

STANDARDS FOR HOSPITALS**Standards for Pediatric Community Hospitals****A. Pediatric Community Hospital – Definition**

Pediatric Community Hospital—For the purpose of California Children’s Services (CCS), a Pediatric Community Hospital is a community-based hospital with licensed pediatric beds that provides services for children from birth up to 21 years of age consistent with the requirements listed in this Section. The length of stay shall not exceed 21 days, with the exception of care provided in a CCS-approved Community or Intermediate Neonatal Intensive Care Unit (NICU), as per CCS Manual of Procedures, Chapter 3.25.

B. Pediatric Community Hospital – General Requirements

1. A hospital wishing to participate in the CCS program as a Pediatric Community 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 eight licensed pediatric beds, exclusive of licensed intensive care newborn nursery (ICNN) or intensive care beds.
3. A hospital may be approved as a Community NICU or as an Intermediate NICU if it meets the following requirements, as per:
 - a. CCR, Title 22, Division 5, Chapter 1, Article 6, Section 70545 et seq., for the provision of perinatal services and licensed by DHS, Licensing and Certification Division as a perinatal service; and
 - b. CCR, Title 22, Division 5, Chapter 1, Article 6, Section 70481 et seq., for the provision of neonatal intensive care services and licensed by DHS, Licensing and Certification Division as an Intensive Care Newborn Nursery (ICNN); and

- c. CCS Standards for NICUs (Community or Intermediate NICU), CCS Manual of Procedures, Chapter 3.25.
- 4. A hospital may be approved as a pediatric intensive care unit (PICU) if it meets the following requirements, as per:
 - a. CCR, Title 22, Division 5, Chapter 1, Article 6, Section 70491 et seq., for the provision of intensive care services and licensed by DHS, Licensing and Certification Division for intensive care services; and
 - b. CCS Standards for PICUs, CCS Manual of Procedures, Chapter 3.32
- 5. Pediatric services shall be organized within the hospital as a separate pediatric service or department with a CCS-paneled pediatrician appointed or elected as chief of the pediatric service. The chief shall be responsible for the care rendered to children in both inpatient and outpatient services.
- 6. There shall be an emergency department in the hospital capable of caring for all but the most critically ill or injured infant, child, and adolescent who must be stabilized prior to transfer to a CCS-approved facility capable of providing the level of medical care required.
- 7. There shall be a formal mechanism to identify and assure that CCS-eligible clients who require specialized care and services beyond the scope of services for which a Pediatric Community Hospital is approved, are transferred from the emergency department or from inpatient services to CCS-approved facilities capable of providing the level of specialized medical and/or tertiary care services, 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 have systems and procedures in place to assure coordination of outpatient/follow-up services after discharge. When applicable, the hospital shall make arrangements for referral to an appropriate CCS-approved Special Care Center for diagnostic, treatment, and/or outpatient services.

C. Pediatric Community 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. Pediatric Community 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 which also seek to be approved as a CCS Inpatient Special Care Center, e.g., as a PICU, NICU, or rehabilitation unit. Questions regarding this procedure should be addressed to the appropriate CMS Regional Office. CCS Inpatient Special Care Center approval is contingent upon meeting prerequisite 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 Pediatric Community 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 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 3.3.2/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. Pediatric Community Hospital – CCS Program Participation Requirements

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.
 - 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. Pediatric Community 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. Pediatric Community Hospital -- Professional Resources and Requirements

Pediatric Community Hospital Physician Staff

1.1 Pediatric Community Hospital Chief of Pediatrics

The pediatric service/department shall be under the direction of a chief of pediatrics, who is a CCS-paneled pediatrician.

The responsibilities of the chief of pediatrics 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/department and the admission policies of the pediatric service/department.

1.2 Pediatric Community Hospital Physician Staff

- a. All CCS-eligible clients shall be attended on a daily basis by a CCS-paneled physician who assumes primary responsibility for coordinating care, obtaining needed consultations, initiation of all orders, relating information to parents, and who assumes ultimate responsibility for therapy decisions on a daily basis.
- b. The attending/admitting physician shall be CCS-paneled, and shall be available, or have a physician with similar qualification available, to the hospital on a 24-hour basis.
- c. Physicians on-call shall have a response time to the hospital, by telephone, within 30 minutes.

1.3 Pediatric Community Hospital Additional Physician Staff

- a. There shall be anesthesiologists available for pediatric patients who are specifically trained in pediatric physiology and techniques and have experience in providing anesthesia to a sufficient number of pediatric patients to maintain these skills.
- b. If the hospital does not have a CCS-approved Community NICU or a PICU, it shall have the following CCS-paneled specialists, with experience in pediatrics (beyond general residency experience) on the hospital staff and available on a 24-hour basis: orthopedist, otolaryngologist, ophthalmologist, surgeon, urologist, plastic/maxillofacial surgeon, psychologist, and neurosurgeon.

2. Pediatric Community Hospital Nurse Staff

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

2.1 Pediatric Community Hospital Nurse Manager

- a. The nurse manager shall direct the nursing administrative operation of the pediatric service/department, and shall:
 - 1) be a registered nurse (R.N.) licensed by the State of California holding a master's degree in nursing or
 - 2) be a R.N. holding a bachelor's of science degree in nursing (BSN) 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 shall be responsible for the pediatric service/department. 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/department.
- c. The nurse manager shall directly supervise the nurse supervisor for the pediatric service/department.
- 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 Pediatric Community Hospital Nurse Supervisor

- a. A nurse supervisor shall directly supervise personnel in the pediatric service/department at all times.
- b. The nurse supervisor shall:
 - 1) be a R.N. licensed by the State of California; 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/department; and
 - 2) the day-to-day coordination of and quality of clinical nursing care of patients in the pediatric service/department.
 - d. The facility shall maintain written documentation of the qualifications and responsibilities of the nurse supervisor.
 - e. When there is no nurse supervisor, the nurse manager shall be responsible for the duties of the nurse supervisor.
- 2.3 Pediatric Community 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/department. 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.
 - 5) For hospitals with a separate adolescent service/department, there shall be a CNS available for consultation who has education and experience in the care of adolescents and young adults.
 - c. The facility shall maintain written documentation of the qualifications and responsibilities of the CNS.

- d. When there is no CNS, the nurse manager shall be responsible for the duties of the CNS. In addition, when there is no CNS there shall be both a nurse manager and a nurse supervisor.

2.4 Pediatric Community Hospital Registered Nurses

- a. Registered nurses (R.N.s) who are assigned direct patient care in a pediatric service/department 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.
 - 4) 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/department. 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.
 - 5) 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 Pediatric Community Hospital Licensed Vocational Nurses

- a. Licensed vocational nurses (LVNs) who provide nursing care in a pediatric service/department 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/department, 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 Pediatric Community 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/department 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 a assistive to licensed nursing personnel under the direction of 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. Pediatric Community Hospital Respiratory Care Practitioner Staff

- a. Respiratory care services in the pediatric service/department 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/department, 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. Pediatric Community Hospital Medical Social Worker Staff
 - a. Social work services in the pediatric service/department 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. The MSW shall have dedicated time available to the pediatric service/department
5. Pediatric Community Hospital Pharmaceutical Services Staff
 - a. The hospital pharmacy shall be under the direction of a registered pharmacist
 - b. Pharmacy staff and pharmaceutical services shall be available on a 24-hour basis to the pediatric service/department.
 - 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. Pediatric Community Hospital Clinical Registered Dietitian Staff
 - a. There shall be a CCS-paneled clinical registered dietitian who is registered by the Commission on Dietetic Registration, American Dietetic Association, available to the pediatric service/department.
 - b. The clinical registered dietitian shall provide consultation on medical nutrition therapy issues to medical professionals providing care in the pediatric service/department 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/department 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. **Pediatric Community 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. **Pediatric Community 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.

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

G. Pediatric Community 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. The play area, as per Title 22, Section 70543, should be large enough to accommodate both ambulatory patients and those in beds and wheelchairs. 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/department for:
 - a. Parent waiting room
 - b. Confidential professional/family discussions; and
 - c. Team conferences, case presentations, and other staff meetings.
7. There shall be standardized and calibrated equipment to provide anthropometric measurements appropriate for age and physical condition.

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 pediatric service/department. This 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, including unit doses or those prepackaged for pediatric use, and the supplies and equipment necessary for their administration; and
 - g. Laryngoscopes and endotracheal tubes.
9. The following equipment, appropriate for patients regardless of age or body size, shall be immediately available to the pediatric service/department:
 - 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.
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. Diagnostic imaging procedures and the consultation services necessary to support the level of care provided shall be available on a 24-hour basis, with radiologic technologists familiar with x-ray techniques used with neonates and infants.

13. There shall be immediate access to appropriately staffed operating rooms with the following equipment: thermal control equipment for the patient and for blood, fracture table, appropriate endoscopic equipment, electrocardiograph-oscilloscope-defibrillator equipment, mechanical ventilator, and temperature-monitoring equipment.

H. Pediatric Community Hospital – Patient Care

1. Inpatient Services

- a. Infants, children, and adolescents with CCS-eligible conditions shall be admitted to a licensed pediatric bed in a CCS-approved Pediatric Community Hospital, as medically necessary and appropriate.
- b. A hospital that has received approval as a CCS Community NICU, as per CCS Standards for Community NICUs, CCS Manual of Procedures, Chapter 3.25, shall provide a full range of neonatal care services (intensive, intermediate, and continuing care) for severely-ill neonates. The NICU shall transfer neonates requiring complex surgical intervention to a CCS-approved Regional NICU unless it has received CCS approval for neonatal surgery, as per CCS Standards for Neonatal Surgery, CCS Manual of Procedures, Chapter 3.34.
- c. A hospital that has received approval as a CCS Intermediate NICU, as per CCS Standards for Intermediate NICUs, CCS Manual of Procedures, Chapter 3.25, shall provide intermediate and continuing neonatal care. The NICU shall transfer neonates requiring an intensive level of neonatal care to either a CCS-approved Regional or Community NICU, including infants requiring greater than four hours of ventilatory assistance. The NICU shall transfer neonates requiring complex surgical intervention to a CCS-approved Regional NICU or a Community NICU approved for neonatal surgery, as per CCS Standards for Neonatal Surgery, CCS Manual of Procedures, Chapter 3.34.
- d. A hospital meeting CCS Standards for PICUs, CCS Manual of Procedures, Chapter 3.32, 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.
- e. CCS-eligible clients, under the age of 14 years, should be transferred to a CCS-approved Tertiary Hospital or CCS-approved PICU if:
 - 1) The CCS-eligible client has:
 - a) acute hepatic failure or
 - b) immediate dialysis requirements because of renal failure.

- 2) The CCS-eligible client 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.

- f. CCS-eligible clients, under the age of 14 years, 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.

- g. CCS-eligible clients who require cardiovascular surgery shall be transferred to a CCS-approved Regional Cardiac Center.

- h. CCS-approved Pediatric Community Hospitals shall have written policies and procedures for obtaining telephone consultation with medical staff at a CCS-approved Tertiary Hospital, CCS-approved PICU (if not present in the facility) 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.

CCS-approved Pediatric Community Hospitals shall have a written agreement with a CCS-approved PICU for the transfer of infants, children, and adolescents requiring the services described in Section 3.3.2/H.1.e. above.

- j. All children under 14 years of age shall be admitted to the pediatric service/department, regardless of the reason for hospitalization or the specialty of the admitting physician.

- k. The medical care of patients between 14 and 21 years of age, who are admitted outside the pediatric service/department, shall be under the direction of a CCS-paneled physician appropriate for the medical condition. CCS-eligible clients over 13 years of age may be admitted to a pediatric service/department based on written policies and procedures.

Children with the following conditions shall have care provided and/or coordinated through facilities meeting CCS Standards for Special Care Centers. Upon identification, these children 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:

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.

- m. Inpatient and outpatient follow-up care may be provided to children with the conditions specified in Section 3.3.2/H.1.I. above, by CCS-approved Pediatric Community Hospitals in conjunction with the 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.
- n. 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.
- o. 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.

- p. A Pediatric Community Hospital licenced 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.

- q. 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.

- r. 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/department and in designated area(s) in the pediatric service/department;
 - 4) Drug monitoring; and
 - 5) Professional education regarding clinical pharmacology, including individual consultation.

- s. 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/department and the food service department.

2. Outpatient Services

- a. Facilities meeting CCS Standards as a Rehabilitation Unit, 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.
- b. 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.
- c. 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.
- d. A CCS-approved Tertiary Hospital may elect to conduct satellite outpatient services in a Pediatric Community Hospital. 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 basic emergency medical services on a 24-hour basis.
- b. Emergency Department (ED) Staff
 - 1) There shall be:
 - a) A full-time medical director of the ED, and

- b) Experienced emergency personnel, including a qualified specialist in pediatrics, family medicine, or emergency medicine who have completed at least eight hours of Continuing Medical Education (CME) credits in topics related to pediatrics every two years.
 - 2) There shall be a full complement of pediatric subspecialists who are available for consultation to the ED by phone, on a 24-hour basis.
 - 3) The following subspecialty consultants with experience in pediatrics (beyond general residency experience), including but not limited to the following, shall be on call to the ED: orthopedist, neurosurgeon, pediatric surgeon, and anesthesiologist.
 - 4) A designated pediatric consultant shall be on call and available to the ED on a 24-hour basis.
 - 5) There shall be a nursing coordinator for pediatric emergency care who has evidence of current successful completion of the Pediatric Advanced Life Support (PALS) course, Advanced Pediatric Life Support (APLS) course or another equivalent pediatric emergency course.
- c. There shall be written policies, procedures, and protocols for children seen in the ED that include, but are not be 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.
- d. The hospital shall have written interfacility transfer and consultation agreements for pediatric patients with affiliated trauma care hospitals and other CCS-approved facilities, including a CCS-approved Tertiary Hospital.

Pediatric Community 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 chief 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 and developed in collaboration with a CCS-approved Tertiary Hospital. All policies shall be approved by the governing body, as per CCR, Title 22, Section 70537, (a), and shall include, but not be limited to, the following:
 - a. Definition of the types of patients, the medical criteria for, and how consultation is to be obtained from a Tertiary Hospital;
 - b. Definition of the types of patients requiring transfer, the mechanisms for referral or transfer to a Tertiary Hospital, and when patients are to be transferred to a Tertiary 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.
 4. 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.
 5. There shall be written policies and procedures describing the types of patients who require 24-hour in-house coverage by a CCS-paneled pediatrician.
 6. 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.
 7. There shall be written policies and procedures for the provision of skilled resuscitation for newborns, infants, children, and adolescents.
 8. There shall be written hospital-wide policies and procedures for infection surveillance, prevention, and control for all patient care services/departments.
 9. There shall be written policies and procedures to coordinate patient transfer and transport from, to, and within the hospital.

10. 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.
11. 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 the induction of anesthesia, and/or the performance of laboratory or x-ray procedures, and the provision of facilities to allow parents to sleep in the child's/adolescent's hospital room or in separate parent facilities. Mothers shall be able to breastfeed their infants.
12. There shall be written policies on the rights and responsibilities of pediatric and adolescent patients and those of their parent(s) and/or caretaker(s).
13. There shall be written policies and procedures for assuring privacy for patients and their families.
14. 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.

15. There shall be written policies and procedures for social work services which 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/department 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.
16. 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.
17. 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.
18. 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.

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. Pediatric Community 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:
- a. 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. Pediatric Community 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/department what 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 service/department providing care to pediatric and adolescent patients.
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 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 methods(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.