



**COMPREHENSIVE CHILDRENS EMERGENCY RECEIVING CENTER
DESIGNATION CRITERIA**



I. AUTHORITY:

California Health and Safety Code, Division 2, Chapter 2, Article 1, Section 1255.1; Division 2.5, Chapter 2, Sections 1797.67 and 1797.88; Division 2.5, Chapter 4, Section 1797.220 and Chapter 6, Article 3, Section 1798.170. California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100243.

II. APPLICATION:

This policy defines the requirements for designation as an Orange County Comprehensive Children's Emergency Receiving Center (CCERC) to receive emergency and critically ill pediatric patients transported by the emergency medical services system.

A CCERC will provide specialized pediatric care for emergency and critically ill pediatric patients presenting via the 9-1-1 system or by emergency interfacility transfer from an Orange County Emergency Medical Services (OCEMS) Emergency Receiving Center (ERC) assigned to that CCERC. Patients eligible for 9-1-1 field triage or transfer to a CCERC include pediatric patients identified by the base hospital physician or transferring physician as critically ill and who would benefit from pediatric specialty services.

III. DESIGNATION:

A. Initial Designation Criteria

1. Hospitals applying for initial designation as a CCERC must submit a request to Orange County Emergency Medical Services (OCEMS) and evidence of compliance to all criteria in this policy.
2. Hospital shall meet or exceed California Children's Services (CCS) standards for Pediatric Intensive Care Units (PICU's).
3. Hospital shall have an emergency department capable of managing pediatric emergencies.
4. OCEMS will evaluate the request and determine the need for an additional CCERC. If such need is identified, OCEMS will request the interested hospital to provide:
 - a. Policies and agreements as described in Section X of this policy.
 - b. The following hospital specific information for pediatric patients:
 1. Number of pediatric intensive care beds.
 2. Number of pediatric patients treated by the hospital in the past three years.
 3. Number of pediatric patients transferred for pediatric specific care in last three years.
 4. Number of pediatric patients admitted past three years.
5. OCEMS will review the submitted material, perform a site visit, and meet with the hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
 - a. Emergency Department diversion statistics during the past three years.
 - b. Emergency Intra-facility transfers during the past three years, including transfers for higher level of care or for management of emergency and critically ill pediatric patients.

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6. Following review, OCEMS will provide the designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a CCERC.
7. An approved CCERC will have a written agreement as described in Section X of this policy and pay the established Health Care Agency fee.

B. Continuing Designation

1. OCEMS will review each designated CCERC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. Each CCERC will be required to submit specific written materials to demonstrate evidence of compliance to criteria established by this policy and pay the established fee. A site visit may be required at the discretion of the OCEMS Medical Director.
2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.

C. Change in Ownership / Change in Executive or Management Staff

1. In the event of a change in ownership of the hospital, continued CCERC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. OCEMS shall be notified, in writing, at least 30 days prior to the effective date of any changes in hospital ownership. Change in hospital ownership may require redesignation by OCEMS.
2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key CCERC personnel as identified in Section VI, (A) (D) and (F) below.

D. Denial / Suspension / Revocation of Designation

1. OCEMS may deny, suspend, or revoke the designation of a CCERC for failure to comply with any applicable OCEMS policy or procedure, state and/or federal laws.
 - a. Failure to comply with data submission requirements for three (3) consecutive months will result in automatic suspension of CCERC designation.
2. The process for appeal of suspension or revocation will adhere to OCEMS Policy #640.00 and #645.00.

E. Cancellation of Designation / Reduction or Elimination of Services by CCERC

1. CCERC designation may be canceled by the CCERC upon 90 days written notice to OCEMS.
2. Hospitals considering a reduction or elimination of emergency services must notify the California Department of Public Health and the Orange County Health Care Agency/ EMS a minimum of 90 days prior to the planned reduction or elimination of services.

IV. HOSPITAL LICENSING and ACCREDITATION:

- A. Hospital shall possess a current California Department of Public Health permit for basic or comprehensive emergency services.
- B. Hospital shall maintain accreditation by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).

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- C. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating reason(s), date(s), and time(s) for non-compliance and corrective actions that are being taken. OCEMS shall determine whether the hospital may continue to receive 9-1-1 patients during the period that corrective actions are underway.

V. COMMUNITY RESOURCES:

- A. Hospital shall maintain a list of referral services and facilities as per state licensing requirements.
- B. The following resource listing (available through OCEMS), including address and telephone number, shall be available within the ED:
1. Specialty Centers
 - a. OCEMS designated trauma receiving centers
 - b. OCEMS designated cardiovascular receiving centers
 - c. OCEMS designated stroke-neurology receiving centers
 - d. OCEMS designated comprehensive children's emergency receiving centers
 2. Emergency Receiving Centers and Base Hospitals
 - a. OCEMS designated emergency receiving centers
 - b. OCEMS designated comprehensive children's emergency receiving centers
 - c. OCEMS designated base hospitals
 3. Specialty Services
 - a. Burn centers
 - b. Hyperbaric chamber
 - c. Reimplantation centers
 - d. Neonatal intensive care unit
 - e. Pediatric intensive care unit
 4. Services
 - a. Ambulance transport service (for basic life support, interfacility transport paramedic, & critical care transport)
 - b. SIDS services
 - c. Poison control
 - d. Organ transplant center / tissue bank
 - e. Child / elder / domestic abuse referral
 - f. Sexual assault victim referral
 - g. Psychiatric referral services (e.g., Evaluation and Treatment Services /ETS)
 - h. HIV referral services

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5. County Contacts

- a. OCEMS
 - During business hours
 - After business hours
 - Website
- b. Orange County Communications
- c. Health Care Agency, Public Health Services / Epidemiology

6. Other Resources

- a. Current / updated copy of OCEMS Policy and Procedure Manual.
- b. Current / updated copy of OCEMS ALS and BLS standing orders, clinical procedures, IFT-P standing orders and base hospital guidelines.
- c. ALS and BLS provider agencies' designated officer contact information for disease exposure.

VI. MEDICAL PERSONNEL:

A. Medical Director, Emergency Department

1. The medical director shall be a physician:
 - a. Certified by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.
 - b. And who maintains competency in pediatric emergency care.
2. The medical director or his/her designee shall be responsible for:
 - a. Implementation of established policies and procedures.
 - b. Providing qualified physician staffing for emergency medical services 24 hours/day, 7 days/week.
 - c. Responsibility of providing overall direction of activities of the PA or NP in the Emergency Department.

B. ED Physician Staffing

At least one physician must be on duty 24 hours/day and all physicians on duty must be:

1. A member of the emergency department staff with defined privileges.
2. Trained and experienced in emergency medicine, as evidenced by:
 - a. Board Certification in Pediatric Emergency Medicine by the American Board of Medical Specialties (ABMS) or board certification by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.
 - b. Successful completion of an ABEM, ACGEM or AOA accredited Emergency Medicine residency within the past three years or a pediatric emergency medicine fellowship; and

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- c. Will become board certified within three years of qualification for ABMS board certification in Emergency Medicine or Pediatric Emergency Medicine.

Note: Changes in physician staffing that impact CCERC criteria need to be concurrently reported to OCEMS.

- 3. Maintain competency in pediatric emergency care.
- 4. Physicians skilled in pediatric airway management immediately available. This requirement may be fulfilled by:
 - a. Physician board certified in pediatric emergency medicine;
 - b. Pediatric Intensivist;
 - c. Physician board certified in anesthesiology.

C. Physician Assistants (PA's) and Nurse Practitioners (NP's) Staffing

- 1. Maintain current PALS or APLS, and ACLS certification.
- 2. PA's and NP's scope of practice must be clearly delineated and must be consistent with state regulations.
- 3. Credentialing procedures for PA's and NP's in the emergency department must meet the requirements of the local, state and federal jurisdiction.

D. CCERC Medical Director

- 1. The hospital will designate a medical director for the Comprehensive Children's Emergency Receiving Center Program who is board certified in pediatric emergency medicine or pediatrics.
- 2. Demonstrate knowledge and skill in emergency medical care of children as demonstrated by training, clinical experience, and focused continuing medical education.
- 3. Responsibilities of the Medical Director include:
 - a. Development of hospital policies as defined in Section X.
 - b. Development of the hospital CCERC performance/quality improvement plan.
 - c. Maintenance of the hospital CCERC performance/quality improvement program.
 - d. Development and maintenance of a pediatric emergency medicine continuing education program within the hospital with an offering of yearly category 1 CME for physicians and BRN CE for nursing staff.
 - e. Liaison with CCERC's, trauma centers, OCEMS, base hospitals, prehospital care providers, and ERC's.
 - f. Attendance at county-wide CCERC system meetings.
 - g. Ensure pediatric disaster preparedness for emergency department.

E. On-Call Physician Specialists

- 1. Medical staff bylaws shall describe the obligations of on-call physician specialists, to include availability and acceptance of patients presenting in an emergency medical condition, regardless of their ability to pay.

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2. Hospital shall maintain a daily roster of the following **pediatric physician specialists** who must be on-call at all times and available to come into the hospital:
 - a. General Pediatric Physician
 - b. Pediatric Intensivist
 - c. Neonatologist
 - d. Cardiologist
 - e. Surgeon or General Surgeon
 - f. Anesthesiologist
 - g. Neurological Surgeon
 - h. Orthopedic Surgeon
 - i. Plastic Surgeon
 - j. Otolaryngologist
 - k. Cardiothoracic Surgeon
 - l. Urologic Surgeon
 - m. Ophthalmologist
 - n. Oral Surgeon
 - o. Endocrinologist
 - p. Nephrologist
 - q. Gastroenterologist
 - r. Hematology/Oncology
 - s. Infectious Disease
 - t. Neurology
 - u. Radiology

F. CCERC Coordinator

1. A Registered Nurse will serve as the Comprehensive Children's Emergency Receiving Center Coordinator who may also be the critical care department director, emergency department director, or other similar position. The CCERC Coordinator shall:
 - a. Be a registered nurse with at least two year's experience in pediatrics or emergency nursing within the previous five years; and
 - b. Maintain current, Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification, and Advanced Cardiac Life Support (ACLS).
 - c. Maintain competency in pediatric emergency care.
2. Responsibilities of the CCERC Coordinator include:
 - a. Serve as the emergency department contact person for hospitals served by the CCERC.
 - b. Ensure the coordination of pediatric emergency and critical care nursing services across departmental and interdisciplinary lines.

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- c. Development of nursing pediatric education programs (standardized national programs are acceptable to fulfill this responsibility).
- d. Facilitate emergency department continuing education and competency evaluations related to care of neonate, infant, children and adolescent patients.
- e. Coordinate with CCERC medical director for, policies and procedures for pediatric emergency services, pediatric CQI activities and pediatric disaster preparedness.
- f. Collection and reporting of required (Section XI) CCERC data elements to OCEMS on a monthly basis.
- g. Attendance at the hospital CCERC performance/quality improvement program meetings.
- h. Development of a pediatric emergency medicine education and outreach program for the local community and assigned regional hospitals.

G. ED Nursing Staff

1. A minimum of two Registered Nurses shall be on duty at all times in the Emergency Department and shall be qualified by training and experience in pediatric and adult emergency care and care of critically ill children with sole assignment to the emergency department.
2. Certification
 - a. All ED nursing staff shall maintain current BLS provider certification.
 - b. All RN's shall maintain current Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification or other approved pediatric resuscitation competency.

Note: A grace period of four months for a newly hired RN is acceptable when at least one RN on duty in the ED is PALS/ENPC certified.
 - c. All RNs shall maintain current ACLS provider certification.

Note: A grace period of four months for a newly hired RN is acceptable when at least one RN on duty in the ED is ACLS certified.

H. Ancillary Services

In addition to requirements delineated in Title 22, hospitals shall maintain these emergency services and care capabilities 24 hours/day, 7 days/week for:

1. In-house radiological services, including technician, with availability of plain x-rays and computerized tomography; and radiologist on-call; and
 - a. Radiology services should include qualified staff and necessary equipment and supplied to provide imaging studies of children.
 - b. Hospital will have protocols that include modification of radiation exposure of children based on age and weight, pediatric radiation dosing, and protective shielding of children for plain radiography and computerized tomography.
2. In-house availability of respiratory therapist with qualifications and necessary equipment to care for children in the emergency department.
3. Clinical laboratory services with a comprehensive blood bank or access to a community central blood bank with capability to provide autologous and designated donor blood transfusions; and must have adequate storage facilities and immediate availability of blood and blood products.

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- a. Clinical laboratory services should include a clinical laboratory technologist in-house and promptly available.

VII. HOSPITAL SERVICES:

The CCERC will provide the following:

- A. A pediatric emergency education program available to hospital staff, other regional hospital staffs, EMS personnel and the public, provided at the appropriate educational level for each group.

VIII. EQUIPMENT:

In addition to requirements delineated in Title 22, hospitals shall have immediately available equipment and supplies necessary for pediatric and adult life support. Sufficient size-specific equipment to adequately care for pediatric and adult patients shall be available (e.g., An OCEMS approved length based resuscitation tape, pediatric and adult crash carts, pediatric and adult emergency medications and supplies consistent with the most current evidence based recommendations).

IX. SYSTEM COORDINATION and COMMUNICATION:

- A. A designated emergency department staff physician and alternate responsible for:

1. Coordination of CCERC hospital activities with the base hospital (BH), regional emergency advisory committee (REAC), and OCEMS;
2. Representation at a minimum of four (4) REAC meetings per year by the CCERC medical director, ED medical director, nurse manager, or designee;
3. Documentation of notification and education of the emergency department staff on matters discussed at each REAC and in the OCEMS newsletters.
4. Notification of the assigned base hospital pre-hospital care coordinator/physician medical director and/or OCEMS of concerns or identified problems in the EMS system and delivery of care by EMS personnel.

- B. Emergency Medical Communications Network

1. The Emergency Medical Communications Network utilizes OCEMS recognized communication systems to support system coordination of ambulance transported patients and includes, but is not limited to:
 - a. Hospital Emergency Administrative Radio (H.E.A.R.)
 - b. A web based communication application for hospital status, required assessments and messages, and MCI coordination
 - c. Dedicated telephone land-line
 - d. 800 MHz Radio Systems
 - e. Orange County Medical Electronic Data System (OC-MEDS)
2. Advance notification to all BHs on the web based communication application whenever the CCERC is on bypass in an approved category and unable to provide standard emergency services and care; notification to the BHs by the CCERC as soon as the situation has returned to normal. (REFERENCE: OCEMS P/P #310.96)

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3. Coordination of casualty and medical resource management through the emergency medical communications network during a Mass Casualty Incident (MCI) or other regional emergency.
 4. Annual emergency medical communications network in-service for all personnel responsible for emergency medical communications network operations.
 5. Response to unannounced emergency medical communications network tests conducted by the emergency medical communications network Central Point. (REFERENCE: OCEMS P/P #853.00)
- C. Dedicated telephone land-line in the ED for receipt of patient report from field EMS care providers.
- D. A process to limit the CCERC's total annual emergency department diversion hours to a maximum of six (6.0) percent.

X. HOSPITAL POLICIES / AGREEMENTS:

- A. The hospital will have a written agreement with OCEMS indicating the concurrence of hospital administration and medical staff to meet the requirements for CCERC program participation as specified in this policy.
- B. The CCERC will have written pediatric interfacility transfer agreements with affiliated and referring hospitals and with hospitals providing specialty services not available at the CCERC.
- C. The CCERC will have written adult interfacility transfer agreements with affiliated hospitals and with hospitals providing adult services not available at the CCERC.
- D. The CCERC will have formal written policies which address the following:
 1. The assessment management and transport of perinatal patients to a facility with obstetric services when obstetric services are not available at CCERC.
 2. The assessment, management and transport of adult patients to a facility with adult services when adult services are not available at a designated CCERC.
 3. Tracking, storing and cleaning/decontamination of re-usable equipment and supplies used by pre-hospital personnel for patient care.
 4. A communicable disease exposure policy for evaluation and treatment (including emergency chemoprophylaxis when indicated) of emergency medical services personnel following reported/known exposures, with timely notification to the EMS provider's Designated Officer and Orange County Public Health. (Reference: OCEMS P/P #330.96)
 5. A written hospital wide response plan which addresses the steps to be followed and the appropriate hospital administrative staff to be notified when high patient volume within the ED necessitates temporary diversion of additional incoming ambulance-transported patients. (reference: OCEMS P/P#310.96)
 6. A comprehensive external and internal facility disaster response plan which addresses the following:
 - a. Decontamination.
 - b. Personal protective equipment for hospital staff.
 - c. Exercise of the hospital's disaster plan at least annually.
 - d. Annual participation in the countywide / hospital net Mass Casualty Exercise.
 - e. Annual participation in the statewide disaster exercises.
 - f. Activation of the Hospital Disaster Support Communication System (HDSCS).

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- g. Hospital evacuation and notification of OCEMS for assistance with facilitating resource management.
- 7. An institutional response for the evaluation and care of specific patient groups, to include:
 - a. Adult patients, including critically ill adult patients.
 - b. Patients with acute myocardial infarction.
 - c. Patients with stroke or stroke symptoms.
 - d. Patients identified as trauma victims.
- 8. A performance / quality improvement plan that is incorporated into the hospital's quality improvement program which monitors activities involving the CCERC. A summary of QI findings relevant to the Orange County CCERC system must be submitted annually to OCEMS by March 30 for the preceding calendar year.
- 9. Defined methods for collecting and reporting required Comprehensive Children's Emergency Receiving Center data elements to OCEMS within the specified time frame.

XI. DATA COLLECTION:

Hospital shall:

- A. Identify a OC-MEDS Liaison and alternative responsible for:
 - 1. Providing initial and continuing education to hospital staff on the Orange County Emergency Medical Data System (OC-MEDS).
 - 2. Providing administrative support for hospital access to OC-MEDS.
 - 3. Act as the liaison between the hospital and OCEMS for the administration of OC-MEDS.
 - 4. Provide patient outcome data, when requested, to OCEMS, base hospitals and provider agencies for patients transported to the ERC/CCERC for evaluation and treatment.
 - Note:** This information will not be re-released to other entities except as authorized or required by law.
 - 5. Notifying OCEMS of all ambulance interfacility transfers from the emergency department within 24 hours using the approved notification form.
- B. Maintain ability to access Electronic Prehospital Care Reports (ePCR) via the OC-MEDS Hospital Dashboard.
- C. Maintain an emergency department patient log containing at least the following patient information for all ambulance patients seen (including DOA): name, date, EMS number, time and means of arrival, age, sex, medical record number, nature of complaint, and time of departure.
- D. Provide insurance/billing/incident information on patients transported to the CCERC to prehospital provider agency providing transportation.
- E. Complete the Hospital Data Discharge Summary (HDDS) for all ambulance transported patients to the facility and submit within 45 days after the close of the current month. (REFERENCE: OCEMS P/P #391.10)
- F. Participate in data collection and evaluation studies conducted by OCEMS.

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XII. QUALITY ASSURANCE / IMPROVEMENT:

A. The CCERC should have an organized, coordinated, multidisciplinary quality assurance/improvement program for pediatric patients for the purpose of improving patient outcome and coordinating all pediatric emergency medicine and critical care quality assurance and improvement activities.

B. The Quality Assurance/Improvement program will include OCEMS selected performance measures or indicators specific to the CCERC System.

The hospital CCERC performance/quality improvement program may suggest measures and indicators to OCEMS.

C. The CCERC quality assurance/improvement program should develop methods for:

a. Tracking all critically ill/injured pediatric patients.

b. Developing indicators/monitors for reviewing and monitoring patient care, including all deaths, major complications and transfers.

c. Integrating findings from the quality assurance/improvement audits into patient standards of care and education programs.

d. Integrating reviews of pre-hospital, emergency department, inpatient pediatrics, pediatric critical care, pediatric surgical care and pediatric transport quality assurance/improvement activities.

D. An annual log of community outreach projects will be maintained by the CCERC describing those actions that are:

1. Community oriented.

2. Regional hospital oriented.

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