CRPC

County _____

Date of Survey _____

Designated Level _____

Type of Survey _____

Name of Facility _____ Hospital License # _____

Address _____

Telephone (____) _____ Fax (_____) _____

Manager / Director _____ License / Certificate # _____

# of Bays _____

Surveyor's Signature _____ Date _____

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
ALL	1200-8-30-.01	100	PERSONNEL	DEFINITIONS		
ALL	1200-8-30-.01	101-136	PERSONNEL	1. ACLS. Advanced Cardiac Life Support 2. APLS. Advanced Pediatric Life Support 4. Board. Board for Licensing Health Care Facilities. 6. CPR. Cardiopulmonary Resuscitation 7. E. Essential 8. ECG. Electrocardiogram 9. ED. Emergency Department 10. EED. Essential in Emergency Department 11. EED&EPI. Essential in Emergency Department and Pediatric Intensive Care Unit 12. EH. Essential in Hospital 13. EMS. Emergency Medical Service 14. EMSC. Emergency Medical Service for Children 15. ENPC. Emergency Nursing Pediatric Course 16. EP. Promptly available 17. EPI. Essential in Pediatric Intensive Care Unit only 18. ES. Essential Service 20. ICP. Intracranial Pressure 21. IM. Intramuscular 22. IV. Intravenous 23. OR. Operating Room 24. PA. Physician's Assistant 25. PALS. Pediatric Advanced Life Support 27. PICU/PI. Pediatric Intensive Care Unit 29. QA. Quality Assurance 30. QI. Quality Intervention 31. RN. Registered Nurse	1) Pediatric patients: up to the 18th birthday 2) Pediatric Emergency Care Facility (PECF): All hospitals in Tennessee that have emergency care capability are Pediatric Emergency Care Facilities. These regulations are designed to assist health care facilities in Tennessee meet the emergency care needs of children. 3) Pediatric Facility Notebook (PFN): Each facility will maintain a Pediatric Facility Notebook containing key elements for documentation of pediatric care in the facility. Sections in the PFN include: Summary, Personnel, QI, Transfer and Transport, Education, and Data. All referenced Bylaws, Policies and procedures, and Report documents should be maintained in the PFN. An annual report for each level of facility of pediatric admissions including age, diagnosis, length of stay, and outcomes, such as transfers and deaths should be kept in the PFN. This report should also include pediatric ED visits and disposition. 4) Regional Participating Institution: Lower level facilities networking with	PFN tabs set up for: 1) Summary 2) Personnel 3) QI 4) Transfer & Transport 5) Education 6) Data Regulations designated as DATA/QI may be found in either section of the PFN. Some documentation may be kept in different places as noted in this interpretive guideline. Evidence of competency for staff such as listing of all patient care staff, their certifications and competency/skills evaluations with expiration dates. See Tags 301 and 501-510.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				32. RRT. Registered Respiratory Therapist 33. SE. Strongly Encouraged if such services are not available within a reasonable distance. 34. Trauma. A physical injury or wound caused by external force or violence. 36. TRACS. Trauma Registry of American College of Surgeons	a Comprehensive Regional Pediatric Center. 5) Stabilized patient: The stabilized pediatric patient will have medical treatment of the emergency condition provided to minimize material deterioration during transfer. This includes having the airway managed, breathing established and circulatory support rendered when appropriate. The facility should provide evidence of competency using pertinent pediatric equipment and evidence of pediatric emergency training/competency. 6) Family Centered Care (FCC): Family centered care is an approach to health care that focuses on the relationships between families and health care providers. Family centered care emphasizes the vital role that families play in ensuring the health and well-being of infants, children, and adolescents.	Family Centered Care: examples of how facility incorporates FCC principles into its patient care processes.
BASIC	1200-8-30-.01(3)	103	SUMMARY	DEFINITIONS 3. Basic Pediatric Emergency Facility. The facility shall be capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation, and providing an appropriate transfer to a definitive care facility.	This designation is limited to those facilities with very limited pediatric capability, and lack of physician staffing in ED 24h/day, or lack of general surgery/anesthesia coverage.	
PRIMARY	1200-8-30-.01(28)	128	SUMMARY	DEFINITIONS 28. Primary Pediatric Emergency Facility. The facility shall provide the same services as a Basic Pediatric	The Primary Facility is the lowest level with physician coverage in the ED 24h/day, and access to general surgery/anesthesia coverage. This level	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				Emergency Facility and shall have limited capabilities for the management of minor pediatric inpatient problems and may accept appropriate transfers of pediatric patients when there is no facility with more comprehensive capabilities available within a region.	may take transfers if appropriate services are available.	
GENERAL	1200-8-30-.01(19)	119	SUMMARY	DEFINITIONS 19. General Pediatric Emergency Facility. The facility shall have a defined separate pediatric inpatient service and a department of pediatrics within the medical staff structure. The facility may accept appropriate referrals of pediatric patients from Basic and Primary Pediatric Emergency Facilities as part of prearranged triage, transfer and transport agreements.	The General Pediatric Facility shall provide the same services as the Primary Facility, and shall have a defined separate pediatric inpatient service/unit. The pediatric inpatient unit should be geographically distinct with defined nursing, medical and administrative management structure and be primarily utilized for pediatric patients. The bylaws should reflect a separate pediatric department in the medical staff structure with regular meetings at least quarterly. The Department of Pediatrics shall have formal involvement in development and monitoring of pediatric emergency and critical care protocols, policies, and QI and management programs. For large metropolitan or regional hospitals with significant pediatric patient volumes, a separate pediatric emergency area is strongly recommended.	1. Organizational chart demonstrating separate nursing, medical & administration management structure. 2. Bylaws of Pediatric Medical Staff Department reflecting required meetings. 3. Demonstration of Department of Pediatrics involvement in development & monitoring of protocols, policies, QI & management programs.
CRPC	1200-8-30-.01(5)	105	SUMMARY	DEFINITIONS 5. Comprehensive Regional Pediatric Center (CRPC). The facility shall be capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. The center shall be responsible for serving as a regional referral center for the specialized care of pediatric patients or in special	A list of pediatric medical and surgical specialists required for the CRPC is contained in Table 1. The CRPC serves as the provider of definitive care for most pediatric illnesses and injuries, and also serves to facilitate transfer and transport from regional facilities to the CRPC or to other specialized facilities.	Evidence of required specialists as per Table 1 and Tag 301.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				circumstances provide safe and timely transfer of children to other resources for specialized care.		
CRPC	1200-8-30-.01(35)	135	DATA/QI	DEFINITION 35. Trauma Registry. A central registry compiled of injury incidence information supplied by designated trauma centers and Comprehensive Regional Pediatric Centers (CRPC's) for the purpose of allowing the Board to analyze data and conduct special studies regarding the causes and consequences of traumatic injury.	Evidence of TRACS registry data submission as is appropriate for the hospitals' PECF designation. See tags 336, 337, 338, 339, and 365.	
ALL	1200-8-30-.02	200		LICENSING PROCEDURES		
ALL	1200-8-30-.02 (1)	201	SUMMARY	The hospital shall designate the classification of Pediatric Emergency Care Facility it will maintain and the level of care it will provide and submit this information to the Department of Health on the joint annual report.	Signage prominently placed in the Emergency Department should indicate the designation for each facility. Documentation of designation is included in the joint annual report to the Department of Health.	Copy of facility's joint annual report.
ALL	1200-8-30-.03	300		ADMINISTRATION		
ALL	1200-8-30-.03 (1)		SUMMARY	ADMINISTRATION. The hospital administration shall provide the following: (See below)	Hospital mission statement explicitly makes commitment to pediatric patients in accordance with requirements for the level of designation.	Copy of hospital mission statement.
ALL	1200-8-30-.03 (1) (a)	301	PERSONNEL	Adequate and properly trained personnel to provide the services expected at the designated Pediatric Emergency Care Facility classification.	Required medical, nursing staff roster including name, appropriate certification and training for each title as outlined in regulations. (See Tag 510). 1. Basic: ☐ On-Call Physicians, ☐ ED RN or PA 2. Primary: ☐ ED Physicians, ☐ ED Nurses, ☐ Respiratory Therapists	Staff roster listing staff certifications, orientation outline for each position, and continuing education. See tag 362 for description of child abuse team.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					3. General: ☐ Child Abuse Team ☐ ED Physician Director, ☐ ED Physicians, ☐ ED Nursing Director and Nurses ☐ Nursing Staff Educator ☐ Respiratory Therapists 4. CRPC: ☐ Child Abuse Team, ☐ CRPC Coordinator, ☐ Trauma Registrar, ☐ Pediatric ED Director and ☐ ED Physicians, ☐ PICU Medical Director, ☐ Pediatric Trauma/Emergency Director, ☐ Pediatric Trauma Surgeons, ☐ Pediatric Cardiothoracic Surgeon, ☐ Pediatric Nursing Coordinator, ☐ Nursing staff Educator, ☐ PICU Nursing Director, ☐ ED Nursing Director, ☐ ED Nurses, ☐ Respiratory Therapists, ☐ Respiratory Therapy Supervisor ☐ Occupational Therapists, ☐ Physical Therapists, ☐ Special Education, ☐ Nutritionist/Dietician, ☐ Lab Technicians, ☐ Radiology Technicians, ☐ CT Technicians, ☐ Biomedical Technicians, ☐ Social Services, ☐ Chaplain Services	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
ALL	1200-8-30-.03 (1) (a)	301	PERSONNEL		On-Call lists to be maintained and available in PFN (Personnel section) for previous 12 months: Basic: ☐ On-Call Physicians, Primary: ☐ Pediatrician or Family Practitioner, ☐ General Surgery, ☐ Radiology/Teleradiology, ☐ Anesthesiologist/Anesthetist General ☐ Pediatrician or Family Practitioner, ☐ General Surgery, ☐ Radiology, ☐ Anesthesiologist/Anesthetist CRPC: ☐ Anesthesiologist, ☐ Cardiologist, ☐ Critical Care Physician, ☐ Endocrinologist, ☐ Gastroenterologist, ☐ Gynecologist, ☐ Hand Surgeon (unless transfer agreement), ☐ Hematologist/Oncologist, ☐ Infectious Disease Physician, ☐ Microvascular Surgeon (unless transfer agreement), ☐ Nephrologist, ☐ Neurologist, ☐ Neurosurgeon, ☐ Ophthalmologist, ☐ Oral/Maxillofacial Surgeon, ☐ Orthopedic Surgeon, ☐ Otolaryngologist, ☐ Pathologist, ☐ Pediatrician, ☐ Pediatric Cardiothoracic Surgeon (unless transfer agreement), ☐ Pediatric General/Trauma Surgeon,	Copies of call lists for current & previous 12 months in PFN (Personnel Section).

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					☐ Pediodontist, ☐ Physical Medicine/Rehabilitation, ☐ Plastic Surgeon, ☐ Psychiatrist/Psychologist, ☐ Pulmonologist ☐ Radiologist ☐ Urologist	
ALL	1200-8-30-.03 (1) (b)	302	SUMMARY	The financial resources to provide the emergency department or the pediatric emergency department with the equipment necessary to provide the level of services of the designated PECF classification.	Corrective plan for any equipment not present or budgeted for.	
ALL	1200-8-30-.03 (1) (c)	303	SUMMARY	Facilities designed for easy access and appropriate for the care of pediatric patients at the designated PECF classification.	Tour of ED and other patient care areas to assess: easy access for patients and emergency vehicles, clear signage, handicap access, and readily available parking. Sites of pediatric inpatient care in primary and general facilities should be visited, as well as the PICU in the CRPC. Appropriate for the care of pediatric patients means that some ability of physically isolating the pediatric patient from non-pediatric patients in the ED exists. It should be evident that FCC is a priority for the institution in its planning for pediatric patients. This should include sharing of medical information with parents, facilitation of parent/professional collaboration, recognition of families' method of coping, and the provision of direct emotional support to families. This includes provision for the ability to communicate with patients and primary caregivers who are deaf and special communication situations such as need for interpreter access if the facility regularly provides to non-English	1. Tour to demonstrate: o Easy access o Clear signage o Handicapped access o Readily available parking o Ability to physically isolate pediatric patients from non-pediatric patients in ED. 2. Refer also to Tag 100: Demonstrate how Family Centered Care principles are incorporated into patient care. 3. Demonstrate how staff members communicate with parents who are hearing impaired or non-English speaking. 4. Policy(s) minimizing separation of child and parent for emergency care.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					speaking families. Separation of child and parent for emergency care should be minimized by policy of the ED and, if applicable, the PICU.	
ALL	1200-8-30-.03 (1) (d)	304	SUMMARY	Access to emergency care for all urgent and emergent pediatric patients regardless of financial status.	Bylaws or policies in the ED should assure no delays occur while checking on insurance status. The total number and percent of pediatric patients who leave the ED without being seen or without medical screening exam should be reviewed at least quarterly by the medical executive committee and/or quality improvement committee and be reflected in the minutes.	1. Policy: no delays while checking insurance status. 2. Report: total number and percent of pediatric patients who leave the ED without being seen or without a medical screening exam. 3. Meeting minutes reflecting at least quarterly review by the medical executive committee and/or QI committee.
ALL	1200-8-30-.03 (1) (e)		SUMMARY	Participation in a network of pediatric emergency care within the region where it is located by linking the facility with a regional referral center to: (See below)	A summary paragraph outlining the institution's role in a network of regional care and within the EMSC system in TN to address: o capability for caring for ED, ICU, medical and surgical pediatric patients, o plans for types of transport available for selected patients, with the relationship to other facilities in the region specified, o scope of professional training, o any institutional problems within the network along with plans of action to rectify, and o any problems regarding inaccessibility to pediatric courses, transfer/transport issues, and interfacility issues with a summary of steps taken to assure improvement. <u>General Facility</u>: o How the facility demonstrates a working relationship with the CRPC to assure health care workers in the facility and region have access to	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					continuing education to maintain & update skills for recognizing and stabilizing pediatric emergencies. <u>General/Primary/Basic Facilities:</u> Demonstrate means of access to 24hrs/day consultation with a CRPC from the ED and other patient care areas treating pediatric patients.	
BASIC, PRIMARY and GENERAL	1200-8-30-.03 (1) (e) 1	305	TRANSFER & TRANSPORT	guarantee transfer and transport agreements;	All Basic, Primary, and General pediatric emergency care facilities shall have a transfer agreement in place with at least one CRPC. Basic and primary facilities may also have an agreement with a general pediatric emergency care facility in the region.	Copy of transfer agreement(s) with CRPC(s). Basic / Primary: Copy of transfer agreement with general facility if no CRPC transfer agreement is in place.
ALL	1200-8-30-.03 (1) (e) 2	306	TRANSFER & TRANSPORT	refer seriously and critically ill patients and special needs patients to an appropriate facility; and	Transfer agreements should be in place which specifically list seriously and critically ill and special needs patients. A log of referrals to a CRPC should be maintained, including transfers from patient floor, ICU, and ED. Patient transfer policy for the facility specifically requires documentation of consultation with the family prior to transfer including discussion of risks of transfer vs. benefit.	Copy of transfer log that lists: o All pediatric patients referred/transferred. o Includes patients transferred from ED, floor, and ICU. Copy of facility's transfer policy with required elements
ALL	1200-8-30-.03 (1) (e) 3	307	TRANSFER & TRANSPORT	assure the support of agreements to receive or transfer appropriate patients.	A record of all transfer and transport agreements should be maintained by hospital administration to assure the ability to promptly transfer or receive emergent pediatric patients. Transfer agreements should specifically reference seriously and critically ill and special needs pediatric patients.	1. List of facilities that your facility has transfer agreements with. 2. Copy of agreement demonstrating specific reference to seriously and critically ill and special needs pediatric patients.
ALL	1200-8-30-.03 (1) (f)	308	EDUCATION	A collaborative environment with the Emergency Medical Services and Emergency Medical Services for Children systems to educate pre-hospital personnel, nurses and physicians.	1. An education summary that includes records of participation by an institution's staff in education and outreach to area pre-hospital personnel, nurses, and physicians	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					should be maintained in the PFN (Education section) as well as identifying personnel at the institution participating in this training. o Examples of training: PALS, PBTLS, BTLS, assessment classes, monthly case conferences, and child death reviews (pathology, police dept, MSSW, nursing, physician) which include the following groups: local fire departments, ambulance services, and community college paramedic/EMT programs. 2. Demonstration of how FCC principles are integrated in programs and how family representatives, which are not hospital employees, participate as faculty or advisors for training. 3. Basic / Primary / General Facilities: Demonstration of collaboration with CRPC: o Continuing education o Regional and state research and data collection o Quality indicators	
ALL	1200-8-30-.03 (1) (g)	309	DATA/QI	Participation in data collection to assure that the quality indicators established by the regional resource center are monitored, and make data available to the regional resource center or a central data monitoring agency.	As monitors are developed by the Committee for Pediatric Emergency Care or regional CRPCs, documentation of participation in data collection and submitted data must be available for review in the PFN (Data/QI Section). Documentation of annual collaboration with a CRPC shall be present.	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
ALL	1200-8-30-.03 (1) (h)	310	TRANSFER & TRANSPORT DATAQI	Linkage with pre-hospital care and transport.	1 Summary of local destination guidelines in PFN (Transfer and Transport Section). 2 Pediatric pre-hospital protocols and the facility's involvement in development and review of these protocols in PFN (Transfer and Transport section). 3 Documentation of follow-up on variances from local guidelines or protocols in PFN (Data/QI section).	
ALL	1200-8-30-.03 (1) (i)	311	EDUCATION	Public education regarding access to pediatric emergency care, injury prevention, first aid and cardiopulmonary resuscitation.	1 Documentation of annual collaboration with a CRPC containing education planning and participation for the region. 2 Statement of support for public education and an institutional plan for local and regional involvement. 3 Records of participation in regional media, school, parent, or medical provider education. 4 Documentation of public education such as health fairs, PBLS & other public classes, newspaper articles, hospital publications, school visits, community talks, and infant CPR. 5 Public education includes the roles and responsibilities of families in response to pediatric emergencies and promotes FCC principles as best practice. 6 Policies concerning parents seeking telephone advice. 7 For programs offering ED advice to the public, appropriate training, clear protocols, careful documentation & routine monitoring should be in place. 8 All facilities shall have a pediatric liaison who is responsible for	Examples of documentation of collaboration with CRPC may include but is not limited to meeting minutes, site visits with summaries, and maintaining files with interactions of the various facilities. Examples of promotion of FCC principles must be present among the documentation of public education, including considerations of age appropriateness, literacy, cultural and language issues for the population served.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					communicating with the hospital's designated CRPC Coordinator. Should this designated pediatric liaison change, notification to the CRPC Coordinator must be made.	
ALL	1200-8-30-.03 (1) (j)		DATA/QI	Incorporation into the hospital existing quality assessment and improvement program, a review of the following pediatric issues and indicators: (See below)	These items should be specifically included in the written QI plan. The pertinent sections of the plan, along with a summary report of these indicators, should be available in the PFN with quarterly breakdown by indicator and QI or medical executive committee recommendations based on data review.	1 Written QI plan that addresses these items specifically. 2 Summary report of indicators with quarterly breakdown and committee recommendations based on QI or medical executive committee data review.
ALL	1200-8-30-.03 (1) (j) 1	312	DATA/QI	deaths;	Hospital bylaws should assure that all pediatric deaths are reviewed and this review is reported to QI Committee and/or Medical Executive Committee	Copy of Hospital bylaws assuring all pediatric deaths are reviewed & review reported to appropriate committee(s).
ALL	1200-8-30-.03 (1) (j) 2	313	DATA/QI	incident reports;	Review for trends and plan of action.	Summary report of indicators with quarterly breakdown and committee recommendations based on data review.
ALL	1200-8-30-.03 (1) (j) 3	314	DATA/QI	child abuse cases;	Review for appropriate follow-up.	Summary report of indicators with quarterly breakdown and committee recommendations based on data review.
ALL	1200-8-30-.03 (1) (j) 4	315	DATA/QI	cardiopulmonary or respiratory arrests;	Outcome of arrests subcategorized as cardiopulmonary or respiratory should be included in QI data.	Summary report of indicators with quarterly breakdown and committee recommendations based on data review.
ALL	1200-8-30-.03 (1) (j) 5	316	DATA/QI	admissions within 48 hours after being discharged from the emergency department;	Hospital QI reports or QI plan should include documentation that these admissions are reviewed by a medical staff committee and reported to medical executive committee.	Summary report of indicators with quarterly breakdown and committee recommendations based on data review.
ALL	1200-8-30-.03 (1) (j) 6	317	DATA/QI	surgery within 48 hours after being discharged from an emergency department;	Hospital QI reports or QI plan should include documentation that these admissions are reviewed by a medical staff committee and reported to medical	Summary report of indicators with quarterly breakdown and committee recommendations

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					executive committee.	based on data review.
ALL	1200-8-30-.03 (1) (j) 7	318	DATA/QI	quality indicators requested by the Comprehensive Regional Pediatric Center or state/local Emergency Medical Services for Children authority regarding nursing care, physician care, pre-hospital care and the medical direction for pre-hospital providers of Emergency Medical Services systems;	Documentation of collaboration with a CRPC is required by Basic, Primary and General facilities to assure regional and state quality indicators are monitored and data shared. A quality indicator for physician care and nursing care should include patient/family survey data regarding pediatric ED visits at the institution.	Summary report of indicators with quarterly breakdown and committee recommendations based on data review: o Patient/family survey data regarding physician and nursing care delivered during pediatric ED visits.
ALL	1200-8-30-.03 (1) (j) 8	319	TRANSFER & TRANSPORT	pediatric transfers; and	Log of pediatric transfers listing: o department of the hospital transferred from (ED vs. patient floor vs. ICU), o mode of transport/transfer, o length of stay prior to transport, and o patient outcomes after transport. CRPC: o List of transferred patients (received and transferred). o Demonstrate how outcome data is made available to referring hospitals (transfers received). o Summary Report included in PFN (Transfer & Transport section).	
ALL	1200-8-30-.03 (1) (j) 9	320	DATA/QI	pediatric inpatient illness and injury outcome data.	Specific monitors as defined for TN EMSC by the Committee for Pediatric Emergency Care (or other designated Tennessee EMSC entity) or regional CRPCs shall be maintained by each pediatric facility.	
CRPC	1200-8-30-.03 (2)(a)		SUMMARY	In a Comprehensive Regional Pediatric Center, hospital administration shall also: Provide assistance to local and state agencies for Emergency Medical Services and Emergency Medical Services for Children in organizing and implementing a network for providing pediatric emergency	A summary included in the PFN (Summary section) of the institution's representation in local and state EMS and EMSC.	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				care within a defined region that:: (See below)		
CRPC	1200-8-30-.03 (2) (a) 1	321	TRANSFER & TRANSPORT	provides transfer & transport agreements with other classifications of facilities;	The CRPC shall enter into transfer and transport agreements with Basic, Primary, and General institutions to facilitate ready transfer and appropriate mode of transport. The CRPC shall also have agreements listed with other facilities providing services not available at the facility. The CRPC shall also share outcome data with referring institutions for patients transferred.	List of transfer/transport agreements with: 1 Basic, Primary, and General institutions to facilitate ready transfer and appropriate mode of transport, and 2 facilities providing services not available at CRPC. Demonstrate process for sharing of outcome data with referring hospitals for patients transferred.
CRPC	1200-8-30-.03 (2) (a) 2	322	TRANSFER & TRANSPORT	provides transport services when needed for receiving critically ill or injured patients within the regional network;	The CRPC shall maintain a pediatric critical care transport team capable of 24hrs/day response to provide interfacility transport for ill/injured patients within the area of service. If this team also serves as an adult transport team, then specific documentation of 25% or greater of training, inservices, and case review shall be in pediatrics. Policies shall clearly document mechanism for activation of transport team as well as identification of medical control and team composition.	1) Policies that clearly document: a) mechanism for activation of pediatric critical care transport team, and b) identification of medical control and team composition. 2) If this team serves as an adult transport team, then specific documentation of ≥25% of training, in-services and case review shall be in pediatrics.
CRPC	1200-8-30-.03 (2) (a) 3	323	TRANSFER & TRANSPORT	provides necessary consultation to participating network hospitals;	Evidence of a mechanism to provide 24hrs/day medical consultation to participating network hospitals regarding emergency care and stabilization, triage and transfer, and transport including QI review. The contact person(s) within the CRPC for regional hospitals shall be identified, including job description and reporting responsibilities within the organization.	Evidence of mechanism to provide 24hrs/day medical consultation to participating network hospitals for emergency care, stabilization, triage, transfer and transport including QI reviews.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (a) 4	324	EDUCATION	provides indirect (off-line) consultation, support and education to regional pre-hospital systems and supports the efforts of regional and state pre-hospital committees.	1) The hospital can demonstrate involvement in the local and regional EMS programs by such means as: a) Participation in Emergency Medical Technician and/or Paramedic training programs where appropriate. b) Joint educational programs to include equipment, supplies and drugs specific to neonatal and pediatric patients. c) Opportunity for appropriate clinical experience. d) Participation in EMS system quality assessment and quality assurance mechanisms as well as case studies. e) Assistance in the development of regional standards, guidelines, policies and procedures. All involvement should be documented in the PFN (Education section).	Demonstrate involvement in local and regional EMS programs: 1) EMT/Paramedic training programs, 2) Joint educational programs including: equipment, supplies, and drugs specific to neonatal & pediatric patients, 3) Opportunity for clinical experience, 4) Participation in EMS system QA mechanisms & case studies, and/or 5) Assistance in development of regional standards, guidelines, policies and procedures.
CRPC	1200-8-30-.03 (2) (a) 5	325	TRANSFER & TRANSPORT	provides medical support to assure quality direct (on-line) medical control for all pre-hospital systems within the region.	Evidence of a mechanism documented in PFN (Transfer and Transport section) to provide or participate in regional medical control 24hrs/day and to receive call-ahead ambulance information. Good communications systems must be in place to link pre-hospital personnel with designated medical personnel at the CRPC.	1) Evidence of mechanism to provide or participate in regional medical control 24hrs/day and to receive call-ahead ambulance information. 2) Communication system to link pre-hospital personnel with designated medical personnel at CRPC.
CRPC	1200-8-30-.03 (2) (a) 6		EDUCATION	organizes and implement a network of educational support that:: (See below)	Evidence provided in PFN (Education section) to show a defined mechanism and allocated resources to provide and coordinate educational support to all regional hospitals with defined annual goals and objectives that may include: program outlines, CMEs, orientation, course schedules, and attendance rosters.	3) Regional hospital education plan demonstrating defined annual goals & objectives that may include: a) Program outlines b) CMEs c) Orientation d) Course schedules

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
						e) Attendance Rosters f) Involvement of PICU & ED personnel
CRPC	1200-8-30-.03 (2) (a) 6 (i)	326	EDUCATION	trains instructors to teach pediatric pre-hospital, nursing and physician-level emergency care;	Evidence provided in PFN (Education section) to show participation by the CRPC in training instructors for PALS, BLS, APLS, or other standardized pediatric emergency care courses. The CRPC should be able to demonstrate evidence of participation at the pre-hospital provider, nursing, and physician level.	1) Listing of instructor training classes for PALS, BLS, APLS, or other standardized pediatric emergency care course. 2) Demonstrate evidence of participation at the pre-hospital provider, nursing and physician level and involvement of PICU & ED personnel.
CRPC	1200-8-30-.03 (2) (a) 6 (ii)	327	EDUCATION	assures that training courses are available to all hospitals and health care providers utilizing pediatric emergency care facilities within the region;	Evidence provided in PFN (Education section) to document regional availability of training including schedules, locations and attendance at hospital-sponsored courses/training programs by staff and physicians from regional facilities.	1. Schedules of classes offered by CRPC in region. 2. Sign-in sheets showing program attendees from regional facilities.
CRPC	1200-8-30-.03 (2) (a) 6 (iii)	328	EDUCATION	supports Emergency Medical Service agencies and Emergency Medical Services Directors in maintaining a regional network of pre-hospital provider education and training;	See tag 308 and 324.	
CRPC	1200-8-30-.03 (2) (a) 6 (iv)	329	EDUCATION	assures dissemination of new information and maintenance of pediatric emergency skills;	See tag 326, 327,328 Additionally evidenced by: 1. RN and physician orientation 2. continuing education programs/ recertification classes 3. newsletters 4. practice sessions	
CRPC	1200-8-30-.03 (2) (a) 6 (v)	330	EDUCATION	updates standards of care protocols for pediatric emergency care;	As evidenced by policy guidelines outlining the review and/or revision of policies, procedures, standards, guidelines and protocols for the ED, PICU and pediatric critical care transport team. Evidence of review by appropriate	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					medical personnel at least every 3 years.	
CRPC	1200-8-30-.03 (2) (a) 6 (vi)	331	EDUCATION	assures that emergency departments and pediatric intensive care units within the hospital shall participate in regional education for emergency medical service providers, emergency departments and the general public;	See tag 326 Documented evidence in PFN (Education section) of ED and PICU personnel involvement in education of EMS providers, Emergency Departments and the general public, as evidenced by: 1. CME offerings 2. Staff education 3. Provision of clinical experience for health related studies	
CRPC	1200-8-30-.03 (2) (a) 6 (vii)	332	SUMMARY	provides for public education and promotes family-centered care in relation to policies, programs and environments for children treated in emergency departments.	Family members or organizations representing families are consulted in an advisory capacity at least annually and documented by correspondence from such groups, committee minutes listing family participants, or program publications listing family members (not hospital employees) as planning and development participants.	Family Centered Care Committee/Family involvement documented by: 1) Committee minutes listing family participants, 2) or program publications listing family members as planning and development participants.
CRPC	1200-8-30-.03 (2) (a) 7		DATA/QI	assists in organizing and providing support for regional, state and national data collection efforts for EMSC that:: (See below)	Evidence of participation in: regional, state, and national registries and state annual report summarized in PFN (Data/QI section).	
CRPC	1200-8-30-.03 (2) (a) 7 (i)	333	DATA/QI	defines the population served;	Summary including: o states/counties served with approximate number of children residing in areas, o age group breakdown, o top diagnoses or common causes of hospitalization, o fluctuation in pediatric population, and o trends in severe illness or injury rates should be placed in PFN (Data/QI section).	
CRPC	1200-8-30-.03 (2) (a) 7 (ii)	334	DATA/QI	maintains and monitors pediatric specific quality indicators;	List of specific quality indicators such as o death rates, o readmissions, o ED wait times,	QI Committee minutes reflecting required elements.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					o ED patients leaving without being seen, o family satisfaction surveys, o drug reactions, o medication errors, etc. Reviewed at least quarterly by the QI Committee with discussion reflected in committee minutes.	
CRPC	1200-8-30-.03 (2) (a) 7 (iii)	335	DATA/QI	includes injury and illness epidemiology;	Documentation of injury and illness epidemiology and impact on facility.	
CRPC	1200-8-30-.03 (2) (a) 7 (iv)		DATA/QI	includes trauma/illness registry (this shall include severity, site, mechanism and classification of injury/illness, plus demographic information, outcomes and transport information); (See below)	Evidence of participation shall be included in the PFN (Data/QI section).	
CRPC	1200-8-30-03 (2) (a) 7 (iv) (I)	336	DATA/QI	Each CRPC shall submit TRACS Registry data electronically to the state trauma registry on all closed patient files no less than quarterly for the sole purpose of allowing the board to analyze causes and medical consequences of serious trauma while promoting the continuum of care that provides timely and appropriate delivery of emergency medical treatment for people with acute traumatic injury.		See tag 339.
CRPC	1200-8-30-03 (2) (a) 7 (iv) (II)	337	DATA/QI	TRACS data shall be transmitted to the state trauma registry and received no later than one hundred twenty (120) days after each quarter.		See tag 339.
CRPC	1200-8-30-03 (2) (a) 7 (iv) (III)	338	DATA/QI	Failure to timely submit TRACS data to the state trauma registry for three (3) consecutive quarters shall result in the delinquent facility's necessity to appear before the Board for any disciplinary action it deems appropriate, including, but not limited to citation of civil monetary penalties and/or loss of CRCP designation status.		See tag 339.
CRPC	1200-8-30-03 (2) (a) 7 (iv)	339	DATA/QI	CRPC's shall maintain documentation to show that timely transmissions have been		Copies of TRACS Registry data transmission receipts.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
	(IV)			submitted to the state trauma registry on a quarterly basis.		
CRPC	1200-8-30-.03 (2) (a) 7 (v)	340	DATA/QI	is adaptable to answer questions for clinical research; and	Specific examples may be listed in PFN (Data/QI section).	
CRPC	1200-8-30-.03 (2) (a) 7 (vi)	341	DATA/QI	supports active institutional and collaborative regional research.	Demonstrates in PFN (Data/QI section): 1) organized research program, 2) participation in state and national registries, 3) participation in EMSC & CRPC research efforts & data collection.	
CRPC	1200-8-30-.03 (2) (b)		DATA/QI	Organize a structured quality assessment and improvement program with the assistance and support of local/state Emergency Medical Services and Emergency Medical Services for Children agencies that allows ongoing review and: (See below)	Demonstrated by a summary contained in PFN (Data/QI section): 1) Formalized QA/QI program with specific indicators and data that can be extracted for pediatric patients. Further evidenced by minutes, benchmarking, and outcome data. Must be reviewed annually. 2) Participate in structured quality assessment/quality improvement programs of local/state EMS and EMSC agencies. 3) Demonstrated improvement in identified problem areas. 4) Family members or organizations representing families are routinely consulted in an advisory capacity and documented by correspondence with such groups, committee minutes or program publications listing family participants (not hospital employees).	Summary of QA/QI programs with local/state EMS & EMSC agencies w/specific indicator evidenced by: o minutes o benchmarking o outcome data o improvement in identified problem areas o reviewed annually o family members / organizations routinely consulted in advisory capacity
CRPC	1200-8-30-.03 (2) (b) 1	342	SUMMARY	reviews all issues and indicators described under the four classifications of Pediatric Emergency Care Facilities emergency departments;	See Regulation 1200-8-30.03(1)(e) Surveyor Guidance. The role of the CRPC as a resource to all classifications of pediatric facilities requires familiarity with the requirements for each level to allow planning and strategy to assist all levels. The summary required for Regulation 1200-8-30-.03(1)(e) Surveyor Guidance should	Overview of CRPC role to basic, primary and general facilities. See tags 312-320.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					overview the CRPC role to Basic, Primary, and General facilities.	
CRPC	1200-8-30-.03 (2) (b) 2	343	DATA/QI	provides feedback, quality review and information to all participating hospitals, emergency medical services and transport systems, and appropriate state agencies;	A plan for collaborative participation between the CRPC and other participating regional facilities shall be developed and documented in the PFN (Data/QI section), outlining mechanisms for feedback between facilities, prehospital providers and transport systems, and state agencies as well as sharing QI data and information. A summary should be provided documenting interfacility and interagency interaction, current QI issues and indicators, and linkage to planned education efforts.	1. Patient data feedback process summary 2. Transport system QA process summary 3. Summary of interfacility / interagency interaction o Current QI issues with indicators o Linkage to planed education efforts
CRPC	1200-8-30-.03 (2) (b) 3	344	DATA/QI	develops quality indicators for the review of pediatric care which are linked to periodic continuing education and reviewed at all participating institutions;		See Tag 343.
CRPC	1200-8-30-.03 (2) (b) 4	345	SUMMARY	reviews all trauma-related deaths, including those that are primary admitted patients versus secondary transferred patients. This review should include a morbidity and mortality review;	The Pediatric Trauma Committee minutes should reflect documentation of review of all trauma related deaths, source of patient, review of care, and a morbidity and mortality review.	Pediatric Trauma Committee minutes.
CRPC	1200-8-30-.03 (2) (b) 5	346	DATA/QI	assures quality assessment in the Emergency Department and the Pediatric Intensive Care Unit to include collaborative quality assessment, morbidity and mortality review, utilization review, medical records review, discharge criteria, planning and safety review; and	A hospital committee(s) shall be responsible by hospital bylaws for assuring QI indicators for the ED and PICU, and monitoring data, including: o morbidity & mortality review o utilization review o medical records review o discharge criteria o planning and safety review. Committee membership to include: o ED medical director, o PICU medical director, o representatives from anesthesiology o surgery, o pathology, and	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					o general pediatrics.	
CRPC	1200-8-30-.03 (2) (b) 6	347	SUMMARY	evaluates the emergency services provided for children for emphasis on family-centered philosophy of care, family participation in care, family support during emergency visits and transfers and family information and decision-making.	The PICU and ED oversight committee(s) shall by committee minutes document that an annual review of the institution's family-centered philosophy of care in the ED and PICU be performed. Input from surveys, interviews, or family representatives (not hospital employees) on hospital committees shall be solicited and evaluated as part of this annual review. The Medical Director and Nurse Manager of the ED and PICU shall establish policies addressing family-centered care and research policies. Priorities include adequate, age-appropriate, literacy-level appropriate patient and family education materials for illness, safety, and prevention.	
CRPC	1200-8-30-.03 (2) (c)	348	EDUCATION	Have an organized trauma training program by and for staff physicians, nurses, allied health personnel, community physicians and pre-hospital providers;	Documentation including trauma courses, attendance, content, should be present in the PFN (Education section).	.
CRPC	1200-8-30-.03 (2) (d)	349	SUMMARY	Have an organized organ donation protocol with a transplant team or service to identify possible organ donors and assist in procuring for donation, consistent with state and federal law;	Hospital policies and procedures are in place for organ donation. Policies and procedures meet state and federal regulations for organ procurement.	
CRPC	1200-8-30-.03 (2) (e)	350	EDUCATION	Have a pediatric intensive care unit and emergency department (ED) in which the staff train health care professionals in basic aspects of pediatric emergency and critical care and serve as a focus for continuing education programs in pediatric emergency and critical care. In addition, staff working in the pediatric intensive care unit and ED shall routinely attend or participate in regional and national meetings with course content pertinent to pediatric emergency and critical care.	The PFN (Education section) shall contain documentation of PICU/ED staff attendance/participation as evidenced by: • course agendas • outreach programs • provision of clinical experience for health care students • education records • attendance/CEU/CME records	Documentation may be kept in records other than the PFN.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (f)	351	EDUCATION	Assure training for pediatric intensive care unit and ED nurses in the following required skills: recognition, interpretation and recording of various physiological variables, drug administration, fluid administration, resuscitation, (including cardiopulmonary resuscitation certification), respiratory care techniques (chest physiotherapy, endotracheal suctioning and management, tracheotomy care), preparation and maintenance of patient monitors, family-centered principles and psychosocial skills to meet the needs of both patient and family. PICU nurse-to-patient ratios vary with patient needs, but should range from 4 to 1 to 1 to 3.	The PFN (Education section) shall contain documentation for these skills as evidenced by: o orientation checklists o course agendas o job descriptions o competency requirements o continuing education programs o recertification classes Specific documentation that family representatives (not hospital employees) were consulted in advisory capacity focusing on family-centered care principles.	
CRPC	1200-8-30-.03 (2) (g)	352	SUMMARY	Establish within its organization a defined pediatric trauma/emergency service program for the injured child. The pediatric trauma/emergency program director shall be a pediatric surgeon, certified "or eligible for certification," in pediatric surgery with demonstrated special competence in care of the injured child. The director shall have full responsibility and authority for the pediatric trauma/emergency service program.	The pediatric trauma/emergency program director is distinct from the emergency department medical director. The credentials for the pediatric surgeon filling this role shall be listed as in tag 301. A description of the trauma program should be included in the PFN (Summary section).	o Description of trauma program o Credentials for trauma program director (tag 301) o Trauma program director job description.
CRPC	1200-8-30-.03 (2) (h)		PERSONNEL	Providing the following pediatric emergency department/trauma center personnel: (See below)	Each physician member shall be credentialed by the facility for the appropriate specialty, including trauma care, with documentation in the PFN (Personnel section).	Evidence of physician credentialing in specialty. See Tag 301.
CRPC	1200-8-30-.03 (2) (h) 1	353	PERSONNEL	an emergency physician on duty in the emergency department;	See Tag 505 for credential requirements for CRPC ED physicians.	o See Tag 301.
CRPC	1200-8-30-.03 (2) (h) 2	354	PERSONNEL SUMMARY	a pediatric trauma surgeon promptly available within 30 minutes;	Evidence of a call system to provide trauma surgeon within 30 minutes. See Tags 301 and 510.	o Pediatric Trauma Committee minutes should reflect review of trauma team activation and response times.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (h) 3	355	PERSONNEL	two registered nurses with pediatric emergency, pediatric critical care or pediatric surgical experience as well as training in trauma care;	Documentation in the PFN (Personnel section) that two registered nurses are available within the emergency department at all times with experience in care of the pediatric emergency and trauma patients as evidenced by: 1) standards 2) trauma education statistics 3) RN schedule 4) competency requirements · 5) job description	
CRPC	1200-8-30-.03 (2) (h) 4	356	PERSONNEL SUMMARY	a cardiothoracic surgeon who is promptly available or a transfer agreement to a Level 1 trauma center;	Cardiothoracic surgeon(s) credentials on staff or reference to a transfer agreement must be maintained in PFN (Personnel section). Any necessary transfer agreement must be maintained in the PFN (Transfer and Transport section). Evidence of a call system to provide cardiothoracic surgery coverage within 30 minutes or documentation of a transfer agreement. Pediatric Trauma committee minutes should reflect monitoring for timely ED response and plan for resolution of any concerns. See Tags 301 and 510.	o Call schedule o Pediatric Trauma Committee minutes should reflect review of trauma team activation and response times w/plan for resolution of any concerns.
CRPC	1200-8-30-.03 (2) (h) 5	357	PERSONNEL SUMMARY	an orthopedic surgeon who is promptly available;	Evidence of call system to provide an orthopedic surgeon within 30 minutes and on-call roster must be available in the PFN (Personnel section). Pediatric Trauma committee minutes should reflect monitoring of response times and plan for resolution of any concerns. See Tags 301 and 510.	o Call schedule o Pediatric Trauma Committee minutes should reflect review of Trauma Team Activation and response times w/plan for resolution of any concerns

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (h) 6	358	PERSONNEL SUMMARY	an anesthesiologist who is promptly available. An anesthesia resident post graduate year 3 capable of assessing emergency situations and initiating proper treatment or a certified registered nurse anesthetist credentialed by the chief of anesthesia may fulfill this requirement, but a staff anesthesiologist must be available within 30 minutes;	The minimum requirement is an anesthesiologist available within 30 minutes. Some facilities may additionally use a nurse anesthetist or 3rd year or greater anesthesia resident present in the building, but a staff anesthesiologist must also be on call with a 30 minute response time. Pediatric Trauma committee minutes should reflect monitoring of response times and plan for resolution of any concerns. See Tags 301 and 510.	o Call schedule o Pediatric Trauma Committee minutes should reflect review of trauma team activation and response times w/plan for resolution of any concerns.
CRPC	1200-8-30-.03 (2) (h) 7	359	PERSONNEL SUMMARY	a neurosurgeon who is promptly available;	Evidence of a call system to provide neurosurgery coverage within 30 minutes. Pediatric Trauma committee minutes should reflect monitoring of response times and plan for resolution of any concerns and plan for resolution of any concerns. See Tags 301 and 510.	o Call schedule o Pediatric Trauma Committee minutes should reflect review of trauma team activation and response times w/plan for resolution of any concerns.
CRPC	1200-8-30-.03 (2) (h) 8	360	PERSONNEL	a pediatric respiratory therapist, lab technician and radiology technician;	Evidence of 24 hour in hospital coverage in these areas must be present. Competency in pediatrics evidenced by job descriptions, continuing education, and age-specific competencies should be present. Respiratory therapists shall be available in-house or physically present in the ED 24 hr/day at Primary, General and CRPC facilities. See Tag 301.	Call schedules, job descriptions, and continuing education demonstrating competency in pediatrics for: o Respiratory therapy o Lab technicians o Radiology technicians

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (h) 9	361	PERSONNEL	a computer tomography technician in-house (or on-call and promptly available if the specific clinical needs of the hospital make this necessary and it does not have an adverse impact on patient care);	Computerized tomography for the pediatric patient must be available without delay 24hrs/day, with a maximum of 30 minutes response time. Pediatric Trauma committee minutes should reflect monitoring of response times and plan for resolution of any concerns. A staff radiologist with demonstrated expertise in pediatric care shall be readily available and on-call to assist in the performance and interpretation of the CT scan. See Tag 301.	o Call schedule o Pediatric Trauma Committee minutes should reflect review of trauma team activation and response times w/plan for resolution of any concerns.
CRPC	1200-8-30-.03 (2) (h) 10	362	PERSONNEL	provide available support services to the emergency department to include social services, chaplain support, and a child and sexual abuse team that are promptly available. These support services shall include family counseling and coordination with appropriate services to support the psychological, financial or other needs of families;	Social Services should be available in-house or on-call 24hrs/day to the ED. o There shall be documented evidence that there is adequate support of social services in assisting in the management of the pediatric patient's family and significant others. It is suggested that this individual be credentialed at the MSSW level and have an awareness of the emergency health care system. There shall be a separate interview area for social service closely adjacent to the emergency department. There should be the opportunity for all spiritual denominations to receive support. This can be accomplished by in-house chaplaincy program or by listing of spiritual leaders promptly available to the facility. Demonstration of child life support in the ED is strongly recommended, as evidenced by: o policies	Social Services: o Evidence of ongoing continuing education in pediatric related issues including, but not limited to: o crisis intervention o bereavement o family counseling o community resources o psychosocial assessments o advocacy related to patient-family rights o age-specific interventions QI: see tag 314 Personnel: see Tag 301

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					o availability of child life staff o job descriptions o available materials/supplies Child and sexual abuse support can be demonstrated by an organized program to assure appropriate care, which includes professional staff with special training/involvement in caring for children who are abused. This training/involvement should include attendance at national or regional meetings focused on child and sexual abuse, active participation in regional committees, and/or fellowship training in caring for children that have been abused or neglected. A child abuse/sexual abuse policy should be in place, which includes a multidisciplinary team approach (police and prosecutorial authority, rape crisis, social work, DCS, hospital nursing and physicians) and ongoing case review. The multidisciplinary team should have documentation of periodic meetings, including issues such as victim's rights, child advocacy, and coordination with state and local governmental agencies.	
CRPC	1200-8-30-.03 (2) (h) 11	363	PERSONNEL	a pediatric nursing coordinator who is responsible for coordination of all levels of pediatric trauma/emergency activity including data collection, quality improvement, nursing education and may include case management;	A coordinator is responsible, in collaboration with the Pediatric Trauma Director, for meeting overall responsibilities for the trauma service. The coordinator should have the responsibility to monitor and promote all trauma related activities associated with pediatric patient care, and is responsible for monitoring the quality of care given by the nursing staff as the trauma patient moves through the hospital system. These indicators shall be present: a) Evidence of qualification to include education preparation, certification and pediatric experience.	Trauma nursing coordinator: o education preparation o certification o pediatric experience o job description o organizational chart depicting the relationship between the coordinator and other services o participation in local / state / national pediatric trauma related activities o evidence of participation in trauma research either

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					b) Selection process as defined by the hospital personnel policies. c) Participation in local/state/national pediatric trauma related activities. d) Evidence of participation in trauma research either through promotion or coordination. A job description and organizational chart shall be present depicting the relationship between the coordinator and other services.	through promotion or coordination
CRPC	1200-8-30-.03 (2) (h) 12	364	SUMMARY	the pediatric trauma committee chaired by the director of the pediatric trauma program with representation from pediatric surgery, pediatric emergency medicine, pediatric critical care, neurosurgery, anesthesia, radiology, orthopedics, pathology, respiratory therapy, nursing and rehabilitation therapy. This committee shall assure participation in a pediatric trauma registry. There must be documentation of the subject matter discussed and attendance at all committee meetings. Periodic review should include mortality and morbidity, mechanism of injury, review of the Emergency Medical Services system locally and regionally, specific care review, trauma center/system review, and identification and solution of specific problems including organ procurement and donation;	Compliance with the Pediatric Trauma Committee as evidenced by: • bylaws • membership • committee minutes, including attendance • standards • QI activities • organization outcome measurements	Trauma committee Bylaws Membership: o Pediatric surgery o Pediatric emergency medicine o Pediatric critical care o Neurosurgery o Anesthesia o Radiology o Orthopedics o Pathology o Respiratory therapy o Nursing o Rehab Therapy o Committee minutes o Attendance Periodic review to include: o M & M o Mechanism of injury o EMS local & regional system o Specific care review, o Trauma center system review o Identification / solution of specific problems including organ procurement & donation o Standards o QI activities o Organization outcome measurements

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.03 (2) (h) 13	365	PERSONNEL	a trauma register function shall be provided in organizations that have 500 – 1000 trauma admissions/observations per year; and	o Registrar job description o Evidence of annual number of trauma admissions/observations	See Tag 301.
CRPC	1200-8-30-.03 (2) (h) 14		PERSONNEL	a CRPC coordinator position whose responsibilities include: (See below)	CRPC Coordinator: o job description o reporting responsibilities within the organization	See Tag 301.
CRPC	1200-8-30-.03 (2) (h) 14 (i)	366	PERSONNEL	acting as a regional liaison and coordinator for the statewide EMSC project;	Documentation of working relationships with representatives from regional pediatric emergency care facilities, EMS and EMSC.	
CRPC	1200-8-30-.03 (2) (h) 14 (ii)	367	PERSONNEL	planning and providing educational activities to met the needs of the emergency network hospitals and pre-hospital providers; and	Evidence of participation in educational activities for hospital and pre-hospital providers.	
CRPC	1200-8-30-.03 (2) (h) 14 (iii)	368	PERSONNEL	maintaining and updating the CRPC Pediatric Facility Notebook.	Evaluation of PFN.	
ALL	1200-8-30-.04	400		Admissions, Discharges and Transfers		
BASIC, PRIMARY and GENERAL	1200-8-30-.04 (1)	401	TRANSFER & TRANSPORT	A Basic, Primary, or General Facility shall be capable of providing resuscitation, stabilization and timely triage for all pediatric patients and, when appropriate, transfer of patients to a higher-level facility. A Basic, Primary, or General Pediatric Emergency Facility is responsible for having appropriate transfer agreements to assure that all pediatric patients receive timely emergency care at the most appropriate pediatric facility available to a specific region. Each facility shall be linked with a Comprehensive Regional Pediatric Center for pediatric consultation.	See Tags 101, 102, 103, 305, 306, and 307. The QI program should include monitoring of the timeliness of transfers. Adverse outcomes review should include evaluation of the timeliness of care and any needed transfers.	
PRIMARY	1200-8-30-.04 (2)	402	TRANSFER & TRANSPORT	A Primary Emergency Care Facility shall support Basic Facilities within a region when necessary by having prearranged triage and transfer agreements to receive appropriate patients as a part of a regional pediatric care network.	See Tags 101, 102, 306, and 308. Review summary paragraph in PFN (Transfer and Transport section) to define facilities role in region. Primary facilities shall support Basic facilities with transfer agreements in regions without close proximity to a General facility or CRPC when appropriate.	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					Assess the physical location in the hospital for pediatric admissions in Primary facilities.	
GENERAL	1200-8-30-.04 (3)	403	TRANSFER & TRANSPORT	A General Emergency Care Facility shall support Basic and Primary Facilities within a region by having triage and transfer agreements to receive appropriate patients as a part of a regional pediatric care network.	See Tags 101, 102, 103, 305, 307. Review summary paragraph provided in PFN (Transfer and Transport section) to define facilities role in region. General facilities shall support Basic and Primary facilities with prearranged transfer agreements in regions without close proximity to a CRPC.	
GENERAL	1200-8-30-.04 (4)	404	SUMMARY	A General Pediatric Emergency Facility shall have a defined separate pediatric inpatient service with a department of pediatrics within the medical staff structure.	See Tag 103.	
CRPC	1200-8-30-.04 (5)		SUMMARY	A Comprehensive Regional Pediatric Center Shall: (See below)		
CRPC	1200-8-30-.04 (5) (a)	405	TRANSFER & TRANSPORT	Assist with the provision of regional pre-hospital direct medical control for pediatric patients.	See Tag 325.	
CRPC	1200-8-30-.04 (5) (b)		TRANSFER & TRANSPORT	Promote a regional network of direct medical control by lower-level hospitals within the region by working closely with the regional Emergency Medical Services medical director to assure: (See below)	CRPC should demonstrate active involvement in and complete knowledge of regional communications systems as demonstrated by participation in any regional EMS communications committees and support letter from local ambulance service medical directors or state regional EMS coordinator.	Demonstrate active involvement & complete knowledge of regional communications systems by: o Participation in regional EMS communications committees, o Support letter from local ambulance service medical, directors, or o Support letter from state regional EMS director. See Tag 325.
CRPC	1200-8-30-.04 (5) (b) 1	406	TRANSFER & TRANSPORT	standards for pre-hospital care;	As evidenced by documentation of: o participation in EMS system QA/QI mechanisms. o assistance in the development of regional standards, field protocols, guidelines, policies and procedures.	See Tags 324, 331 and Regulation 1200-8-30-.03(2)(b) Suggested Documents / Evidence of Compliance.
CRPC	1200-8-30-.04 (5) (b) 2	407	TRANSFER &	triage & transfer guidelines; and	As evidenced by documentation of : o Participation in development and	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
			TRANSPORT		review of local destination guidelines.	
CRPC	1200-8-30-.04 (5) (b) 3	408	TRANSFER & TRANSPORT	quality indicators for pre-hospital care.	See Tag 324 and Regulation 1200-8-30-.03(2)(b) Surveyor Guidance. Data from quality indicators of prehospital care shall be reviewed at Pediatric Trauma Committee and Pediatric ED and PICU oversight committee(s). Results of review shall be shared with regional EMS medical directors and state/regional EMS coordinator. Review of all incidents of hospital or emergency department diversions/advisories should be documented.	o Review of all incidents of diversions/advisories. o Data from quality indicators of pre-hospital care shall be reviewed at pediatric Trauma Committee, and Pediatric ED and PICU oversight committee(s). o Results of review shall be shared w/regional EMS medical directors and state/regional EMS coordinator.
CRPC	1200-8-30-.04 (5) (c)		DATA/QI	Accept all patients from a defined region who require specialized care not available at lower-level hospitals within the region through: (See below)	The CRPC shall include documentation of transfer denials and any EMTALA complaints/investigations. Internal review system should be in place and results of such review included in the PFN, Data/QI section.	
CRPC	1200-8-30-.04 (5) (c) 1	409	TRANSFER & TRANSPORT	prearranged transfer agreements that network hospitals within a region to assure appropriate inter-emergency department triage and transfer to assure optimum care for seriously and critically ill or injured pediatric patients; and	See Tags 305 and 321. The minimum standard is having transfer agreements, but it is encouraged to develop interfacility triage and transfer criteria to have in place to assist in transfer decision making.	
CRPC	1200-8-30-.04 (5) (c) 2	410	TRANSFER & TRANSPORT	prearranged transfer agreements for pediatric patients needing specialized care not available at the Comprehensive Regional Pediatric Center (e.g., burn specialty unit, spinal cord injury unit, specialized trauma care or rehabilitation facility).	The role of the CRPC is to: o Have in place transfer agreements for burn care, spinal cord injury unit care, specialized trauma or rehab care, access to hyperbaric oxygen chamber, and acute hemodialysis if not available at CRPC. o Serve as a resource for transfer from Basic, Primary, and General facilities to definitive care facilities providing specialized care not available at the CRPC. This may include telephone consultation (Tag 325) pediatric	If not available at CRPC, transfer agreements for: o burn specialty unit o spinal cord injury unit o specialized trauma care o rehabilitation facility o acute hemodialysis

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
					critical care transport to facility (Tag 322), or transfer to CRPC for further stabilization prior to transfer to specialized care facility (Tags 305, 306, and 307).	
CRPC	1200-8-30-.04 (5) (d)		TRANSFER AND TRANSPORT	Assure a pediatric transport service that: (See below)		
CRPC	1200-8-30-.04 (5) (d) 1	411	SUMMARY	is available to all regional participating hospitals;	See Tag 322. A description of regional transport services and region served should be included in PFN (Summary section). This summary should include rotor and fixed-wing coverage for the region. Policies and procedures for the transport service should indicate region served, team activation procedure, and medical control.	
CRPC	1200-8-30-.04 (5) (d) 2	412	TRANSFER & TRANSPORT	provides a network for transport of appropriate patients from all regional hospitals to the Comprehensive Regional Pediatric Center or to an alternative facility when necessary; and	Transfer and transport agreements must be available.	See Tags 321, 322, 409, 410, 411, 412, and 413.
CRPC	1200-8-30-.04 (5) (d) 3	413	TRANSFER & TRANSPORT	transports children to the most appropriate facility in their region for trauma care. Local destination guidelines for emergency medical services should assure that in regions with 2 Comprehensive Regional Pediatric Centers, or 1 Comprehensive Regional Pediatric Center and another facility with Level 1 Adult Trauma capability, that seriously injured children are cared for in the facility most appropriate for their injuries.	Documentation should be available in the PFN (Transfer & Transport section) demonstrating: • local destination guidelines for pediatric trauma patients are in place to assure patients are taken to the facility most appropriate. Narrative to include: ▪ list of service, ▪ hospitals available to receive most seriously injured, and ▪ monitoring of transfers, triage, and QI Documentation of on-line communication with trauma control if the CRPC is not the institution with highest trauma capability.	See Tags 305, 306, 307, and 325. On-line communication refers to any means of direct real-time communication that the CRPC uses in its role as medical control in a transport. This communication may take place with pre-hospital services or other medical facilities.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.04 (5) (e)		SUMMARY	Provide 24-hour consultation to all lower-level facilities for issues regarding: (See below)	Evidenced by: o Policies and procedures o Consultation access focusing on Tags 414, 415, and 416. o Physician duties/responsibilities should include these functions (Tags 324 and 325). Outline how these services are available to lower level facilities in PFN (Summary section).	
CRPC	1200-8-30-.04 (5) (e) 1	414	SUMMARY	emergency care and stabilization;	(See above)	
CRPC	1200-8-30-.04 (5) (e) 2	415	SUMMARY	triage and transfer; and	(See above)	
CRPC	1200-8-30-.04 (5) (e) 3	416	SUMMARY	transport.	(See above)	
CRPC	1200-8-30-.04 (5) (f)	417	SUMMARY	Develop policies that describe mechanisms to achieve smooth and timely exchange of patients between emergency department, operating room, imaging facilities, special procedure areas, regular inpatient care areas, and the pediatric intensive care unit.	The minutes of the Pediatric ED and PICU oversight committee(s) should reflect periodic review of intrafacility transfer policies. Hospital internal transport policies should be included in the PFN.	Minutes of the ED and PICU oversight committee(s): o Periodic review of intrafacility transfer policies. Hospital internal transport policies.
ALL	1200-8-30-.05	500		BASIC FUNCTIONS		
ALL	1200-8-30-.05 (1)			Medical Services. (See below)		
BASIC	1200-8-30-.05 (1) (a)	501	PERSONNEL SUMMARY	In a Basic Pediatric Emergency Facility an on-call physician shall be promptly available and provide direction for the in-house nursing staff. The physician shall be competent in the care of pediatric emergencies including the recognition and management of shock and respiratory failure, the stabilization of pediatric trauma patients, advanced airway skills (intubation, needle thoracostomy), vascular access skills (including intraosseous needle insertion), and be able to perform a thorough screening neurologic assessment and to interpret physical signs and laboratory values in an age-appropriate	An ED on-call roster must be maintained for review including physicians and documentation of backup system for additional RN emergency staffing. In addition, Credentials Committee documentation shall be available for review of institutional credentialing in required skills: the recognition and management of shock and respiratory failure, the stabilization of pediatric trauma patients, advanced airway skills (intubation, needle thoracostomy), vascular access skills (including intraosseous needle insertion), and the ability to perform a thorough screening	o ED on-call roster for MD & RN o See Tag 301. o Processes for accessing physicians with advanced airway or vascular access skills, and access to general surgery and/or pediatric specialty consultation. o Medical executive committee minutes reflecting periodic review of response time issues for on-call physicians.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				manner. For physicians not board-certified/prepared by the American Board of Emergency Medicine, successful completion of courses such as Pediatric Advanced Life Support (PALS) or the American Academy of Pediatrics and American College of Emergency Physician's Advanced Pediatric Life Support (APLS) can be utilized to demonstrate this clinical capability. An on-call system shall be developed for access to physicians who have advanced airway and vascular access skills as well as for general surgery and pediatric specialty consultation. A back-up system must be in place for additional registered nurse staffing for emergencies.	neurologic assessment and to interpret physical signs and laboratory values in an age-appropriate manner, training, CME course work (PALS, APLS, or other) and board certification/admissibility in emergency medicine. Utilizing PALS to document pediatric emergency training requires a card documenting current provider status. APLS can be utilized with a certificate of attendance within the past 4 years. All physicians on the physician roster shall be able to demonstrate competency through PALS, APLS, ABEM, or ABOEM certification, or other (CME/letters from training/medical directors) means in the skills listed for caring for pediatric emergencies. The PFN (Summary section) should include a description of the processes for accessing physicians with advanced airway or vascular access skills, and access to general surgery and/or pediatric specialty consultation. Medical executive committee minutes should reflect periodic review of response time issues for on-call physicians.	
PRIMARY and GENERAL	1200-8-30-.05 (1) (b)	502	PERSONNEL	A Primary or General Pediatric Emergency Facility shall have an emergency physician in-house 24 hours per day, 7 days per week. The emergency department physician shall be competent in the care of pediatric emergencies including the recognition and management of shock and respiratory failure, the stabilization of pediatric trauma patients, advanced airway skills (intubation, needle thoracostomy), vascular access skills (including intraosseous needle insertion), and be able to perform a thorough screening neurologic assessment and to interpret physical signs and laboratory values in an	See Tag 301. An ED physician roster shall be available for review. Credentials Committee documents shall be available for review of institutional credentialing in required skills: the recognition and management of shock and respiratory failure, the stabilization of pediatric trauma patients, advanced airway skills (intubation, needle thoracostomy), vascular access skills (including intraosseous needle insertion), and the ability to perform a thorough screening neurologic assessment and to interpret physical signs and laboratory values in an age-appropriate manner,	o ED physician roster o ED physicians competency demonstrated by: o Board certified / admissible by American Board of Emergency medicine, or o PALS, APLS, ABEM, or ABOEM certification, or CME / letters from training /medical directors can be used to demonstrate clinical competency (copy of

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				age-appropriate manner. For physicians not board-certified board prepared by the American Board of Emergency Medicine, successful completion of courses such as Pediatric Advanced Life Support (PALS) or the American Academy of Pediatrics and American College of Emergency Physician's Advanced Pediatric Life Support (APLS) can be utilized to demonstrate this clinical capability. A pediatrician or family practitioner, general surgeon with trauma experience, anesthetist/anesthesiologist, and radiologist shall be promptly available 24 hours per day.	training, CME course work (PALS, APLS, or other), and medical specialty Board status must be provided. The on-call general surgeon should be credentialed in trauma care. All physicians on the physician roster shall be able to demonstrate competency through PALS, APLS, ABEM, or ABOEM certification, or other (CME/letters from training/medical directors) means for the skills listed for caring for pediatric emergencies. In addition, on-call rosters for pediatrics or family practice, general surgery, anesthetist / anesthesiology, and radiology shall be available in the PFN (Personnel section). Medical executive committee minutes should reflect periodic review of response time issues for on-call physicians with plans for the correction of any deficiencies. Family practitioner is defined as an MD or DO licensed under Title 63, Chapter 6 or 9. Teleradiology services are acceptable at primary facilities as equivalent to radiologist available 24 hours per day.	valid cards). o Available for review: Credentials committee documentation of institutional credentialing in required skills. o On-call rosters for: o pediatrician, or family practitioner, o general surgeon with trauma experience, o anesthetist / anesthesiologist, o radiologist (tele-radiology services acceptable at Primary facilities). o Medical Executive Committee periodic review of on-call physician response times & plans for correction of any deficiencies.
GENERAL	1200-8-30-.05 (1) (c)	503	PERSONNEL	A General Pediatric Emergency Facility shall a physician director who is board certified/admissible in an appropriate primary care board. A record of the appointment and acceptance shall be in writing. The physician director shall work with administration to assure physician coverage that is highly skilled in pediatric emergencies.	The physician identified as the ED Medical Director shall be identified in the PFN (Personnel section). Credential information shall include documentation of board certification/admissible status in a primary care board such as pediatrics, internal medicine, pediatric emergency medicine, emergency medicine or family medicine. Credentialing criteria used by the Director to assess pediatric capabilities of covering physicians should be specified.	Identification of ED Medical Director with required credentialing: o CV of ED Medical Director o Record of appointment / acceptance. Credentialing criteria used to assess pediatric capabilities of covering physicians. See Tag 301.
CRPC	1200-8-30-.05 (1) (d)	504	PERSONNEL	In a Comprehensive Regional Pediatric Center, the emergency department medical director shall be board certified in pediatrics emergency medicine or board admissible. A	The physician identified as the Pediatric ED Medical Director shall be identified in the PFN (Personnel section). Credential information shall include documentation of	Identification of ED Medical Director with required credentialing: o CV of ED Medical

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
				record of the appointment and acceptance shall be in writing.	primary board certification in pediatrics or emergency medicine and board certification/admissible status in pediatric emergency medicine. (Board certification in pediatrics or emergency medicine is a prerequisite to certification in pediatric emergency medicine.)	Director o Record of appointment / acceptance See Tag 301.
CRPC	1200-8-30-.05 (1) (e)	505	PERSONNEL	A Comprehensive Regional Pediatric Center shall have 24 hours ED coverage by physicians who are board certified in pediatrics or emergency medicine, and preferably board certified, board admissible, or fellows (second year level or above) in pediatric emergency medicine. The medical director shall work with administration to assure highly skilled pediatric emergency physician coverage. All physicians in pediatric emergency medicine will participate on at least an annual basis, in continuing medical education activities relevant to pediatric emergency care.	See Tag 301. An ED physician roster shall be available for review in the PFN (Personnel section). ED physicians will have listed their board certification/board admissible status in pediatrics, emergency medicine, or pediatric emergency medicine. Pediatric emergency medicine status is preferred. Credentialing criteria used by the Director / Medical staff office to assess pediatric emergency capabilities of covering physicians should be specified. CME courses may include pediatric courses, advance airway skills, disaster planning, environmental medicine etc.	ED roster showing: o board certification/board prepared status in pediatrics, emergency medicine or pediatric emergency medicine o credentialing criteria used by Director to assess pediatric emergency capabilities of covering physicians o CME documentation may be kept in a reference other than the PFN. See Tag 301.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.05 (1) (f)	506	PERSONNEL	In a Comprehensive Regional Pediatric Center the pediatric intensive care unit shall have an appointed medical director. A record of the appointment and acceptance shall be in writing. Medical directors of the pediatric intensive care center shall meet one of the following criteria: (1) board-certified in pediatrics and board-certified or in the process of certification in pediatric critical care medicine; (2) board-certified in anesthesiology with practice limited to infants and children and with special qualifications (as defined by the American Board of Anesthesiology) in critical care medicine; or (3) board-certified in pediatric surgery with added qualifications (as defined by the American Board of Surgery) in surgical critical care medicine. The pediatric intensive care unit medical director shall achieve certification within five years of their initial acceptance into the certification process for critical care medicine.	The physician identified as the PICU Medical Director shall be identified in the PFN (Personnel section). Credential information shall include documentation of board certification/admissible status in pediatrics, anesthesiology, or pediatric surgery with subspecialty certification in critical care.	o Written record of the appointment and acceptance of the PICU Medical Director. o PICU Medical Director credentials (CV) showing board certification/admissible status. o See Tag 301.
CRPC	1200-8-30-.05 (1) (g)	507	PERSONNEL	The pediatric intensive care unit and ED medical director shall participate in developing and reviewing their respective unit policies, promote policy implementation, participate in budget preparation, help coordinate staff education, maintain a database which describe unit experience and performance, supervise resuscitation techniques, lead quality improvement activities and coordinate research.	Documentation of participation in policy review and development, budget, staff education, and other activities should be evidenced by: (1) PICU/ED Standards and Policy and Procedures Manual, and (2) PICU/ED oversight committee membership. See Tag 346.	o PICU Standards, policy manual, o PICU oversight committee membership o Staff education activities o PICU database describing unit experience & performance o QI / Research activities o PICU Medical Director Job description

Pediatric Emergency Care Facilities (CRPC) Licensure Survey

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.05 (1) (h)	508	PERSONNEL	The pediatric intensive care unit medical director shall name qualified substitutes to fulfill his or her duties during absences. The pediatric intensive care unit medical director or designated substitute shall have the institutional authority to consult on the care of all pediatric intensive care unit patients when indicated. He or she may serve as the attending physician on all, some or none of the patients in the unit.	PICU Policies should reflect the requirement for naming an acting director of the pediatric intensive care during the absence of the medical director of the PICU. Hospital bylaws/policies shall reflect the authority of the PICU medical director to consult on any PICU patient when indicated.	Policies: o Naming an acting director of PICU during absence of PICU medical director. o Hospital bylaws/policies reflect authority of PICU medical director to consult on any PICU patient when indicated.
CRPC	1200-8-30-.05 (1) (i)	509	PERSONNEL	The pediatric intensive care unit shall have at least one physician of at least the postgraduate year 2 level available to the pediatric intensive care units in-house 24 hours per day. All physicians in pediatric critical care will participate on at least an annual basis, in continuing medical education activities relevant to pediatric intensive care medicine.	An in-house physician must be clearly designated by policy as responsible to respond to emergencies in the PICU. This physician must be pediatric PGY-2 or greater. Documentation of attendance of all critical care physicians for CME activities relevant to pediatric intensive care. This may include advanced airway course, disaster planning and others.	o Documentation of attendance for past 3 years of all critical care physicians at regional of national pediatric critical care meetings and participation in continuing medical education. o CME documentation may be kept in a reference other than the PFN. o Policy: In-house physician responsible to respond to emergencies in the PICU. This physician must be pediatric $\geq$ PGY-2.
ALL	1200-8-30-.05 (1) (j)	510	PERSONNEL	Specialist consultants shall be board certified or board prepared and actively seeking certification in disciplines in which a specialty exists. A Comprehensive Regional Pediatric Center shall be staffed with specialist consultants with pediatric subspecialty training.	See Table 1 for medical and surgical specialty lists. All professional staff listed shall be either board certified by the appropriate American Board or be an active candidate, as defined by their respective board or sub-board. Documentation of Board status should be maintained by summary roster in PFN (Personnel section). See Tag 301.	Physician roster. See Tag 301.
ALL	1200-8-30-.05 (2)			Nursing Services (See below)		

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
ALL	1200-8-30-.05 (2) (a)	511	SUMMARY	Emergency staff in all facilities shall be able to provide information on patient encounters to the patient's medical home through telephone contact with the primary care provider at the time of encounter, by faxing or mailing the medical record to the primary care provider, or by providing the patient with a copy of the medical record to take to the physician. Follow-up visits shall be arranged or recommended with the primary care provider whenever necessary.	The ED should be capable of providing phone, fax, copy, mail or electronic availability of information about a patient visit. Policy should be in place stating indications for notification of a patient's physician at time of visit and for reporting of test results to patients in a timely manner.	o Methods of providing information regarding patient visit to primary care provider, and/or patient. o Policy stating indications for notification of PCP at time of visit and for reporting of test results to a patient's physician in a timely manner.
BASIC	1200-8-30-.05 (2) (b)	512	SUMMARY	In Basic Pediatric Emergency Facilities at least one RN or physician's assistant shall be physically present 24 hours per day, 7 days per week, and capable of recognizing and managing shock and respiratory failure and stabilizing pediatric trauma patients, including early recognition and stabilization of problems that may lead to shock and respiratory failure. At least one emergency room registered nurse or physician's assistant per shift shall have successfully completed courses such as the Emergency Medical Services for Children/American Heart Association Pediatric Advanced Life Support (EMSC/PALS) course, or the Emergency Nurses Association Emergency Nursing Pediatric Course (ENPC) and can demonstrate this clinical capability. Documentation of current expiration date for the above courses shall be maintained by the facility and available upon request.	The PFN (Summary section) should reflect the Basic Facility's staffing plan including use of physician's assistants versus nurse practitioners versus RNs. If physician assistants or nurse practitioners are utilized, an updated roster should be maintained in the PFN (Personnel section) along with pediatric training documentation. PALS, APLS, or similar courses can be utilized to satisfy the skills requirement for the PA. The Basic Facility shall maintain in the PFN (Personnel section) a list of all nurses staffing the emergency department and training records documenting completion of PALS, ENPC, or similar courses. Alternatives to PALS, or the ENPC course should clearly document in the course content that the skills of recognizing and managing pediatric emergencies such as respiratory failure and shock are included. Prior work experience in a PICU or pediatric ED may be utilized. Staffing schedule should reflect that an RN that has completed supplemental pediatric training listed above is always on duty. Exceptions should be recorded for review, with plans for correction and prevention.	o Staffing plan: use of PAs versus Nurse practitioners versus RNs. o Rooster of PAs showing pediatric training / certification: PALS, APLS or similar courses to satisfy skills requirements. o Roster of nurses staffing ED with training records (PALS, ENPC, if alternatives used, course content documented). Work experience in PICU or pediatric ED may be utilized. o Staffing schedule reflecting that RN with pediatric training (listed above) is always on duty. o Exceptions recorded for review with plans for correction and action.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
PRIMARY and GENERAL	1200-8-30-.05 (2) (c)	513	SUMMARY	In Primary or General Pediatric Emergency Facilities at least one RN shall be physically present 24 hours per day, 7 days per week, and capable of recognizing and managing shock and respiratory failure and stabilizing pediatric trauma patients, including early recognition and stabilization of problems that may lead to shock and respiratory failure. At least one emergency room nurse per shift shall have successfully completed courses such as the PALS or ENPC and can demonstrate this clinical capability.	The Primary and General facilities shall maintain in the PFN (Personnel section) a list of all nurses staffing the emergency department and training records documenting completion of PALS, ENPC, or similar courses. Alternatives to PALS, or the ENPC course should clearly document in the course content that the skills of recognizing and managing pediatric emergencies such as respiratory failure and shock are included. Prior work experience in a PICU or pediatric ED may be utilized. Staffing schedule should reflect that an RN that has completed supplemental pediatric training listed above is always on duty. Exceptions should be recorded for review, with plans for correction and prevention.	o Roster of nurses staffing ED with training records (PALS, ENPC, if alternatives used, course content documented) Work experience in PICU or pediatric ED may be utilized. o Staffing schedule reflecting that RN with pediatric training (listed above) is always on duty. o Exceptions recorded for review with plans for correction and prevention.
GENERAL	1200-8-30-.05 (2) (d)	514	SUMMARY	A Pediatric General Emergency Facility shall have an emergency department nursing director/manager and at least one nurse per shift with pediatric emergency nursing experience. Nursing administration shall assure adequate staffing for data collection and performance monitoring.	The ED nursing director/manager shall be listed in the PFN (Personnel section). See Tag 301.	Job description of ED nursing director/manager. See Tag 301.
CRPC	1200-8-30-.05 (2) (e)	515	PERSONNEL EDUCATION	A Comprehensive Regional Pediatric Center shall have a pediatric emergency department director/manager and a registered nurse responsible for ongoing staff education.	The pediatric ED nursing director/manager shall be listed in the PFN (Personnel section), along with the RN responsible for ongoing staff education. Documentation for these positions should include organizational chart and job description. Staff educational programs for pediatric ED staff shall be listed in the PFN (Education section).	Job descriptions, organization chart: o ED nursing director/manager o RN staff educator Staff education programs

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.05 (2) (f)	516	PERSONNEL EDUCATION	In a Comprehensive Regional Pediatric Center nursing administration shall provide nursing staff experienced in pediatric emergency and trauma nursing care.	The hospital must define the roles of the nursing team members and their areas of responsibility, accountability and authority. The roles and pediatric experience shall be defined in: • job descriptions • staffing patterns • orientation program • educational attendance • nursing standards See Tag 301.	
CRPC	1200-8-30-.05 (2) (g)	517	PERSONNEL EDUCATION	In a Comprehensive Regional Pediatric Center nursing administration shall provide a nurse manager dedicated to the pediatric intensive care unit. The nurse manager shall have specific training and experience in pediatric critical care and shall participate in the development of written policies and procedures for the pediatric intensive care unit, coordination of staff education, coordination or research, family-centered care and budget preparation, with the medical director, in collaboration with the pediatric intensive care unit. The nurse manager shall name qualified substitutes to fulfill his or her duties during absences.	The PICU nursing director/manager shall be listed in the PFN (Personnel section). Documentation identifying this position should include organizational chart and job description, with detail to include involvement in policy development, review, and implementation, budget, staff education, coordination of research, and family-centered care issues (See Tag 347). Staff educational programs for PICU staff shall be listed in the PFN (Education section). Unit policy and procedures shall document mechanism for nurse manager duties to be fulfilled during his or her absence.	o PICU nursing director/manager o Job Description to include involvement in policy development, review & implementation, budget, staff education, coordination of research and FCC issues. See Tag 301. o Org chart o PICU staff education programs o Policy for nurse manager duties to be fulfilled during manager's absence.
CRPC	1200-8-30-.05 (2) (h)	518	PERSONNEL EDUCATION	In a Comprehensive Regional Pediatric Center nursing administration shall provide a nurse educator for pediatric emergency care and critical care education.	As evidenced by: • job description • organizational chart • schedule of classes	ED / PICU nurse educator(s) o job description, o organizational chart, o schedule of classes

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.05 (2) (i)	519	EDUCATION	In a Comprehensive Regional Pediatric Center nursing administration shall provide an orientation to the pediatric emergency department and the pediatric intensive care unit staff and specialized nursing staff shall be Pediatric Advanced Life Support certified. Nursing administration shall assure staff competency in pediatric emergency care and intensive care.	As evidenced by (but not limited to): o orientation schedules o orientation checklist o employee files o employee education records o annual performance evaluations Training for ED nurses shall be required in the following areas: recognition, interpretation, and recording of various physiologic variables, drug administration, fluid administration, resuscitation (including CPR certification), endotracheal suctioning and management, preparation and maintenance of patient monitors, family-centered principles and psychosocial skills to meet the needs of patient and family.	ED / PICU staff competency: o Orientation schedules o Orientation check list o Employee education records o Annual performance evaluations o PALS certification
CRPC	1200-8-30-.05 (3)			Other Comprehensive Regional Pediatric Center Personnel. (See below)		
CRPC	1200-8-30-.05 (3) (a)	520	PERSONNEL	The respiratory therapy department shall have a supervisor responsible for performance and training of staff, maintaining equipment and monitoring quality improvement and review. Under the supervisor's direction, respiratory therapy staff assigned primarily to the pediatric intensive care unit shall be in-house 24 hours per day.	As evidenced by: o schedule o continuing education reflecting pediatric critical care o job description o standards o PALS certification Training records for respiratory staff available on request. See Tag 360 and 301.	Also: o Schedule showing RT staff assigned to PICU 24 hours per day.

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
CRPC	1200-8-30-.05 (3) (b)	521	PERSONNEL	Biomedical technicians shall be either in-house or available within 1 hour, 24 hours per day for. Unit secretaries (clerks) shall be available to the pediatric intensive care unit and emergency department 24 hours per day. A radiology technician and pharmacist must be in-house 24 hours per day. In addition, social workers, physical therapists, occupational therapists and nutritionists must be available. The availability of child life specialists and clergy is strongly encouraged.	Biomedical technicians as evidenced by: o job description o standards o policies Unit secretary as evidenced by: o staffing plan o standards o orientation to PICU & ED Pharmacist as evidenced by: o standards o job description o Shall be on premises 24hrs/day or mechanism to access emergency and critical care medications with pharmacist availability within 30 minutes assured. Radiology technician as evidenced by: o standards o job description Evidence of mechanism to access biomedical technicians, pharmacist, social work, physical therapists, occupational therapists and nutritionists, child life and clergy is in place.	See Tag 301. Biomedical Technicians o Evidence of availability within 1 hour to PICU and ED 24hrs/day. o Job description o Standards o Policies Unit Secretaries o Evidence of availability to PICU and ED 24hrs/day (staffing plan) o Standards o Orientation to PICU and ED Pharmacist o Evidence of in-house 24hrs/day or accessibility to emergency / critical care meds w/pharmacist available within 30 minutes o Standards o Job description Radiology Technician o Standards o Job description Evidence of mechanism to access: o Biomedical Technician o Radiology technician o Pharmacist o Physical / Occupational Therapists o Social Work o Nutritionists o Child Life o Clergy
ALL	1200-8-30-.05 (4)			Facility Structure and Equipment. (See below)		

Pediatric Emergency Care Facilities (CRPC) Licensure Survey

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
GENERAL	1200-8-30-.05 (4) (a)	522	SUMMARY	A General Pediatric Emergency Facility shall have access to a pediatric intensive care unit. This requirement may be fulfilled by having transfer and transport agreements available for moving critically ill or injured patients to a Comprehensive Regional Pediatric Center.	The PFN (Summary section) will contain plans for critical pediatric patients to include care at General facility if PICU available, or transfer to CRPC. Transfer agreement for CRPC required per Tag 305.	Plans for critical pediatric patients to include care at General Facility if PICU available, or transfer to CRPC. Transfer agreement for CRPC (See Tag 305).
CRPC	1200-8-30-.05 (4) (b)	523	SUMMARY	A Comprehensive Regional Pediatric Center shall have a pediatric intensive care unit.	There is a separate designated area that serves as a PICU. A geographically distinct PICU, not shared with or part of an adult ICU/ CCU/ SCU/ PACU, must be available. See Table 1, PICU.	
CRPC	1200-8-30-.05 (4) (c)	524	SUMMARY TRANSFER & TRANSPORT	A Comprehensive Regional Pediatric Center shall be qualified and competent as a pediatric trauma center, and satisfy the requirements in Table 1. A CRPC may fulfill this requirement by having written agreements with another CRPC that meets the State's criteria for level I trauma or an Adult Level I trauma center within the same region.	State Pediatric Trauma Center Level 1 and 2 statuses are no longer defined. The CRPC shall serve as the trauma center for the region or have written agreements with an Adult Level 1 Trauma Center or another CRPC with higher trauma capability within the same region. If a written agreement with an Adult Level 1 Trauma Center or CRPC exists, then the CRPC must still maintain trauma capability as defined in the regulations. The PFN (Summary section) should outline the institution's role in trauma for the region and list any transfer agreements.	o Summary outline of institution's role in trauma for the region. o List of transfer agreements.
CRPC	1200-8-30-.05 (4) (d)	525	TRANSFER & TRANSPORT	Equipment for communication with Emergency Medical Services mobile units is essential if there is no higher-level facility capable of receiving ambulances or there are no resources for providing medical control to the pre-hospital system.	The PFN (Transfer and Transport section) should indicate role of facility in regional medical control and mode of communication with EMS vehicles in region. Area problems should be included in the report such as hardware, geographic coverage, linkages from dispatch centers to ambulances to hospitals, and disaster capabilities. See Tag 325.	

Applicable EMSC Designation	Regulation Number	Tag Number	PFN SECTION	Regulation	Surveyor Guidance	Suggested Documents / Evidence of Compliance
ALL	1200-8-30-.05 (4) (e)	526	SUMMARY	An emergency cart or other systems to organize supplies including resuscitation equipment, drugs, printed pediatric drug doses and pediatric reference materials must be readily available. Equipment, supplies, trays, and medications shall be easily accessible, labeled and logically organized. Antidotes necessary for a specific geographic area should be determined through consultation with a poison control center. If the listed medications are not kept in the emergency department, they should be kept well organized and together in a location easily accessible and proximate to the emergency department.	See Table 1. There should be in place a system to rapidly and accurately determine emergency medication dosages and equipment requirements based on the child's weight/size while minimizing the opportunity for human error. Options for weight/size estimation include emergency bed scales to weigh a critical patient or length-based measuring tapes (Broselow or similar) to estimate weight.	
CRPC	1200-8-30-.05 (4) (f)	527	SUMMARY	A Comprehensive Regional Pediatric Center emergency department must have geographically separate and distinct pediatric medical/trauma areas that have all the staff, equipment and skills necessary for comprehensive pediatric emergency care. Separate fully equipped pediatric resuscitation rooms must be available and capable of supporting at least two simultaneous resuscitations. A pediatric intensive care unit must be available within the institution.	See Table 1. The pediatric emergency department shall be physically distinct and architecturally separate from adult ED care areas 24hrs/day. There should be a separate pediatric waiting room. Two separate resuscitation areas/rooms, each fully equipped with pediatric resuscitation equipment.	