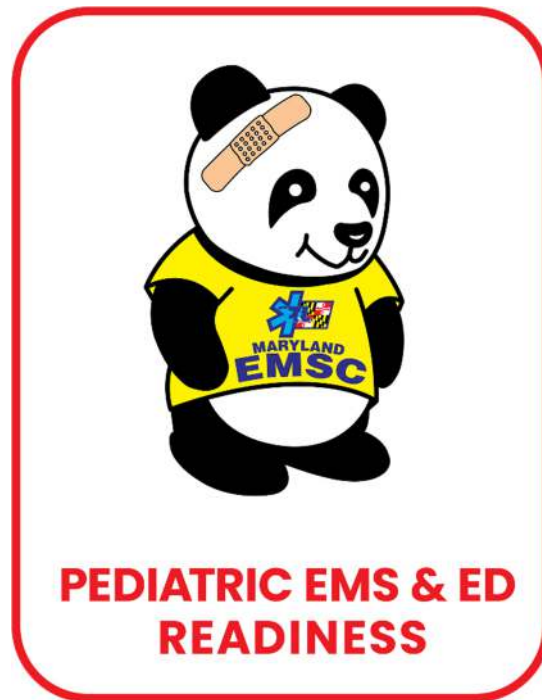


Maryland Pediatric Readiness Transforming Emergency Care for All Children



Maryland Pediatric Facility Recognition Program

April 2025

Maryland Pediatric Facility Recognition Program

Table of Contents:

Introduction, Program Goals, Recognition Levels	Page 3
Facility Recognition Criteria (Three Levels)	Page 5
Application Documents	Page 9
Onsite Review Process and Agenda	Page 10
Resources	Page 11

Introduction, Program Goals, Recognition Levels

The Maryland Emergency Medical Services for Children at MIEMSS has developed a pediatric readiness facility recognition program that is voluntary and will recognize those facilities that have committed to providing emergency care and acute care hospital services to ill and injured children. The Maryland EMSC Pediatric Readiness recognition program is open to acute care hospitals and freestanding emergency departments operating within the state of Maryland. The recognition program is based upon the National Pediatric Readiness Program (NPRP) supported by the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) Joint Policy Statement published in November 2018 and reaffirmed in 2024.

The Maryland Pediatric Readiness facility program has three levels of recognition:

- **Pediatric Ready Emergency Department** is a facility capable of providing general pediatric emergency care or stabilization and transfer for children of all ages
- **Pediatric Resource Hospital** is a facility capable of providing overnight observation or inpatient acute care for children of all ages
- **Comprehensive Pediatric Hospital** is a facility capable of providing critical and operative care for children of all ages

Program Goals:

1. Create an infrastructure, establish common standards and minimum capabilities for hospital to voluntarily select, apply for, and be recognized at an appropriate pediatric readiness level.
2. Create transparency in hospital capabilities for pediatric care for the use of destination choice, interfacility transfer, physician referrals and family choice for seeking medical care.
3. Recognize the facilities that have created pediatric capacity and are committed to providing pediatric medical and injury care resources to their community and the broader region.
4. Facilitate networking and sharing of best practices between comprehensive pediatric hospitals, pediatric resource hospitals and pediatric ready emergency departments.
5. Support the nurse and physician Pediatric ED Champions through educational opportunities, resource sharing, and networking forums to maximize their facilities pediatric readiness.
6. Create transparency and accountability for statewide capacity for pediatric emergency and acute care in Maryland.

This recognition program is voluntary and there are no fees for the application and site visit process. Recognition applications will be submitted to MIEMSS through an online secure platform provided. Applications will remain confidential. Verification Onsite Review visits will be in person. Maryland EMSC Pediatric Readiness facility recognition is valid for three years. Applications will be accepted on a rolling basis starting April 1, 2025 with site visit dates established on mutually convenient date for the facility and Maryland EMSC within 2-6 months of the receipt of the Application. MIEMSS will provide feedback and formal recognition if the criteria have been met within 45 days of the site visit. Facilities must reapply for recognition through the online application and site visit process.

Pediatric Readiness facility recognition encompasses eight components listed below. Detailed criteria for each level of pediatric readiness are included in the chart on the next page.

- Administration & Coordination
- Healthcare Clinician Training and Competencies
- Quality Improvement & Performance Improvement
- Guidelines for Patient Safety & Interfacility Transfers
- Policies, Procedures & Protocols
- Equipment, Medications, & Supplies
- Support Services in the facility to support the acute care of children
- Disaster preparedness & plan addressing the needs of children

This document includes the Criteria Chart, list of Application documents with specific platforms identified, and Onsite Review process, sample agenda, and medical record review chart list.

Reference documents for Pediatric Readiness are posted on the MIEMSS EMSC website [<https://miemss.org/home/EMS-for-Children/Pediatric-Readiness>] and included in the Share File Folder that will be set up for each applicant hospital. Facilities applying for pediatric recognition are encouraged to reach out to the Maryland EMSC staff team. Email: pedsready@miemss.org or 410-706-1758.

Facility Recognition Criteria

Each component contains specific criteria for pediatric readiness at each of the three levels. The chart below uses the following Key for the criterion.

Required [R] - the criterion should be implemented at the facility to attain the indicated level of recognition.

Desired [D] - the criterion is not necessary to attain recognition but maybe an opportunity for future development.

N/A – not applicable

Pediatric Ready Emergency Department – “Ready”

Pediatric Resource Hospital – “Resource”

Comprehensive Pediatric Hospital – “Comprehensive”

Pediatric Readiness Criteria

Pediatric Recognition Level	Ready	Resource	Comprehensive
Facility Resources			
Hospital with 24/ 7 ED	R	R	R
Or Free Standing Emergency Center 24/7	R	N/A	N/A
Licensed in Maryland	R	R	R
MIEMSS Base Station	D	R	R
Separate physical area designated for pediatric patients that is open 24/7 with dedicated nursing and physician / APP staffing	N/A	D	R
Capable of providing inpatient or 23-hour observation care for children	D	R	R
Capable of providing inpatient anesthesia care for children	N/A	D	R
Capable of providing inpatient care for children	D	R	R
Capable of providing pediatric intensive care for children in PICU	N/A	N/A	R
Capable of providing newly born care until transfer is arranged	R	R	R
Capable of providing neonatal care in Level I or II nursery	D	R	R
Capable of providing neonatal intensive care for children in Level III or IV nursery	N/A	D	R
Administration& Coordination	Ready	Resource	Comprehensive
Participated in the most recent NPRP Assessment (2021 national EMSC NPRP Gap Report will be required with Application)	R	R	R
Designated Pediatric ED Nurse Champion			
1. Role Description	R	R	R
2. PALS certification	R	R	R
3. ENPC Course	D	D	R
4. National Nursing Certification CEN/ CPEN/CPN	D	D	R

Designated Pediatric ED Physician/ APP Champion			
1. Role Description	R	R	R
2. EM Boarded or Pediatric Boarded OR APP (NP/PA)	R	N/A	N/A
3. EM Boarded or Pediatric Boarded	N/A	R	R
4. PEM / Pediatric & EM Boarded	D	D	R
5. Boarded Pediatric physician in house 24/7	D	D	R
Healthcare Clinician Training and Competencies	Ready	Resource	Comprehensive
ED Staffing: Physician/AAP Available 24/7, staff in the ED have the necessary skills, knowledge and training in emergency evaluation and treatment of children of all ages who may come to the ED. <ol style="list-style-type: none"> 1. Licensed in Maryland 2. Board certified / eligible in Emergency Medicine or Pediatrics 3. Pediatric specific continuing education done annually (5 hours / 2 years license cycle) 4. Pediatric specific competencies or peer review done annually 	R	R	R
ED Staffing: RN Available 24/7, nursing staff in the ED have the necessary skills, knowledge and training in emergency evaluation and treatment of children of all ages who may come to the ED. <ol style="list-style-type: none"> 1. Licensed in Maryland 2. Pediatric specific continuing education done annually (3 hours / 2 years license cycle) 3. Orientation and validation on use of validated pediatric triage tool 4. Pediatric specific competencies done annually 	R	R	R
Allied health partners Available 24/7, nursing staff in the ED have the necessary skills, knowledge and training in emergency evaluation and treatment of children of all ages who may come to the ED. <ol style="list-style-type: none"> 1. Licensed in Maryland 2. Pediatric specific continuing education and simulation appropriate for licensure 	R	R	R
Quality Improvement & Performance Improvement	Ready	Resource	Comprehensive
Policy for timely monitoring and reporting of safety events	R	R	R
Pediatric QI Plan within the ED QI/PI committee:	R	R	R
1. Pediatric indicators with monthly data collection, reporting, and outcome measures	R	R	R
2. Review all child deaths	R	R	R
3. Review all cardiac and respiratory arrests	R	R	R
Interdisciplinary Pediatric Quality Improvement Committee	D	R	R
Provide feedback on cases to EMS & referring EDs	R	R	R
Provide case reviews to referring EDs & to EMS	D	D	R
Monitor inter-facility transfer availability and ensure feedback to referring facilities	D	D	R

Smart Sheet Pediatric Readiness Inventory Forms in the Application includes all components of the 2021 Joint Policy Statement for data collection and comparison. The lists below are those required for the Maryland Pediatric Facility Recognition.			
Guidelines Patient Safety & Interfacility Transfers	Ready	Resource	Comprehensive
Children are always weighed in kilograms and recorded in the medical record in kilograms	R	R	R
Standard method for estimating weight in kilograms in emergent situations	R	R	R
Children of all ages have temperature, heart rate, respiratory rate, pain level obtained & documented	R	R	R
Blood pressure, pulse oximetry, wave form capnography are available for all age children based upon severity	R	R	R
Process for identifying abnormal vital signs and notification of physician	R	R	R
Difficulty Airway Procedure and equipment	R	R	R
Process for safe medication storage and delivery that includes pre-calculated dosing guidelines	R	R	R
Interpreter services are available 24/7 to include remote access	R	R	R
Written pediatric interfacility transfer agreements and transfer agreements (NPRP 2018)	R	R	R
Policies, Procedures, Protocols	Ready	Resource	Comprehensive
Pediatric Triage – standardized pediatric tool	R	R	R
Pediatric Assessment and reassessment	R	R	R
Child maltreatment protocol and referral information is easily accessible	R	R	R
Immunization assessment and management / referral	R	R	R
Sedation and analgesia for procedure and imaging	R	R	R
Death of child policy includes family centered care	R	R	R
Family Centered Care policies and processes	R	R	R
Discharge instructions and follow up care	R	R	R
Referral back to medical home / PCP	R	R	R
Pediatric Interfacility Transfer policy and checklist	R	R	R
Safe Transport procedures for discharge & interfacility	R	R	R
Equipment, Medications & Supplies	Ready	Resource	Comprehensive
To be documented in Smart Sheet Checklist Form			
Essential equipment on current NPRP list	R	R	R
In the ED			
Available in 5 minutes within the facility			
High Volume ED equipment on current NPRP list	D	R	R
In the ED			
Available in 5 minutes within the facility			
Essential Medications	R	R	R
In the ED			
Available in 5 minutes within the facility			
Method of daily verification of location and function of equipment and supplies	R	R	R
Mobile pediatric crash cart	R	R	R

Support Services in the facility to support the acute care of children	Ready	Resource	Comprehensive
Laboratory Services 24/7	R	R	R
Radiology Services 24/7	R	R	R
Procedure/ Policy for weight based dosing for all radiology procedures (ALARA)	R	R	R
CT scan capability 24/7	D	R	R
Urgent access to Ultrasound 24/7	D	R	R
Urgent access to MRI 24/7	D	R	R
Inpatient anesthesia care for children for surgery and/or critical care	D	D	R
Disaster preparedness & plan addressing the needs of children	Ready	Resource	Comprehensive
ED plan for disaster response includes children at different ages	R	R	R
Participates in disaster drill table tops with pediatric patients	R	R	R
Hospital wide plan for disaster response that includes children at different ages	N/A	R	R
Hospital has a supplemental staffing plan to address pediatric surge	R	R	R

Application Documents

A. Documents to be submitted with Application:

1. Share File Folder (provided individually to each facility by MD EMSC)
 - ☐ Pediatric ED Nurse Champion CV/ Resume
 - ☐ Pediatric ED Physician/APP Champion CV/ Resume
 - ☐ Job description for both Champions and protected time for Pediatric Readiness as designated
 - ☐ 2021 NPRP Gap Analysis
 - ☐ Pediatric Facility Recognition Checklist Chart for level of recognition applied (Checklist provided by MD EMSC)
2. Smart Sheet Forms (Links provided by MD EMSC after letter of interest is received from hospital CEO or Administrator):
 - ☐ Pediatric Facility Recognition – Application Initiation Form
 - ☐ Pediatric Facility Recognition – Demographics Form
 - ☐ Pediatric Readiness – Policies, Procedure, Protocols Form
 - ☐ Pediatric Readiness – Equipment Form
 - ☐ Pediatric Readiness – Medication Form
3. Smart Sheet Attachments (link included in the Policies Form)
 - ☐ Policy(ies) for Weighing and Documenting weight in Kilograms

B. Documents to be available during Onsite Review

1. List of current ED Nurses indicating current PALS certification date, last pediatric competency date, pediatric CE met / in progress, and other pediatric / ED certifications held.
2. Two months of staffing schedules for staff RN, LPN, ED technicians.
3. List of current ED Physicians and APPs indicating board certification, board eligible status, pediatric CE met / in progress other pediatric credentials held.
4. Two months of staffing schedules for ED physicians/ APP.
5. ED Policies, Procedures, Protocols and Safety Guidelines specific to or including pediatric emergency care (printed or access to electronic facility policy website).
6. Medication list and location within the ED and facility (from the SmartSheet Medication Form).
7. Equipment list and location within the ED and facility (from the SmartSheet Equipment Form).
8. Policy on verification of equipment availability in the ED (include checklists and logs – print or electronic).
9. Inventory of Pediatric Resuscitation Cart/ Equipment and special trays or kits (including checklist and logs – print or electronic).
10. All Hazards Disaster preparedness, response and recovery plans, policies, activation procedures to include those specific to pediatrics and hospital wide (printed or access to electronic facility policy website).
11. Pediatric Quality Improvement Review Committee: Membership, attendance, case review process, and currently followed pediatric metrics/ quality indicators followed (1 year of data if available), evidence of loop closure for specific indicators.
12. Guidelines / Policies for pediatric procedures to include radiology, respiratory therapy, support services (social work/ child life/ translation services).

Onsite Review Process and Agenda

The Onsite Review will be completed by the EMSC Director and the MIEMSS Associate State EMS Medical Director for Pediatrics. There is no fee for this application or site visit. The Onsite Review will be conducted using the Agenda Template in the chart below (specific times to be established once the date is confirmed). The purpose of the Onsite Review is to obtain a detailed and accurate assessment of a hospital's resources and capabilities at the specific level of pediatric readiness selected in the Application. We ask that the Pediatric Champions and Emergency Department and appropriate Pediatric Units have all documents and medical records carefully organized and accessible to the reviewers.

For planning purposes, the review will last approximately three hours for Pediatric Ready Emergency Departments with additional time to tour inpatient units for Pediatric Resource and Comprehensive Pediatric Facilities.

Sample Agenda (times to be specified for site visit date):

	Topics & Activities	Review Team and Facility Team members
15 min.	Welcome and Introduction	ED and Hospital Leadership Pediatric ED Champions
30 min.	Review Application & Documents	Pediatric ED Champions
30 min.	Tour of ED and related hospital areas specific to pediatric resources. (EMS entrances, Resuscitation room, Pediatric care designated space(s), Observation Unit, Radiology, and where appropriate Pediatric/ MCH inpatient unit & PICU	ED leadership Pediatric ED Champions Inpatient Unit leadership
30 min.	Review of Onsite Document	Pediatric ED Champions
45 min	Medical Record Review: using ePCR of charts identified prior to onsite review date. See Medical Record Review list below.	ED Staff familiar with ePCR to navigate software platform with Onsite review team.
15 min	Review of Performance Improvement Plan and the facility's pediatric metrics	Pediatric ED Champion ED leadership
15 min	Onsite Review Team meeting	Closed to Onsite Review Team only
15 min	Summary & Exit Interview	ED and Hospital Leadership Pediatric ED Champions

Medical Records Review:

Specific ED pediatric patient medical record review charts will be requested for the Onsite Review Day. These medical records may be electronic or printed, the site team prefers electronic with a nurse document navigator available. Pediatric patients are between birth and 17 years of age unless specified below. Charts reviewed (10 charts) should be from the past 12 months and include:

- A. MIEMSS will select 5 pediatric patients brought to your facility by EMS (ground and air) from the eMEDS data base and provide them to the Pediatric Champions 15 days prior to the Onsite Review Date.
- B. Emergency Department will provide 5 pediatric patient charts who arrived by private or public vehicles:
 - 1. Pediatric Patient that is less than 6 months old
 - 2. Pediatric Patient with length of stay in the ED greater than 6 hours
 - 3. Pediatric Patient admitted to your hospital or transferred out to a pediatric inpatient unit
 - 4. Pediatric transferred out to a pediatric critical care unit
 - 5. Pediatric death (if one did not occur, please select a second transfer out)

Medical Records Review Tool will be shared in advance in the Share File folder specific to each facility when the Application is submitted.

Resources:

- 1. National Pediatric Readiness Project website - <https://www.pedsready.org/>
- 2. EMSC Improvement Center – Pediatric Readiness Project website - <https://emscimprovement.center/domains/pediatric-readiness-project/>
- 3. Maryland EMSC Pediatric Readiness website - <https://miemss.org/home/EMS-for-Children/Pediatric-Readiness>
 - a. 2019 Joint Policy Statement on Pediatric Readiness in the ED
 - b. 2022 Pediatric Readiness Checklist
 - c. NPRP Checklist broken out by policy, medication, equipment
 - d. NPRP Checklist – QI section
 - e. AAP Sample Performance Measures and PI Activities for ED
 - f. NPRQI Collaborative QI Indicators (EMSC EIIC)
- 4. EMSC Toolkit for Pediatric Readiness – <https://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-toolkit-checklist/>