California Children's Services

Provider Standards Review

FINDINGS REPORT

of

Santa Barbara Cottage Hospital

Pediatric Intensive Care Unit

On-site Review: [redacted] – [redacted], 2023

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Reviewers:

Integrated Systems of Care Division

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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I. Introduction

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions as outlined in Health and Safety Code, Sections 123800 et seq. Services rendered for the CCS eligible conditions must be administered at CCS-approved facilities.

The California Department of Health Care Services (DHCS) is responsible for approving CCS program facilities and conducting periodic quality assurance reviews to assess compliance with CCS standards. CCS hospital Pediatric Intensive Care Units (PICU) are required to be in compliance with the CCS Manual of Procedures as set forth in Chapter 3.32 - Provider Standards, Pediatric Intensive Care Units.

CCS program approval is accomplished through extensive administrative and clinical review of documents, interviews with pertinent facility staff, and site reviews. The review process focuses on a facility's performance of patient-focused and organizational functions and processes to determine whether the facility meets the particular CCS program standards. It is the mechanism used to assess compliance with health, safety, and CCS program standards that assure children with special health care needs receive the highest quality of health care and services. Facilities participating in the CCS program agree to abide by all laws, regulations, and policies of CCS and Medi-Cal programs.

II. Scope and Methodology

Health and Safety Code, section 123925 provides DHCS authority to maintain surveillance and supervision over the services provided to CCS program children. DHCS conducts reviews of CCS program-approved PICUs as detailed in the CCS Manual of Procedures Provider Standards in Chapter 3.32, PICUs (hereinafter, PICU Standards). As directed by the PICU Standards, reviews address the adequacy of the procedures and practices employed by a facility. Reviews are conducted to ascertain that the facility complies with PICU Standards for the purpose of granting, or continuing to grant, CCS program approval to the PICU. CCS program approval of a PICU is a determination by the review team that there are no significant deficiencies of non-compliance.

Our review methodology includes a review of the hospital's policies for providing services, the procedures used to implement the policies, and verification studies of the implementation and effectiveness of those policies. Documents are reviewed and interviews are conducted with facility administrators and staff. Verification studies cover PICU Organization, Professional Resources and Requirements, Patient Care, Policies and Procedures (P&P), Discharge Planning Program, and Quality Assurance and Quality Improvement.

III. Executive Summary

On ███ 2023, Santa Barbara Cottage Hospital (SBCH) provided a virtual PowerPoint presentation to DHCS staff and contractors. The presentation focused on SBCH's geographic service area; demographics; pediatric partnership with Cedars-Sinai Medical Center (Cedars-Sinai) and Children's Hospital of Los Angeles (CHLA); operating room surgical procedures with PICU admissions; admission declines; coordination with primary care providers, community agencies, and local CCS counties; transports; discharge responsibilities; multidisciplinary team conferences; Virtual Pediatric Systems data; competencies and training for PICU staff; patient and family education; family-centered and culturally-competent approach to PICU care; and, a question and answer session.

On ███ and ███ 2023, DHCS conducted an on-site review of the SBCH PICU. The review consisted of a comprehensive administrative and clinical documents review, verification studies, and interviews with facility representatives. The administrative review included, but was not limited to, review of P&P, staff curriculum vitae, required certifications, contracts/agreements, schedules, intake admissions, discharge summaries, patient and family surveys, education and training materials, meeting minutes, and quality improvement projects. The review team completed a review of 64 medical records. A total of 19 SBCH staff participated in interviews, including one medical director, one chief medical officer, two pediatric intensivists, three pharmacists, one respiratory care practitioner, one nursing transport lead, one clinical nurse specialist, one nurse manager/nurse supervisor, two charge nurses, two registered dieticians, one physical therapist, one occupational therapist, one child life specialist, and one medical social worker.

The findings outlined in this Findings Report reflect the evaluation of relevant information received as a result of the review and provides recommendations to assist the facility in correcting assessment deficiencies identified by the review team. The review team makes recommendations when practices in each area are not in accordance with PICU Standards or other CCS program pertinent requirements. During the review, the review team conducted reviews of the following categories of performance: PICU Organization, Facilities and Equipment, Professional Resources and Requirements, Patient Care, P&P, Discharge Planning Program, and Quality Assurance and Quality Improvement. This report does not provide a detailed description of all areas reviewed;

it only addresses the **49 non-compliance findings** discovered. The summary of **60 recommendations** to the non-compliance findings by category are as follows:

- **PICU Organization** describes a separate and identifiable administrative unit for the PICU.
  - There were **seven recommendations** in this category.
- **PICU Professional Resources and Requirements** describes all staffing educational requirements for the PICU.
  - There were **13 recommendations** in this category.
- **PICU Facilities and Equipment** describes the distinct, separate physical area of the PICU within the hospital.
  - There was **one recommendation** in this category.
- **PICU Patient Care** describes the direct roles and responsibilities of all staff for the PICU.
  - There were **11 recommendations** in this category.
- **PICU Policies and Procedures** describes the required written P&P for the PICU.
  - There were **15 recommendations** in this category.
- **PICU Discharge Planning Program** describes the coordination of discharge planning for the PICU.
  - There was **one recommendation** in this category.
- **PICU Quality Assurance and Quality Improvement** describes the ongoing quality assurance program specific to patient care activities that is coordinated with the hospital's overall quality assurance program.
  - There were **12 recommendations** in this category.

Unless otherwise noted in this Findings Report, evidence of correction or submission of supporting documentation for non-compliance findings are due to DHCS within 30 business days from the date of this report.

IV. Review Non-Compliance Findings

Standard E. PICU Organization

CCS Standards Requirement No.	Review Requirement
E.2.(b)	2. Medical care of the PICU shall be under the direction of a medical director: b. Whose primary responsibility shall be the organization and supervision of the PICU.

Summary of Finding(s): The medical director's authority appears to be limited in providing intensivist medical care of PICU admitted patients. The PICU medical director does not appear to have appropriate input into the overall organization and supervision of the PICU.

Recommendation(s): Provide evidence of a shared leadership plan that articulates the involvement of the PICU medical director in all aspects of PICU organization and supervision.

Standard E. PICU Organization

CCS Standards Requirement No.	Review Requirement
E.3.(a)-(b)	3. There shall be a PICU nurse manager: a. Who shall have the responsibility on a 24-hour basis for the organization, management, supervision, and quality of nursing practice and nursing care in the PICU; and b. Who shall meet the requirements contained in Section 3.32/F.

Summary of Finding(s): The facility submitted a job description (JD) for the "Administrative Director of Women's and Children's Services" that does not address the responsibility of the PICU nurse manager as per the CCS program standard requirements.

Recommendation(s): Submit a revised PICU nurse manager's JD that demonstrates they have the responsibility on a 24-hour basis for the organization, management, supervision, and quality of nursing practice and nursing care in the PICU.

Standard E. PICU Organization

CCS Standards Requirement No.	Review Requirement
E.4	4. The PICU medical director and the PICU nurse manager shall have joint responsibility for the development and review of an ongoing quality improvement program.

Summary of Finding(s) #1: The PICU medical director does not appear to be involved in a PICU-specific quality improvement (QI) program process.

Recommendation(s) #1: Submit evidence of a PICU-specific ongoing QI program for which the PICU medical director and the PICU nurse manager shall have joint responsibility for program improvement.

Summary of Finding(s) #2: The PICU medical director reported that they are not invited to QI meetings or administrative discussions of harm reviews in which root-cause analyses are undertaken.

Recommendation(s) #2: Submit evidence the PICU medical director is a member of the PICU QI committee and involved in all harm reviews and root-cause analyses involving patients in the PICU. This includes patients in the Emergency Department (ED) or pediatric unit that are admitted to or discharged from the PICU at some point in their hospital course.

Summary of Finding(s) #3: General information regarding several QI projects in the PICU were provided. These include unplanned extubations, safe sleep, and handwashing. Intensivist physicians, however, are not consistently included in these discussions.

- Although a physician was involved in the care of [redacted] patients that had unplanned extubations and requested to be involved in the QI process, they were not included in all aspects of the patients' QI process.
- Physicians reported that they had requested to be involved in root-cause analysis discussions related to alleged harms in the PICU but were not allowed to attend.

Recommendation(s) #3: Submit evidence that the PICU medical director is invited to and allowed to provide an alternate to attend all PICU-specific QI project meetings and discussions of potential harms or root-cause analyses related to PICU patients.

Summary of Finding(s) #4: The purpose of QI activities is to provide a framework that will be used to improve care systematically. Its goals are to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. The respiratory care practitioner (RCP) recalls being involved in the project on unplanned extubations and also recalled that one of the recommendations was that two PICU staff had to review tube position and securement. None of the intensivists recall receiving final reports of any of the projects discussed.

Recommendation(s) #4: Submit evidence that QI committee meeting minutes and final reports are provided, approved and signed off by the PICU medical director.

Standard E. PICU Organization

CCS Standards Requirement No.	Review Requirement
E.5	5. The PICU medical director and the PICU nurse manager shall have joint responsibility for development and review of a Policies and Procedures Manual for the PICU which addresses, at a minimum, patient admission, patient care, discharge and transfer criteria.

Summary of Finding(s): The PICU medical director reported that they were asked to sign several hundred policies but not given time to read them. They stated that they have not been involved in PICU policy development or review since that time.

Recommendation(s): Submit evidence that the PICU medical director and the PICU nurse manager have joint responsibility for development and review of a PICU-specific P&P Manual which addresses, at a minimum, patient admission, patient care, discharge, and transfer criteria.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.1.(1.1)(b)	1.1. PICU Medical Director b. The facility shall maintain written documentation of the responsibilities of the PICU medical director which shall include, but not be limited to, the following: 1) Participation in development, review and implementation of PICU policies and procedures as specified in Section 3.32/I.; 2) Approval of patient admission and discharge criteria; 3) Supervision of quality control and quality assessment activities (including morbidity and mortality reviews); 4) Responsibility for assuring PICU staff competency in resuscitation techniques; 5) Responsibility for assuring ongoing PICU staff education; 6) Participation in PICU budget preparation; 7) Oversight of patient transport to and from the PICU; and 8) Responsibility for assuring the maintenance of PICU database and/or vital statistics.

Summary of Finding(s): The PICU medical director is not allotted administrative time. They are scheduled to work clinically full-time, and staff 12-13 24-hour shifts monthly in PICU patient care activities.

Recommendation(s): Submit evidence that the medical director's JD has been adjusted to include protected administrative time sufficient to assume the responsibilities outlined above. This typically requires 0.2-0.25 full time equivalent (FTE), or one (1) to one and a quarter (1.25) days per week.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.1.(1.3)(a)	1.3. PICU Additional Physician Staff a. A CCS-paneled pediatric surgeon, a CCS-paneled neurosurgeon with proficiency in the care of pediatric patients and an anesthesiologist with proficiency in the care of pediatric patients shall be on hospital staff, and available to be in the PICU in less than 30 minutes.

Summary of Finding(s): Both the CCS PICU Standards and the American Academy of Pediatrics and Society of Critical Care Medicine's 2019 Guidelines and Levels of Care for PICU require a pediatric neurosurgeon for community-level PICUs.

There is no CCS-paneled pediatric neurosurgeon on the hospital staff or available to provide care in the PICU. There is an adult neurosurgeon, who specializes in aneurisms and brain hemorrhage, who provides PICU consultation when he is available on a case-by-case basis. The hospital and PICU have an arrangement that facilitates transfer of patients with pediatric neurosurgery needs to Cedars-Sinai. Neuro trauma is managed in the ED – and not admitted to the PICU – until transport can be effected.

Recommendation(s): Submit evidence that a CCS-paneled neurosurgeon with proficiency in the care of pediatric patients is on the hospital staff and available to be in the PICU in less than 30 minutes.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.1)(c)	2.1. PICU Nurse Manager c. The PICU nurse manager shall directly supervise the nurse supervisor for the PICU.

Summary of Finding(s): During the interview with the nurse manager, it was identified that the nurse manager also fulfills the role of the nurse supervisor.

Recommendation(s) #1: Identify a nurse manager and identify a nurse supervisor that are not the same person.

Recommendation(s) #2: Submit a written plan of action that clearly outlines the roles and responsibilities of the nurse supervisor.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.2)(a)	2.2. PICU Nurse Supervisor a. The PICU nurse supervisor shall directly supervise personnel and assure the quality of clinical nursing care of patients in the PICU at all times.

Summary of Finding(s): During on-site review of clinical personnel files, it was observed that some of the initial and ongoing quality nursing care competencies for personnel were incomplete. Nurse personnel competencies were not signed off by the Nurse Supervisor.

Recommendation(s): Submit evidence that nurse competencies were review by the PICU nurse supervisor and an executed attestation that the competencies were satisfactory.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.2)(b)(3)	2.2. PICU Nurse Supervisor b. The PICU nurse supervisor shall: 3) have evidence of current successful completion of the American Heart Association (AHA) approved Pediatric Advanced Life Support (PALS) or equivalent course.

Summary of Finding(s): There is no evidence that the current acting nurse supervisor has PALS certification.

Recommendation(s): Submit current PALS or equivalent course certificate for the PICU nurse supervisor.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.2)(d)	2.2. PICU Nurse Supervisor d. The facility shall maintain written documentation of the qualifications and responsibilities of the PICU nurse supervisor.

Summary of Finding(s): The facility submitted a JD titled Clinical Manager that did not include the roles and responsibilities of the Nurse Supervisor.

Recommendation(s): Submit an updated PICU-specific JD to reflect CCS standard requirements for the nurse supervisor.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.4)(a)(3)	2.4. PICU Charge Nurse a. There shall be at least one charge nurse for each shift in the PICU who shall: 3) demonstrate competency in the role of a charge nurse;

Summary of Finding(s): During the on-site review, it was determined that the charge nurse competency was self-determined. Competency assessment should be conducted by an objective and independent evaluator or through a standardized assessment process involving multiple sources of evidence.

Recommendation(s): Submit evidence of an objective and independent evaluator assessment process for the charge nurse competency.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.2.(2.5)(a)(2)	2.5. PICU Registered Nurses a. R.N.s who are assigned direct patient care responsibilities in the PICU shall: 2) have education, training and demonstrated competency in pediatric critical care nursing; and

Summary of Finding(s) #1: During the on-site visit, the documented evidence of adequate PICU Registered Nurse (RN) competency was incomplete.

Recommendation(s) #1: Submit evidence of adequate PICU RN competency with attestation.

Summary of Finding(s) #2: During the on-site visit, two different RN competencies were noted. One was for the PICU staff and the other for the children's float staff.

Recommendation(s) #2: Submit the PICU staff competency check-off assessment and children's float staff competency check-off assessment.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.3.(a)(1)-(2)	3. PICU Respiratory Care Practitioner Staff a. Respiratory care services shall be provided by respiratory care practitioners (RCPs) who are licensed by the State of California and who have additional training and experience in pediatric respiratory care. Additional training in pediatric respiratory care shall be demonstrated by the following: 1) Completion of a formal pediatric respiratory therapy course at an approved school of respiratory therapy that includes didactic and clinical course work; or 2) Completion of a minimum of 20 hours of didactic and four weeks of preceptored pediatric clinical experience in a hospital-based course.

Summary of Finding(s) #1: The RCP interviewed is the supervisor who creates schedules and oversees staffing. The RCP noted that they are understaffed and rely on coverage through agency staff at least once a week. When asked how they ascertain the credentials and competence of each of their registry hires, the RCP stated that they rely on the company to vet the RCP.

Recommendation(s) #1: Submit a protocol that provides a means for complying with verification of respiratory therapy credentials and competence of all pediatric RCPs that practice in the PICU.

Summary of Finding(s) #2: Incoming transports, using the SBCH's ambulance, rely on flexibility in the respiratory care team staffing. One of the three RCPs becomes part of the transport team, leaving two to cover the PICU, NICU, pediatric floor, and ED.

Recommendation(s) #2: Submit evidence that there is a backup plan to ensure adequate RCP staffing of the PICU at all times.

Standard F. PICU Professional Resources and Requirements

CCS Standards Requirement No.	Review Requirement
F.9	9. PICU Child Life Specialist Staff There shall be a child life specialist available to the PICU who meets the requirements contained in Chapter 3.3.1 of the CCS Standards for Tertiary Hospitals. (See reference below) **"I.18. Tertiary Hospital – General Policies and Procedures** a. Completion of a developmental assessment which includes consideration of the child's/adolescent's temperament, developmental level, coping style, and developmental supports. b. Development of an individual treatment plan that incorporates the developmental assessment and planned interventions into the child's/adolescent's comprehensive treatment plan. c. Participation in pediatric case conferences and discharge planning activities to provide for coordination of child life treatment services with community and local education agencies."

Summary of Finding(s): During the Child Life Specialist (CLS) interview and chart review, the CLS did not complete developmental assessments, treatment plans, and did not participate in pediatric case conferences and discharge planning activities.

Recommendation(s): Submit evidence to demonstrate the CLS completes all development assessments, treatment plans, as well as participates in all pediatric case conferences and discharge planning activities as outlined in CCS program standard requirements.

Standard G. PICU Facilities and Equipment

CCS Standards Requirement No.	Review Requirements
G.1.(b)	(9) There shall be a minimum of 350 admissions to the PICU per year of infants, children and adolescents who require care for complex, progressive, rapidly changing medical, surgical and traumatic disorders and require a multidisciplinary approach.

Summary of Finding(s): Annual admissions for SBCH were 212 in 2021 and 274 in 2022, below the annual minimum admissions.

DHCS examined evidence related to this admissions threshold. This included:

- Review of the 2019 PICU Guidelines and PICU levels of care published by the American Academy of Pediatrics and Society of Critical Care Medicine;
- Review of relevant literature published after the Guidelines' process;
- Examination of relevant policy in other states; and
- Solicitation of opinion from subject matter experts and the membership of the CCS PICU Technical Advisory Committee.

Given the small body of evidence involving PICUs and conflicting results in medical literature, the annual admissions threshold will be kept as an important consideration, not a mandatory requirement, in the review criterion for CCS PICU facility approvals. The DHCS opinion on this matter will be updated in the next edition of the PICU Standards.

Recommendation(s): No provider action required at this time.

Standard G. PICU Facilities and Equipment

CCS Standards Requirement No.	Review Requirements
G.11	11. There shall be a fully staffed and equipped Emergency Department open 24-hours a day which shall be accessible to ground and air transportation. Within the Emergency Department, there shall be a distinct intake/resuscitation area with equipment and supplies appropriate for infants and children.

Summary of Finding(s): There was no equipment identified that would facilitate the resuscitation of a newborn in the ED. The respiratory therapist said that they would have to stop by the NICU or Labor & Delivery to pick up these materials on their way to a call to the ED.

Recommendation(s): Submit evidence that JMH has outfitted the ED with equipment to accommodate a birth and/or neonatal resuscitation.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirements
H.1	1. The care of CCS-eligible clients in the PICU shall be under the direct supervision of the PICU medical director or CCS-paneled pediatric intensivist designee and/or the CCS-paneled attending physician in consultation with the pediatric intensivist.

Summary of Finding(s) #1: Intensivists interviewed reported that they are not involved in many admissions decisions. Instead, they are informed often after a transport has been accepted. Transport decisions must involve intensivist input to ensure that the child's broader condition can be managed; this involves both medical expertise and knowledge of the gaps in capacity of the broader medical staff. Examples of gaps include, but are not limited to, lack of neurosurgical coverage and inability of otolaryngology to handle some procedures.

Recommendation(s) #1: Submit a policy that demonstrates shared decision-making between PICU physicians and nurses for PICU admissions.

Summary of Finding(s) #2: PICU care also involves decision-making regarding when and if to transport a patient to a higher level of care. All intensivists reported examples when they wanted to transport a patient whose care was beyond the scope of the PICU team or whose escalation pattern portended decline that would unnecessarily endanger the patient if not transported in which they were prevented from transporting or for which they faced disciplinary actions.

Recommendation(s) #2: Submit a policy that demonstrates that physician intensivist concerns can determine when and if to transport a patient to a higher level of care.

Summary of Finding(s) #3: Intensivists identified numerous instances of medication errors that they learned about only on rounds the day after the instance had occurred or much later either in another meeting or by rumor or perhaps not at all. Examples include:

- All the intensivists identified management changes that occurred while they were not on the unit once they returned or in the following day's rounds. Many included interventions administered by nursing or respiratory care staff in response to escalations in respiratory care delivery parameters or other condition deteriorations without notification of the on-call intensivist.
- Delayed medication dosing is typically not reported.
- The physician recently learned that medications ordered by intravenous (IV) push are usually not delivered per order, as the pumps cannot be set to do so. This means that such boluses are given over an hour, possibly compromising patient safety in an urgent situation.
- The physician recently learned about many medication errors through their participation in the hospital-wide Pharmacy and Therapeutics Committee meetings.

Recommendation(s) #3: Submit a PICU-specific medication error policy that requires the physician be notified of all errors as soon as they are identified. In addition, submit evidence an intensivist must be involved in all related root-cause analyses and follow-up activities.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirements
H.4.(c)	4. There shall be a CCS-paneled pediatric intensivist who shall be on-call to the PICU on a 24-hour basis and: c. shall be notified of new admissions and adverse changes in the status of patients in a timely manner, as described in Section 3.32/H.

Summary of Finding(s) #1: PICU intensivist staffing is a fixed cost and not based on census or acuity. A typical eight-bed PICU requires five (5) FTEs of intensivist time. This unit has 2.5 FTEs of staffing, and the medical director will need to reduce their clinical commitment to take on their administrative tasks. This is not a safe working environment for the physicians and thus not a safe patient care environment.

Recommendation(s) #1: Submit a plan to improve CCS-paneled pediatric intensivist staffing. This must include an increase in CCS-paneled pediatric intensivist clinical staffing. The plan also may include a reduction in intensivist workload by ensuring that other qualified CCS-paneled medical practitioners – properly-trained pediatric hospitalists and/or non-physician medical practitioners (nurse practitioners or physician assistants) – are available to respond to, evaluate, and treat PICU patients within five (5) minutes, under the direct guidance of the on-call intensivist.

Summary of Finding(s) #2: Intensivists noted numerous instances in which they were not notified of adverse changes in patient status.

Recommendation(s) #2: Submit a nursing policy that requires that the CCS-paneled intensivist be notified of deteriorations in patient status.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirements
H.7.(a)	7. Nurse staffing in the PICU shall include the following: a. There shall be a nurse manager assigned to the PICU who has 24-hour responsibility for the management of patient care.

Summary of Finding(s): There is no evidence that the nurse manager is assigned to the PICU with 24-hour responsibility for the supervision of patient care personnel per PICU Standards.

Recommendation(s): Assign a nurse manager to the PICU who has 24-hour responsibility to oversee patient care personnel, effective immediately. Submit evidence that a nurse manager will continue to be assigned in compliance with the PICU Standards.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirement
H.7.(c)	7. Nurse staffing in the PICU shall include the following: c. If the nurse manager is dedicated solely to the PICU and does not oversee more than 30 full-time equivalent positions, the position and responsibilities of the nurse manager and the nurse supervisor may be combined under the nurse manager.

Summary of Finding(s): Currently, the nurse manager/nurse supervisor's roles appear to be combined. During the on-site interview, the current nurse manager oversees PICU and Pediatrics with an appropriate combined staff of PICU 15 FTEs and 32 pediatric nurses.

Recommendation(s): Submit a detailed plan of action indicating how SBCH's PICU will either have a separate nurse manager and nurse supervisor if overseeing more than 30 FTEs, or evidence that there are less than 30 FTE positions to oversee in the PICU, provide justification for a combined nurse manager/nurse supervisor position.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirement
H.12.(b)	12. There shall be, at a minimum, weekly multidisciplinary team conferences. b. Minutes of these weekly team conferences which document attendance and discussion of plan(s) of care for individual patients shall be included either in the patient's chart or in a binder that shall be available for review by CCS program staff.

Summary of Finding(s): The multidisciplinary team case conference notes did not reflect the attendance and discussion of plan(s) of care for individual patients.

Recommendation(s): Submit ten (10) revised case notes to reflecting the attendance and discussion of plan(s) of care for individual patients during the last weekly multidisciplinary team conference.

Standard H. PICU Patient Care

CCS Standards Requirement No.	Review Requirement
H.13	13. The PICU medical director shall ensure, either directly or through written agreements with other hospital departments or facilities, that an established mechanism for transport exists.

Summary of Finding(s) #1: A transport agreement was provided for Cedars-Sinai. The agreement was stated to be effective for five years, but the agreement itself and its signatures were not dated. Based on the employment dates of the signatories, it is likely that it was completed in 2020. Neither PICU medical director signed the agreement.

Recommendation(s) #1: Submit an updated transport agreement with Cedars-Sinai that is signed and dated by both medical directors.

Summary of Finding(s) #2: There are transports to University of California, Los Angeles (UCLA) and Lucile Packard Children's Hospital (LPCH) Stanford. These agreements were not provided.

Recommendation(s) #2: Submit transport agreements to all hospitals to which the PICU sends patients that are signed and dated by the medical directors of each facility.

Summary of Finding(s) #3: There appear to be eleven hospitals that sent transports to the SBCH PICU in 2022. They are:

- Arroyo Grande Community Hospital
- Community Memorial Hospital
- French Hospital Medical Center
- Kaweah Health Medical Center
- Lompoc Valley Medical Center
- Marian Regional Medical Center
- Santa Paula Memorial Hospital
- Sierra Vista Regional Medical Center

- St. John’s Regional Medical Center
- Twin Cities Community Hospital
- Ventura County Medical Center

Recommendation(s) #3: Submit formal agreements or other documentation of established mechanisms for all hospitals from which the SBCH PICU accepts patient transport.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.1.(a)	1. There shall be a written PICU Policies and Procedures Manual which shall be: a. Updated, reviewed, and signed at least every three years, or more frequently as necessary, by the medical director and nurse manager of the PICU;

Summary of Finding(s): Review of all P&P submitted do not include evidence that the medical director and nurse manager of the PICU updated, reviewed, and signed the P&P.

- 22 CCR 70213(b) indicates, "Policies and Procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes assessment, nursing diagnosis, planning, intervention, evaluation..."
- 22 CCR 70537(a) indicates, "There shall be written P&P developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. These P&P shall be based upon the standards and recommendations of the American Academy of Pediatrics..."

Recommendation(s) #1: For all PICU P&Ps greater than three years of age, submit updated/revised PICU P&Ps signed by the PICU medical director and nurse manager.

Recommendation(s) #2: Develop and submit a policy that guides the routine update and review of all PICU P&P at least every three years. Note the circumstances, including QI project results or findings, or alleged harm root-cause analyses that would require policy update.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.1.(b)	1. There shall be a written PICU Policies and Procedures Manual which shall be: b. Readily available in the PICU for staff.

Summary of Finding(s): Not all PICU staff are able to locate the PICU P&P Manual.

Recommendation(s): Submit a plan to inform all PICU staff how to readily locate PICU P&P Manuals.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.2.(f)	2. The written Policies and Procedures Manual for the PICU shall address/include, but not be limited to, the following: f. Criteria for monitoring of patients in the PICU including the use of appropriate equipment;

Summary of Finding(s): The facility failed to submit the required P&P on criteria for monitoring of patients in the PICU including the use of appropriate equipment.

Recommendation(s): Develop and submit a P&P, or revise an existing policy, outlining the criteria for close monitoring of PICU patients at risk of emergency resuscitation, including the use of appropriate equipment.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.2.(g)	2. The written Policies and Procedures Manual for the PICU shall address/include, but not be limited to, the following: g. Administration of medication, blood and blood products in the PICU;

Summary of Finding(s): "Independent Double Check Medication Administration" Policy Number 13.10 (approved 05/21) does not describe clear processes of administering medication verification, e.g., unsure what independent double check implies.

Policy Number N.3.129 Transfusion Therapy and Transfusion Reaction (approved 12/20) is hospital-wide and not specific to PICU.

Recommendation(s) #1: Develop and submit a P&P, or revise Policy Number 13.10, that is PICU-specific in describing clear processes of administering medication verification.

Recommendation(s) #2: Develop and submit a P&P, or revise Policy Number N.3.129, that is PICU-specific regarding transfusion therapy.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.2.(j)	2. The written Policies and Procedures Manual for the PICU shall address/include, but not be limited to, the following: j. Parent visitation in the PICU;

Summary of Finding(s): Policy Number 22.15 Visitation in the PICU (approved 12/20) is unclear on how to screen visitors in the PICU.

Recommendation(s): Develop and submit a P&P, or revise Policy Number 22.15, that clearly identifies how to screen PICU visitors.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.2.(k)(1)	2. The written Policies and Procedures (P&P) Manual for the PICU shall address/include, but not be limited to, the following: k. Transport of patients (in-house, to the PICU from other facilities and from the PICU to other facilities) and describe, at minimum, the following: 1) Staff assigned to the transport team and the equipment to be used;

Summary of Finding(s): There is a policy for transport to an "off-site ancillary department" that includes intra- and inter-facility transports that lacks appropriate details. The Transport Guidelines has greater detail. Neither is signed by the PICU medical director or nurse manager as required by PICU Standards.

Recommendation(s) #1: Develop and submit a P&P, or revise an existing policy, for intra-facility transports patients that includes specifics for transport from the ED to the PICU, from the PICU to other hospital departments while still requiring intensive care, and from the PICU to the acute pediatric floor or home. Include details on staffing, monitoring, and common situations that necessitate additional supplies, drugs, or equipment.

Recommendation(s) #2: The Transport Guidelines appears specific to incoming transports effected using the SBCH ambulance and staffing. Submit the guidelines with a descriptive title specific to the type of transport the guidance is for (e.g., Guidelines for Incoming PICU Transports).

Recommendation(s) #3: Either submit PICU Outgoing Transport Guidelines or include both incoming and outgoing in a single inter-facility policy.

Recommendation(s) #4: The DHCS site review team was told that incoming transports are staffed by a PICU nurse and an RCP. The "Transport Guidelines" state that "one or more" of the team members will staff the visit. Please revise and submit guidelines that reflect the staff assigned to incoming transports.

Recommendation(s) #5: Update each policy to describe decision making regarding both incoming and outgoing inter-facility transports that includes joint responsibility by PICU intensivists and nursing leadership, the acceptable conditions and restrictions for incoming transports, and the types of escalations or patient conditions that necessitate transfer to a higher level of care, and what person is the ultimate decision maker.

Recommendation(s) #6: Develop and submit a P&P, or revise an existing policy, signed and dated by the medical director and nurse manager, to include all steps in in-coming and out-going pathways from decision to transport completion (e.g., this could begin with describing the call center structure, staffing, and responsibilities; who chooses transport modality; and, when to outsource to a commercial provider. It should specify all steps in the process, transport initiation through completion). Include information on call center responsibilities, how decisions are made, and the role of PICU physicians and nurses. Submit in the policy the milestones that specify the beginning and end of each inter-facility transport, details on staffing (on-call PICU RN, 3rd staff RCP, driver/ paramedic, and physician) and the responsibilities of each team member, requisite monitoring equipment, specific situations that require additional drugs or equipment and specifics on what must be added, documentation requirements, and referral to protocols for en route emergencies (e.g., cardiac arrest, accident, etc.). Submit the emergency protocols.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.2.(k)(2)	2. The written Policies and Procedures (P&P) Manual for the PICU shall address/include, but not be limited to, the following: k. Transport of patients (in-house, to the PICU from other facilities and from the PICU to other facilities) and describe, at minimum, the following: 2) Assurance of a review by the PICU medical director of the transports performed, at least on a monthly basis.

Summary of Finding(s): The PICU medical director reported that SBCH provides a list of outgoing transports at the bimonthly Pediatric Department Meeting, but there is no discussion. Further, the PICU medical director reported not being aware of the need to review transports on a monthly basis.

Recommendation(s): Develop and submit a P&P, or revise an existing policy, to require a monthly review process of all incoming and outgoing PICU transports that is completed by the PICU Medical Director, presented to, and discussed at the monthly PICU M&M and QI meetings, and documented in each of the meeting minutes. Submit meeting notes from the next M&M and QI meetings.

Standard I. PICU Policies and Procedures

CCS Standards Requirement No.	Review Requirement
I.3	3. The PICU shall maintain written agreements, approved by the CCS program, with hospitals requiring services relative to pediatric critical care education, consultation transfer and transportation; and there shall be at least an annual mutual review of outcome data and modifications of agreements to reflect evaluation of outcome.

Summary of Finding(s): No documentation was provided to suggest completion of annual mutual review of outcome data and modifications of transport agreements to reflect evaluation of outcome for either Cedars-Sinai or CHLA.

Recommendation(s): Submit documentation of completion of annual mutual review of outcome data and modifications of transport agreements to reflect evaluation of outcome for Cedars-Sinai and/or CHLA.

Standard J. PICU Discharge Planning Program

CCS Standards Requirement No.	Review Requirement
J.1.(a)	1. Designation of a coordinator for discharge planning who shall be responsible for: a. Ensuring collaboration between the PICU multidisciplinary team members and communication with the primary care physician, community agencies, CCS programs, CCS Special Care Centers, Medical Therapy Units (MTUs), Medi-Cal In-Home Operations Unit, and Regional Centers whose services may be required and/or related to the care needs of the infant, child, or adolescent after hospital discharge;

Summary of Finding(s): "Pediatric Discharge Planning," Policy Number 83400.307 (approved 8/31/2020) does not address communication with CCS programs/CCS Special Care Centers (SCCs) after hospital discharge. Also include identify/assess if the PICU patient receives care from the CCS SCC.

Recommendation(s): Develop and submit a P&P, or revise Policy Number 83400.307, to address communication with CCS programs/CCS Special Care Centers (SCCs) after hospital discharge. Also include information that identify/assess if the PICU patient receives care from the CCS SCC.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.1.(a)	1. There shall be an ongoing quality assurance program specific to patient care activities in the PICU that is coordinated with the hospital's overall quality assurance program. a. Documentation shall be maintained of the quality assurance and quality assessment activities provided.

Summary of Finding(s) #1: There was no evidence submitted of a PICU-specific quality assurance (QA) program that describes ongoing critical reflection on patient care issues, comparison of practices against existing policies or standards, or a culture of performance improvement in place.

Recommendation(s) #1: Submit evidence of monthly PICU-specific QA/QI meetings with evidence of multidisciplinary management and participation. This should include discussion of all transports, pediatric rapid response team mobilization, code blue episodes, incident reports, medication errors, and potential harms as well as ongoing QI initiatives.

Summary of Finding(s) #2: Summary information was provided for three QI projects: Unplanned Extubations (2021), Safe Sleep (2022), and Leapfrog Handwashing Surveys (2022). It is not clear whether these projects were PICU-specific and whether the reports were distributed to all personnel involved. The intensivists were not aware of the final reports.

Recommendation(s) #2: Submit reports for Unplanned Extubations, Safe Sleep, and Leapfrog Handwashing Surveys. Submit evidence that final reports for all QI projects are circulated widely among all PICU staff, including to all intensivists. Report structure should include the following structure:

- Outline of problem: What were you trying to accomplish?
- Literature review: What did the medical literature contribute to the project? Include review methods and references reviewed.
- Methods: What was done, by whom, for how long?
- Findings: What did your process find? Submit data.

- Interpretation: How did this information change your understanding of the problem?
- Summarize the improvement action plan: Include specific timelines, other metrics, and evaluation of the impact of its implementation.
- Submit evidence of the project's impact on PICU policy: Include policy updates as needed.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.1.(b)	1. There shall be an ongoing quality assurance program specific to patient care activities in the PICU that is coordinated with the hospital's overall quality assurance program. b. Documentation shall include utilization review and medical records review which shall be available for on-site review by CCS program staff.

Summary of Finding(s): No evidence of a QA program, policy or documentation of the process was provided to DHCS.

Recommendation(s): Submit a policy that governs the ongoing QA program specific to patient care activities in the PICU that is coordinated with the hospital's overall QA program.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.2.(a)	2. There shall be a morbidity and mortality review process held at least once a month to discuss pediatric critical care issues. a. CCS encourages multidisciplinary participation, including primary care physicians, as well as participation by outside consultants on a regular basis.

Summary of Finding(s): DHCS received information that PICU M&Ms were embedded within Pediatric Department Meetings, hour-long meetings every other month. The medical director stated that this involved submitting a list of PICU transports and deaths without discussion. Each of the intensivists noted that they had tried to initiate formal PICU M&M meetings and had been prevented from doing so.

Recommendation(s) #1: Initiate monthly multidisciplinary PICU-specific M&M meetings, effective immediately.

Recommendation(s) #2: Develop and submit a formal policy for PICU M&M meetings. The policy should include routine agenda items and the process for identifying PICU M&M cases for expanded discussion. The following cases should be discussed at PICU M&Ms: deaths; incoming transports with any issues or lessons learned; all outgoing transports, codes and rapid responses involving patients in the PICU or admitted to the PICU afterwards, medication errors and potential harms; difficult intubations; infections involving postoperative care or central lines; and unplanned extubations.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.2.(b)	2. There shall be a morbidity and mortality review process held at least once a month to discuss pediatric critical care issues. b. Meeting agendas, lists of attendees, and minutes of such conferences shall be maintained and available for on-site review by CCS program staff.

Summary of Finding(s): We received what appears to be meeting minutes from Department of Pediatrics Faculty Meetings conducted on ███2021 and ████/2022. These minutes did not describe the PICU M&M review process nor meet the CCS standards requirements.

Recommendation(s) #1: Develop and submit a policy, or revise an existing policy, requiring documentation of the events for each monthly PICU-specific M&M meeting with the following:

- An agenda
- A list of all attendees and their roles
- Presentation, if prepared
- Formal minutes. Optimal minutes include a summary of all issues discussed with root cause analyses, strategies developed, plans for implementation and policy improvement.

Recommendation(s) #2: Submit PICU M&M meeting documents, including agendas, lists of attendees, and minutes, and confirmation of meeting minutes' dissemination from the next M&M meeting.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.4.(a)-(c)	4. There shall be a formalized method for reviewing and documenting on an annual basis the skills of physicians responsible for 24-hour in-house coverage of the following: a. Pediatric airway management, including endotracheal intubation; b. Needle aspiration of the chest; and c. Establishment and maintenance of vascular access.

Summary of Finding(s): Several annual proctoring documents were submitted, but others were missing; not all intensivists have been proctored within the last 12 months. There was no protocol that documented the criteria required for ascertainment of each skill competency.

Recommendation(s) #1: Submit the protocol or policy for assessing competencies for pediatric airway management, including endotracheal intubation; needle aspiration of the chest; and establishment and maintenance of vascular access. Provide where these documents are maintained.

Recommendation(s) #2: Submit missing proctor forms for each Intensivist for calendar year 2022 or 2023.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.5	5. A transport program shall have an ongoing continuous quality improvement process and evaluation of such shall be made available to the PICU medical director.

Summary of Finding(s): There is no evidence of a continuous QI process that might improve the transport process and patient outcomes for both incoming and outgoing transports.

Recommendation(s) #1: Develop and submit a continuous QI process specific to PICU transports that is separated by incoming and outgoing transports. This should focus on patient clinical evaluation and decision-making milestones and timing that led to the transfer, as well as feedback from the sending and accepting institutions on the patient's condition and clinical course and longer-term outcomes.

Recommendation(s) #2: Create a policy to require a monthly review process for this continuous QI project at the QI and M&M meetings. Submit meeting notes from each of the next QI and M&M meetings.

Standard K. PICU Quality Assurance and Quality Improvement

CCS Standards Requirement No.	Review Requirement
K.8.(a)-(b)	8. Assurance of continuing education for staff providing services in the PICU shall include, at a minimum, the following: a. There shall be a written plan for orientation of all newly hired professionals who will be providing care in the PICU and an ongoing evaluation of the program. This written plan shall include the competencies required of the professional and documentation of successful demonstration of these competencies. b. There shall be written plans for the continuing education of professionals involved in pediatric critical care.

Summary of Finding(s): Policy # 5.10 Education of PICU Staff states, "All staff involved in the care of the critically ill child are encouraged to participate in educational activities to maintain competency and enhance knowledge of the care of these patients and families. All staff members have access to a wide variety of professional literature via the Sage Library. Staff educational needs will be assessed every year."

In addition, the policy as described does not identify that there is close monitoring of the mandated educational training modules.

Recommendation(s): Develop and submit a P&P, or revise Policy Number 5.10, with how SBCH PICU will closely monitor mandated educational training modules of PICU staff.