Alaska Pediatric Hospital Recognition Program

Through advances in medical care, physicians and other healthcare providers have come to learn that children are not "little adults" and those children have specialized anatomy, physiology, and disease processes, and they require pediatric-specific treatments. As a result of these developments, experts in the fields of pediatrics and emergency medicine have established national guidelines to ensure that children receive the same quality of emergency care as adults.

In 2007, the Institute of Medicine (IOM) released its study "Emergency Care for Children, Growing Pain." The study concluded that while many states had implemented Emergency Medical Services for Children (EMSC) guidelines for Emergency Medical Services (EMS) and Emergency Department (ED) care of pediatric patients, a great disparity of emergency care existed between states and between urban and rural areas. For instance, the IOM noted that only 6% of hospitals had the recommended pediatric supplies. The IOM study noted the great difference in the emergency medical care for those "with access to children's hospitals" and hospitals with separate pediatric capabilities while others must rely on hospital with limited pediatric expertise and equipment.

In Illinois, the overall mortality rate per 1,000 inpatients admitted from the ED for injury was reduced from 13.8 to 10.9 after implementation of the Pediatric Hospital Recognition Program. The Alaska Trauma Registrar states that 83 kids of 18 years and under died in Alaska Hospitals between January 1, 2002 and December 31, 2006 due to injuries. In Alaska, we value and recognize our pediatric patients represent a unique and untapped potential, an unlived life, the innocence and hopes of the future, and we take seriously our responsibility for caring for this special population.

The Emergency Medical Services for Children (EMSC, http://www.chems.alaska.gov/EMS/EMSC.htm) is a federally-funded program. It is the only federal program focused on improving emergency care for children. The EMSC Pediatric Hospital Recognition Program provides recognition for emergency departments that have capabilities of meeting the unique needs of pediatric patients. Hospitals in Alaska can apply for one of three levels of voluntary recognition. Facilities that have a pediatric intensive care unit and can provide specialty inpatient services for the pediatric patient can seek recognition at the **Critical Care level**. Hospitals that can provide comprehensive emergency services and meet pediatric care requirements are recognized at the **Treatment level**. The **Stabilization level** is recognition for hospitals that can provide stabilization measures and have transfer agreements in place when more definitive care is needed. Attached is a list of suggested levels for each Alaskan hospital. The Alaskan EMSC Advisory Committee would be happy to consider applications for the level each facility feels would best match the capabilities of their hospital.

Alaskan hospitals seeking one of these voluntary designations are encouraged to work with the staff of the Alaska EMSC Advisory Committee in finding ways to meet the requirements of the level of recognition sought by your facility. There is no charge to your facility to apply for Pediatric Hospital Recognition. Please apply for EMSC Pediatric Hospital Recognition now to show your commitment to providing optimum pediatric emergency and critical care to all Alaskan children.

Application of Pediatric Hospital Recognition

Please send to

Raj Maskay
Emergency Medical Services for Children Project Director (PI)
Department of Health and Social Services
Division of Public Health
Section of Emergency Programs: Preparedness, EMS, and Trauma
410 Willoughby Ave, Room 101
P. O. Box 110616
Juneau, AK 99801

Phone 907 465 8633
Fax 907 465 4101
Raj.Maskay@alaska.gov

We understand that:

a. The Recognition program is voluntary.
b. A written report of the evaluation will be provided.
c. Recognition of facilities at (1) Stabilization Level or (2) Treatment Level or (3) Critical Care Level will be made by the State of Alaska based on recommendations from the site visit surveyors, and Alaska EMSC Advisory Committee Members.

Please complete the application and send back to above address. Please call or email Raj for any questions. Thanks.

Signed

Raj Maskay

APPLICATION FOR PEDIATRIC HOSPITAL RECOGNITION

I. Circle level applying for: (1) Stabilization Level or (2) Treatment Level or (3) Critical Care Level. *(See definition at the end of application).*Please **CIRCLE ONE**

II. Our preferred time frame for the visit is:
a. Earliest date: _____
b. Latest date: _____

III. PRIMARY **CONTACT PERSON**

_____ (Name)

_____ (Title)

_____ (Address)

_____ (Phone Number)

_____ (E-mail)

IV. Pediatric Physician Coordinator for Emergency Department: *(or a physician with interest in Pediatrics and willing to work with EMSC)*

_____ (Name)

_____ (Address)

_____ (Phone Number)

_____ (E-mail)

V. Pediatric Nurse Coordinator for Emergency Department: *(or Director of Nursing)*

_____ (Name)

_____ (Address)

_____ (Phone Number)

_____ (E-mail)

VI. Pediatric Patients:

a	Number of pediatric (18 and under) patients treated in the Emergency Department (ED) last reporting year.	<99	100-999	1000 or more	Unknown
b.	Number of pediatric patients admitted to your hospital last reporting year	<49	50-499	500 or more	Unknown
c.	Number of pediatric patients transferred to an	<4	5-19	20 or	Unknown

	Treatment Emergency Dept for Pediatrics, OR, Pediatric Critical Care Center last reporting year			more	

d	Do you have Pediatric Emergency Department Coordinator?	Yes	No
e	Do you have Pediatric transfer agreements with other hospitals?	Yes	No
f	Do you have transfer guidelines (protocol) for pediatric patients? If yes please attach	Yes	No

VII. Quality Improvement (QI). Circle One

1.	Do you have separate QI for pediatrics?	Yes	No
2.	Do you have multidisciplinary review of pediatric cases? If yes, go to #3	Yes	No

3. Does your QI filters related to pediatric care include?

A	Deaths	Yes	No
B	Cardiac Arrest	Yes	No
C	Cardio-pulmonary resuscitation (CPR)	Yes	No
D	Respiratory Failure	Yes	No
E	Pediatric Intubation	Yes	No
F	Accidental Traumas who are admitted	Yes	No
G	Suspected non-accidental traumas, neglect, abuse and assaults	Yes	No
H	Femur, rib, and skull fractures in patients less than 4 years	Yes	No
I	Child Abuse Triggers: Failure to Thrive (infants and toddlers/preschoolers) and	Yes	No
J	Child Abuse Triggers: Low weight (e.g.: anorexia nervosa) in older kids.	Yes	No
K	Pediatric patients transferred to another facility or	Yes	No
L	Pediatric patients transferred to an adult Intensive Care Unit.	Yes	No
M	Status Epilepticus	Yes	No
N	Sepsis	Yes	No
O	Meningitis	Yes	No

4. Does your QI committee of pediatric critical care include?

A	Pediatricians	Yes	No
B	Emergency Department Physicians	Yes	No
C	Physician's Assistant / Nurse Practitioners	Yes	No
D	Nurses	Yes	No
E	Respiratory Therapists	Yes	No
F	Pharmacist	Yes	No
G	Others (please write titles)	Yes	No
		Yes	No

5. How often do**es** the committee meet? _____
6. To whom do the QI committees report findings? _____

7. How **is** QI information disseminated to enact change?

VII. Do you have the following pediatric equipment/supplies in the ED?

	ESSENTIAL EQUIPMENT AND SUPPLIES	**Yes**	**No**
1	***Monitoring***	Yes	No
2	Cardiorespiratory monitor with strip recorder	Yes	No
3	Defibrillator (0-400J capability) with pediatric and adult paddles (4.5cm and 8cm)	Yes	No
4	Pediatric and adult monitor electrodes	Yes	No
5	Pulse oximeter with sensors sizes newborn through adult	Yes	No
6	Thermometer/rectal probe*	Yes	No
7	Doppler blood pressure device	Yes	No
8	Blood pressure cuffs (neonatal, infant, child, adult, and thigh sizes)	Yes	No
9	Method to monitor endotracheal tube and placement†	Yes	No
10	Stethoscope (infant, child, and adult)	Yes	No
11	Glucometer	Yes	No
12	***Vascular Access***	Yes	No
13	Butterfly needles (19- to 25-gauge)	Yes	No
14	Catheter-over-needle devices (14- to 24-gauge)	Yes	No
15	Infusion device *(to regulate rate and volume)*	Yes	No
16	Tubing for above	Yes	No
17	Intraosseous needles (16- and 18-gauge)§	Yes	No
18	Arm boards (infant, child, and adult sizes)	Yes	No
19	Intravenous fluid/blood warmers	Yes	No
20	Umbilical vein catheters (sizes 4 Fr, 5 Fr, 5.5 Fr and 7 Fr) *(Ensure availability in hospital)*	Yes	No
21	Seldinger technique vascular access kit (with pediatric sizes 3,4,5 Fr catheters)	Yes	No
22	Needles 25 – 18 gauge	Yes	No
23	***Airway Management***	Yes	No
24	Clear oxygen masks (preterm, infant, child, and adult sizes	Yes	No
25	Non-rebreathing masks (infant, child, and adult sizes)	Yes	No
26	Oral airways (sizes 00-5)	Yes	No
27	Nasopharyngeal airways (12 to 30 Fr)	Yes	No
28	Bag-valve-mask resuscitator, self-inflating (450 and 1000 ml sizes)	Yes	No
29	Nasal cannulae (infant, child, and adult sizes)	Yes	No
30	Endotracheal tubes: uncuffed (sizes 2.5 to 8.5) and cuffed (sizes 5.5 to 9)	Yes	No
31	Stylets (pediatric and adult sizes)	Yes	No
32	Laryngoscope handle (small and large)	Yes	No
33	Laryngoscope blades, curved (sizes 2 and 3) and straight (sizes 0 to 3)	Yes	No
34	Magill forceps (pediatric and adult sizes)	Yes	No
35	Nasogastric tubes (sizes 6 to 14 Fr)	Yes	No

36	Suction catheters: flexible (sizes 5 to 16 Fr), Yankauer syction tip and bulb syringe		
37	Chest tubes (sizes 8 to 40 Fr)		
38	Tracheotomy tubes (sizes 00 to 6)		
39	Nebulizer		
40	Resuscitation medications (see table)	Yes	No
41	Medication chart, tape, or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes.# (Broselow Tape)	Yes	No
42	Miscellaneous	Yes	No
43	Infant and standard scales	Yes	No
44	Infant formula and oral rehydrating solutions (lactose and non-lactose containing formula)	Yes	No
45	Heating source (infrared lamps or overhead warmer)	Yes	No
46	Towel rolls/blanket rolls or equivalent	Yes	No
47	Pediatric restraining devices	Yes	No
48	Resuscitation board	Yes	No
49	Sterile linen (available in hospital for burn care)	Yes	No
50	Diapers of various sizes (Ensure availability in hospital)	Yes	No
51	Specialized pediatric trays	Yes	No
52	Tube thoracotomy with water seal drainage capability	Yes	No
53	Lumbar puncture (spinal needle sizes 20-, 22-gauge)	Yes	No
54	Urinary catheterization with pediatric Foley catheters (sizes 5 to 16 Fr)	Yes	No
55	Obstetric pack	Yes	No
56	Newborn pack	Yes	No
57	Umbilical vessel cannulation supplies		
58	Meconium aspirator		
59	Venous cutdown	Yes	No
60	Surgical airway kit‡‡	Yes	No
61	Pedi-sized blood collection tubes for labs	Yes	No
62	K-pad or heating blanket source (can be used to warm IVFs)	Yes	No
63	Fracture management	Yes	No
64	Cervical immobilization equipment (sizes infant, child to adult)§§	Yes	No
65	Extremity splints	Yes	No
66	Femur splints (child and adult sizes)	Yes	No
67	Desirable equipment and supplies	Yes	No
68	Medical photography capability	Yes	No
69	Stuffed animals	Yes	No
70	iStat or other point of contact blood testing	Yes	No

VIII. **Do you have the following medications available in the Emergency Department (ED)?**

For example:

	Activated Charcoal	Yes	No
	Analgesics: Tylenol liquid, suppository	Yes	No
	Injectable morphine	Yes	No
	Injectable Fentanyl	Yes	No
	Activated Charcoal	Yes	No
	Asthma medications:	Yes	No
	Albuterol nebulization	Yes	No
	Racemic epeinephrine or epinephrine nebulization	Yes	No
	Terbutaline nebulization/ subcutaneous/IV	Yes	No
	Procedural Sedation Medicines	Yes	No
	Benzodiazepines: Lorazepam, Diazepam, Midazolam,	Yes	No
	Propofol	Yes	No
	Dexmedetomidine	Yes	No
	Pentobarbital	Yes	No
	Phenobarbital	Yes	No
	Antibiotics:	Yes	No
	Azithromycin or	Yes	No
	Erythromycin or	Yes	No
	Levaquin	Yes	No
	Ceftriaxone	Yes	No
	Cefuroxime or Gentamycin	Yes	No
	Ampicillin	Yes	No
	Vancomycin	Yes	No
	Septra	Yes	No
	Diuretics:	Yes	No
	Lasix	Yes	No
	Bumex	Yes	No
	Insulin-Regular	Yes	No
	Mannitol	Yes	No
	Seizure Medicines:	Yes	No
	Benzodiazepines	Yes	No
	Barbiturates , Phenobarbitol	Yes	No
	Phenytoin	Yes	No

	Fosphenytoin	Yes	No
	Steroids:	Yes	No
	-Dexamethasone	Yes	No
	Hydrocortisone	Yes	No
	Methylprednisolone IV	Yes	No
	Prednisone (PO)	Yes	No
	Paralytics: Short and Long acting	Yes	No
	Atracurium	Yes	No
	Pancuronium	Yes	No
	Rocuronium	Yes	No
	Vecuronium	Yes	No
	Resuscitation Medicines:	Yes	No
	Bicarbonate	Yes	No
	Calcium	Yes	No
	Epinephrine	Yes	No
	Dopamine	Yes	No

IX. Emergency Department Personnel:

Please complete TABLE A for MDs working in the Emergency Department.
Please complete TABLE B for all PAs and/or NPs working in the Emergency Department
Please complete TABLE C for all RNs working in the Emergency Department

Application authorized by (typically Chief Executive Officer)

_____ (Signature)

_____ (Name)

_____ (Title)

_____ (Phone Number)

_____ (E-mail)

_____ (Date)

Physician Name	**Residency Where and When completed**	**Board Certification/Type** ***Expiration date***	**Course Completion/exp.** **APLS**	**PALS**	**# of pediatric CME hours in last 2 years***

TABLE A

Provider Name	License NP/PA-C	Course Completion/exp date APLS	PALS	ENPC	# of pediatric CME hours in last 2 years*

TABLE B

Staff Nurse	Course Completion/exp. date			# of pediatric CME hours in last 2 years*

TABLE C

The following checklist is provided to assure that proper signatures, assurances and certifications have been submitted. This form has I thru IX articles. This form must be completed and submitted with the original of your applications. Check the appropriate boxes and provide the information requested.

1	Proper Signature and date	Yes	No
2	Name and contact info. of PHYSICIAN Coordinator of Pediatric Emergency Medicine	Yes	No
3	Name and contact info. of NURSE Coordinator of Pediatric Emergency Medicine	Yes	No
4	Dates for EMSC Advisory Committee site visit	Yes	No
5	List ED Personnel Chart A (for Physicians)	Yes	No
6	List ED Personnel Chart B and C (for Providers and Nurses)	Yes	No
7	Completed the Quality Improvement Filter list	Yes	No
8	Completed Essential Equipment and Supply list	Yes	No
9	Completed Pediatric Resuscitation Medication Supply list	Yes	No

The EMSC Advisory Committee recommended level of Alaska hospitals.

No	Hospital Name	City	Stabilization Level	Treatment Level	Critical Level	
1	Alaska Native Medical Center	Anchorage			X	
2	Alaska Regional	Anchorage		X		
3	Bartlett Regional	Juneau	X			
4	Central Peninsula General	Soldotna	X			
5	Fairbanks Memorial	Fairbanks		X		
6	Homer Memorial	Homer	X			
7	Kanakanak	Dillingham	X			
8	Ketchikan General	Ketchikan	X			
9	Maniilaq Health Center	Kotzebue	X			
10	Mat-Su Regional Med.Center	Palmer	X			
12	Mt. Edgecumbe	Sitka	X			
13	Norton Sound Regional	Nome	X			
14	Petersburg Med.Center	Petersburg	X			
15	Providence Medical Med.Center	Anchorage			X	
16	Providence Seward Med.Center	Seward	X			
17	Samuel Simmonds Memorial	Barrow	X			
18	Sitka Community	Sitka	X			
19	South Peninsula	Homer	X			
20	Wrangell Med Center	Wrangell	X			
21	Yukon Kuskowkim Delta Regional	Bethel	X			
22	Providence Kodiak Island Med.Center	Kodiak	X			
23	Bassett Army Community	Ft. Wainwright		X		
24	USAF 3rd Medical Group-Elmendorf	Elmendorf		X		

Stabilization Level (Standby or Basic Emergency Department (ED). May not have 24 hour physician coverage in the ED. Typically does not have inpatient pediatric capabilities. Criteria aims to assure capabilities to initially manage/resuscitate patient. Transfer agreements)

Treatment Level (Comprehensive ED. 24 hour ED physician coverage. Able to provide more specialized pediatric services. May have inpatient pediatric capabilities. Transfer agreements)

Critical Level (Comprehensive ED, 24 hour ED with pediatricians. Dedicated Pediatric Intensive Care Unit (PICU). Range of pediatric specialty services and inpatient resources. Coordinate transfer agreements with referral facilities. Transport team or affiliation with transport system)