On-Site and PRQ Upload Requirements

All Levels: *I, II, III, S* | **I:** *Level I* | **II:** *Level II* | **III:** *Level III* | **S:** *Specialty*

Standard	Level	On-Site Requirement	PRQ Upload Requirement	Requirement
Chapter 1				
1.1	All Levels		x	Upload resolution from the hospital's governing board expressing support of the children's surgical program
1.1	All Levels		x	Upload medical staff resolution supporting the children's surgical program
1.2	All Levels		x	Upload an org chart which demonstrates the medical staff and administration relationships within the institution
1.2	All Levels		x	Upload the certificate of accreditation from Joint Commission or DNV if applicable
Chapter 2				
2.3	All Levels		x	Upload a figure depicting the relationship of the surgical service(s) to the hospital at-large
2.5	I, II, III	x		Documentation in the form of minutes of either the ASC OR Committee or integrated equivalent meetings for the past 12 months will be requested at the time of the site visit
2.5	I, II, III		x	Upload the formal transfer agreements from the ambulatory surgical center to the parent children's hospital
2.5	I, II, III		x	Upload a diagram of the administrative structure of the ambulatory surgical center
2.5	I, II, III		x	Upload the ambulatory surgical center's policies and procedures including for preterm infants and full-term infants < 6 months
2.5	I, II, III		x	Upload the CVs of the ambulatory surgical center Chief of Anesthesia, Medical Director and Nursing Director, if different than parent center
2.5	I, II, III		x	Upload job descriptions for the Chief of Anesthesia and Medical Director for the ambulatory surgical center
2.5	I, II, III	x		Documentation in the form of minutes of PIPS meetings related to ambulatory surgical center issues for the past 12 months
2.8	All Levels	x		Documentation in the form of transfer agreements and protocols
2.9	All Levels		x	Upload the MDCS CV
2.9	All Levels		x	Upload the job description of the MDCS
2.9	All Levels		x	Upload the Surgeon-in-Chief job description
2.9	All Levels		x	Upload the Surgical Quality Officer or Director of Quality job description
2.9	All Levels		x	Upload a summary and related MDCS activity pertaining to the membership and active participation in appropriate regional or national children's organizations
2.10	I, II, S		x	Upload CV(s) and job description(s) for other anesthesia providers with leadership roles in the CSV Program
2.10	I, II, S		x	Upload the MDCA CV
2.10	I, II, S		x	Upload the job description of the MDCA
2.10	III		x	Upload CV of the anesthesiology medical director
2.10	III		x	Upload job description of the anesthesiology medical director
2.11	All Levels		x	Upload the CSPM CV
2.11	All Levels		x	Upload job description of the CSPM

On-Site and PRQ Upload Requirements (Continued)

Standard	Level	On-Site Requirement	PRQ Upload Requirement	Requirement
2.12	I, II, S		x	Upload the ACS NSQIP Pediatric Surgeon Champion CV
2.12	I, II, S		x	Upload the ACS NSQIP Pediatric Surgeon Champion job description
2.13	I, II, S		x	Upload SCR job description and/or other Data Collection Staff Member job description
2.13	I, II, S		x	Upload SCR CV and/or other Data Collection Staff Member CV
Chapter 3				
3.1	I, II	x		State NICU verification documentation, if applicable
3.8	All Levels		x	Upload blood banking policies and procedures as they relate specifically to children undergoing surgery, both elective and emergency
3.9	I	x		Transfer agreement specific to ECMO patients
3.9	I	x		Clinical ECMO protocols
3.9	I	x		Reports from mortality review of ECMO patients
3.9	I	x		Reports from quality review of ECMO candidates, ELSO registry report, if available
Chapter 4				
4.1	I, II, S		x	Upload CVs for any surgeon without ABMS certification that should be considered an "equivalent" children's surgeon
4.2	All Levels	x		Call schedule to confirm 24/7 pediatric anesthesiology coverage
4.2	All Levels	x		Anesthesia privileging documentation
4.2	I		x	Upload written plan/policies detailing the scope of service with clear delineation of circumstances requiring call-in of pediatric specialty anesthesia providers and provision of emergency care
4.2	I, II, S		x	Upload alternative pathway criteria for each anesthesiologist
4.2	I, II, S		x	Upload CVs for any anesthesiologist without ABA certification that should be considered an "equivalent" pediatric anesthesiologist
4.5	All Levels	x		Provide relevant written center guidelines for major surgical procedures performed in NICU
4.5	I, II		x	Upload job description and CV for the NICU surgical liaison
4.6	I, S		x	Upload job description and CV for the PICU surgical liaison
4.7	I, II, S		x	Upload alternative pathway criteria for each radiologist
4.8	I, II	x		Department of Radiology and hospital policies re: timely response of IR providers and support personnel
4.8	I, II	x		Radiology department call schedules
4.8	I, II	x		IR credentialing and delineation of privileging documents
4.9	I, II		x	Upload alternative pathway criteria for each emergency medicine provider
4.10	All Levels	x		Advanced Practice Providers (APP) credentialing documents
4.11	All Levels		x	Upload all specialties Delineation of Privilege forms
4.12	All Levels	x		Call schedules when call is covered by appropriately trained specialists without pediatric certification
4.12	I, II, S		x	Upload pediatric back-up call schedules when call is covered by appropriately trained specialists without pediatric certification
4.12	All Levels	x		PIPS Monitoring plan for scope of practice compliance and results of monitoring
4.12	I, II, S		x	By specialty, upload the written plan which defines the scope of practice for non-pediatric-certified surgeons and when pediatric certified surgeons will become involved
4.13	All Levels	x		CME certificates and/or summaries, when applicable
4.14	All Levels		x	Upload the hospital policies regarding pediatric Rapid Response Team
4.14	All Levels		x	Upload the hospital policies regarding NICU Rapid Response Team

On-Site and PRQ Upload Requirements (Continued)

Standard	Level	On-Site Requirement	PRQ Upload Requirement	Requirement
4.15	All Levels		x	Upload hospital policies, curriculum and assessment tools including educational requirements/training for these pediatric preoperative staff for review
4.17	All Levels		x	Upload supporting documentation for any ongoing education that is provided to PACU nurses to ensure adequate training for pain management and airway management
4.18	All Levels		x	Upload the agenda or program curriculum for general pediatric nursing orientation for the reporting period
4.18	All Levels		x	Upload the required annual competencies for perioperative nursing staff for the reporting period
4.19	I, II, S	x		Nutritional assessments and treatment plans will be reviewed at site visits in chart reviews and staff interviews
4.21	All Levels		x	Upload respiratory therapy policies relating to children's surgery
4.22	I, S	x		CVs of perioperative child life specialists
4.23	I, II		x	Upload CV for the medical director of the child maltreatment team
4.23	All Levels		x	Upload guideline or protocol that defines the screening population and methodology to identify child maltreatment
4.26	I, S		x	Upload CV and job description for the medical director of the transport team
Chapter 5				
5.1	All Levels		x	Upload the policy regarding the expected response time for in-house operating room (OR) team and for out-of-hospital call team
5.1	All Levels	x		Provide a list of all cases that do not meet the 60 minute timeliness requirement for the reporting period
5.2	All Levels		x	Upload institutional policies regarding bedside presence of the interventional radiologist
5.2	All Levels		x	Upload the center's critical finding reporting policy
5.2	All Levels	x		Provide policies for resuscitation and monitoring critically ill patients during transport for imaging or other similar procedures
5.2	All Levels	x		Provide institutional policies regarding pediatric radiology support staff and availability
5.3	I, I, III		x	Upload massive transfusion protocol
5.4	All Levels	x		Presentation onsite on opioid stewardship
5.5	All Levels	x		Presentation onsite on perioperative antibiotic stewardship
5.6	All Levels	x		Provide tumor board case lists from the reporting period
5.6	All Levels		x	Upload tumor board membership lists with designated specialty and meeting attendance records of the tumor board for the reporting year
5.7	All Levels		x	Upload the organizational structure of the Perioperative Anesthesia Risk Assessment Program, including the number of preoperative evaluations and/or clinic visits
5.7	All Levels		x	Upload examples of Perioperative Anesthesia Risk Assessment medical review and preparation documentation
5.7	All Levels		x	Upload examples of educational materials and/or resources furnished to patients and families at preoperative clinic visits
5.7	All Levels	x		Provide Perioperative Anesthesia Risk Assessment clinic schedules along with providers/specialties involved
5.7	All Levels	x		Provide a list of day-of-surgery OR case cancellations along with reason for cancellation (for example, recent illness or hospitalization, parent rescheduling, etc.) for the reporting period
5.8	I, II, S		x	Upload acute pain service call schedules from the last 3 months
5.8	I, II, S		x	Upload an example of a standardized order set
5.8	I, II, S		x	Upload one example of the quality and safety report for the acute pain service

On-Site and PRQ Upload Requirements (Continued)

Standard	Level	On-Site Requirement	PRQ Upload Requirement	Requirement
5.9	I, II, S	x		Provide 3 examples of clinical protocols
5.10	I, II, S		x	Upload examples of ongoing efforts to use patient care data collected through the MDC for QI or research projects
5.10	I, II, S		x	Upload examples of educational materials and/or resources furnished to the community
5.10	All Levels		x	Upload the MDC organizational structure, including the number and names of participants across all relevant specialties, intake & follow-up care coordination protocol
5.10	All Levels		x	Upload MDC clinic schedules along with providers/specialties in attendance for the past 3 months
5.10	All Levels		x	Upload 3 examples of MDC patient flow maps (or equivalent documents) to illustrate how patients are managed through their respective appointments, tests, and follow-up care
5.10	All Levels	x		Examples of MDC clinic notes and follow-up plan demonstrating a single point of clinical contact for coordinating all relevant follow-up care will be reviewed during chart review
5.13	All Levels	x		Presentation onsite on enhanced recovery protocols
Chapter 6				
6.1	All Levels		x	Upload the CSV Safety Report (ACS NSQIP Pediatric registry report) for the reporting period
6.1	All Levels	x		Latest NSQIP Pediatric Semi Annual Report (SAR)
6.2	All Levels		x	Upload the Children's Surgery Safety Report (Appendix I) for the reporting period
6.3	All Levels		x	Upload a chart or process map demonstrating the program's available data resources and flow of electronic information to children's surgical center staff for quality improvement purposes and indicating key data collection personnel
6.3	All Levels		x	Upload any relevant policies or protocols related to children's surgical staff access to data resources
Chapter 7				
7.1	All Levels	x		Provide minutes of hospital governing quality committee (or equivalent)
7.2	All Levels		x	Upload CV of the chair of the Children's Surgical PIPS Committee
7.2	All Levels	x		Provide minutes of Children's Surgical PIPS Committee and any PIPS sub-committees
7.3	All Levels	x		Provide Children's Surgical PIPS Committee or sub-committee minutes that demonstrate review of all Morbidity and Mortality reports from surgical and applicable medical specialties
7.3	All Levels	x		Provide written Children's Surgical PIPS policies that define the types of M and M cases which are reviewed by the Children's Surgical PIPS Committee
7.3	All Levels	x		Provide written Children's Surgical PIPS policies or Medical Staff policies that define the requirements for physical presence of a staff provider within 60 minutes
7.3	All Levels		x	Upload a list of active NSQIP Pediatric data-derived quality improvement projects
7.3	All Levels	x		Provide Children's Surgical PIPS Committee minutes that demonstrate review of institution-specific NSQIP Pediatric or national database data and quality improvement activities derived from institution-specific NSQIP Pediatric data analysis
7.4	All Levels	x		Provide minutes of Children's Surgical PIPS Committee or its sub-committees that demonstrate identification of morbidities, mortalities, major safety events, and HAC among surgical patients and review of their care
7.5	All Levels	x		Provide Children's Surgical PIPS Committee minutes that demonstrate review of timeliness of surgical care for emergency conditions

On-Site and PRQ Upload Requirements (Continued)

Standard	Level	On-Site Requirement	PRQ Upload Requirement	Requirement
7.5	All Levels	x		Provide audit data for emergent cases and timeliness of operating room start for the past year
7.5	All Levels	x		Provide Children's Surgical PIPS Committee or PIPS sub-committee minutes that demonstrate review of Appendix I data and their trends
7.5	All Levels	x		Provide Children's Surgical PIPS Committee or PIPS sub-committee minutes that demonstrate review of major safety events impacting surgical patients
7.5	All Levels	x		Provide Children's Surgical PIPS Committee minutes that show which quality improvement activities are monitored by Children's Surgical PIPS Committee, how often they are reviewed, and for how long
7.5	All Levels	x		Provide multidisciplinary surgical case review meeting minutes that document review of patient population or systems issues
7.6	All Levels	x		Provide Children's Surgical PIPS Committee minutes that demonstrate on-going monitoring of quality improvement projects
7.6	All Levels		x	Upload one-page synopses for your three best QI projects
7.6	All Levels		x	Upload the QI Projects Table
7.7	All Levels	x		Provide minutes that demonstrate transport/transfer reviews by Children's Surgical PIPS Committee or another committee of any transport/transfer quality issues and any transfers/transports out to another center for surgical care
Chapter 8				
8.1	All Levels	x		Provide examples of current transfer agreements to local and regional hospitals
8.1	I, S		x	Upload the Children's Surgery Education, Outreach, and Scholarly Activities Table
Appendices				
Appendix II Alternative Pathway	All Levels	x		Appendix II documentation by provider, include cover sheet
Tables				
Supporting Tables	All Levels		x	Surgeon Table Anesthesiologist Table Radiologist Table Emergency Physician Table Medical Specialist Table Surgical Program Leadership and PIPS Committee Table Surgical Case Volume Table