

Achieving Level 1 Children's Hospital Certification at the University of North Carolina Childrens Hospital Surgical Services from the Ameri College of Surgeons

Andrea Haves-Jordan MD FACS

Surgeon-in-Chief, and Division Chief, University of North Carolina School of Medicine North Carolina Children's Hospital



Introduction

The American College of Surgeons, ACS, and the Society of Pediatric Anesthesia have joined to create a site verification process to ensure the hospitals who care for children have the highest quality standards and provide pediatric specific surgical specialty care. The quality metrics expected by the ACS are extensive, to receive level 1, the highest status. In this IAPI am to complete the application for Level 1 ACS Children's Surgery Verification, CSV, status and have a 'mock' site visit on campus in spring 2020.

I aim to have our level 1 CSV by December 2020.

The reason this is necessary for patient quality and safety in the NC Children's

- . There is no process for all pediatric procedure or surgical morbidity and mortalities to be reviewed regularly and opportunities for improvement
- · Adult providers not certified in pediatric services provide MOST of the care for pediatric patients in an emergent/urgent situation. For example, pediatric pharmacy was not available 24/7 in the CH. Another example, in the pediatric emergency room, not all attending doctors are certified or boarded in as pediatric
- · Adult surgeons take care of MOST of the pediatric patients with surgical emergencies. Presently pediatric age patients presenting to the NC Children's Hospital, with an emergency surgical issue, are 3-7 times less likely to see an adult, compared to a pediatric surgical subspecialist, as they share a call schedule with the adult surgical providers. For example there are 2 pediatric urologists, but 12 adult urologist. Therefore, their call schedule is 1 in 14 nights.

Objectives

- Establish a monthly multidisciplinary conference with ALL medical and surgical specialties in the Children's Hospital, CH, where quality improvement is discussed and action plans executed
- · Establish a sub-section of the hospital quality and safety council that is specific for pediatric surgical and anesthesia services

- . Enhance the quality and safety of the NC Children's Hospital by establishing (never had before) a closed loop process for identifying EVERY morbidity and mortality that occurs while a child is under a general anesthetic or sedation, in the Children's or adult hospital, and providing process improvement where
- . Ensure the encounters with every child in the CH are delivered by a pediatric specialized provider (Doctor, Nurse, physical therapist, occupational therapist, respiratory therapist, pharmacist, emergency services, radiology and interventional radiology)
- . Achieve level 1 certification as a Children's Surgical Center for the UNC Children's hospital from the American College of Surgeons







Principal II	TV:XX	1000000	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	200 m
Marie Control of the	SHITE	Shirt/New	Pringe/Investig/Ittier fees.	Total Square.
Terror	8.1	\$65,000		\$65,000
Different State of St	17	535,600		525,450
Theff	12.	\$40,000	1613,876	100344
CHARLES.				
Other Specific				
				Parament transplate \$172,000
Professional development for sever				
	Tuttery'	Barri	Ladging/SmallyTopicors	
(fac) time:	100000000000000000000000000000000000000			
Dike setting to				
				PD Industries P
County I have been	7.6	_		
Inches Condition (Section)				
Special Philadelphi Control Section 1990				
(III)				
			11 (0000) 1772	PART BURNES
Treatment to be and				
NAME OF TAXABLE PARTY.				
Marine				
OLINE THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PER	SEEN LIE	58,000		5,000
Christian Color Saltimen				
Street Colline Imprise and				
OTEN Adversaries	\$580,000			8190000
		_	2030000	of Personal Substituted STATIONS
THE REAL PROPERTY.			27,200,000	
140000				
Office complex	\$1,000			84000
LAB SASSES				
Printing/Streeting	10,000			1000

Materials and Methods



sper? What DMS has been acquired above and beyond what are required for this program? What ourseach. ectivities done your instruction promote which become the regional case of distance?) II.2 Done the applicant create accept reference of oil

- Granty doesares the facilities included in the name

2.4 Does the instruction require physical presence of the shallow and surgicial operation, or the federal Self? within 30 minutes or less when medically recomment

Does the instruction oncome a support is and sent basedupal a physical presence for promobures in which receive is, the primary provider?

corner define in willing conditioner.incurr requiring physical presence of persiden?

Distily describe the performance improvement process for the relevant scenariogicant systemics.
 In the children's surgical content involved in pretruptor

If You't birdly charable.

Does the children's surgical cereor participans as protocol at protocol development?

El Tres, bilety cescrite and provide one example.

L.1 On the applicant center's surgeons demonstrate committees to the children's surgeon progress?

If this, briefly explains 2.5 Clean the applicant cereior provide on its camputons. are receivery human and physical resources as properly provide children's surgical care consistent with their count i verification?

3.5 Are call emediates for all providers involved in 1.7 One the professional staff policy or the applicant

Appendix 2 - Safety Data Table

000000	MARKE	AD HOC DEMOCRS	Personn for Jurgery	
MIMBER .	MINCA		Pedutric Certifyings	
	CUPM	-	Pediatric Dentishy	
	Pedaro Rechess		Pediatry Sentrocramings	
	Production Subgetty		Production Herby Onc	
	Congenital result		Prefrance Char & Mauritofaul er	
	Pedatra INT		Production Full Interveny Meditions	
	Pediatric Neuroburgery		yes.	
	Pediatric Dipharestoga		Office or handed	
	Pedairo Orhopestics	-		
	Pedicatris Plantes			
	Pediatric strongy			
	Pediatric Radiology			
	Persistric Critical Care			
	Profession Emergency Medicine			
	Necessary			
	Surring Leadership			
	Administrative (Authority)			
	Children's Surge	anı Vari	Firstian	



Results

- √ Hired a Children's Surgical Program Manager, 1.0 FTE Nurse Practitioner
- ✓ Secured the time of our Children's Anesthesia program.
- ✓ Completed the 450 questionnaire and submitted the >2000 page application.
- ✓ Secured a date for the consultation site visit (postponed) due to COVID-19)
- ✓ NEW morbidity and mortality reporting system
- √ Monthly multidisciplinary quality and safety conference
- √ 24/7 Operating rooms in the Children's Hospital (16 FTE) hired)
- √ 24/7 Children's Pharmacy
- 24/7 Bedside presence of all Pediatric subspecialties -INCOMPLETE

Conclusions

- * Your partners in leadership are the key
- · Constant reminders of our goal of improving patient care is critical
- · Cultural change is difficult and takes time

References

https://www.facs.org/quality-programs/childrens-surgery/childrens-surgeryverification apply

Acknowledgements and Contacts

Ben Hilliard- Children's Surgical Program manager Sara Pittenger- Children' Anesthesia Program Manager Andrea Hayes-Jordan andrea haves-Jordan@med.unc.edun