

**3.3 STANDARDS FOR HOSPITALS****3.3.1 Standards for Tertiary Hospitals****A. Tertiary Hospital -- Definition**

Tertiary Hospital--For the purpose of California Children's Services (CCS), a Tertiary Hospital is a referral hospital providing comprehensive, multidisciplinary, regionalized pediatric care to children from birth up to 21 years of age consistent with the requirements listed under this Section. This includes the provision of a full range of medical and surgical care for severely ill children, pediatric residency training with 24-hour CCS-paneled pediatrician coverage, an organized pediatric research program, and community outreach. For a hospital that does not have an accredited pediatric residency training program, it shall have an organized pediatric research program, pediatric specialty consultation, and 24-hour in-house coverage by licensed physicians who have completed an accredited pediatric residency program.

**B. Tertiary Hospital -- General Requirements**

1. A hospital wishing to participate in the CCS program as a Tertiary 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 the following:
  - a. acute care hospital, Article 1, Sections 70003 and 70005;
  - b. pediatric service, Article 6, Section 70535 et seq.;
  - c. intensive care service, Article 6, Section 70491 et seq.;
  - d. basic emergency medical services, Article 6, Section 70411 et seq.;
  - e. social services, Article 6, Section 70629 et seq.;
  - f. occupational therapy service, Article 6, Section 70515 et seq.; and
  - g. physical therapy service, Article 6, Section 70555 et seq.
2. There shall be a minimum of 25 licensed pediatric beds, exclusive of any licensed intensive care newborn nursery (ICNN) or intensive care beds. In facilities where pediatric services are administratively and/or physically divided by services delivering care to defined age groups or defined medical conditions, each service shall be required to adhere to the CCS Standards for Hospitals, as per Sections 3.3.1/H. and 3.3.1/I. below.
3. There shall be a residency program in pediatrics, internal medicine, and surgery approved by the Liaison Committee on Graduate Medical Education.
  - a. The internal medicine residency requirement shall not apply to children's hospitals.

- b. If there is no pediatric residency program, the hospital shall demonstrate an ongoing pediatric research program, have a full range of pediatric specialty consultation services, community outreach, and 24-hour in-house coverage by CCS-paneled pediatricians.
4. In lieu of a pediatric residency program, the pediatric research program shall consist of, at a minimum, the following elements:
  - a. The program shall have a defined structure within the hospital organization.
  - b. The program shall have a full-time administrative and support staff funded by the hospital or by a legally constituted body created expressly to support the research program.
  - c. The program may support preclinical studies, but shall have a defined clinical program involving research in infants, children and adolescents.
  - d. If the research involves pharmaceutical products, it shall include all phases of drug development. Programs consisting solely of Phase IIIb and Phase IV studies will not be considered acceptable.
5. Excluding children's hospitals, pediatric services shall be organized within the hospital as a separate service or department.
6. The hospital shall have a neonatal intensive care unit (NICU) meeting CCS Standards for NICUs, CCS Manual of Procedures, Chapter 3.25, for Regional NICUs.
7. The hospital shall meet CCS Standards for Neonatal Surgery, CCS Manual of Procedures, Chapter 3.34.
8. The hospital shall have a pediatric intensive care unit (PICU) meeting CCS Standards for PICUs, CCS Manual of Procedures, Chapter 3.32.
9. The hospital shall have an administrative structure in place to assure coordination of outpatient/follow-up services with inpatient care. The hospital shall have a designated CCS liaison to facilitate coordination between the institution and the CCS program.
10. The hospital shall have CCS-approved Special Care Centers and shall provide support for their operation. Outpatient services shall meet CCS Standards for Special Care Centers, when applicable, or the hospital shall make arrangements for patient referral to an appropriate CCS-approved Special Care Center at another hospital.
11. The hospital shall provide 24-hour consultation services to other hospitals served by the pediatric service(s)/department(s) including but not limited to, medical, nursing, and social work services.

12. The hospital shall have written inter-hospital transfer and consultation agreements with hospitals referring pediatric patients to the hospital.

**C. Tertiary 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 CCR, Title 22, Section 70000 et seq., and be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and demonstrate compliance with all standards. Hospitals shall be licensed, as per Title 22, Sections 70535-70543.
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. A separate, additional application is required of hospitals approved by the CCS program who also seek to be approved as CCS Inpatient Special Care Centers such as a PICU, NICU, or rehabilitation. Questions regarding this procedure should be addressed to the appropriate CMS Regional Office. CCS Inpatient Special Care Center approval is contingent upon meeting the applicable CCS Hospital Standards.
4. 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 CCS Standards for Tertiary Hospitals and on the findings of the on-site review team.
5. 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 discrepancies are not corrected 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.
- 6. A 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.
- 7. Each January 1, the hospital shall submit a list of staff who meet the 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 the professional staff or facility requirements as mandated by these standards shall be reported to the State CMS Branch within 30 days of occurrence.
- 8. 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 3.3.1/C.7. above.
- 9. New medical staff shall apply for CCS paneling prior to providing services to CCS-eligible clients. 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.
- 10. 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. Tertiary 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 patient 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.Utilize electronic claims submission when available, upon CCS request.
  - j. 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.
  - l. 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. Tertiary 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. Tertiary Hospital -- Professional Resources and Requirements****1. Tertiary Hospital Physician Staff****1.1 Tertiary Hospital Medical Director/Chairperson of the Department of Pediatrics**

There shall be a full-time Medical Director/Chairperson of the department of pediatrics who is a CCS-paneled pediatrician.

- b. The responsibilities of the chair shall include, but not be limited to, the oversight of the quality of medical care for all infants, children, and adolescents admitted to the pediatric service(s)/department(s) and the admission policies of the pediatric service(s)/department(s).

**1.2 Tertiary Hospital Physician Staff**

- a. A CCS-paneled physician shall have primary responsibility for the medical care of each CCS-eligible client.
- b. Responsibilities shall include, but not be limited to, the review, evaluation, and daily documentation in the hospital record of patient clinical management, coordination of care, and interactions with consultants and family.
- c. A CCS-paneled physician shall be available and on-call to the hospital on a 24-hour basis.

**1.3 Tertiary Hospital Additional Physician Staff**

- a. There shall be CCS-paneled physicians on the active hospital staff in the specialty areas listed below. They, or an associate practicing in the same speciality area, and who is CCS-paneled, shall be available to the hospital on a 24-hour basis. Physicians who are on-call shall have a response time to the hospital, by telephone, within 30 minutes.
- b. These physician specialists shall include neonatologists, pediatric intensivists, pediatric cardiologists, pediatric neurologists, pediatric endocrinologists, and pediatric surgeons. There shall also be other CCS-paneled specialists, with experience in pediatrics (beyond general residency experience) to include: orthopedist, urologist, psychiatrist, plastic and/or maxillofacial surgeon, otolaryngologist, ophthalmologist, neurosurgeon, infectious disease specialist, pulmonologist, cardiothoracic surgeon, genetics/dysmorphology/metabolism specialist, hematologist/oncologist, gastroenterologist, radiologist, immunologist, and nephrologist (capable of providing dialysis for pediatric patients).
- c. All anesthesia for children from birth to two years of age shall be administered by board-certified anesthesiologists who have completed at least six months training in pediatric/neonatal anesthesia at a hospital with an anesthesia training program approved by the American Board of Anesthesiology or who meet two or more of the following criteria:
  - 1 One year of experience in providing anesthesia to infants with documentation of at least ten major cases proctored by an anesthesiologist who meets the qualifications in Section 3.3.1/F.1.3.c. above and/or
  - 2 Documented proficiency in anesthesia provided to infants (25 cases within the last three years which have been reviewed by an anesthesiologist who meets the qualifications specified in Section 3.3.1/F.1.3.c. above), and/or
  - 3 Documentation of at least one year of training in pediatrics.
- d. There shall be at least two physicians on the active hospital staff with the qualifications specified in Section 3.3.1/F.1.3.c. above.
- e. Pediatric diagnostic imaging studies shall be interpreted by one or more board-certified radiologists who have completed at least six months training in pediatric diagnostic radiology at a hospital approved for training by the American Board of Radiology and who devote at least 50 percent of their time to pediatric diagnostic radiology.
  - 1 There shall be one or more associates in the radiology department who have been proctored for at least one year in diagnostic pediatric radiology by a physician with the qualifications described in Section 3.3.1/F.1.3.e. above.



2. One or more associates who meet the criteria above shall be available on a 24-hour basis.

## 2. Tertiary Hospital Nurse Staff

Nurse staff titles or positions listed in CCS Standards may differ from those used in a facility. For the purpose of CCS Standards for Hospitals, the facility is allowed to have an individual whose staff title is not the same staff title as that used in the standards, however, the individual shall meet the requirements described below.

### 2.1 Tertiary Hospital Nurse Manager

- a. The nurse manager shall direct the nursing administrative operation of the pediatric service(s)/department(s), and shall be:
  - 1) a registered nurse (R.N.) licensed by the State of California holding a master's degree in nursing or
  - 2) a R.N. holding a bachelor's of science degree in nursing (BSN) and either a master's degree in a related field or certification in health care administration from a nationally recognized accrediting organization, and
  - 3) have at least three years of clinical nursing experience of which two years shall be in pediatric clinical care.
- b. The nurse manager may be responsible for more than one pediatric service/department within the same physical building. The responsibilities of the nurse manager shall include, at a minimum, personnel, fiscal and materiel management, and coordination of the quality improvement program for the pediatric service(s)/department(s).
- c. The nurse manager shall directly supervise the nurse supervisor(s) for the pediatric service(s)/department(s).
- d. The facility shall maintain written documentation of the qualifications and responsibilities of the nurse manager.
- e. The nurse manager shall have direct responsibility to the hospital administrative director of nursing or individual holding an equivalent position.

### 2.2 Tertiary Hospital Nurse Supervisor

- a. A nurse supervisor shall directly supervise personnel in the pediatric service(s)/department(s) at all times.



- b. The nurse supervisor shall:
  - 1) be a R.N. licensed by the State of California with a BSN; and
  - 2) have at least two years of clinical experience in which one year of experience shall have been in pediatric clinical care.
- c. The nurse supervisor shall have 24-hour responsibility for:
  - 1) the supervision of all clinical personnel who provide patient care in the pediatric service(s)/department(s); and
  - 2) the day-to-day coordination of and quality of clinical nursing care of patients in the pediatric service(s)/department(s).
- d. The facility shall maintain written documentation of the qualifications and responsibilities of the nurse supervisor.

### 2.3 Tertiary Hospital Clinical Nurse Specialist

- a. There shall be a clinical nurse specialist (CNS), who is:
  - 1) a R.N. licensed by the State of California, with experience in a clinical specialty related to pediatrics; and
  - 2) certified as a CNS by the State Board of Registered Nursing, as per the California Business and Professions Code, Chapter 6, Section 2838 of the Nursing Practice Act.
- b. The CNS shall be responsible for:
  - 1) coordination and assessment of educational development and clinical competency of the nursing staff in the pediatric service(s)/department(s). The CNS shall be responsible for ensuring continued clinical nursing competencies through educational programs for both the newly hired and experienced nursing staff;
  - 2) consultation with staff on complex nursing care issues;
  - 3) oversight of comprehensive parent education activities; and
  - 4) ensuring the implementation of a coordinated and effective discharge planning program.
- c. For hospitals with a separate adolescent service(s)/department(s), there shall be a CNS available for consultation who has education and experience in the care of adolescents and young adults.

- d. The facility shall maintain written documentation of the qualifications and responsibilities of the CNS.

#### 2.4 Tertiary Hospital Registered Nurses

- a. Registered nurses (R.N.s) who are assigned direct patient care in a pediatric service(s)/department(s) 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 in the pediatric service(s)/department(s). 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.

#### 2.5 Tertiary Hospital Licensed Vocational Nurses

- a. Licensed vocational nurses (LVNs) who provide nursing care in a pediatric service(s)/department(s) 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 those responsibilities within their scope of practice, as per CCR, Title 16, Division 25, Chapter 1.
- b. LVNs providing care in a pediatric service(s)/department(s), 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.

### 2.6 Tertiary 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 in a pediatric service(s)/department(s) under the direction of a R.N. These non-nursing tasks shall require no scientific knowledge and/or technical skill.
- b. Pediatric service 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. Tertiary Hospital Respiratory Care Practitioner Staff

- a. Respiratory care services in the pediatric service(s)/department(s) shall be provided by respiratory care practitioners (RCPs) who are licensed by the State of California and who have completed formal training in pediatric respiratory care which includes didactic and clinical experience.
- b. The facility shall maintain a written job description delineating the duties of the RCP in the pediatric service(s)/department(s), 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. Tertiary Hospital Medical Social Worker Staff
  - a. Social work services in the pediatric service(s)/department(s) shall be provided by a CCS-paneled medical social worker (MSW) holding a master's degree in social work who has expertise in the psychosocial issues affecting the families of seriously ill infants, children, and adolescents.
  - b. There shall be at least one full-time equivalent (FTE) medical social worker assigned for each 25 occupied pediatric beds on the pediatric service(s)/department(s), not including the NICU or PICU.
5. Tertiary Hospital Pharmaceutical Services Staff
  - a. There shall be at least one licensed pharmacist holding a doctoral degree in pharmacy (PharmD) with education and experience in clinical pediatric pharmacology who shall be assigned to work with the pediatric service(s)/department(s) and be available for education, consultation, and to interface with physician and other team members on pediatric rounds and in team conferences.
  - b. Pharmacy staff and pharmaceutical services shall be available on a 24-hour basis to the pediatric service(s)/department(s).
  - c. 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.
6. Tertiary Hospital Clinical Registered Dietitian Staff
  - a. There shall be a CCS-paneled clinical registered dietitian assigned to the pediatric service(s)/department(s) who is registered by the Commission on Dietetic Registration, American Dietetic Association, and who has at least two years of clinical dietetic experience and one year of pediatric experience with training in nutrition services for children with special health care needs.
  - b. The clinical registered dietitian shall provide consultation on medical nutrition therapy issues to medical professionals providing care in the pediatric service(s)/department(s) and to the patients and their families.
  - c. The facility shall maintain a written job description delineating the duties of the clinical registered dietitian who works within the pediatric service(s)/department(s) and provides medical nutrition therapy. The duties shall include, but not be limited to:
    - 1) Nutritional assessment, diet calculation and the provision of medical nutrition therapy.

- 2) Coordination of nutritional services with community agencies.
- 3) Planning and oversight of prescribed medical diets and approval of all pediatric menus.
- 4) Participation in pediatric case conferences and discharge planning activities.

**7 Tertiary Hospital Occupational Therapy Staff**

- a. Inpatient occupational therapy services provided to CCS-eligible infants, children, and adolescents shall be performed by occupational therapists (OT) who are certified by the National Board for Certification in Occupational Therapy or who hold a valid registration with the American Occupational Therapy Certification Board and have a minimum of one year of pediatric experience.
- b. The facility shall maintain a written job description delineating the duties of the OT staff responsible for the provision of inpatient occupational therapy for infants, children, and adolescents. The duties shall include, but not be limited to the following:
  - 1) Participation in case conferences and discharge planning activities, and
  - 2) Coordination with a CCS case manager for referral to a CCS-paneled provider or CCS Medical Therapy Unit (MTU) for the patient who may continue to require occupational therapy services after hospital discharge.
- c. There shall be at least one OT who is CCS-paneled on the hospital staff. Occupational therapy services provided to CCS-eligible clients by nonpaneled therapists shall be under the supervision of a CCS-paneled OT.
- d. Services provided by a Certified Occupational Therapy Assistant shall be supervised by a CCS-paneled OT.

**8. Tertiary Hospital Physical Therapy Staff**

- a. Inpatient physical therapy services provided to infants, children, and adolescents shall be performed by physical therapists (PT) who are licensed to practice physical therapy in the State of California, as per the California Business and Professions Code, Chapter 5.7, Physical Therapy Practice Act, Article 3, Section 2630 et seq. and have a minimum of one year of pediatric experience.
- b. The facility shall maintain a written job description delineating the duties of the PT staff responsible for the provision of inpatient physical therapy for infants, children, and adolescents. The duties shall include, but not be limited to, the following:

- 1) Participation in case conferences and discharge planning, and
  - 2) Coordination with a CCS case manager for referral to a CCS-paneled provider or CCS MTU for the patient who may continue to require physical therapy services after hospital discharge.
- c. There shall be at least one PT who is CCS-paneled on the hospital staff. Physical therapy services provided to CCS-eligible clients by nonpaneled therapists shall be under the supervision of a CCS-paneled PT.
- d. Services provided by a physical therapist assistant shall be supervised by a CCS-paneled PT, as per the California Business and Professions Code, Chapter 5.7, Physical Therapy Practice Act, Article 4.5, Section 2655 et seq.
9. Tertiary Hospital Child Life Specialist Staff
- a. There shall be at least one child life specialist (CLS) available to the pediatric service(s)/department(s) to provide play experiences; therapeutic activities, including participation in the preparation of children and their families for hospitalization, surgery, and medical treatment; liaison with local educational programs; organized play activity programs; and the provision of developmentally appropriate toys for children restricted to bed.
  - b. The facility shall maintain written job descriptions delineating the duties of the CLS which shall include, but not be limited to, activities described in Section 3.3.1/1.9.a. above.
  - c. The CLS shall participate in case conferences and discharge planning activities where appropriate.
10. Tertiary Hospital Speech and Hearing Program Staff
- a. CCS-paneled speech-language pathologist(s) shall provide speech and language assessments to CCS-eligible clients.
  - b. CCS-paneled audiologists shall provide audiological assessments and services.

**Tertiary Hospital School Liaison Staff**

There shall be a position specifically designated as responsible for coordination with the local school districts and with the parents, legal guardians, or caretakers. The school liaison staff shall coordinate the educational needs of children during their hospital stay and follow-up at school sites for those children who are technologically dependent and who continue to need ongoing nursing care after discharge.

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

- 1 Furniture size, including beds, decor, waiting area activities, and reading materials shall be developmentally and age appropriate for the infants, children, and adolescents being served.
2. The patient room arrangements shall have the capability to provide isolation and separation by age and/or sex.
3. Provisions shall be made for monitoring pediatric patients based on patient acuity, age, medical requirements, and security issues.
4. Facilities shall be available which minimize the spread of infection, including at least one patient room adaptable for use as an isolation area. There shall be at least one other area for patients whose disease process is associated with immunologic incompetence or who are receiving immunosuppressive drugs. There shall be a mechanism in place for environmental service inspection of isolation rooms adapted for negative and/or positive air flow.
5. All children and adolescent patients shall have access to one or more recreational area(s) or playroom(s) and, if possible, access to outside terraces. These areas should be large enough to accommodate both ambulatory patients and those in beds and wheelchairs, as per Title 22, Section 70543. Adolescents should have a separately designated area. Play materials should be sturdy, safe, and washable. Items appropriate for children of all ages served should be included. For those patients unable to come to the play room, there shall be developmentally appropriate toys available to be brought to the bedside.
6. There shall be space available within, adjacent to, or in close proximity to, the pediatric service(s)/department(s) for:
  - a. Parent waiting room;
  - b. Confidential professional/family discussions;
  - c. Team conferences, case presentations, and other staff meetings; and
  - d. Physician sleeping quarters.
7. There shall be standardized and calibrated equipment to provide anthropometric measurements appropriate for age and physical conditions.
8. An emergency cart containing age appropriate equipment, medication, and supplies needed to assure the effective resuscitation of patients regardless of age or body size shall be available within the service(s)/department(s). 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. Cardiac defibrillator with synchronization capability;
  - d. Respiratory and cardiac monitoring equipment;
  - e. Thoracentesis and closed thoracostomy sets;
  - f. Tracheostomy sets;
  - g. Vascular cutdown sets;
  - h. Tracheobronchial and gastric suction equipment;
  - i. Resuscitation medications, including unit doses or those prepackaged for pediatric use, and the supplies and equipment necessary for their administration; and
  - j. Laryngoscopes and endotracheal tubes.
9. The following equipment, appropriate for patients regardless of age or body size, shall be immediately available to the service(s)/department(s):
- a. Ventilators/respirators;
  - b. Infusion pumps; and
  - c. Portable x-ray equipment.
10. Clinical laboratory services, including microtechnique/microspecimen capability and consultation services necessary to support the level of care provided, shall be available on a 24-hour basis.
11. The hospital shall be able to perform all laboratory services in-house that are medically necessary to provide care on an urgent basis, and all nonurgent and medically-necessary laboratory services shall be readily available so as not to delay or prolong hospitalization.
12. The department of radiology shall have available on a 24-hour basis, or shall have immediate access to, imaging equipment and staffing necessary to perform the evaluations required by infants, children, and adolescents with complex medical problems. The equipment shall include, at a minimum, nuclear scans, head and body computerized axial tomography (CAT) and magnetic resonance imaging (MRI), ultrasonography, angiography, and fluoroscopy.
13. Operating rooms shall be ready on a 24-hour basis, and the appropriate surgical specialists, anesthesiologists, and operating room personnel shall be available at all times.

**H. Tertiary Hospital -- Patient Care****1. Inpatient Services**

- a. The CCS-approved Tertiary Hospital shall be capable of providing skilled, multidisciplinary comprehensive care on a 24-hour basis, regardless of the level of complexity or severity of illness or injury to any infant, child, or adolescent from birth to 21 years of age.
- b. The hospital shall provide a full range of neonatal care services (intensive, intermediate and continuing care) meeting CCS Standards for Regional NICUs, CCS Manual of Procedures, Chapter 3.25 for severely ill neonates, and CCS Standards for Neonatal Surgery, CCS Manual of Procedures, Chapter 3.34.
- c. Neonatal extracorporeal membrane oxygenation (ECMO) shall only be performed in Regional NICUs that are CCS-approved Neonatal ECMO Centers, as per CCS Standards for Neonatal ECMO Centers, CCS Manual of Procedures, Chapter 3.35.
- d. The hospital shall provide the following specialty services or programs with personnel and services appropriate for pediatric patients of all ages, including but not limited to:
  - 1) Burn care management or written transfer agreement with a burn center that has the capability of providing care to infants, children, and adolescents;
  - 2) Acute spinal cord injury management or written transfer agreement with a spinal cord injury center that has the capability of providing care to infants, children, and adolescents;
  - 3) In-house consultation service for acute rehabilitation services and, if appropriate, written transfer agreement with a CCS-approved Rehabilitation Center that has the capability of providing care to infants children, and adolescents;
  - 4) Acute hemodialysis capability or a written transfer agreement with a hospital that has the capability of providing acute hemodialysis to infants, children, and adolescents;
  - 5) Peritoneal dialysis capability;
  - 6) Assessment, stabilization, and management of children with severe organ failure with access and transfer to appropriate pediatric transplant facilities;
  - 7) Suspected child abuse and neglect team; and

- 8) Availability or access to a poison control center.
- e. The hospital shall meet CCS Standards for PICUs, CCS Manual of Procedures, Chapter 3.32, and shall have the capability of providing definitive care for a wide range of complex, progressive, and rapidly changing medical, surgical, and traumatic disorders occurring in patients between 37 weeks gestation and 21 years of age.
  - f. A hospital meeting CCS Standards for Rehabilitation Facilities, CCS Manual of Procedures, Chapter 3.16 may provide care to CCS-eligible clients under 21 years of age who have a CCS-eligible condition that has resulted in a physical impairment with a functional disability.
  - g. Open heart surgery shall only be performed in Tertiary Hospitals that are CCS-approved Regional Cardiac Centers, as per CCS Standards for Cardiac Centers, CCS Manual of Procedures, Chapter 3.13.
  - h. Bone marrow, heart, lung, combined heart-lung, liver, and combined liver-small bowel transplants shall only be performed in hospitals that have been approved by the Medi-Cal program for the specific transplant.
  - i. A hospital providing and/or directing care for children with malignancies shall have a CCS-approved hematology/oncology center and shall participate in either the National Institutes of Health (NIH) Children's Cancer Study Group or the NIH Pediatric Oncology Group, and shall follow the protocols where applicable and register patients with the study group.
  - j. All children under 14 years of age shall be admitted to a pediatric service(s)/department(s) regardless of the reason for hospitalization or the specialty of the admitting physician.
  - k. The medical care of patients between the ages of 14 years and 21 years who are admitted outside a pediatric service(s)/department(s) shall be under the direction of a CCS-paneled physician appropriate to the patient's medical condition. For this age group, there shall be the capability of separation by sex and age. CCS-eligible clients over 13 years of age may be admitted to a pediatric service(s)/department(s) based on written policies and procedures.
  - l. 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.
  - m. Infants, children, and adolescents who require transportation outside of a service(s)/department(s), 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.

- n. A Tertiary Hospital licensed by DHS, Licensing and Certification Division under CCR, Title 22, Division 5, Chapter 1, Section 70545, et seq., for perinatal services, 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.
- o. Social work services shall include:
  - 1) Freedom to case find.
  - 2) The provision of social work interventions during inpatient hospital stays.
  - 3) The inclusion of social work assessments and summaries in patients' medical records.
- p. There shall be pharmaceutical services available on a 24-hour basis to provide:
  - 1) Pediatric unit doses, pediatric parenteral solutions, and pediatric nutritional products;
  - 2) 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;
  - 3) A stock of resuscitation medications to be maintained and readily available in the pharmacy service(s)/department(s) and in designated patient care areas;
  - 4) Drug monitoring; and
  - 5) Professional education regarding clinical pharmacology including individual consultation.
- q. There shall be medical nutrition services which provide the following:
  - 1) Documentation that a clinical registered dietitian has completed a dietary assessment upon admission for those infants, children, and adolescents whose primary condition is nutritionally related (i.e., diabetes mellitus, metabolic disorders, etc.). Dietary assessments for infants, children, and adolescents whose medical condition or recovery can be positively affected by nutritional services shall be completed upon request of the attending physician.

- 2) Medical diets prescribed by the patient's physician, including nutritional supplements and parenteral or enteral feeding equipment shall be available. Food-based formulas shall be prepared in a special diet kitchen under the supervision of the dietitian.
- 3) There shall be a current diet manual which includes pediatric medical diets. The diet manual shall be approved every three years by the dietitian and medical staff and shall be used as a basis for diet orders and for planning and checking medical diets both in the pediatric service(s)/department(s) and the food service department.

2. Outpatient Services

- a. Hospitals providing outpatient services to infants, children, and adolescents with the following conditions shall meet CCS Standards for Special Care Centers, as per CCS Manual of Procedures, Chapters 3.13 through 3.37:
  - 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
  - 11) Immunologic and infectious disorders, including HIV infection
- b. Special Care Center teams shall develop individual treatment plans for each infant, child, and adolescent. The plan shall:
  - 1) Lead to the delivery of comprehensive services for the affected child, including active collaboration with the child's local primary care physician.
  - 2) Focus on meeting patient-family needs and consider the adequacy and utilization of local community resources for ongoing care.

- c. Hospital Special Care Center team members providing care to CCS-eligible clients shall be paneled according to the standards for panel participation established by the State Department of Health Services, California Children's Services program.
  - d. Facilities meeting CCS Standards as a Rehabilitation Center, as per CCS Manual of Procedures, Chapter 3.16, shall provide care on an outpatient basis to CCS-eligible clients under 21 years of age whose CCS-eligible condition has resulted in a physical impairment with a functional disability.
  - e. 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.
  - f. 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.
  - g. A Tertiary Hospital may elect to conduct satellite outpatient services in a local hospital outpatient department or a local health department. These satellite outpatient services shall be CCS-approved, have medical direction that is provided by the sponsoring Tertiary Hospital, and shall meet 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. Emergency Department (ED) Services
- a. The hospital shall have an emergency room capable of providing comprehensive care for any critically injured or ill child of any age and on a 24-hour basis.
  - b. The ED shall provide pediatric consultation and support as needed to hospitals and Emergency Medical Services (EMS) agencies within the region. Such support shall include systems development, transport, quality review, education, research, and data maintenance.
  - c. Emergency Department (ED) Staff
- The ED shall have physicians capable of evaluating critically ill and injured infants, children, and adolescents. These physicians shall be capable of providing initial resuscitation and stabilization, and performing necessary surgical procedures not requiring general anesthesia.

- 2) There shall be:
  - a) A full-time medical director who is a qualified specialist in emergency medicine, pediatric emergency medicine, or pediatrics; and
  - b) A physician coordinator for pediatric emergency services who is a qualified specialist in emergency medicine, pediatric emergency medicine, or pediatrics with expertise in pediatric emergency medicine.
- 3) Their responsibilities shall include, but not be limited to:
  - a) Medical direction and leadership including developing policies and procedures and serving as a clinical resource in pediatric emergency services;
  - b) Development and supervision of pediatric emergency education programs, e.g., Pediatric Advanced Life Support (PALS) course or Advanced Pediatric Life Support (APLS) course for hospital personnel, outreach programs, community hospital and health care providers;
  - c) Coordination with other hospital departments and local EMS agencies; and
  - d) Verification of the credentials and training of ED physicians as they relate to proficiency in the care of pediatric patients.
- 4) There shall be at least one qualified specialist in emergency medicine, pediatric emergency medicine, or pediatrics with expertise in pediatric emergency medicine available in-house, on a 24-hour basis in the ED.
- 5) There shall be a designated CCS-paneled pediatrician on-call and who shall be promptly available to the ED, on a 24-hour basis.
- 6) A list of qualified specialists who are on-call for consultation at all times, as per Section 3.3.1/F.1. above, shall be posted in the ED.
- 7) There shall be written policies and procedures for determining on-call availability of consultants in pediatric surgery, neurosurgery, and anesthesiology, who are proficient in the care of pediatric patients. Specialists should include those listed in Section 3.3.1/F.1. above.
- 8) There shall be an ED nursing coordinator with at least two years experience in pediatric emergency or pediatric critical care nursing within the past five years, who has evidence of successful completion of the



PALS, APLS, or another equivalent pediatric emergency course.  
Responsibilities shall include:

- a) Ensuring the coordination of pediatric emergency and critical care nursing services across departmental and interdisciplinary lines;
  - b) Ensuring appropriate pediatric emergency and critical care specialty in service and formal continuing education programs are provided;
  - c) Ensuring the clinical competence of ED nursing staff in the care of critically ill/injured children; and
  - d) documenting ED nursing continuing education in pediatrics.
- 9) There shall be at least one ED R.N. per shift with evidence of current successful completion of PALS, APLS or another equivalent pediatric emergency course.
- 10) All R.N.s regularly assigned to the ED shall complete continuing education in topics related to pediatric emergency care.
- d. There shall be written policies, procedures, and protocols for infants, children, and adolescents seen in the ED that include, but are not limited to, the following:
- 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.

I. Tertiary Hospital -- General Policies and Procedures

There shall be written medical policies and procedures for identifying all cases requiring mandatory review and consultation by a pediatrician.

2. There shall be written policies and procedures about notifying the Medical Director/Chairperson of the department of pediatrics when pediatric patients are admitted to other services/departments of the hospital, as per CCR, Title 22, Section 70537, (d).
3. All written policies and procedures shall be updated every three years. All policies shall be approved by the governing body, as per CCR, Title 22, Section 70537, (a).
4. There shall be written policies and procedures describing the types of patients who require 24-hour in-house coverage by a CCS-paneled pediatrician.
5. 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.
6. There shall be written policies and procedures for the provision of skilled resuscitation for newborns, infants, children, and adolescents.
7. There shall be written hospital-wide policies and procedures for infection surveillance, prevention, and control that are pediatric service(s)/department(s) specific.
8. There shall be written policies and procedures to coordinate the following services:
  - a. Patient transfer and transport from, to, and within the hospital.
  - b. Outreach to community organizations/agencies, parents, schools, and referring providers.
9. There shall be written policies and procedures defining the role of the hospital bioethics committee and the mechanisms for:
  - a. Consideration of ethical issues arising in the care of infants, children, and adolescents,
  - b. Provision of education to parents/caretakers and patients on ethical issues in health care.
  - c. The right of the child/adolescent/parent to be informed of any human experimentation or other research/educational projects affecting his/her care or treatment.
  - d. Review and approval by an appropriate hospital committee (e.g., Investigational Review Board) regarding participation of the infant, child, or adolescent in studies of investigational medications or procedures.
10. There shall be written policies and procedures to encourage parental involvement in the ongoing care of the infant, child, or adolescent. This involvement shall include, but not be limited to, the parents' and/or caretakers' presence during induction of anesthesia and/or

the performance of laboratory or x-ray procedures, and provision of facilities to allow the parents to sleep in the child's/adolescent's hospital room or in separate parent facilities. Mothers shall be able to breastfeed their infants.

11. There shall be written policies on the rights and responsibilities of the pediatric and adolescent patient and those of their parents and/or caretakers.
12. There shall be written policies and procedures for assuring privacy for patients and their families.
13. 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.
14. There shall be written policies and procedures for social work services that shall include the following:
  - a. Freedom to case find and provide psychosocial assessments.
  - b. Criteria for referral of patients with potentially high-risk psychosocial issues to social work staff for services, referrals, and interventions.
  - c. Inclusion of social work assessments and summaries in patients' medical records which shall include, but not be limited to, the following:
    - 1) An indication of the family's reaction to the child's/adolescent's hospitalization and the child's/adolescent's reaction, if applicable, to their condition and hospitalization;
    - 2) Stressors impinging on the patient and patient's family;
    - 3) Social or emotional support available to the child and family, both through family members and family support agencies;
    - 4) Any support services needed;

- 5) A plan devised with the patient's family and the patient, if able, to obtain needed services or provide needed counseling; and
  - 6) Summaries which shall be recorded weekly, and at the time of discharge, containing follow-up notes indicating progress towards implementing the social work plan and any changes in the patient's or families' psychosocial situation.
- d. The provision of psychosocial interventions during inpatient hospital stays.
  - e. The provision of psychosocial assessments to all patients under the age of 21 years, regardless of bed and/or service(s)/department(s) assignment, who remain inpatient for three days or more. However, all NICU families and PICU patients and their families shall be seen by the social worker within two working days of admission.
15. There shall be written policies and procedures to delineate the clinical registered dietitian's responsibilities for:
- a. Screening for nutrition problems within 48 hours of hospital admission.
  - b. Completion of a comprehensive nutritional assessment within 72-hours of admission. This assessment shall include, at a minimum, a review of the child's growth history plotted on National Center for Health Statistic's growth charts, or for adolescents, a comparison of body weight to standards for height; anthropometric measurements, nutrition-related biochemical values; drug-nutrient interactions, and the identification of physiological, social, or environmental barriers to adequate nutrition.
  - c. Development and implementation of a nutritional care plan that is integrated into the patient's comprehensive medical care plan.
  - d. Provision of medical nutrition therapy which shall include diet calculation, planning, preparation and oversight of prescribed medical diets, counseling, referrals, and monitoring.
  - e. Participation in case conferences, rounds, and discharge planning.
16. There shall be written policies and procedures for pediatric occupational therapy services that include the following:
- a. Use of standardized pediatric evaluation tools;
  - b. Use of pediatric therapeutic equipment;
  - c. Use of various treatment modalities for children

- d. Supervision of patients and behavioral management of patients during treatment;
  - e. Pediatric staff development plan and designated liaison to hospital staff;
  - f. Family participation and training in treatment; and
  - g. Infection control precautions.
17. There shall be written policies and procedures for pediatric physical therapy services that include the following:
- a. Use of standardized pediatric evaluation tools;
  - b. Use of pediatric therapeutic equipment;
  - c. Use of various treatment modalities for children;
  - d. Supervision of patients and behavioral management of patients during treatment;
  - e. Pediatric staff development plan and designated liaison to hospital staff;
  - f. Family participation and training in treatment; and
  - g. Infection control precautions.
18. There shall be written policies and procedures that enable a Child Life Specialist to provide the following services:
- 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.
19. There shall be written policies and procedures documenting the health care team's active involvement with the infant, child and adolescent's family in planning for the patient's health care needs, including the collaboration, support, and presence of the immediate family/caretaker.

**J Tertiary Hospital -- Discharge Planning Program**

1. There shall be an organized discharge planning program, including written policies and procedures for multidisciplinary discharge planning and a method for documenting program implementation, that includes but is not limited to, the following:

Identification of a designated coordinator responsible for ensuring collaboration between the pediatric team members 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 infant, child, or adolescent after hospital discharge.

- b. Identification of the responsibilities and involvement of the multidisciplinary pediatric/adolescent team members, in discharge planning activities.
  - c. 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 infant, child, or adolescent'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.
  - d. Provision for teaching 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. Tertiary Hospital -- Quality Assurance and Quality Improvement**

1. There shall be an ongoing quality assurance program specific to the patient care activities in the pediatric service(s)/department(s) 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.

- b. Documentation shall include utilization review and medical records review which 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 pediatric care 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 the following:
  - 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 child 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 child'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 pediatric service(s)/department(s) providing care to pediatric and adolescent patients.
5. There shall be current medical references accessible to staff on a 24-hour basis.
6. There shall be nursing policy and procedure manuals with specified pediatric sections 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 shall 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 and adolescent 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.