

**Appendix B:  
Sample of ED Survey**



**Survey of Readiness to Deliver Emergency Pediatric Health Care  
Hospital Emergency Department**

3b. If a physician is present **less than 24 hours**, is there a written policy/procedure that defines the maximum response time for on-call physicians?

- Yes
- No
- Don't know

4. Indicate which of the following **types** of staff members are assigned to cover only the emergency department, 24/7, at your hospital. Check all that apply

- Physician – board certified in emergency medicine
- Physician – board certified in pediatrics
- Physician – board certified in family practice
- Physician – not otherwise board certified
- Resident Physician
- Nurse Practitioner
- Physician Assistant
- Registered Nurse
- Other: (describe) \_\_\_\_\_

**ED Staff Education**

5. Which of the following courses are included in education/training requirements for **physicians who staff/consult the emergency department** at your hospital? Check all that apply

- Pediatric advanced life support (PALS)
- Advanced pediatric life support (APLS)
- Neonatal advanced life support (NALS)
- Other: (Please specify) \_\_\_\_\_
- None of the above

5a. Are physicians who staff/consult your emergency department required to obtain continuing medical education in the care of pediatric patients?

- Yes
- No
- Don't know

6. Which of the following courses are included in the education/training requirements for **nurse practitioners and physician assistants** who staff the emergency department at your hospital? Check all that apply

- Emergency Nurse Pediatrics Course (ENPC)
- Pediatric advanced life support (PALS)
- Advanced pediatric life support (APLS)
- Neonatal advanced life support (NALS)
- Other: (Please specify) \_\_\_\_\_
- None of the above

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6a. Are nurse practitioners and physician assistants who staff your emergency department required to obtain continuing medical education in the care of pediatric patients?

- Yes
- No
- Don't know

7. Which of the following courses are included in the education/training requirements for **registered nurses who staff the emergency department** at your hospital? Check all that apply

- Emergency Nurse Pediatrics Course (ENPC)
- Pediatric advanced life support (PALS)
- Advanced pediatric life support (APLS)
- Neonatal advanced life support (NALS)
- Other: (Please specify) \_\_\_\_\_
- None of the above

7a. Are nurses who staff your emergency department required to obtain continuing medical education in the care of pediatric patients?

- Yes
- No
- Don't know

**Staff Services**

8. Does your hospital provide education and training to in-hospital and out-of-hospital emergency health care providers?

- Yes
- No
- Don't know

8a. If YES, indicate which of the following topics have been offered in the past year: Check all that apply

- Pediatric advanced life support (PALS)
- Emergency Nurse Pediatrics Course (ENPC)
- Advanced pediatric life support (APLS)
- Neonatal advanced life support (NALS)
- Optimal care of the injured pediatric patient
- Packaging a pediatric patient for transport
- Dissemination of pediatric research results
- Disaster preparedness
- Caring for children with special needs

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9. Does your hospital utilize the state Critical Incident Stress Management (CISM) program?

- Yes
- No
- Don't know

9a. If NO, would your hospital be interested in more information regarding the CISM program?

- Yes
- No
- Don't know

**Policies and Procedures**

10. Does your hospital have written policies/procedures addressing the identification, evaluation, treatment, and referral of victims of suspected child abuse in accordance with state law

- Yes
- No
- Don't know

11. Does your hospital have one or more written care protocols addressing appropriate stabilization measures in response to critically ill or injured pediatric patients?

- Yes
- No
- Don't know

12. Does your hospital have a written policy addressing the availability of latex-free equipment and supplies?

- Yes
- No
- Don't know

**Transport and Transfer of Patients**

13. How are the majority of pediatric patients transported to your emergency department?

- By Emergency Medical Services (EMS)
- By private vehicle (e.g. self, family, friends, co-workers)
- Both EMS and private vehicle, equally

## Survey of Readiness to Deliver Emergency Pediatric Health Care Hospital Emergency Department

14. Does your ED transfer any pediatric patients to other facilities for specialized care?

- Yes  
 No  
 Don't know

\*If **YES** to question #14, please answer questions #14a through #14f.

\*\*If **NO** or **Don't know** to question #14, please skip to question #15.

14a.\* How many pediatric patients did you transfer from the emergency department to other hospitals for specialized services in 2005.

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pediatric patients transferred to other hospitals

14b. Does your hospital have written inter-facility agreements that specify the following:

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
Transportation of patients, staff, and equipment to the alternate care site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer of patient materials (e.g. medications, medical records)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient tracking to and from the alternate care site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inter-facility communication between your hospital and the alternate care site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14c. Does your hospital have written policies and procedures that define the process of transfer for all patients including a critically ill child to specialized care at a different hospital?

- Yes  
 No  
 Don't know

14d. To which hospitals do you most often transfer pediatric patients for specialty care? Indicate the method of transportation (ground, air, or both) when transferring to each facility. Please indicate up to two hospitals.

<u>Hospital</u>	<u>Town</u>	<u>Ground</u>	<u>Air</u>
_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>

14e. Do you experience difficulty coordinating transfers of pediatric patients to other facilities?

- Yes  
 No  
 Don't know

14f. Has your hospital used air ambulance services for inter-facility transfers of pediatric patients within the past 5 years?

- Yes  
 No  
 Don't know

14f.i. If YES, estimate the number of times your hospital used these services to transfer pediatric patients in 2005.

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times used air ambulance in 2005

**Survey of Readiness to Deliver Emergency Pediatric Health Care  
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15.\*\* Do you admit pediatric patients from other hospitals for specialty care?

- Yes  
 No  
 Don't know

**Inpatient Care**

16. Does your hospital have the following pediatric specialty/units/services?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
Pediatric trauma resuscitation area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric intensive care unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric burn unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric rehabilitation center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult/Pediatric combined ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric floor/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Quality Improvement**

17. Is pediatric emergency medical care included in the emergency department quality improvement program at your hospital?

- Yes  
 No  
 Don't know

18. Has your hospital conducted a pediatric-related quality improvement project within the last year?

- Yes  
 No  
 Don't know

19. Does your hospital annually review the following information about pediatric patients treated in the emergency department?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
Number of pediatric patients treated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric ED deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric ED resuscitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric inter-facility transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of pediatric outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Patient Services**

20. Which method is used by your hospital to provide translation services for non-English speaking patients?  
Check all that apply.

- Do not provide translation services
- Translation personnel on staff
- Translation personnel available on-call
- Telephone-based translation service
- Video-based (telehealth) translation service

21. Does your hospital provide the following services?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
Child life specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family sleeping area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private counseling space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Which of the following education programs regarding pediatric health and safety has your hospital offered to the community within the past 3 years? Check all that apply

- |   |   |
|---|---|
| <input type="radio"/> How to access the EMS system  | <input type="radio"/> First aid and CPR in school |
| <input type="radio"/> Motor vehicle; seat belts     | <input type="radio"/> First aid and CPR in public |
| <input type="radio"/> ATV safety                    | <input type="radio"/> Athletic injury             |
| <input type="radio"/> Drunk driving                 | <input type="radio"/> Poison control              |
| <input type="radio"/> Infant restraints             | <input type="radio"/> Handgun or shotgun safety   |
| <input type="radio"/> Bicycle safety                | <input type="radio"/> Fire safety                 |
| <input type="radio"/> Drowning                      | <input type="radio"/> Burn prevention             |
| <input type="radio"/> Falls                         |   |
| <input type="radio"/> Other (please specify): _____ |   |
| <input type="radio"/> None                          |   |

**Please continue to the next page for additional comments.**

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**Additional Comments**

23. Please provide any additional comments you have regarding delivery of emergency medical treatment to the pediatric population in your hospital.

**Thank you for your participation.**

Please return completed surveys to:

The Nebraska Center for Rural Health Research  
984350 Nebraska Medical Center  
Omaha NE, 68198-4350