Questions and Answers – From Pediatric Champion Office Hours

1. **Q:** What age range should be used to satisfy "pediatric patient" for the assessment?

   A: The EMS for Children program uses 0-18 for the definition of a pediatric patient. However, many questions refer to the definition of a pediatric at "your" hospital/ED. So, hospitals/EDs may answer according to their definition.

2. **Question 10** - Critical Access versus Micro-Hospital

   These first few questions will help us understand the infrastructure of your hospital and emergency department.

   10. Which of the following best describes your hospital? (Choose one)

   - ☐ **General Hospital** (a non-specialized facility treating adults and children for all medical and trauma conditions with or without a separate pediatric ED)
   - ☐ **Children's Hospital within a General Hospital** (children's hospital located completely within a larger hospital which also sees adults)
   - ☐ **Children's Hospital** (a stand-alone, specialized facility which offers services exclusively to children and adolescents)
   - ☐ **Critical Access Hospital** (a non-specialized facility that is typically 35 miles from another hospital and maintains no more than 25 inpatient beds)
   - ☐ **Micro-Hospital** (small scale inpatient facility that typically maintains 8 to 15 beds for observation and short-stay use for low-acuity patients)
   - ☐ **Off-Site Hospital-Based or Satellite Emergency Department** (a facility providing emergency department services, basic imaging, and laboratory services)
   - ☐ **Independently-Owned Freestanding Emergency Department** (a stand-alone facility providing emergency department services, basic imaging, and laboratory services)
   - ☐ **Other**

   Clarifications - Refer to CMS for official definitions of Critical Access Hospital and others

   https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/CAHs

   - **Micro-Hospitals** have in-patient beds and usually full services such as radiology, labs, pharmacy etc. and can keep patients for up to 23 hours. A Micro-Hospital is a NEW fast-growing entity. *If a hospital doesn't recognize they are a Micro-Hospital they probably are not.*
   - **Critical Access Hospitals** are usually further away from urban centers (at least 35 miles away from another hospital).

3. **Question 14** – Trauma Designation

These next questions are about your hospital's trauma designation.

14. Is your hospital designated as a trauma center?

- ☐ Yes
- ☐ No ⟶ **Skip to Question 18**

15. Which of the following are used to verify your trauma center for designation? (Check all that apply)

   a. ☐ American College of Surgeons
   b. ☐ State or Regional Level Entity (e.g., EMS authority/governing board/bureau, Department of Health)

Clarification - If your hospital is considered *provisional* as a trauma facility, thus do not have designation or verification, please indicate "**no**" and skip to question 18.

4. **Question 29** – Training and/or certification required for physicians

29. If yes, what types of training/certification are required for physicians who staff your ED 24/7 and care for children? (Check Yes or No for each)

		Yes	No
a.	Emergency medicine board eligible/certified	☐	☐
b.	Pediatric emergency medicine board eligible/certified	☐	☐
c.	Pediatrics board eligible/certified	☐	☐
d.	Family medicine board eligible/certified	☐	☐
e.	Internal medicine board eligible/certified	☐	☐
f.	Surgery board eligible/certified	☐	☐
g.	Board eligible/certified physician with other training	☐	☐
h.	Non-Board eligible/certified physician with other training	☐	☐

Q: How do you answer this question if the physicians are required to be board certified for at least one of the specialties? But not all on the list?

A: The hospital/ED should think of each option a-h as an individual question: if it is one of the options for physicians who staff the ED 24/7, answers yes.

This question is not a scored item - there are no implications to the facility. This is a research questions to discern qualifications of physicians staffing EDs (what facilities require in their "job description" so to speak).

Example A: The hospital requires board certification in Emergency Medicine and Internal Medicine – they would select yes for a and e.

Example B: The hospital requires physicians be board certified *in at least one* of the following: Emergency Medicine, Family Medicine, Internal Medicine or other board certification – they would select yes for a, d, e, g.

5. **Question 79 & 80** – Patient volume and pediatric volume

Please provide actual data or estimations of ED patient volume for the following:

79. Estimate the <u>total</u> number of patients (adult and pediatric) seen in your ED in the last year. (Numeric data only, e.g., 5000, not "five thousand")
Number of Total Patients ______________________

80. Estimate the number of <u>pediatric</u> patients (as defined by your hospital) seen in your ED in the last year.
(Choose one)

- ☐ Low: <1,800 pediatric patients (average of 5 or fewer a day)
- ☐ Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)
- ☐ Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)
- ☐ High: >=10,000 pediatric patients (average of 27 or more a day)

a. This question is designed to represent your overall patient volumes to categorize your responses and align them to similar EDs. If you have access to ED patient volume statistics, it is ideal to list the patient volume over the most recent 12-month cycle. This need not be a calendar year. However, if you do not have access to the exact number over the most recent 12-month cycle an estimate of average number of patients seen in a 12-month cycle is perfectly fine.

    i. Example: if your facility has 2020 patient volume data use that information

6. **What about security of the assessment and the Peds Ready scores?**

a. Security is a priority of the Peds Ready Assessment. Multiple layers of monitoring and encryption are utilized to maintain security throughout the assessment. Responses are monitored by NEDARC in conjunction with your State Pediatric Readiness partners (Lauren Korte and Dr. Sam Mishra). If anything concerning or suspicious is noted there are processes in place to verify with the designated hospital/ED representative that the submission is accurate, and correct it if not.

b. The score (reported to you upon submission) is only available to the individual who completed the assessment. These scores are confidential and NOT shared with anyone else. Aggregate reports may be generated for regional review of pediatric readiness, without the ability to identify independent EDs. Your scores will never be shared with another hospital/ED. They are designed only for internal use and QI initiatives to improve pediatric readiness at your facility.

If you have any questions or concerns during the assessment period, please email Lauren or Sam anytime for assistance.

KorteL@michigan.gov MishraS@michigan.gov