

**Site Survey Process:**

**I. Recommendations for Hospital Staff**

- A. A hospital staff member should meet the survey team in the main lobby of the hospital at the time specified and escort them to the designated room for the opening conference.
- B. Please reserve a conference room that will be available for the duration of the survey and is large enough to accommodate the survey team and hospital staff comfortably. This room will be utilized for the opening and exit conferences as well as the review of requested documents and manuals. The room should be located away from patient care areas.
- C. Hospital staff should provide a guided tour of the following areas: Emergency Department, Pediatric Unit, Neonatal Intensive Care Unit, and any inpatient units where pediatric patients may be admitted.

**II. Opening Conference – Approximately 30 minutes**

- A. Hospital administration should choose personnel to attend the opening conference. The following individuals (or their designees) are recommended (other individuals are welcomed to attend):

- Chief Administrative Officer/Executive Officer, or designee
- Chief of Pediatrics or Designated Pediatric Consultant
- Administrator of Pediatric Services, if applicable
- Nursing Director or Nurse Manager of the Pediatric Units
- Emergency Department Medical Director and/or Pediatric ED Medical Director
- Emergency Department Medical Director and/or Pediatric ED Medical Director
- Emergency Department Nurse Manager and/or Pediatric ED Nurse Manager
- Administrator of Emergency Services
- EDAP Medical Director
- Pediatric Liaison Nurse
- Hospital Quality Improvement Department Director or designee
- Mid-Level Practitioner, e.g., Nurse Practitioner or Physician Assistant for those facilities that utilize mid-level practitioners in their ED

**Note: Personnel representing the EMS Agency will be in attendance.**

- B. The opening conference begins with introductions of the survey team and hospital representatives. The site survey team leader will provide a brief Emergency Medical Services for Children (EMSC) overview and outline the site survey agenda.

C. Hospital staff should then be prepared to conduct a brief formal presentation on the following:

1. Provide a presentation using the “Strength, Weaknesses, Opportunities, Threats” (SWOT) format. Outline strengths, weaknesses, opportunities, and threats as related to pediatric emergency care capabilities, services, and resources associated with being an EDAP.
2. Present the following demographic information:
  - Age range of pediatric patient population;
  - Annual number of emergency department visits (including a pediatric breakdown);
  - Top five ED pediatric diagnoses;
  - Annual number of pediatric inpatient admissions\* from the ED and top five admitting diagnoses\*.
3. Provide an overview of the ED QI process and activities. The EDAP Medical Director and Pediatric Liaison Nurse should review the following:
  - Discuss how pediatrics is integrated into the QI process;
  - Discuss reporting mechanisms/loop closure mechanisms;
  - Identify how the Pediatric Liaison Nurse is supported in their roles.
4. Discuss the interfacility transfer process, including:
  - The volume/types of pediatric patients transferred into and out of the facility;
  - Transport team access, response, composition and capabilities.
5. Outline how pediatric disaster preparedness and pediatric surge capabilities are being addressed in disaster planning.

### **III. Emergency Department, Pediatric Unit, NICU, and Inpatient Units (admitting pediatric patients) Tours**

- A. After completion of the opening conference, the ED/Pediatric/NICU and pediatric inpatient unit tour will begin. The survey team will encourage dialogue during the tour and may utilize tour time to conduct informal conversations with clinical staff to assess level of awareness and knowledge regarding pediatric care and policy and procedures.
- B. Tour will focus on patient flow from patient arrival through disposition and should include identification of pediatric designated area/beds (if applicable).
- C. Designated hospital staff will provide a guided tour for site surveyors that shall include the following area:
  - Ambulance bay
  - Helicopter landing area
  - ED area including neonatal and pediatric beds/area if designated

- Location and access to on-call schedule(s) for specialty services and resource staff
- EMS Communication center or equipment
- Pediatric equipment/supplies/medications areas. Compliance with equipment/supplies criteria will be reviewed during the tour. Please ensure that staff is available to assist with this.
- Location of Radiology/CAT scan in proximity to the ED
- Disaster supply area(s), decontamination shower area/capabilities, and pediatric surge areas.

#### **IV. Review of Documents and Manuals (Approximately 60-75 minutes)**

**Please assure that the following documents and manuals are available in the conference room for the site survey team to review after the tour has been completed:**

1. Any items/documents/clarification requested in your EDAP application must be provided.
2. Emergency department policy and procedure manuals
3. ED Nursing and physician staff meeting minutes
4. Nursing and physician staff CE files
5. Hospital Emergency Operations Plan (EOP)/Disaster Plan. In addition, a completed EMSC Hospital Pediatric Preparedness Checklist should be available for review.
6. Emergency department QI documentation/manuals with monitor tools, follow-up/loop closure documentation and multidisciplinary QI meeting minutes. QI documentation related to the following must be available: pediatric deaths, interfacility transports, child abuse/neglect, critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardiopulmonary failure), and pediatric strategic priorities of the institution.

NOTE: Please be prepared to have the EDAP Medical Director and Pediatric Liaison Nurse walk through the QI review process for each of the three EDAP required QI monitors (see below). This review should include one patient medical record for each of these three monitors to demonstrate the review process for each monitor (i.e., have a medical record for a non-critically ill/injured child and walk through the review process for that pediatric patient). Be sure to have available any related QI tools/parameters for each monitor during this review.

- Pediatric deaths
- Pediatric interfacility transfers
- Suspected child abuse/neglect

7. Documentation related to current or planned pediatric mock code disaster drills.
8. Transfer log and transfer/transport QI documentation.
9. Any other documents requested by the site survey team at the time of survey.

**V. Exit Meeting (Approximately 20-30 minutes)**

- A. The exit meeting is the culmination of the site survey visit. In order to obtain maximum benefit of the exit meeting, it is recommended that the same hospital personnel who attend the opening conference be present for the exit meeting.
- B. The exit conference will be tape recorded to assure that discussions and recommendations for the post-survey written report are captured accurately. The hospital is also encouraged to tape record for future reference.
- C. The purpose of the exit meeting is to provide an opportunity for the site survey team to obtain clarification on any remaining questions identified during the tour/quality improvement review and to provide the institution with an opportunity to contribute any additional information as necessary.
- D. The exit meeting and survey process should be viewed as a means of identifying opportunities for improvement in pediatric emergency care. The Solano County EMS agency is committed to assisting hospitals with their efforts to improve their emergency medical services and critical care capabilities for children.