

Medical Recognition Programs from Across the Nation

State	EMSC Program Base	Program Overview - Brief History, Number of Facilities Recognized to Date, Recognition Levels, Verification Process, Process for Noncompliance/Inability to Meet Criteria	Key Partner Organizations	System Mandated by Regulation or Voluntary	Fee Structure	Other	Top Drivers/Strategies for Success
Alaska	State agency-based - Office of EMS	<p>2011 - Began defining criteria. Criteria is an adaptation of National Pediatric Guidelines.</p> <p>2015 - First Comprehensive Pediatric Emergency Facility recognized.</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Comprehensive Pediatric Emergency Centers (CPEC) ›General Pediatric Emergency Facility (GPEF) ›Primary Pediatric Facility (PPEF) ›Basic Pediatric Emergency Facility (BPEF) <p>Verifying body: State Department of Health and Social Services</p> <p>Verification Process: EMSC manager reviews application and submits to EMSC Advisory Committee for review. Site verification conducted by members of the state EMSC Advisory Committee.</p> <p>Reverification Frequency: Every five years.</p>	EMSC Advisory Committee State Trauma System Leadership	Voluntary	Non fee-based program		
Arizona	State agency-based - Office of Injury Prevention and Department of Health	<p>2008 to 2010 - Developed facility recognition criteria. Criteria closely follows but is an adaptation of National Pediatric Guidelines.</p> <p>2010 - Arizona EMSC contracts with the Arizona Chapter of the AAP (AzAAP) to house and manage the pediatric recognition program.</p> <p>2012 - First 11 hospitals recognized.</p> <p>2016 - 30 hospitals recognized and 39 facilities are members of the recognition program.</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Pediatric Prepared Advanced Care (requires a PICU) ›Pediatric Prepared Plus Care ›Pediatric Prepared Care <p>Verifying Body: AzAAP</p> <p>Verification Process: On site verification visits done by a multidisciplinary team, MD, AAP representative, and nurses from peer facilities, as well as Department of Health conduct.</p>	American Academy of Pediatrics (AAP)	Voluntary	Hospitals pay an annual membership fee to AzAAP and an additional maintenance fee for certification	<p>SPROC Grant provided an opportunity to push the recognition program further while reducing the membership fee for some facilities.</p> <p>Carrot approach - incentives include educational resources, network access, and access to online repository of resources.</p> <p>Data Collection: Mortality in peds prepared versus not prepared.</p>	<p>Networking & communication</p> <p>Include hospitals as designers</p> <p>Guidelines for Care of Children in the Emergency Department (established baseline)</p> <p>Peer-Peer</p> <p>Chat boards</p> <p>Online repository</p> <p>Workforce development</p> <p>Identify baseline criteria for system (PedsReady Assessment - good first step)</p> <p>Use/leverage partners</p>
California	State agency-based within counties	<p>1980s - Pediatric categorization began in Los Angeles County. Criteria mirrors National Pediatric Guidelines.</p> <p>1999 - Pediatric Trauma Center regulations added to the trauma regulations</p> <p>2015 - New statewide regulations under development with plans to adopt the California Children's Services criteria for facility recognition standardization and recognition.</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Pediatric Medical Center (PMC) ›Pediatric Critical Care Center (PCCC) ›Emergency Department Approved for Pediatrics (EDAP) <p>Verification Process: Implementation has varied across the state based on available resources for implementation at the local EMS agency level. EMSC manager reviews new applications for recognition and local EMS agency staff conduct on-site facility verification visits and assign level of recognition (i.e., LEMSA verifies the capabilities of facilities in LA county).</p> <p>Reverification Frequency: Every three years.</p>	Local County EMS agency (i.e., LEMSA)	Supported by regulation but not statewide. Still awaiting regulations to be finalized and drive recognition statewide	Fees can be determined at the local level	<p>Carrot = EMS traffic</p> <p>Pediatric Liaison Nurses and EDAP Medical Directors provide necessary oversight and quality improvement at EDAP/PMCs.</p> <p>Mirrors state/national guidelines for pediatric readiness.</p> <p>Data Collection: Pediatric Readiness - verified versus not verified.</p>	<p>SPROC grant has assisted North Coast</p> <p>EMS recognize facilities in farthest north California</p>
Delaware	State agency-based	<p>2012 - Established inclusive program.</p> <p>Criteria based on adaptation of National Pediatric Guidelines.</p> <p>Facilities Recognized: Eight (100%)</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Level 1 ›Level 2 ›Level 3 ›Level 4 <p>Verification Process: Application, document submission, site visit.</p> <p>Reverification Frequency: Every three years.</p> <p>Process for Noncompliance/Inability to Meet Criteria: To be included in recognition process when regulations are promulgated late 2016.</p>	EMSC program Trauma program EMS office Hospitals	Voluntary Program	Non fee-based program. Hospitals may need to pay out of state reviewer costs in the future	<p>Site visit recognition motivation via North Carolina T1 Grant 2011, which included Delaware.</p> <p>Modeled on trauma system.</p> <p>Data Collection: Hospitals are required to send data quarterly to EMSC office for presentation at Quarterly Meeting (e.g., weight in Kg compliance).</p>	<p>Find right people at hospital & state level</p> <p>Build relationships & develop shared vision</p> <p>Learn from other states & resources</p> <p>Create project together</p> <p>Agree on documents, timeframes & work plan</p> <p>Implement & re-evaluate (request input & revise when appropriate)</p> <p>Continue growth with new goals & an updated work plan</p>

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Illinois	Academic center-based	<p>1994 - Facility Recognition Task Force convened, tiered recognition system planned and criteria adaptation of Pediatric National Guidelines, and requirements from other states. Task Force evolved into a standing committee.</p> <p>1998 - Recognition process piloted in an urban and rural region.</p> <p>1999 to 2001 - Program rolled out statewide via 11 EMS regions. Requirements for SEDP and EDAP levels adopted into State EMS Regulations.</p> <p>2002 - PCCC level adopted.</p> <p>2005 - State Hospital Preparedness Program requires that all 60+ EMS Resource Hospitals participate.</p> <p>2011 - EMS Administrative Code revised to assure compliance with EMSC performance measures related to interfacility transfer guidelines/policies and appointment of a Pediatric Physician Champion. Regulations undergo revision every few years based on recommendations from the Illinois EMSC Advisory Board and Facility Recognition Committee.</p> <p>Facilities Recognized: 110</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Pediatric Critical Care Center (PCCC) ›Emergency Department Approved for Pediatrics (EDAP) ›Standby Emergency Department for Pediatrics (SEDP) <p>Designation Authority: State Department of Public Health</p> <p>Verification Process: On-site survey conducted by a team comprised of a MD, nurse, disaster coordinator and representative from Department of Public Health (EMSC program manager). Ceremony, including press, with plaque presentation for recognized facilities.</p> <p>Reverification Frequency: Every four years.</p> <p>Process for Noncompliance/Inability to Meet Criteria: Hospitals required to submit a corrective plan of action. A follow-up site visit is conducted within 6 - 12 months to assess compliance.</p>	<p>State Department of Public Health</p> <p>State Hospital Association</p> <p>State chapters - AAP, American College of Emergency Physicians (ACEP), American Academy of Family Physicians, Emergency Nurses Association (ENA)</p> <p>State Perinatal program</p> <p>State Trauma program</p> <p>Facility Recognition Committee</p>	<p>Voluntary/inclusive process</p> <p>Supported by regulation</p> <p>Mandatory for all EMS Resource Hospitals</p>	<p>Non fee-based program</p>	<p>A number of resources, educational modules, QI templates, disaster preparedness guidelines have been developed over the years and made available to hospitals.</p> <p>Data Collection: Hospitals are required to conduct quality improvement review of all pediatric deaths, interfacility transfers, child abuse/neglect, and critically ill/injured children in need of stabilization. Regional quality improvement monitors are established, and each region reports on their regional QI activities at quarterly State Facility Recognition Committee meetings. Mortality rate data analysis pre-and post-EDAP; Pediatric Readiness scores for recognized versus non-recognized hospitals.</p>	<p>Collaboration</p> <p>Support of key organizations</p> <p>Initial needs assessment</p> <p>Designation of a task force</p> <p>Access to resources and models</p> <p>Pilot</p> <p>Implement EDAP/SEDP levels first, with educational sessions in each region (and educational sessions are still conducted for each renewal cycle)</p> <p>Incorporate program criteria in state regulatory process</p> <p>Honor hospitals with Initial Recognition Ceremony</p> <p>Define state vision and specific goals</p> <p>Provide hospitals with resources, guidance and support</p>
Montana	State agency-based	<p>2014 - Worked on criteria mirroring National Pediatric Guidelines.</p> <p>Facilities Recognized: Six recognized as Pediatric Prepared and four recognized as Pediatric Capable.</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Pediatric Prepared ›Pediatric Capable <p>Verification Process: Site visits conducted by EMSC manager and Advisory Committee members. Clinical Scenario education conducted during site visits.</p> <p>Reverification Frequency: Every three years.</p> <p>Process for Noncompliance/Inability to Meet Criteria: Provide resources to assist in meeting state criteria.</p>	<p>EMSC Advisory Committee</p> <p>Hospital leaders</p> <p>Trauma System</p> <p>Department of Public Health (EMS trauma)</p> <p>Montana Chapter of the AAP</p>	<p>Voluntary participation</p>			<p>Find the right people at hospital and state level</p> <p>Build relationships & develop shared vision</p> <p>Learn from other states & resources</p> <p>Agree on documents</p> <p>Implement & re-evaluate</p> <p>Continue to grow with new goals</p> <p>Networking & communication</p> <p>Include hospitals as designers</p> <p>Guidelines for Care of Children in the Emergency Department (established baseline)</p> <p>Workforce development</p> <p>Identify baseline criteria for system (PedsReady Assessment - good first step)</p> <p>Use/leverage partners</p>
New Jersey	State agency-based	<p>1995 - ED regulations enacted (reviewed/published every seven years). Criteria for recognition mirrors Pediatric National Guidelines.</p> <p>Facilities Recognized: All hospitals participate across state.</p> <p>Single Tiered System: "All Prepared"</p> <p>Verification Process: The New Jersey Department of Health Conducts inspections during the licensure renewal process if the hospital hasn't been inspected in the previous three years and isn't scheduled to be inspected in the 30 days following licensure renewal.</p> <p>Process for Noncompliance/Inability to Meet Criteria: If the New Jersey Department of Health rules, regulations and/or requirements are not met, then the license may not be renewed. Should a hospital become noncompliant, action can be taken against the facility to ensure corrective measures are taken to meet the regulatory requirements.</p>	<p>State Hospital Association</p> <p>ACEP</p> <p>Family Advocates</p> <p>EMSC Advisory Council</p>	<p>Mandated thru state regulations/statute</p>	<p>Non fee-based program</p>		<p>Networking</p> <p>Collaboration</p> <p>Key Stakeholder Participation</p> <p>New Jersey Hospital Association</p> <p>New Jersey EMSC Advisory Council</p>

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Ohio	State agency-based	<p>2008 - Ohio EMSC Pediatric Preparedness Workgroup established. Define criteria mirroring Pediatric National Guidelines.</p> <p>2012 - One level system piloted—Emergency Departments: Pediatric Prepared (EDPP). First and only hospital recognized as "Pediatric Prepared."</p> <p>Single Tiered System: Emergency Departments: Pediatric Prepared</p> <p>Verification Process: Pre-visit paper survey completed by hospitals, survey reviewed by EMSC manager, and on-site verification visit planned. Site reviewer consultation team includes EMSC manager and a team of MD/nurse or nurse/nurse team.</p> <p>Reverification Frequency: Every three years. Reverification mirrors initial process employed for facility recognition.</p> <p>Process for Noncompliance/Inability to Meet Criteria: Post consultation report provided to facility by EMSC program.</p>	State Hospital Association AAP ACEP ENA	Voluntary	Non fee-based program		
Tennessee	Academic center-based	<p>1995 - Ten counties selected for pilot program.</p> <p>1997 - Legislation passed establishing the Committee on Pediatric Emergency Care (CoPEC).</p> <p>1998 to 2000 - Four Comprehensive Regional Pediatric Centers educated referral hospitals re: pending regulations and helped create their "pediatric facility notebook"</p> <p>2007 - State Department of Health expanded legislation to include EMS for Children continuum of care in hospital licensing.</p> <p>Criteria for four levels defined using Guidelines for Pediatric Emergency Care Facilities CoPEM, (Weinberg).</p> <p>Facilities Recognized: All hospitals are required to participate via regulation.</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Comprehensive Regional Pediatric Centers (CRPC) ›General Pediatric Emergency Facility ›Primary Pediatric Emergency Facility ›Basic Pediatric Emergency Facility <p>Verification Process: On-site verification survey done by State Department of Health during licensing survey.</p> <p>Process for Noncompliance/Inability to Meet Criteria: Statement of hospital deficiency by Tennessee Department of Health. Hospital then provides a deficiency plan of correction. Dependent on infraction may require an onsite visit. If deficiency is not corrected, then legal services engaged and the Board for Licensing Health Care Facilities for possible revocation of hospital license.</p>	Family Advocates	Mandated to participate at one of four levels; self-select pediatric emergency care facility level	Non fee-based program	Data Collection: Pediatric Readiness; Problematic transport data.	<p>Family representative</p> <p>Competition</p> <p>Problematic transport database</p> <p>Messaging</p> <p>Build & maintain relationships</p> <p>Longevity of leadership</p> <p>Consider hiring a facilitator</p> <p>Engage the public</p>
Utah	State agency-based	<p>First state to roll out facility recognition program.</p> <p>Criteria based on adaptation of National Pediatric Guidelines.</p> <p>Facilities Recognized: 22</p> <p>Tiered System Design</p> <p>Recognition Levels:</p> <ul style="list-style-type: none"> ›Level III ›Level II ›Level I <p>Verification Process: Occurs through occasional site visits and regional reports through leadership with accountability for the special facility. Visits are grouped with other facility issues.</p> <p>Process for Noncompliance/Inability to Meet Criteria: If a facility is found lacking in anything, corporate works to identify root cause and develops plan of action to address the deficiency.</p>	Intermountain Health Care Corporation	Mandated within corporation	Non fee-based program		<p>Leadership and guidance provided by Primary Children's Hospital as regional tertiary care facility; builds on infrastructure in place to communicate, assess and monitor capabilities within hospital corporation</p>
West Virginia	State agency-based	<p>2009 - Committee formed to develop the <i>Always Ready for Kids (ARK)</i> program. Criteria based on National Pediatric Guidelines.</p> <p>ARK program policies and procedures reviewed annually by ARK Medical Advisory Team.</p> <p>Early 2011 - Six educational rollout sessions conducted.</p> <p>Mid 2011 - First successful ARK verification site visit.</p> <p>Facilities Recognized: Six</p> <p>Verification Process: EMSC coordinator reviews applications. If criteria are met, a site visit will be scheduled for the ARK Site Verification Team and participating hospital. On-site verification visit conducted by team consisting of at least a physician from the ARK Advisory Committee, nurse from the WV OEMS, and the EMSC Program Coordinator. Facilities must have 100 % compliance of "Essential" elements and 70% of "Desired" elements. Media event held if successfully recognized.</p> <p>Reverification Frequency: Every three years.</p> <p>Process for Noncompliance/Inability to Meet Criteria: Areas of noncompliance are outlined. Consultation conference call scheduled.</p>	EMSC Advisory Committee ARK Advisory Committee WV Hospital Association WV Trauma System	Voluntary	Non fee-based program		<p>Build relationships</p> <p>Build rapport with all hospitals</p> <p>Hospital to hospital cooperation</p> <p>Build across borders</p> <p>Build understanding that "all" in this together with the same mission</p> <p>Communication</p> <p>Personal relationships</p> <p>Public Awareness</p>