

**3.3 STANDARDS FOR HOSPITALS****3.3.5 Standards for Limited Hospitals****A. Limited Hospital -- Definition**

Limited Hospital--For the purpose of California Children's Services (CCS), a Limited Hospital is a hospital in a rural area where there are no community or tertiary inpatient hospital services available. These hospitals, which do not have licensed pediatric beds, are capable of providing limited services to children and adolescents for acute short-term conditions for which the expected length of stay shall not exceed five days.

**B. Limited Hospital -- General Requirements**

1. A hospital wishing to participate in the CCS program as a Limited Hospital, shall be licensed by the Department of Health Services (DHS), Licensing and Certification Division, under California Code of Regulations (CCR), Title 22, Division 5, Chapter 1, for one the following:
  - a. acute care hospital, Article 1, Sections 70003 and 70005 with basic emergency services, Article 6, Section 70491 et seq; or
  - b. small and rural hospital, Article 6, Section 70901 et seq.
2. The hospital administration shall provide the necessary facilities, resources, and staffing to assure the provision of medical services in a manner that meets CCS standards of care.
3. There shall be a formal mechanism to identify and assure that infants, children, and adolescent patients who require specialized care and services beyond the scope of services for which the Limited Hospital is approved are transferred from the emergency department or from inpatient services to CCS-approved facilities with the level of specialized medical and/or tertiary care services required, in a safe and timely manner. This shall include:
  - a. There is a written agreement with at least one CCS-approved Tertiary Hospital that will provide consultation for and possible transfer of children with complex medical conditions or for critically ill or injured children.
  - b. The hospital shall make arrangements for referral to an appropriate CCS-approved Special Care Center for diagnostic, treatment, and/or outpatient services when applicable.
4. There shall be an organized medical staff, which includes CCS-paneled physicians, that has overall responsibility for the quality of the professional services provided by individuals with clinical privileges.

5. There shall be an organized nursing service responsible for training and supervising the nursing staff, and for ensuring the provision of appropriate nursing services to infants, children, and adolescent patients.
  6. There shall be an organized service responsible for respiratory care services. If these services are to be contracted, the personnel shall be assigned to the hospital on a full-time basis.
  7. There shall be an emergency department within the hospital capable of providing basic emergency services including resuscitation and treatment of minor illnesses and trauma, and with the capability of stabilizing other cases prior to transfer to a hospital capable of providing the level of medical care required.
- C. Limited Hospital – Procedure for CCS Program Approval
1. A hospital applying for CCS approval shall be licensed by the DHS, Licensing and Certification Division as a general acute care hospital as per Title 22, California Code of Regulations (CCR), Section 70000 et seq., or as a small and rural hospital, as per CCR, Section 70901 et seq., and be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and demonstrate compliance with all standards.
  2. A hospital which meets the above prerequisites and wishes to participate in the CCS program shall complete an application in duplicate and submit both copies to: Department of Health Services; Chief, Children's Medical Services (CMS) Branch/California Children's Services Program; 714 P Street, Room 350; P.O. Box 942732; Sacramento, CA 94234-7320. Questions concerning the standards and the application process should be directed to the appropriate CMS Regional Office.
  3. Review Process
    - a. Upon receipt, the application will be reviewed by the appropriate CMS Regional Office. A site visit will be scheduled if the documentation submitted by the hospital appears to meet the CCS standards for which approval is requested.
    - b. The site review shall be conducted by a state CCS review team in accordance with established CCS procedures for site visits.
    - c. Approval shall be based on compliance with all CCS Standards for Limited Hospitals and on the findings of the onsite review team.
  4. After the site visit, the following types of approval actions may be taken by the CCS program:
    - a. Full approval is granted when all CCS Hospital Standards are met.
    - b. Provisional approval may be granted when all CCS Hospital Standards appear to be met, however, additional documentation is required by the CCS program. This type of approval may not exceed one year.

- c. Conditional approval, for a period not to exceed six months may be granted when there are readily remediable discrepancies with program standards. The hospital must present a written plan for achieving compliance with program standards, and the plan must be approved by the CCS program. If the conditions are not met within the time frame specified by the CCS program, approval shall be terminated.
        - d. Denial is based upon failure of the hospital to meet CCS program standards.
  - 5. The hospital shall be notified in writing of the decision regarding approval status within 90 days after the site visit. A hospital whose application has been denied may appeal the decision by submitting a letter in writing to the Chief, Children's Medical Services Branch, within 30 days of receipt of the notification of denial.
  - 6. Each January 1, the hospital shall submit a list of staff who meet qualifications as specified in the CCS Hospital Standards to: Department of Health Services; Children's Medical Services Branch; Attention: Hospital Desk; 714 P Street, Room 398; P.O. Box 942732; Sacramento, CA 94234-7320. Any changes in professional staff or facility requirements as mandated by these standards shall be reported to the State CMS Branch within 30 days of occurrence.
  - 7. Hospital staff shall submit any changes in licensure that affect CCS approval of the hospital within 30 days of the change to the address in Section 3.3.5/C.6. above.
  - 8. New medical staff shall apply for CCS paneling prior to providing services to CCS children. Panel applications shall be submitted to: Department of Health Services; Children's Medical Services Branch; Attention: Panel Desk; 714 P Street, Room 398; P.O. Box 942732; Sacramento, CA 94234-7320.
  - 9. Periodic reviews of approved facilities shall be conducted no less than every three years or as deemed necessary by the CCS program. If a facility does not meet CCS program requirements, the facility may be subject to losing its CCS approval.
- D. Limited Hospital – CCS Program Participation Requirements**
- 1. Facilities providing services to CCS-eligible clients shall agree to abide by the laws, regulations, and policies of the CCS and Medi-Cal programs. Specifically, facilities shall agree to:
    - a. Refer all infants, children, and adolescents with potentially eligible CCS conditions to the CCS program for review of CCS program eligibility.
    - b. Assist families with the CCS referral and enrollment process by providing CCS application forms, phone numbers, and office locations.
    - c. Request prior authorization from the CCS program, as per Title 22, Section 42180.

- d. Notify the local CCS program office, in a timely manner, of specialized transport methods for potentially eligible infants, children, or adolescents to and from the facility.
  - e. Accept referral of CCS-eligible clients, including Medi-Cal patients, whose services are authorized by CCS.
  - f. Serve CCS-eligible clients regardless of race, color, religion, national origin, or ancestry.
  - g. Bill clients' private insurance, Medi-Cal or Medicare within six months of the month of service in accordance with Medi-Cal and Medicare regulations regarding claims submission time frames or within 12 months for private insurance prior to billing CCS, including Medi-Cal or Medicare, if the client is eligible for such coverage.
  - h. Bill CCS within:
    - 1) six months from the date of service if the client does not have third party insurance coverage; or
    - 2) six months from the date of receipt of insurance payment/denial, including an explanation of benefits from the insurance carrier; or
    - 3) twelve months from the date of service if insurance carrier fails to respond.
  - i. Utilize electronic claims submission when available, upon CCS request.  
  
Accept CCS payment for authorized services in accordance with state regulations as payment in full.
  - k. Provide copies of medical records, discharge summaries, and other information as requested by the CCS program within ten working days of request.  
  
Provide annual reports as requested by the CCS program.
  - m. Provide services in a manner that is family centered and culturally competent, including the provision of translators and written materials.
  - n. Permit CCS staff to visit and monitor facilities to assure ongoing compliance with CCS standards.
  - o. Assist and cooperate with CCS staff in the on-site utilization review by CCS staff of services provided to CCS-eligible clients.
2. Failure to abide by the regulations, laws, and procedures governing the CCS program may result in removal of the hospital from the list of CCS-approved facilities.

E. Limited Hospital – Exclusions

1. Hospitals that are formally and involuntarily excluded from participation in programs of federal and state agencies shall automatically be excluded from participation in the CCS program.
2. A hospital may also be excluded by the CCS program because of, but not limited to, the following:
  - a. Failure to successfully complete the CCS approval process;
  - b. Inadequate and/or untimely correction of deficiencies identified during a CCS site visit;
  - c. Loss of JCAHO accreditation; or
  - d. Failure to abide by the laws, regulations, standards, and procedures governing the CCS program.

F. Limited Hospital – Professional Resources and Requirements

Limited Hospital Physician Staff

All medical care provided to CCS-eligible clients shall be provided by CCS-paneled physicians, with experience and formal training appropriate to treat the client's medical condition.

All CCS-eligible clients shall be attended on a daily basis by a CCS-paneled physician who assumes primary responsibility for coordinating care, obtaining necessary consultations, initiating all orders, relating information to parents, and assuming ultimate responsibility for therapy decisions.

- c. The attending/admitting physician shall be CCS-paneled, shall be available to the hospital, or have a physician with similar qualifications available, on a 24-hour basis.
  - d. Physicians on-call shall have a response time to the hospital, by telephone, within 30 minutes.
2. Limited Hospital Nurse Staff
    - 2.1 Limited Hospital Registered Nurses
      - a. Registered nurses (R.N.s) who are assigned direct patient care shall:
        - 1) be licensed in the State of California;

- 2) have education, training, and demonstrated competency in the nursing care of infants, children, and adolescents; and
  - 3) have evidence of current successful completion of the American Heart Association (AHA) Basic Life Support or equivalent/higher course.
- b. The facility shall maintain written documentation of the qualifications and responsibilities of the R.N. staff which shall include at a minimum, the standards of competent performance of the R.N. providing care to infants, children, and adolescent patients. R.N.s functioning in an expanded role shall do so under standardized procedures, in accordance with CCR, Title 16, Division 14, Article 7, Sections 1470 through 1474.
- c. The R.N. to patient staffing ratio shall be defined in writing and shall be within the scope of practice of licensed nurses. The ratio shall be based, at a minimum, on patient acuity, nursing and patient/parent interventions, and the medical care of sick infants, children, and adolescents.

## 2.2 Limited Hospital Licensed Vocational Nurses

- a. Licensed vocational nurses (LVNs) who provide nursing care shall:
- 1) be licensed by the State of California; and
  - 2) have demonstrated competency in the nursing care of infants, children, and adolescents; and
  - 3) have evidence of current successful completion of the AHA Basic Life Support or equivalent course; and
  - 4) be limited to the responsibilities within their scope of practice, as per CCR, Title 16, Division 25, Chapter 1.
- b. LVNs providing care shall be under the direction of a R.N.
- c. The facility shall maintain written documentation of the qualifications and responsibilities of the LVN staff, which shall include only those responsibilities consistent with their scope of practice, as per CCR, Title 16, Division 25, Chapter 1.
- d. The ratio of R.N.s to LVNs shall be no less than two R.N.s to one LVN on any shift.

**2.3 Limited Hospital Unlicensed Assistive Personnel**

- a. Unlicensed Assistive Personnel as defined by the State Board of Registered Nursing Position Statement, Unlicensed Assistive Personnel (September 1994), shall function in accordance with written policies and procedures which delineate the non-nursing task(s) the unlicensed assistive personnel is/are allowed to perform under the direction on a R.N. These non-nursing tasks shall require no scientific knowledge and/or technical skill.
- b. Staffing may include unlicensed assistive personnel, such as nursing assistants or aides, who have had training and documented competency in the non-nursing care of infants, children, and adolescents.
- c. The unlicensed assistive personnel may be utilized only as assistive to licensed nursing personnel under the direction of a R.N.
- d. The ratio of R.N.s to unlicensed assistive personnel shall be no less than two R.N.s to one unlicensed assistive personnel on any shift.

**3. Limited Hospital Respiratory Care Practitioner Staff**

- a. Respiratory care services for CCS-eligible clients shall be provided by Respiratory Care Practitioners (RCPs) who are licensed by the State of California and who have completed formal training which includes didactic and clinical experience in the respiratory care of infants, children, and adolescents.
- b. The facility shall maintain a written job description delineating the duties of the RCP, as per the California Business and Professions Code, Respiratory Care Practice Act, Chapter 8.3, Article 1, Section 3702 and CCR, Title 16, Division 13.6, Articles 1 through 8.
- c. RCPs shall be responsible for the maintenance and application of respiratory equipment.
- d. There shall be a system in place for ensuring continuing clinical RCP competency through educational programs for both newly hired staff and for experienced RCP staff, in accordance with CCR, Title 16, Division 13.5, Article 5.

**4. Limited Hospital Pharmaceutical Services Staff**

- a. The hospital pharmacy shall be under the direction of a registered pharmacist.
- b. The pharmacy shall be staffed with adequate personnel to ensure that medications are dispensed efficiently on a routine basis and are available immediately for use in emergencies.



**G. Limited Hospital -- Facilities and Equipment**

1. An emergency cart containing age appropriate equipment, medication, and supplies needed to assure the effective resuscitation of infants, children, and adolescent patients, regardless of age or body size shall be available in one designated location. The cart shall contain, at a minimum, the following items:
  - a. Oxygen and equipment appropriate for its administration;
  - b. Mechanical ventilatory assistance equipment, i.e., airways and Ambu bags;
  - c. Thoracentesis and closed thoracostomy sets;
  - d. Tracheostomy sets;
  - e. Vascular cutdown sets;
  - f. Resuscitation medications and the supplies and equipment necessary for their administration; and
  - g. Laryngoscopes and endotracheal tubes.
2. The following equipment, appropriate for patients regardless of age or body size, shall also be immediately available to the patient service area:
  - a. Cardiac defibrillator with synchronization capability;
  - b. Respiratory and cardiac monitoring equipment;
  - c. Tracheobronchial and gastric suction equipment;
  - d. Ventilators/respirators;
  - e. Infusion pumps; and
  - f. Portable x-ray equipment.
3. Clinical laboratory services and the consultation services necessary to support the level of care provided, shall be available on a 24-hour basis.
4. Diagnostic imaging procedures and the consultation services necessary to support the level of care provided, shall be available on a 24-hour basis.
5. There shall be immediate access to appropriately staffed operating room and recovery room facilities.



H. Limited Hospital -- Patient Care

1 Inpatient Services

- a. Infants, children, and adolescent patients with CCS-eligible conditions shall be admitted to a licensed bed in a CCS-approved Limited Hospital as medically necessary and appropriate.
- b. CCS-eligible clients who require transfer to a CCS-approved Tertiary Hospital or CCS-approved PICU includes:
  - 1) The CCS-eligible client who has:
    - a) acute hepatic failure or
    - b) immediate dialysis requirements because of renal failure.
  - 2) The CCS-eligible client who requires any of the following:
    - a) ventilatory assistance for greater than 24-hours;
    - b) continuous administration of vasoactive, inotropic, or chronotropic agents or antiarrhythmics; or
    - c) invasive monitoring.
- c. CCS-eligible clients who require transfer to a CCS-approved Tertiary Hospital, CCS-approved PICU, or CCS-approved Burn Center, with the capability of providing necessary services shall include the following:
  - 1) children less than one year of age with burn injuries involving greater than 10 percent of body surface area; and
  - 2) children one year of age and older with burn injuries involving greater than 15 percent of body surface area.
- d. CCS-eligible clients who require cardiovascular surgery shall be transferred to a CCS-approved Regional Cardiac Center.
- e. CCS-approved Limited Hospitals shall have written policies and procedures for obtaining telephone consultation with medical staff at a CCS-approved Tertiary Hospital, CCS-approved PICU and CCS-approved Special Care Centers, as appropriate. These policies and procedures shall include provisions for consultation and referral, and possible transfer of CCS-eligible clients with serious conditions that are unresponsive to treatment and require multispecialty, multidisciplinary care, or who have rare medical conditions that require specialized medical expertise.

- f. CCS-approved Limited Hospitals shall have a written agreement with a CCS-approved PICU for transfer of infants, children, and adolescents requiring the services described in Section 3.3.5/H.1.b. above.
- g. CCS-eligible clients with the conditions listed below shall have care provided and/or coordinated through facilities meeting CCS Standards for Special Care Centers. Upon identification, these patients shall be referred to the appropriate CCS-approved Special Care Center for further diagnostic work-up, treatment services and/or follow-up care as indicated. The conditions include:
  - 1) Complex congenital heart disease;
  - 2) Inherited metabolic disorders;
  - 3) Chronic renal disease;
  - 4) Chronic lung disease;
  - 5) Malignant neoplasms;
  - 6) Hemophilia;
  - 7) Hemoglobinopathies;
  - 8) Craniofacial anomalies;
  - 9) Myelomeningocele;
  - 10) Endocrine disorders; and
  - 11) Immunologic and infectious disorders, including HIV infection.
- h. Inpatient and outpatient follow-up care may be provided to infants, children, and adolescents with the conditions specified in Section 3.3.5./H.1.g. above by CCS-approved Limited Hospitals in conjunction with a CCS Special Care Center team and as specified in the child's treatment plan.
  - 1) These services shall have prior authorization from either the local CCS program or CMS Regional Office, as appropriate.
  - 2) Both Special Care Center and local/community professional staff providing care to CCS-eligible clients shall be paneled according to the standards for panel participation established by the CCS program.
  - 3) At the discretion of the local CCS program or the appropriate CMS Regional Office, certain non-paneled providers may be authorized to provide specific services in conjunction with the Special Care Center team.

There shall be a written nursing assessment by a R.N. within 24-hours of admission that shall include a nursing assessment, nursing diagnosis, and a plan for intervention and evaluation.

- j Infants, children and adolescents who require transportation outside of a service/department, but within the hospital, shall be accompanied by a R.N. when the patient's nursing care skill requirements are restricted to a R.N.
- k A Limited Hospital licenced by DHS, Licensing and Certification Division under CCR, Title 22, Division 5, Chapter 1, Section 70545, et seq., for perinatal services, or Section 70911, et seq., shall participate in the California Newborn Hearing Screening Program (NHSP) and become certified as an Inpatient Infant Hearing Screening Services provider. As part of the California NHSP, the hospital shall offer a newborn hearing screening test to each newborn during the admission for birth and prior to discharge using protocols approved by DHS.

There shall be a pharmaceutical service/department available to provide

A medication profile for each patient that includes, at a minimum, the patient's name, birth date, sex, pertinent problems/diagnoses, current medication therapy, (including prescription and nonprescription drugs), medication allergies or sensitivities; and potential drug/food interactions;

- 2) A stock of resuscitation medications to be maintained and readily available in the pharmacy service/department and in designated patient care areas;
- 3) Drug monitoring; and
- 4) Professional education regarding clinical pharmacology, including individual consultation.

## 2. Outpatient Services

- a CCS-eligible clients requiring speech and hearing interventions shall be examined by a CCS-paneled otolaryngologist, have audiological assessments performed in an appropriate CCS-approved communication disorder center, and have speech/language evaluations by a CCS-paneled speech-language pathologist.
- b There shall be an organized system for coordinating outpatient and inpatient care to ensure cooperation among departments, integration of services, ready access to patient information, and the maintenance of CCS standards of care.
- c A CCS-approved Tertiary Hospital may elect to conduct satellite outpatient services in a Limited Hospital. These satellite outpatient services shall be CCS-approved, have medical direction that is provided by the sponsoring Tertiary Hospital, and shall meet the CCS core team staffing standards required of sponsoring approved centers. In addition, the sponsoring core team shall provide

consultation to local private physicians and to the satellite core team relative to teamwork activities, professional or technical assistance, clinical instruction, and patient-specific care.

**3. Basic Emergency Services**

- a. There shall be a qualified physician with training in pediatrics, family practice, or emergency medicine, on-call in-house or outside the hospital on a 24-hour basis who shall have evidence of current successful completion of the Pediatric Advanced Life Support (PALS) course, the Advanced Pediatric Life Support (APLS) course or another equivalent pediatric emergency course.
- b. There shall be a R.N. and other allied health personnel trained in cardiopulmonary resuscitation available on-call in-house on a 24-hour basis.
- c. Specialists in, at a minimum, orthopedics, surgery, and anesthesia shall be on-call and readily available for consultation.
- d. There shall be written policies, procedures, and protocols for infants, children and adolescents seen in the emergency room that shall include, but not be limited to:
  - 1) Medical triage;
  - 2) General assessment of a patient;
  - 3) Identification and reporting of child abuse and neglect;
  - 4) Consent for treatment;
  - 5) Transfer of patients;
  - 6) Do-not-resuscitate orders;
  - 7) Death in the emergency room; and
  - 8) Use of conscious sedation
- e. The hospital shall have written interfacility transfer and consultation agreements for infants, children and adolescents with affiliated trauma care hospitals and other CCS-approved facilities.

**Limited Hospital – General Policies and Procedures**

All written policies and procedures shall be updated every three years and shall include, but not be limited to, the following:

Definition of the types of patients, the medical criteria for, and how consultation is to be obtained from a CCS-approved Tertiary Hospital or Pediatric Community Hospital;

- b. Definition of the types of patients requiring transfer, the mechanisms for referral or transfer to a CCS-approved Tertiary Hospital or Pediatric Community Hospital, and when patients are to be transferred to the Tertiary Hospital or Pediatric Community Hospital; and
    - c. Outline of the procedures and criteria for referral to CCS Special Care Centers, the mechanisms for referral, the timely transfer of medical information, and the development of a comprehensive care plan that includes the local community health care providers.
2. There shall be a written formal agreement with a CCS-approved Tertiary Hospital describing the consultation and transfer agreements described above which shall be signed and updated every three years.
3. There shall be updated and approved written policies and procedures about selecting, procuring, distributing, and administering medications as well as the safety of overall medication use.
4. There shall be written policies and procedures for the provision of skilled resuscitation for infants, children, and adolescents.
5. There shall be written hospital-wide policies and procedures for infection surveillance, prevention, and control for all patient care services/departments.
6. There shall be written policies and procedures to coordinate patient transfer and transport from, to, and within the hospital.
7. There shall be written policies and procedures for the bioethical review of infants, children, and adolescent patients.
8. There shall be written policies and procedures to encourage parental involvement in the ongoing care of the infant, child, and adolescent patient. This involvement shall include, but not be limited to, the parents' and/or caretakers' presence during the induction of anesthesia, and/or the performance of laboratory or x-ray procedures.
9. There shall be written policies about the rights and responsibilities of the pediatric and adolescent patient and those of their parents and/or caretakers.
10. There shall be written policies and procedures for assuring privacy for patients and their families.
11. There shall be written policies and procedures relating to acute pain management for operative and medical procedures. These policies and procedures shall be based on a collaborative, interdisciplinary approach to pain control, and shall include all members of the health care team with input from the patient and/or parent/primary caretaker. The policies and procedures shall include the following:

- a. An individualized proactive pain control plan developed preoperatively by the patient and practitioners.
  - b. Assessment and frequent reassessment of the patient's pain.
  - c. Use of both drug and non-drug therapies to control and/or prevent pain.
  - d. A formal, institutional approach to management of acute pain, with clear lines of responsibility.
12. There shall be written policies and procedures documenting the health care team's active involvement with the patient's family in planning for the patient's health care needs, including the collaboration, support, and presence of the immediate family/caretaker.

**J. Limited Hospital – Discharge Planning Program**

There shall be a discharge planning program including written policies and procedures for discharge planning that includes, but is not limited to, the following:

- Ensuring collaboration between the team members providing care to CCS-eligible clients and communication with the primary care physician in the local community, 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 patient after hospital discharge.
- b. Provision of written discharge information that is culturally and linguistically appropriate shall be given to the parent, legal guardian, and/or primary caretaker participating in the patient's care at the time of discharge. Information shall include, but not be limited to, the diagnosis; medications; follow-up appointments, including those with community physicians and community agencies; and instructions on medical treatments that will be given at home. A copy of this written discharge information shall be sent to the primary care physician providing follow-up care.
  - c. Provision for teaching for the parent, legal guardian, and/or primary caretaker in the medical needs of the infant, child or adolescent including the use of necessary technology to support the patient in the community, when appropriate.
2. At the time of discharge from inpatient care, a clinical summary shall be available that concisely summarizes the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the patient's condition on discharge, and any specific instructions given to the patient, parent, legal guardian, or primary caretaker. This information shall be made readily available to the patient, parent, legal guardian, or primary caretaker; referring physician (if any); and to CCS program staff.

**K. Limited Hospital – Quality Assurance and Quality Improvement**

1. There shall be an ongoing quality assurance program within the hospital.
  - a. Documentation shall be maintained of the quality assurance and quality assessment activities provided.
  - b. Documentation shall include utilization review and medical records review and shall be available for on-site review by CCS program staff.
2. There shall be an organized quality improvement program focusing on the hospital's outcomes as they relate to the delivery of care to patients and which shall include identified pediatric-oriented critical care indicators and outcomes that are available for review by CCS program staff.
3. There shall be a written plan that facilitates a family-centered and culturally competent approach to patient care by the professional staff which includes, but is not limited to:
  - a. A system that will encourage and provide for inclusion of the parent(s) or primary caretaker(s) in the decision-making process relating to the care and interventions of their infant, child or adolescent as early as possible; and
  - b. A method shall be in place for the parent(s) or primary caretaker(s) to provide input and feedback to the hospital staff regarding their infant, child or adolescent's care and experiences in the facility. This may be in the form of a patient/family satisfaction questionnaire to provide a mechanism to appraise services in the hospital.
4. There shall be current pediatric/adolescent medical and nursing textbooks and other resources available in the hospital.
5. There shall be current medical references which are accessible to staff on a 24-hour basis.
6. There shall be nursing policy and procedure manuals with specified sections related to infants, children, and adolescents that are updated every three years and are reviewed and signed every three years by nursing management.
7. The hospital shall have orientation and continuing education programs which will include, but not be limited to:
  - a. An orientation program for all newly-hired professionals who will be providing care to patients under 21 years of age, to include:
    - 1) A course description, objectives, and length of time to complete the orientation/review course;



- 2) A description of required practicum or preceptorship; and
  - 3) The specific method(s) used to document the evaluation of a professional's skills or competency related to the care provided to infants, children, and adolescent patients.
- b. An ongoing education program for all professional staff involved in pediatric care that is based on current standards of practice.
  - c. A method of monitoring continuing education subjects presented and of documenting staff attendance at all continuing education programs.