

RESULTS

SELF-SURVEY PACKET

Total Level III Surveys Completed:
25*

*Please Note that some hospitals completed *both* Level III and Level IV surveys.

LEVEL III

PEDIATRIC STABILIZATION FACILITY

Pediatric Facility Level III- A Hospital with a functioning Emergency Department capable of evaluation, stabilization, and transfer of seriously ill and injured pediatric patients. Such facilities should have formalized transfer agreements to higher levels of pediatric care. To qualify as a **Lead Level III**, an institution must provide the vital service of stabilization and transfer of pediatric patients in areas where Level I and Level II facilities are not readily accessible.

Contact Person for follow-up (if needed): _____

Phone Number: _____ E-mail: _____

HOSPITAL ORGANIZATION: All physicians/staff members listed shall be either Board Certified or Board eligible and actively seeking certification. This standard includes subspecialty Board/Certificates where applicable. Each member of the institution's medical staff shall be credentialed by the facility for the appropriate specialty, including trauma care where applicable. One individual with appropriate training and experience may cover more than one area of practice in the surgical specialties.

DEPARTMENTS

Do you **currently** have the following departments within your hospital?

- | | |
|--|--|
| 1. General Pediatrics or Family Medicine | Yes: 23 (92%) No: # 2 (8%) |
| 2. Surgery | Yes: 24 (96%) No: 1 (4%) |
| 3. Anesthesia | Yes: 24 (96%) No: 1 (4%) |
| 4. Emergency Department | Yes: 25 (100%) |
| 5. Pediatric Trauma Service-Organized approach to pediatric trauma
(Pediatric Trauma Team is not essential) | Yes: 13 (52%) No: 12 (48%) |
| 6. Child Abuse-Organized approach to child physical and sexual abuse and neglect | Yes: 18 (72%) No: 7 (28%) |
| 7. Radiology Department | Yes: 25 (100%) |

SPECIALIST AVAILABILITY

Are these specialties available to your hospital or Emergency Department in **30 minutes or less**?

- | | |
|---|----------------------------|
| 1. Family Medicine | Yes: 25 (100%) |
| 2. Neonatology | Yes: 13 (52%) No: 12 (48%) |
| 3. Pediatrics | Yes: 22 (88)% No: 3 (12%) |
| 4. Pediatric Radiology | Yes: 9 (36%) No: 16 (64%) |
| 5. Emergency Medicine | Yes: 25 (100%) |
| Family MD with experience in Pediatric Emergency Medicine: PALS or APLS training required | |
| 6. Anesthesia- within 30 minutes | Yes: 24 (96%) No: 1 (4%) |
| 7. General Surgery | Yes: 24 (96%) No: 1 (4%) |
| 8. Orthopedic Surgery or Pediatric Orthopedic | Yes: 21 (84%) No: 4 (16%) |

DEPARTMENT OF NURSING²

Do the following positions exist at your facility?

9. Director of Nursing Yes: 25 (100%)
10. Pediatric Nurse Educator Yes: 7 (28%) No: 18 (72%)

EMERGENCY DEPARTMENT

Are the following resources available to your ED?

Physician Personnel

1. Designated Physician Director **Yes: 25 (100%)**
2. **Pediatrician or other Physician who maintains current training in PALS or APLS Yes: 24 (96%) No: 1 (4%)**
3. Pediatric consultant promptly¹ available (phone availability acceptable) Yes: 25 (100%)

Nursing Personnel

1. Nursing Staff / General Staff experienced in pediatric emergency care **Yes: 24(96%) No: 1 (4%)**
At least one nurse per shift in the hospital must have current PALS or ENPC
2. Designated ED Nursing Director Yes: 25 (100%)
3. Staff Educator in Pediatrics² Yes: 8 (32%) No: 17 (68%)

Crash / Critical area Yes: 23 (92%) No: 2 (8%)

- Designated resuscitation area equipped for the resuscitation and stabilization of neonatal, pediatric /adolescent patients and of adequate size to accommodate a full resuscitation team, including trauma.

Written guidelines of the most frequent pediatric emergencies occurring in your area Yes: 19 (76%) No: 6 (24%)

Comments and/or Recommendations regarding any of the above suggested criteria:

¹ For purposes of this survey, prompt means available in 30 minutes or less

² May be substituted by the Pediatric Trauma Coordinator

EQUIPMENT: REQUIRED EQUIPMENT LIST³

The following list of equipment should to be available to the ED 24 hours a day. It is NOT necessary for all of the equipment to be located in the ED. Written policies should address the necessary procedure(s) to access equipment not located in the ED.

11. Communication Equipment with EMS System	Yes: 25 (100%)
<hr/>	
1. <u>Airway Management</u>	
a. Clear oxygen masks: preterm, infant, child, and adult sizes	Yes: 24 (96%) No: 1 (4%)
b. Non-rebreathing masks: infant, child, and adult sizes	Yes: 25 (100%)
c. Laryngoscope handle: pediatric and adult	Yes: 25 (100%)
d. Laryngoscopes: sizes 0-3 straight and 2,3 curved	Yes: 25 (100%)
e. Bag-valve-mask resuscitators, self inflating: 450 and 1000mL sizes	Yes: 25 (100%)
f. Nasal cannulae: infant, child, and adult sizes	Yes: 24 (96%) No: 1 (4%)
g. Endotracheal tubes cuffed and uncuffed:	Yes: 25 (100%)
h. Stylets: pediatric and adult sizes	Yes: 25 (100%)
i. Suction and appropriate size catheters, 5-16 fr, yankauer	Yes: 25 (100%)
j. Airways- size 00-5 f (oral) and 12 fr-30 fr (nasal pharyngeal)	Yes: 24 (96%) No: 1 (4%)
k. Oxygen with appropriate delivery devices	Yes: 25 (100%)
l. Thoracostomy trays with chest tubes: Size 12-28 fr	Yes: 25 (100%)
m. Thoracotomy Tray	Yes: 25 (100%)
n. Magill forceps: pediatric and adult sizes	Yes: 25 (100%)
o. Nasogastric tubes: sizes 6-14 fr	Yes: 25 (100%)
p. Chest tubes: sizes 8-40 fr	Yes: 25 (100%)
q. Tracheostomy tubes: sizes 00-6 (pediatric sizes available within the hospital)	Yes: 22 (88%) No: 3 (12%)
<hr/>	
2. <u>Monitoring</u>	
a. Cardiopulmonary monitors with pediatric capability and strip recorder	Yes: 25 (100%)
b. Monitor-defibrillator (0-400 J capability) with pediatric and adult paddles (4.5 and 8.0cm)	Yes: 25 (100%)
c. Pediatric and Adult monitor electrodes	Yes: 25 (100%)
d. Pulse oximeter with sensors sizes newborn through adult	Yes: 25 (100%)
e. Thermometer/rectal probe with range 25° - 44°C	Yes: 21 (84%) No: 4 (16%)
f. Sphygmomanometer	Yes: 24 (96%) No: 1 (4%)
g. Blood pressure cuffs: neonatal, infant, child, adult, and thigh	Yes: 24 (96%) No: 1 (4%)
h. Doppler for blood pressure monitoring	Yes: 23 (92%) No: 2 (8%)

³ Assure availability of pediatric sizes within the hospital

i. Non-invasive blood pressure monitor Yes: 25 (100%)

3. Vascular Access

- a. Catheter-over-needle devices: 14-24 gauge Yes: 25 (100%)
- b. Intra-arterial lines: 3-8 fr, 16-24 gauge Yes: 20 (80%) No: 5 (20%)
- c. Intraosseous needles: 16 and 18 gauge
Standard bone marrow aspiration needles acceptable (13 or 15 gauge) Yes: 24 (96%) No: 1 (4%)
- d. Butterfly needles: 19-25 gauge Yes: 24 (96%) No: 1 (4%)
- e. Infusion Pumps and fractional cc infusion capability Yes: 25 (100%)
- f. Tubing for above Yes: 25 (100%)
- g. Arm boards: infant, child, and adult sizes Yes: 25 (100%)
- h. Umbilical vein catheters: sizes 3.5 fr and 5 fr (available within the hospital) Yes: 24 (96%) No: 1 (4%)
- i. Seldinger technique vascular access kit with pediatric sizes
3,4,5 fr catheters Yes: 21 (84%) No: 4 (16%)
-

4. Resuscitation Medications

- a. Printed pediatric drug dosage reference material readily available Yes: 25 (100%)
- b. Advanced Life Support medications per current AHA standards Yes: 25 (100%)
- c. IV solutions Yes: 25 (100%)
-

5. Specialized Pediatric Trays

- a. Venous cut down Yes: 21 (84%) No: 4 (16%)
- b. Suturing Yes: 22 (88%) No: 3 (12%)
- c. Plastics Yes: 20 (80%) No: 5 (20%)
- d. Tube thoracotomy with water seal drainage capability Yes: 23 (92%) No: 2 (8%)
- e. Lumbar puncture and subdural: spinal needle sizes 20, 22 gauge Yes: 25 (100%)
- f. Urinary catheterization with pediatric Foley catheters sizes 6-16 fr Yes: 24 (96%) No: 1 (4%)
- g. Obstetric pack Yes: 25 (100%)
- h. Newborn kit with umbilical vessel cannulation supplies
and meconium aspirator Yes: 24 (96%) No: 1 (4%)
- i. Surgical airway kit (may include any of the following items:
tracheostomy tray, cricothyrotomy tray, ETJV (needle jet) Yes: 23 (92%) No: 2 (8%)

6. Fracture Management

- | | |
|---|--------------------------|
| a. Extremity and femur splints in child and adult sizes | Yes: 23 (92%) No: 2 (8%) |
| b. Casting Materials | Yes: 25 (100%) |
| c. Cervical immobilization equipment | Yes: 25 (100%) |

7. Miscellaneous

- | | |
|---|---------------------------|
| a. Pediatric and standard scales for weight measurements | Yes: 25 (100%) |
| b. Infant formula and oral rehydrating solutions | Yes: 25 (100%) |
| c. Heating source
Overhead warmer immediately available in the institution.
May be met by infrared lamps, overhead warmer, or warming blanket, although use of overhead warmers is recommended in the ED. | Yes: 25 (100%) |
| d. Towel rolls/ blanket rolls or equivalent | Yes: 25 (100%) |
| e. Pediatric restraining devices | Yes: 25 (100%) |
| f. Resuscitation board | Yes: 25 (100%) |
| g. Sterile linen available within hospital for burn care | Yes: 25 (100%) |
| h. Medical photography capability | Yes: 22 (96%) No: 3 (12%) |
| i. 3 and 5 fr feeding tubes | Yes: 25 (100%) |

Comments or Recommendations regarding required equipment:

SUPPORT SERVICES

In house⁴ 24 hours per day

1. Respiratory Therapy (Can be met by nurse crossed-trained in respiratory therapy) Yes: 24 (96%) No: 1 (4%)
2. Laboratory with microcapability and blood gas analysis, blood bank capabilities
Yes: 25 (100%)

On-call and promptly⁵ available by phone

1. Radiology Yes: 24 (96%) No: 1 (4%)
 2. Clinical Social Worker Yes: 21 (84%) No: 4 (16%)
 3. Pastoral Care Yes: 23 (92%) No: 2 (8%)
 4. Radiology Yes: 24 (96%) No: 1 (4%)
 5. Clinical Laboratory,
 - a. Available 24 hours per day Yes: 25 (100%)
 - b. Blood bank **T** Yes: 25 (100%)
 - c. Blood gases **T** Yes: 25 (100%)
 - d. Chemistry **T** Yes: 25 (100%)
 - e. Hematology **T** Yes: 25 (100%)
 - f. Microbiology **T** Yes: 23 (92%) No: 2 (8%)
 - g. Microsampling capability Yes: 23 (92%) No: 2 (8%)
 - h. Serology Yes: 25 (100%)
 - i. Toxicology **T** Yes: 25 (100%)
 - j. Drug levels **T** Yes: 24 (96%) No: 1 (4%)
 - k. Access to Poison Control Centers Yes: 25 (100%)
 6. Sub-unit Capability / Transfer Agreement
 - a. Transport guidelines and transfer agreements for critically ill / injured pediatric / neonate patient such as Acute Spinal Cord injury, burn, etc., **T** Yes: 24 (96%) No: 1 (4%)
 - b. Adherence with RAC guidelines regarding care of pediatric patients **T**
Yes: 25 (100%)
 7. Helipad or designated landing zone Yes: 24 (96%) No: 1 (4%)
 8. Pharmacy staffed by licensed pharmacists or promptly available Yes: 25 (100%)
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Area for Comments/Recommendations on the *Following page*

⁴ For purposes of these guidelines, in-house means available in 5 minutes or less

⁵ Promptly means in 30 minutes or less

T Level IV Trauma Facility Criteria

PERFORMANCE IMPROVEMENT

- | | |
|--|----------------------------|
| 1. ED physician audit of pediatric patients including 48 hour readmits | Yes: 17 (68%) No: 8 (32%) |
| 2. Multi-disciplinary pediatric resuscitation conferences T | Yes: 14 (56%) No: 11 (44%) |
| 3. Participation in county or area Child Fatality Review Team | Yes: 9 (36%) No: 16 (64%) |
| 4. Participation in state trauma registry T | Yes: 24 (96%) No: 1 (4%) |
| 5. Pediatric nursing audit | Yes: 16 (64%) No: 9 (36%) |
| 6. Review of all pediatric deaths / child abuse / neglect cases | Yes: 19 (76%) No: 6 (24%) |
| 7. Review of all pediatric transports and prehospital care | Yes: 12 (48%) No: 13 (52%) |
| 8. Review of regional systems of pediatric care | Yes: 11 (44%) No: 14 (56%) |
| 9. Structured Program | Yes: 11 (44%) No: 14 (56%) |
| 10. Participation on Regional Advisory Council | Yes: 23 (92%) No: 2 (8%) |

Comments:

COMMUNITY PROGRAMS

DO YOU CURRENTLY PROVIDE THE FOLLOWING COMMUNITY PROGRAMS?

- | | |
|---|----------------------------|
| 1. Continuing education programs on pediatrics for professional staff | Yes: 19 (76%) No: 6 (24%) |
| 2. Consultation with physicians and pediatric referral institutions | Yes: 24 (96%) No: 1 (4%) |
| 3. Pediatric education for prehospital care providers | Yes: 13 (52%) No: 12 (48%) |
| 4. Public education, including injury prevention | Yes: 20 (80%) No: 5 (20%) |

Feel free to write any comments or suggestions, or concerns anywhere on any page of the survey or below in this blank space. Remember, your input will help shape the future of this project so that a comprehensive network can develop to ultimately reduce childhood morbidity and mortality in Texas. Thank you for taking part and spending your time to complete these questions.

Contact Person for follow-up (if needed): _____

Phone Number: _____ E-mail: _____