

# PEDIATRIC READINESS ASSESSMENT

*Before we begin, please provide us with the following information, in case we need to contact you to clarify any of your responses:*

1. Name: \_\_\_\_\_
2. Title/Position: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Name of your facility/hospital: \_\_\_\_\_
6. Address of your facility/hospital: \_\_\_\_\_
7. City your facility/hospital is located in: \_\_\_\_\_
8. Zip code of your facility/hospital: \_\_\_\_\_

*From this point forward, we will use the term “hospital” to indicate a hospital or facility where your emergency department is located.*

9. Does your hospital have an emergency department (ED) that is open 24/7?

Yes  
 No → (You do not need to complete the assessment. Thank you for your time.)

*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**

11. You answered "other," please describe your hospital:

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12. Which one of the following is the best description of your ED configuration for the care of children (children as defined by your hospital)?

(Choose one)

- a.  General ED (pediatric and adult patients seen in same area)
- b.  Separate pediatric ED in a hospital that treats both adults and children
- c.  Pediatric ED in a Children's hospital (hospital cares ONLY for children)
- d.  Other

13. You answered "other", please describe your hospital's ED configuration for the care of children: \_\_\_\_\_

*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)

16. At what trauma level is your hospital currently designated for adults? (Choose one)

- a.  Adult Level I
- b.  Adult Level II
- c.  Adult Level III
- d.  Adult Level IV
- e.  Adult Level V
- f.  None of the above

17. At what trauma level is your hospital currently designated for children? (Choose one)

- a.  Pediatric Level I
- b.  Pediatric Level II
- c.  None of the above

*Now, we would like to ask you some questions regarding your hospital's inpatient services.*

18. Which of the following inpatient services does your hospital have on-site? (Check Yes or No for each)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Newborn nursery                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Neonatal intensive care unit                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pediatric intensive care unit                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Pediatric step-down unit                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Pediatric inpatient ward                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Adult intensive care unit (medical or surgical) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Adult step-down unit                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Adult inpatient ward                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*Please answer the following questions according to your hospital's definition of children.*

***If you answered yes to adult intensive care unit (medical or surgical) on Question 18:***

19. Does your hospital ever admit children to the adult intensive care unit (medical or surgical)?

- Yes  
 No

***If you answered yes to adult step-down unit for Question 18:***

20. Does your hospital ever admit children to the adult step-down unit?

- Yes  
 No

***If you answered yes to adult inpatient ward for Question 18:***

21. Does your hospital ever admit children to the adult inpatient ward?

- Yes  
 No

## **Administration and Coordination for the Care of Children**

***Answers to the following questions will help us to better understand the resources available for the care of children in your ED.***

### **Physician Administration/Coordination**

22. Does your ED have a physician coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)? (Choose one):

*Note: The physician coordinator for pediatric emergency care may have additional administrative roles in the ED.*

- Our ED has a physician coordinator that is filled by an MD or DO
- Our ED has a physician coordinator that is filled by an Advanced Practice Provider (e.g., Physician Assistant or Nurse Practitioner) with physician oversight
- Our ED does NOT HAVE a physician coordinator at this time —→ **Skip to Question 25**

23. Is dedicated non-clinical time allotted to complete the tasks associated with the physician coordinator role?

- Yes  
 No

24. Which of the following statements best describes the scope of the physician coordinator role? (Choose one)

- An individual who coordinates care only for your hospital's ED
- An individual who coordinates care for your hospital's ED as well as other hospitals' EDs

### Nurse Administration/Coordination

25. Does your ED have a nurse coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., facilitates continuing education, facilitates quality improvement activities, ensures pediatric specific elements are included in orientation of staff)? (Choose one):

*Note: The nurse coordinator for pediatric emergency care may have additional administrative roles in the ED.*

- Our ED has a nurse coordinator that is filled by an RN
- Our ED has a nurse coordinator that is filled by a Nurse Practitioner
- Our ED does NOT HAVE a nurse coordinator at this time → **Skip to Question 28**

26. Is dedicated non-clinical time allotted to complete the tasks associated with the nurse coordinator role?

- Yes
- No

27. Which of the following statements best describes the scope of the nurse coordinator role? (Choose one)

- An individual who coordinates care only for your hospital's ED
- An individual who coordinates care for your hospital's ED as well as other hospitals' EDs

*The following questions refer to personnel, quality improvement, and patient safety in the ED. If you have a separate pediatric ED, then answer based on resources for that area; if you do not have a separate pediatric ED, then answer based on the overall ED resources.*

### Personnel – Physicians

28. Is there a physician working on-site in the ED 24/7?

- Yes
- No → **Skip to Question 30**

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)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Emergency medicine board eligible/certified                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Pediatric emergency medicine board eligible/certified      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pediatrics board eligible/certified                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Family medicine board eligible/certified                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Internal medicine board eligible/certified                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Surgery board eligible/certified                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Board eligible/certified physician with other training     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Non-Board eligible/certified physician with other training | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

30. Does your hospital have a policy for physician credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of board certification, hospital specific competency evaluations)?

- Yes  
 No → **Skip to Question 34**

*If yes, then which of the following are required?*

31. Continuing education requirements in pediatric emergency care

- Yes  
 No

32. Maintenance of board certification

- Yes  
 No

33. Hospital-specific competency evaluations (e.g., sedation and analgesia)

- Yes  
 No

## Personnel – Nurses

34. Does your hospital have a policy for nurse credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance specialty certifications, hospital specific competency evaluations)?

Yes  
 No → **Skip to Question 38**

### *If yes, which of the following are required?*

35. Continuing education requirements in pediatric emergency care (e.g., ENPC, PALS)

Yes  
 No

36. Maintenance of specialty certification for nurses (e.g., CEN, CPEN)

Yes  
 No

37. Hospital-specific competency evaluations (e.g., triage, pain assessment)

Yes  
 No

## Personnel – Advanced Practice Providers (Nurse Practitioners, Physician Assistants)

38. Does your hospital employ advanced practice providers (nurse practitioners and/or physician assistants) to provide care for children in the ED?

Yes  
 No → **Skip to Question 43**

39. Does your hospital staff policy for advanced practice provider credentialing require pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of national specialty certification, hospital specific competency evaluations)?

Yes  
 No → **Skip to Question 43**

*If yes, which of the following are required?*

40. Continuing education requirements in pediatric emergency care

- Yes
- No

41. Maintenance of national specialty certification

- Yes
- No

42. Hospital specific competency evaluations (e.g., pain assessment and management)

- Yes
- No

**Quality Improvement**

43. Does your ED have a Quality Improvement/Performance Improvement Plan for pediatric patients? (e.g., chart review, collection of pediatric emergency care data, development of a plan to improve pediatric emergency care)

*Note: This may be a separate Quality Improvement/Performance Improvement Plan for pediatric patients or integrated into the overall ED Quality Improvement/Performance Improvement Plan.*

- Yes
- No    **→ Skip to Question 45**

44. If yes, are each of the following components included in the Quality Improvement/Performance Improvement Plan?  
(Check Yes or No for each)

a. Patient care review process (chart review)                      Yes  No

b. Identification of quality indicators for children (e.g., timely administration of steroids in acute asthma exacerbation or time to antibiotics in the pediatric sepsis patient)                      Yes  No



- c. Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits) Yes  No
- d. Development of a plan for improvement in pediatric emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement) Yes  No
- e. Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated?) Yes  No

### Pediatric Patient Safety in the ED

45. Are all children seen in the ED weighed in kilograms (without conversion from pounds)? Yes  No
46. Are all children's weights recorded in the ED medical record in kilograms only? Yes  No
47. Are temperature, heart rate, and respiratory rate recorded on all children? Yes  No
48. Is blood pressure monitoring available for children of all ages based on severity of illness? Yes  No
49. Is pulse oximetry monitoring available for children of all ages based on severity of illness? Yes  No
50. Is end tidal CO2 monitoring available for children of all ages based on severity of illness? Yes  No
51. Is there a process in place for notification (manual or automated) of physicians when abnormal vital signs are found? Yes  No
52. Is a process in place for the use of pre-calculated drug dosing in all children? Yes  No

53. Is a process in place that allows for 24/7 access to interpreter services in the ED? Yes  No

54. Is level of consciousness (e.g., AVPU or GCS) assessed in all children? Yes  No

55. Is level of pain assessed in all children? Yes  No

*Now, we would like to know about policies and/or procedures that your ED has to address the needs of children. These pediatric policies may be integrated into the overall ED policy manual or may be listed separately. They should also be available to staff in the ED, either in written or electronic format.*

### **Policies and Procedures**

56. Does your ED have a triage policy that specifically addresses ill and injured children?

- Yes  
 No

57. Does your ED have any of the following policies, procedures, or plans?  
(Check Yes or No for each)

- a. Pediatric patient assessment and reassessment policies, procedures, or plans Yes  No
- b. Immunization assessment and management of the UNDER-IMMUNIZED child policies, procedures, or plans Yes  No
- c. Child maltreatment policies, procedures, or plans Yes  No
- d. Death of the child in the ED policies, procedures, or plans Yes  No
- e. Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight policies, Yes  No

procedures, or plans

- f. Behavioral health issues policies, procedures, or plans for children of all ages Yes  No

58. Does your ED have a written guideline for the transfer of children with behavioral health issues out of your facility to an appropriate facility? Yes  No

59. Does your ED have social services policies, procedures, or a plan for children of all ages? Yes  No

### Policies for Family-Centered Care

60. Does your ED have a policy for promoting family-centered care? (e.g., family presence, family involvement in clinical decision making)

- Yes  
 No → **Skip to Question 62**

61. If yes, does your ED's family-centered care policy include any of the following? (Check Yes or No for each)

- a. Involving families and caregivers in patient care decision-making Yes  No
- b. Involving families and caregivers in medication safety processes Yes  No
- c. Family and guardian presence during all aspects of emergency care, including resuscitation Yes  No
- d. Education of the patient, family, and caregivers on treatment plan and disposition Yes  No
- e. Bereavement counseling Yes  No

## Policies for Disaster Planning

62. Does your hospital disaster plan address issues specific to the care of children (e.g., pediatric surge capacity, patient tracking and reunification, pediatric decontamination)?

Yes  
 No → **Skip to Question 68**

63. If yes, does your hospital disaster plan include each of the following?  
(Check Yes or No for each)

- a. Availability of medications, vaccines (e.g., tetanus and influenza), equipment, supplies, and appropriately trained providers for children in disasters Yes  No
- b. Decontamination, isolation, and quarantine of families and children of all ages Yes  No
- c. Minimization of parent-child separation and methods for reuniting separated children with their families Yes  No
- d. All disaster drills include pediatric patients Yes  No
64. Pediatric surge capacity for both injured and non-injured children Yes  No
65. Access to behavioral health resources for children in the event of a disaster Yes  No
66. Access to social services for children in the event of a disaster Yes  No
67. The care of children with special health care needs, including children with developmental disabilities Yes  No

*Next, we would like to know about your hospital's interfacility transfer guidelines.*

68. Does your hospital have written interfacility guidelines that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

*Note: Compliance with EMTALA does not constitute having interfacility transfer guidelines. The guidelines may be a separate document or part of an interfacility transfer agreement document.*

Yes  
 No      → **Skip to Question 70**

69. You answered that your hospital has written interfacility transfer guidelines. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below. (Check Yes or No for each)

- a. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)      Yes  No
- b. Process for selecting the appropriate care facility      Yes  No
- c. Process for selecting the appropriately staffed transport service to match the patient's acuity level (e.g., level of care required by patient or equipment needed in transport)      Yes  No
- d. Process for patient transfer (including obtaining informed consent)      Yes  No
- e. Plan for transfer of copy of patient medical record      Yes  No
- f. Plan for transfer of copy of signed transport consent      Yes  No
- g. Plan for transfer of personal belongings of the patient      Yes  No
- h. Plan for provision of directions and referral institution information to family      Yes  No

*Now, we would like to know about your hospital's interfacility transfer agreements.*

70. Does your hospital have written interfacility agreement(s) with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

*Note: Compliance with EMTALA does not constitute having interfacility transfer agreements. Agreements may be a separate document or part of an interfacility transfer guidelines document.*

- Yes  
 No

*We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied.*

### **Equipment and Supplies Management**

71. Are all ED staff trained on the location of all pediatric equipment and medications?

- Yes  
 No

72. Is there a daily method used to verify the proper location and stocking of pediatric equipment and supplies?

- Yes  
 No

73. Is there a standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)?

- Yes  
 No

### **Monitoring Equipment**

74. Are each of the following monitoring equipment items available for immediate use in the ED?

(Check Yes or No for each)

- a. Neonatal blood pressure cuff Yes  No

- b. Infant blood pressure cuff Yes  No
- c. Child blood pressure cuff Yes  No
- d. Defibrillator with pediatric and adult capabilities including pads and/or paddles Yes  No
- e. Pulse oximeter with pediatric and adult probes Yes  No
- f. Continuous end-tidal CO2 monitoring device Yes  No

### Resuscitation Equipment

75. Are each of the following fluid resuscitation equipment items available for immediate use in the ED?  
(Check Yes or No for each)

- a. 22 gauge catheter-over-the-needle Yes  No
- b. 24 gauge catheter-over-the-needle Yes  No
- c. Pediatric intra-osseus needles Yes  No
- d. IV administration sets with calibrated chambers or an infusion pump with the ability to regulate rate and volume of infusate (e.g., buretrol) Yes  No

### Airway Equipment

76. Are each of the following respiratory/airway management equipment items available for immediate use in the ED?  
(Check Yes or No for each)

- a. Endotracheal tubes: cuffed or uncuffed 2.5 mm Yes  No
- b. Endotracheal tubes: cuffed or uncuffed 3.0 mm Yes  No
- c. Endotracheal tubes: cuffed or uncuffed 3.5 mm Yes  No

- d. Endotracheal tubes: cuffed or uncuffed 4.0 mm Yes  No
- e. Endotracheal tubes: cuffed or uncuffed 4.5 mm Yes  No
- f. Endotracheal tubes: cuffed or uncuffed 5.0 mm Yes  No
- g. Endotracheal tubes: cuffed or uncuffed 5.5 mm Yes  No
- h. Endotracheal tubes: cuffed 6.0 mm Yes  No

### Airway Equipment

77. Are each of the following respiratory/airway management equipment items available for immediate use in the ED?

(Check Yes or No for each)

- a. Laryngoscope blades: straight, size 0 Yes  No
- b. Laryngoscope blades: straight, size 1 Yes  No
- c. Laryngoscope blades: straight, size 2 Yes  No
- d. Laryngoscope blades: curved, size 2 Yes  No
- e. Pediatric-sized Magill forceps Yes  No
- f. Nasopharyngeal airways: infant-sized Yes  No
- g. Nasopharyngeal airways: child-sized Yes  No



- h. Oropharyngeal airways: size 0 (50mm) Yes  No
- i. Oropharyngeal airways: size 1 (60mm) Yes  No
- j. Oropharyngeal airways: size 2 (70mm) Yes  No
- k. Oropharyngeal airways: size 3 (80mm) Yes  No
- l. Stylets for pediatric/infant-sized endotracheal tubes Yes  No

### Airway Equipment

78. Are each of the following respiratory/airway management equipment items available for immediate use in the ED?  
(Check Yes or No for each)

- a. Bag-mask device, self-inflating (infant/child) Yes  No
- b. Masks (neonatal size) to fit bag-mask device Yes  No
- c. Masks (infant size) to fit bag-mask device Yes  No
- d. Masks (child size) to fit bag-mask device Yes  No
- e. Simple oxygen face masks: standard infant Yes  No
- f. Clear oxygen masks: standard child Yes  No
- g. Non-rebreather masks: infant-sized Yes  No
- h. Non-rebreather masks: child-sized Yes  No

- i. Nasal cannulas: infant Yes  No
- j. Nasal cannulas: child Yes  No
- k. Suction catheters: at least one in range 6-8F Yes  No
- l. Suction catheters: at least one in range 10-12F Yes  No
- m. Supplies/kit for pediatric patients with difficult airways (e.g., supraglottic airways, needle cricothyrotomy supplies, surgical cricothyrotomy kit, and/or video laryngoscopy) Yes  No

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

79. Estimate the total 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 pediatric 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)

81. If you know the actual number or a more precise estimate of pediatric patients seen in your ED in the last year, please record the number below. (Numeric data only, e.g., 500, not “five hundred”)

Number of Pediatric Patients: \_\_\_\_\_ (not required)

***Answers to the following questions will help us target efforts of the National Pediatric Readiness Project Coalition.***

***Helpful Resources***

82. Please choose the resources which you feel are needed to support the role of pediatric emergency care coordinators. (Check all that apply) (not required)

- Job descriptions for pediatric emergency care coordinators (PECC)
- Talking points for administration to support all pediatric readiness efforts, including the role of the PECC, in your facility
- Specialized training for PECCs
- Other

83. You answered “other”, please describe: \_\_\_\_\_

84. Please choose the resources which you feel are needed to improve pediatric emergency care. (Check all that apply) (not required)

- Access to evidence-based clinical pathways for children
- Template for a pediatric Quality Improvement Plan
- Template for all hazards disaster plans for children
- Template for pediatric surge planning
- Model policies and procedures for care of children
- Other

85. You answered “other”, please describe: \_\_\_\_\_

86. Please choose the resources which you feel are needed to improve staff comfort/preparedness to care for children in the ED. (Check all that apply) (not required)

- Access to education for all staff caring for children (e.g., educational webinars/learning modules)
- Incentives for staff who improve pediatric emergency care for children in your ED
- Access to simulation/mock codes to care for children
- Access to team training with all health care providers impacting pediatric emergency care
- Other

87. You answered "other", please describe: \_\_\_\_\_

88. Please choose the resources which you feel are needed to improve ED infrastructure. (Check all that apply) (not required)

- Optimization of electronic medical records to facilitate patient safety (e.g., calculation of dosing to reduce error, vital signs or symptom-based alerts)
- Optimization of equipment to facilitate patient safety (e.g., weight scales)
- Other

89. You answered "other", please describe: \_\_\_\_\_

90. Please choose the EXTERNAL resources which you feel are needed to improve the pediatric readiness of your ED. (Check all that apply) (not required)

- Cost-calculator for items in the 2018 Pediatric Readiness Guidelines
- Access to pediatric expertise – regionally through tele-medicine

- Development of a regional, state or national network for pediatric emergency care coordinators to share resources and best practices
- Model plan for regional or state recognition of facilities for pediatric readiness
- Opportunities to participate in quality improvement collaborative(s)
- Other

91. You answered "other", please describe: \_\_\_\_\_

**92. If you have any comments regarding pediatric readiness, please note them here:**

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**Thank you for your help with this important assessment!**