes,'** is the Medical Director of Anesthesia (MDCA) responsible for the oversight of the program?
YES/NO

Does the program have nursing or medical staff with the pediatric clinical skills required to take an appropriate medical and surgical history and determine whether further medical evaluation is needed?
YES/NO

Does the program have a formal intake process to assure that all patients scheduled for surgery undergo medical chart review and medical history review with parents or caregivers?
YES/NO

- Please describe.

Does the program have an identifiable leader responsible for perioperative anesthesia risk assessment who oversees chart review and scheduling of in-person appointments and subspecialty appointments when needed?
YES/NO

Has the program established specific guidelines for preoperative laboratory and diagnostic testing before surgery?
YES/NO

Does the program have mechanisms in place to provide appropriate preoperative education of patient and families and reinforce important guidelines such as preoperative NPO guidelines and preoperative medication administration?
YES/NO

Does the program include the availability of anesthesia-trained pediatric personnel to evaluate patients and coordinate perioperative care?
YES/NO

Does the program include availability of behavioral health clinicians to assist in patient and family counseling and preparation for surgical procedures when needed (e.g patients with autism, severe anxiety, etc.)?
YES/NO

Does the Medical Director for affiliated ambulatory centers provide data specific to cancellations or complications related to appropriateness for ambulatory care?
YES/NO

If **'Yes,'** are these cancellations reviewed for appropriateness of ambulatory surgical use?
YES/NO

Are any deviations reviewed at PIPS at least twice a year?
YES/NO

- Provide an example of ongoing efforts to use patient care data collected through the Perioperative Anesthesia Risk Assessment program for QI or research projects.

Does the program engage in continuous review of day-of-surgery cancellations with specific review of cancellations and complications related to inadequate preoperative evaluation or preparation?
YES/NO

- Describe how these cancellations are reviewed within the PIPS process.

5.8* **Does the applicant center have an Acute Pain Management Process?**
YES/NO

Does the process have a physician leader with expertise in acute pain management who is an anesthesiologist or another physician with special training in pain management?
YES/NO

Does the process include key personnel who provide 24/7 coverage to care for children requiring advanced pain management strategies in all areas of the hospital?
YES/NO

↑ Upload acute pain service call schedules from the last 3 months.

Does the process include development of guidelines for all advanced acute pain management strategies?
YES/NO

- Describe acute pain service guidelines for analgesic modalities.

Does the process include development of standardized order sets for pain management modalities?
YES/NO

Does the process engage in continuous monitoring of all pain management-related complications?
YES/NO

Does the acute pain management service have standardized order sets for analgesic medications?
YES/NO

↑ Upload an example of a standardized order set.

Does the process provide a summary of complications to the PIPS committee?
YES/NO

Is the process engaged in at least one data-driven quality improvement project to optimize postoperative pain management?
YES/NO

↑ Upload one example of the quality and safety report for the acute pain service

5.9* **Do all surgical specialties use clinical protocols to provide standardization of care for infants and children?**
YES/NO

- Describe the clinical protocols at the institution.

Do the practice guidelines include preoperative evaluation and preparation as well as postoperative care?
YES/NO

Does each surgical specialty that provides care for children have a clinical protocol for at least one condition and monitor compliance?
YES/NO

Does the applicant center have a mechanism to assure that protocols are reviewed on a periodic basis to assure that the protocols are based on best current evidence?
YES/NO

- Describe this policy/guideline.

* **Level I Centers** must utilize at least 3 of the 6 approaches delineated in standards 5.8 through 5.13. **Level II Centers** must utilize at least 2 of the 6 approaches delineated in standards 5.8 through 5.13. **Level III Centers** are encouraged to utilize these approaches but are not required to do so. *You are only required to complete the PRQ questions for the selected standards.*

5.10* **Does the applicant center have a formal multidisciplinary clinic for at least 3 conditions and/or areas?**
YES/NO

Does the personnel include an intake/access coordinator (or equivalent) to coordinate appointments for the MDC, obtain medical records and pathology/radiology data, and assist with insurance/financial authorization/assistance as needed?
YES/NO

Does the intake/access personnel coordinate aftercare needs?
YES/NO

Does the personnel include a multidisciplinary care coordinator (or equivalent) to serve as the initial contact for patients and referring providers?
YES/NO

Does the Multidisciplinary Clinic (MDC) Coordinator educate patients/families and referring providers on the disease process and intended function of the MDC, as well as the logistical considerations surrounding intake and clinic flow/throughput?
YES/NO

Does the MDC coordinator oversee scheduling, coordinated multidisciplinary review of patients, and maintain the weekly patient flow template?
YES/NO

Does the personnel include multidisciplinary physicians representing at least two separate specialties that participate in direct patient contact through the MDC and formulate the collaborative management plan in a conference format?
YES/NO

Does the personnel include representatives from support services based on individual patient needs?
YES/NO

Do the MDCs function with all disciplines in a single space?
YES/NO

Do the MDCs engage in activities designed to increase and/or improve knowledge surrounding the MDC-focused disease process/condition?
YES/NO

↑ Upload examples of educational materials and/or resources furnished to the community.

- Provide examples of ongoing efforts to use patient care data collected through the MDC for QI or research projects.

↑ Upload the MDC's organizational structure, including the number and names of participants across all relevant specialties, intake & follow-up care coordination protocol.

↑ Upload MDC clinic schedules along with providers/specialties in attendance for the past 3 months.

↑ Upload 3 examples of MDC patient flow templates (or equivalent documents) to illustrate how patients are managed through their respective appointments, tests, and follow-up care.

5.11* **Does the applicant center have specialized nursing protocols for the comprehensive care of at least three surgical conditions?**
YES/NO

- Describe the specialized nursing processes and/or team.

Do the specialized nursing protocols and/or teams include an identifiable nurse leader with content expertise related to the specific disease?
YES/NO

Do the specialized nursing protocols and/or teams develop specific nursing care protocols?
YES/NO

Do the specialized nursing protocols and/or teams provide educational resources which are disease and/or procedure specific?
YES/NO

Do the specialized nursing protocols and/or teams coordinate services throughout the continuum of care?
YES/NO

Do the specialized nursing protocols and/or teams connect patients and families to resources and support services?
YES/NO

Do the specialized nursing protocols and/or teams promote communication between the patient and health care providers?
YES/NO

How else does this process or specialized nursing team guide patients?

5.12* **Does the applicant center have palliative care services for appropriate patients?**
YES/NO

Do physicians, advanced practice providers, nurses, mental health professionals, social workers and spiritual counselors participate in a patient's palliative care plan, when applicable?
YES/NO

- Describe characteristics of the palliative care program.
- Describe the palliative care protocols and guidelines at the institution, including process for ordering palliative care services for patients and care team members involved.

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

* **Level I Centers** must utilize at least 3 of the 6 approaches delineated in standards 5.8 through 5.13. **Level II Centers** must utilize at least 2 of the 6 approaches delineated in standards 5.8 through 5.13. **Level III Centers** are encouraged to utilize these approaches but are not required to do so. *You are only required to complete the PRQ questions for the selected standards.*

6.1 **Does the applicant organization participate in the ACS NSQIP Pediatric Program?**
YES/NO/NA

What year did your center enroll in NSQIP Pediatric?

Are the NSQIP Pediatric data, including on-line reports, reviewed by the Medical Director of Children's Surgery, the Children's Surgery Program Manager, and the Surgical PIPS Committee?
YES/NO/NA

- Briefly explain this process.
- Describe how NSQIP Pediatric data are disseminated to all specialties.

Does the applicant center ensure the data collection staff (SCRs) are appropriately trained and monitored to ensure high-quality data?
YES/NO

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

↑ Upload the CSV Safety Report (NSQIP Pediatric registry report) for the reporting period.

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.

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?

- 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

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

Does the Children's Surgical PIPS Committee review institutional-specific NSQIP Pediatric data and identify any potential quality improvement activities based on changes or trends of concern in morbidity and mortality data or negative outlier status?
YES/NO/NA

Is at least one NSQIP Pediatric data-derived quality improvement project active at all times?
YES/NO/NA

- Please provide list of active projects.

Are status reports regarding NSQIP Pediatric data-derived quality improvement projects given to the Children's Surgical PIPS Committee at least semi-annually?
YES/NO/NA

Are problem trends identified and evaluated by a dedicated, multidisciplinary, Children's Surgical PIPS Committee?
YES/NO

- Describe the process by which such problem trends are identified and reviewed. 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 access 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.

8.1 **Leader of a System**

Is the children's surgical center a regional leader in children's surgical education and outreach activities for all physicians?
YES/NO

Does the children's surgical center offer continued medical education to regional practitioners that promote optimal surgical care of children?
YES/NO

- Provide a summary of the CME programs offered by the applicant center to physicians.
- Provide an example of a current symposium offered to regional practitioners that promote optimal surgical care of children.

Does the children's surgical center engage in children's surgical education for the non-medical public as evidenced by pediatric-specific outreach activities, public service awareness events, and dissemination of new information to the public (e.g., issues related to anesthesia in young children, children's surgery during a pandemic or mass casualty event)?
YES/NO

- Describe these activities briefly and give a specific example of an outreach activity, public service awareness event, and dissemination of new information to the public. Trauma may be one example but please provide an additional example.

Does the children's surgical center provide a means to facilitate referral and access to children's surgical center resources through relationships with local and regional hospitals that form a system of care?
YES/NO

- Describe and provide 3 examples.

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 care of children's surgical problems at local and regional hospitals?
YES/NO

- Briefly describe and provide examples.

Creation, Dissemination and Implementation of New Medical and Surgical Knowledge

Does the applicant center demonstrate 2 of 4 of the following scholarly activities? Please select N/A for the elements you are not completing.
YES/NO

1) Leadership or active participation in major organizations relevant to children's surgical care. Evidence includes membership on committees of any of the regional and national organizations that are related to children's surgical care, participation in writing questions for or giving physician certification exams, or demonstrable similar work.
YES/NO/NA

2) Peer-reviewed funding for related research. There should be demonstrated evidence of funding of the center from a recognized government, intramural, or extramural private agency or organization.
YES/NO/NA

3) Evidence of creation or dissemination of multidisciplinary clinical-based knowledge as evidenced by 3 of the following 5 examples over the past 3 years:
1) creation of clinical pathways or other contributions to PI;
2) publication of case reports, review articles, book chapters, technical documents, Web-based publications, editorial comments, or presentation at a national or international meeting;
3) participation in regional or national surgery quality improvement initiatives;
4) participation in collaboratives;
5) creation or dissemination of training manuals or related course material or other educational materials that contribute to the practice of children's surgery to local or regional hospitals.
YES/NO/NA

4) Does the applicant center have 20 peer-reviewed articles published in journals in PubMed in the most recent 3-year period?
YES/NO/NA

Do these publications result from work related to the children's surgical services at the applicant center?
YES/NO

- If 'No', describe the exceptions.

Of the 20 publications, is at least one authored or coauthored by members of the general pediatric surgery team?
YES/NO

Of the 20 publications, is at least one article each from three of the following disciplines:
(1) basic sciences
(2) neurosurgery
(3) emergency medicine
(4) orthopedics
(5) radiology
(6) anesthesia
(7) vascular surgery
(8) plastics/maxillofacial surgery
(9) critical care
(10) cardiothoracic surgery
(11) rehabilitation
(12) nursing
(13) urology
(14) ENT
YES/NO

↑ Upload the Children's Surgery Education, Outreach and Scholarly Activities Table.

Teaching the Next Generation

Does the applicant center demonstrate 2 of 4 of the following activities focused on teaching the next generation? Please select N/A for the elements you are not completing.
YES/NO

1) Did surgeons and anesthesiologists participating in the surgical care of children at the applicant center participate as visiting professors or invited lecturers at at least 5 relevant national, regional or local conferences over the past 3 years?
YES/NO/NA

2) Does the applicant center demonstrate support of resident participation in institution-focused scholarly activity, including laboratory experiences, clinical trials, or resident paper competitions at the state, regional, or national level?
YES/NO/NA

3) Does the applicant center engage in mentorship of residents and fellows, as evidenced by the development of a children's surgical fellowship program or successful matriculation of graduating residents into such fellowship programs?
YES/NO/NA

4) Does the applicant center demonstrate involvement in furthering the training of residents, fellows, medical students, and/or Advanced Practice Providers either from their own or other institutions, in the inpatient or outpatient surgical care of surgical patients?
YES/NO/NA

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.

9.1 **Fulfilled by Standard 8.1: Children's Surgery Education, Outreach, and Scholarly Activities**

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.