



Pediatric Facility Recognition Virtual Surveys

NASEMSO Reimagined Conference 2020

October 14, 2020

Illinois Emergency Medical Services for Children

Illinois Demographics

Population: 12.7 million

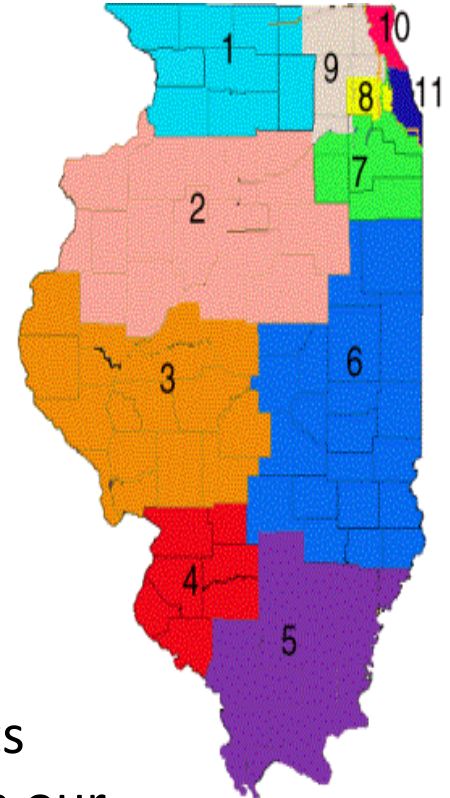
- 2.9 million age 0 – 17 y/o
- 6th most populous state

11 EMS Regions

- Provide infrastructure/oversight for
 - EMS
 - EMS for Children (EMSC)
 - Trauma

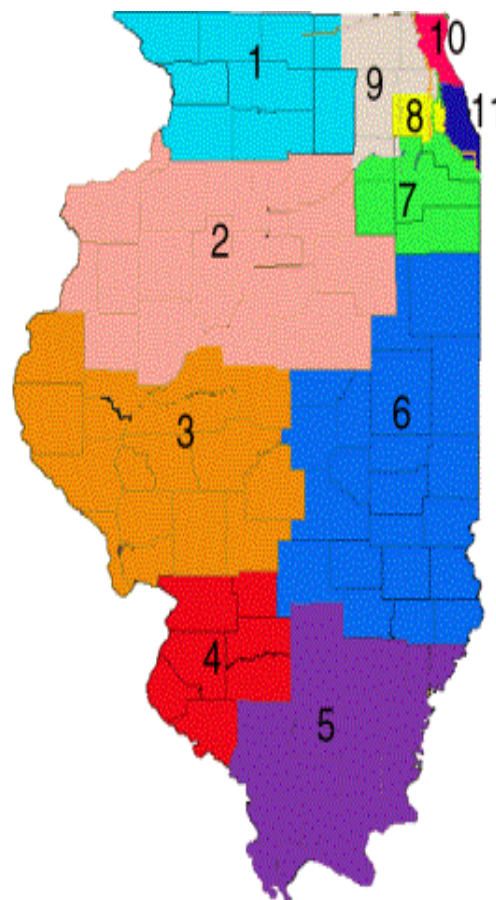
Hospitals

- Over 200 hospitals
 - 185 general hospitals with Emergency Depts
 - 111 hospitals (60%) designated through our EMSC Pediatric Facility Recognition program
 - Meets Federal EMSC Performance Measure 04 re a system to assure Emergency Dept readiness for children



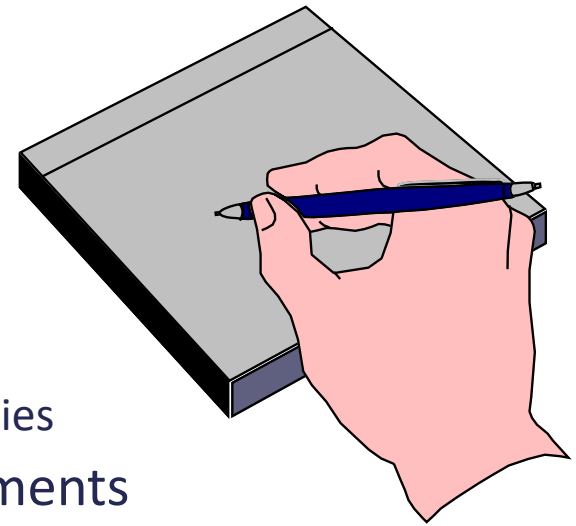
Pediatric Facility Recognition Program

- Identifies readiness and capabilities of a hospital to provide optimal pediatric emergency and critical care
- 111 Hospitals
 - 13 - Standby Emergency Department Approved for Pediatrics (SEDP)
 - 88 - Emergency Department Approved for Pediatrics (EDAP)
 - 10 - Pediatric Critical Care Centers (PCCC)
- Annually 2-3 regions undergo renewal in-person site survey visits
- Regions 4 & 5 were due for site survey visits in Spring 2020
 - Rescheduled visits to August/September
 - Decision to conduct virtual surveys



Pediatric Facility Recognition Requirements

- Facility criteria
- Physicians, Advanced Practice Providers, Nurses
 - Qualifications
 - Continuing education requirements
 - ED Coverage and on-call physician specialists availability
 - Back-up Physician/APP response time in critical situations/disasters
- Pediatric policies/procedures and treatment guidelines
- Interfacility Transfer/Transport requirements
- Pediatric quality improvement
 - Multidisciplinary ED QI Committee
 - Pediatric Physician Champion
 - Pediatric Quality Coordinator
 - Required pediatric QI monitors
 - Participation in regional quality improvement activities
- Equipment, supplies and medication requirements
- Pediatric disaster preparedness



Pre-Survey Planning

- Hospitals notified of survey date/time approx. 2 months prior to survey
- Assembled survey teams
 - Physician surveyor
 - Nurse surveyor
 - Disaster preparedness surveyor
 - Illinois Dept of Public Health surveyors x 2
 - One served as survey facilitator and provided technical assistance for survey team
- Determined secure webinar platforms
 - Cisco WebEx (state license)
 - Zoom (academic license)
- Developed a *Virtual Survey Process* guidance document
- Developed 60 minute training presentation

Pre-Survey Planning

- Conducted online educational sessions
 - Hospital personnel
 - Survey team members
- Scheduled webinar platform test with hospitals 10-14 days prior to survey
 - Requested participation by key personnel
 - Requested hospital IT participation
 - Test each computer/laptop planned for use during survey
 - Test both webinar platforms
 - Assure necessary documentation would be accessible, i.e. EMR
- Ensure that those using computers on day of survey
 - are comfortable navigating webinar platform and accessing documents, or
 - ensure presence of support personnel
- Requested hospital IT support/access throughout survey process

Virtual Survey Prerequisites

Ensure there are a sufficient number of desktops, laptop computers, and/or conference rooms with video capabilities to accommodate the different sessions.



**Minimum
Devices
Needed:**

4



Attachment C: Required Documents to be Submitted PRIOR to Survey

Checklist

Documentation	
	All items/documents/clarification requested in your <i>EDAP/SEDP Application Review Summary</i> —as noted by an “X” with accompanying explanation/request (“GAP” documentation/binder)
	A list of all emergency department pediatric patient visits (age 0-15 years) for the timeframe 11/1/2019 – 2/29/2020 that were seen in the emergency department for the conditions listed below. This list should include DATE OF VISIT, AGE, DIAGNOSIS, and DISPOSITION. DO NOT INCLUDE PATIENT NAME, MEDICAL RECORD NUMBER, OR ANY OTHER PATIENT IDENTIFIER INFORMATION. Your hospital will then be requested to pull several medical records that the survey team will review during the survey. Also submit any treatment guidelines for the below conditions: <ul style="list-style-type: none"> ○ Asthma ○ Bronchiolitis ○ Diabetes/DKA ○ Fever < 2 years old ○ Head injury ○ Seizure
	Electronic copy of opening session presentation and SWOT analysis
	Pediatric crash cart inventory list
	Electronic medication dispensing inventory list (i.e. Pxyis, Omnicell, etc.)
	Electronic supply dispensing inventory list (i.e. Pxyis, Omnicell, etc.)
	Pediatric QI monitor tools for each of the required EDAP/SEDP monitors (pediatric deaths, interfacility transfers, suspected child abuse and neglect cases, and critically ill/injured children in need of stabilization)
	Examples of sharing of pediatric QI findings, i.e. dashboard/bulletin board/newsletter (i.e. aggregate data that is shared with staff; should not include patient identifiers)
	Pediatric Mock Code Process/Schedule/Evaluations

NOTE: Do NOT submit any documents or records containing patient name(s) or other protected health or personal information.

Document Submission Process Options



Illinois Secure File Transfer

www.fileit.Illinois.gov

See Attachment E for instructions to send files to Evelyn Lyons and Kelly Jones.



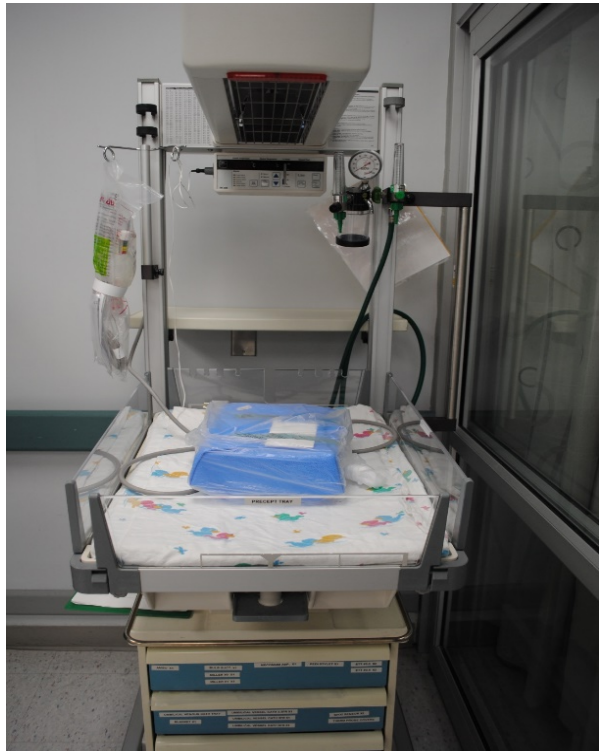
Email

Evelyn Lyons, MPH, RN
Evelyn.Lyons@illinois.gov

Kelly Jones, BSN, RN, TNS
Kelly.Jones@illinois.gov

On all submissions, regardless of method, please indicate your hospital name, pediatric facility recognition level, and number of total submissions.

Photo Submission (examples)



Weighing scale



**Video Illustrating
That Scales Are
Locked To Weigh
In KG Only**

- Standing Scale
- Please move cursor to slide and play button will appear.

Photo Submission (examples)

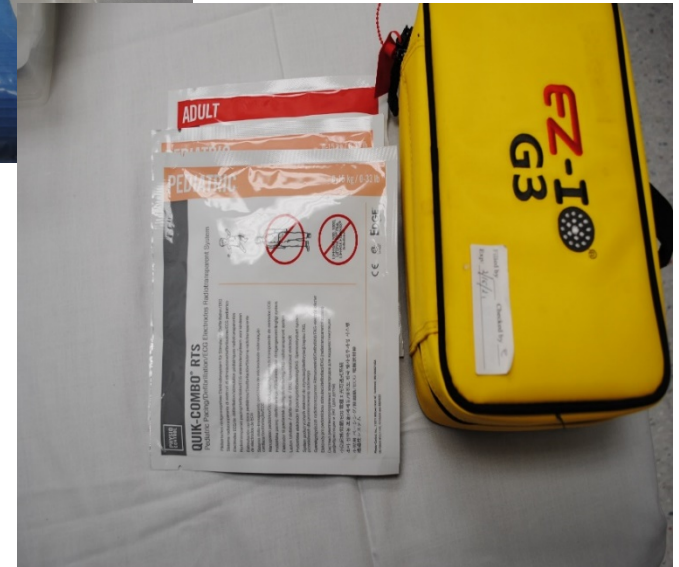
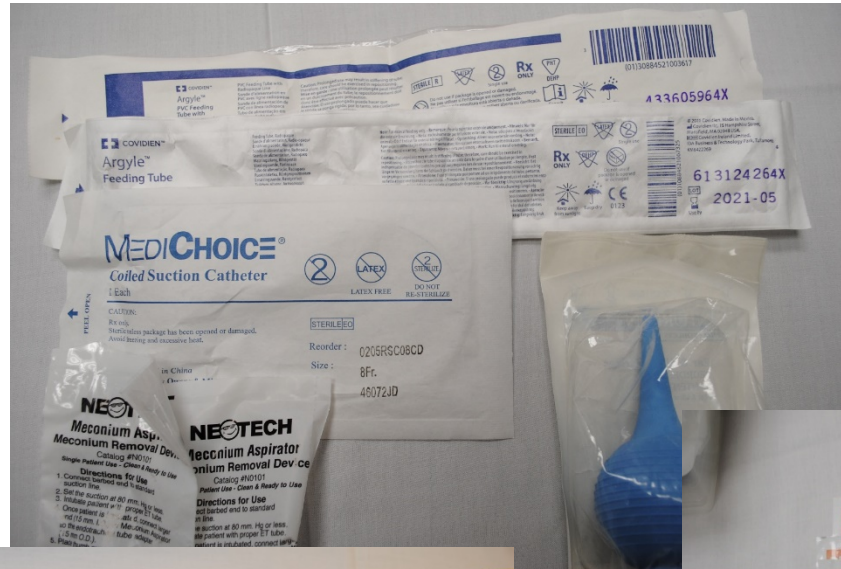
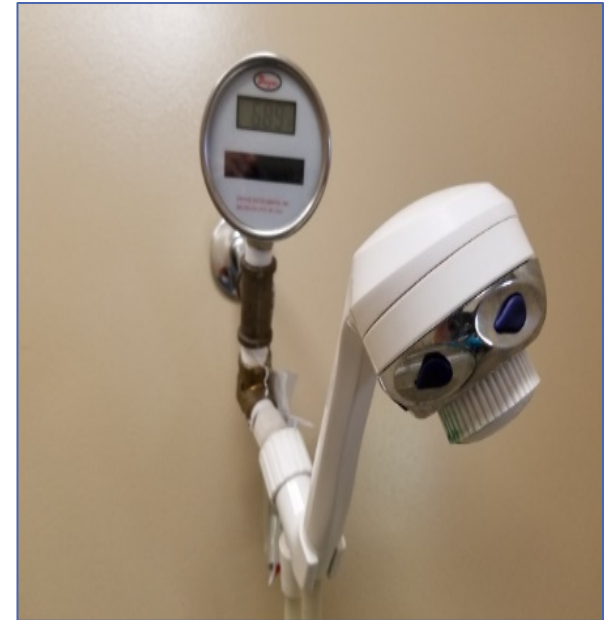


Photo Submission (examples)



Virtual Survey Process Key Points

- Virtual survey consisted of
 - Opening session
 - 4 document review sessions conducted simultaneously
 - Closing session
- An agenda was created for each hospital with the session webinar links
 - Each session had a unique webinar link which was activated by the survey facilitator and designated survey team members
- All participants were asked to log into the webinar platform at least 15 minutes prior to the scheduled start time
- Record of attendance was based on attendees logged onto the webinar platform
 - The hospital forwarded a sign-in sheet or roster of attendees after the survey.

Virtual Survey Process Key Points

- Document review sessions were LOCKED while in progress
 - Electronic medical review
 - Quality improvement and other confidential documentation
- Closing session was recorded to ensure discussions/recommendations for the post survey report were captured accurately
 - Participation in closing session was considered consent to be recorded
 - Recorded session was available to the hospital team upon request
- Survey team members were provided with the cell phone # of IDPH survey facilitator
 - Text/call facilitator if issues or questions
 - Facilitator would temporarily join session or text reminder re 15 minutes remaining in session

Opening Session

8:30am – 9:15am

Opening Session

(Requires onsite conference room reservation by the hospital)

Webinar and dial-in information will be provided in the final agenda

9:30am – 10:45am

Document Review Sessions

Surveyor	Site Survey Team Member	Webinar/Dial-In Information	Onsite Facility Location/Conference Room
Physician	Jane Doe, MD	<i>Will be provided in final agenda</i>	
Nurse	John Doe, RN	<i>Will be provided in final agenda</i>	
IDPH Surveyor(s)	Judy Smith, RN	<i>Will be provided in final agenda</i>	
Pediatric Disaster Preparedness	Jody Smith, RN	<i>Will be provided in final agenda</i>	

11:00am – 11:30am

Virtual Survey Team Huddle

Team members will meet separately during this time to prepare for the Closing Session

11:45am – 12:15pm

Closing Session

(Utilize same conference room as Opening Session)

Webinar and dial-in information will be provided in the final agenda

Opening Session - Overview

- Introductions
- Brief EMSC/Facility Recognition Overview
 - Physician surveyor
- Hospital Presentation
 - SWOT Analysis
 - Pediatric Demographics
 - Interfacility Transfer Process
 - Pediatric Quality Improvement Process/Activities
 - Pediatric Disaster Planning
- Questions & Answers

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Attachment D: Physician Surveyor

Physician Surveyor – the ED Medical Director or Pediatric Physician Champion should be available to the physician surveyor during this session to discuss the following areas/documents:

Physician staff meeting minutes – review the pediatric components that are regularly included in these meetings

Physician and Advanced Practice Provider continuing education files – ensure all files are available to confirm completion of 16 hours of pediatric CME over the past 2 years

Patient Medical Records – provide access to the patient medical records requested by the survey team; review examples of feedback correspondence from tertiary care centers on transferred patients. This is a quality review related to patient management and use of treatment guidelines/practice recommendations, including a review of transferred patients and follow-up quality improvement correspondence from tertiary care center(s).

Discuss any issues noted in the submitted Application Review Summary documentation

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Closing Session

8:30am – 9:15am

Opening Session

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Lessons Learned

- In-person visits are the ideal, however overall the process went well and provided an avenue for assessing compliance
- Labor intensive process
 - Pre-survey preparation essential
 - Education/training of hospitals and surveyors
- IT issues were encountered, but not significant
 - Most issues were hospital personnel unfamiliarity with screen sharing and accessing documents for review
- Document review component was limiting at times
 - Not the same as being able to self-navigate
- Observed lack of social distancing by several of the hospitals
- Future plans
 - Incorporate strategies from other organizations
 - Utilize Breakout Rooms feature in webinar platforms
 - Request video of ED/inpatient unit to visualize area



THANK YOU!

Evelyn Lyons, RN, MPH

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