



**LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES AGENCY
EDAP SURVEY REVIEW PERIOD
Application Instructions
B-2**



1. **EDAP Application: Attachment A-1, A-2, A-3**
2. **Application Instructions: Attachment B-2**
3. **Policy Review Checklist (Complete/Submit): Attachment B-1**
4. **EDAP 100% Chart Review: Attachment C-1, C-2**
5. **Ref. 316, EDAP Standards**
6. **Sample ABMS**

EDAP Application (Attachment A-1): An application is provided to each EDAP to complete all the required/requested information. All columns/sections must be completed.

SUBMIT the requested application and supporting documents via **EMAIL** to KRodgers@dhs.lacounty.gov and mmunatones@dhs.lacounty.gov. All documents are required and submitted by the agreed-upon due date. Large number of attachments may be sent in multiple emails.

EMS Survey Review Process

1. The EMS Agency will review the completed EDAP application and supporting documents and validate the following:
 - a. American Board of Medical Specialties (ABMS) credentials profiles BC or BE time frame.
 - b. On-call scheduling
 - c. American Heart Association or American Red Cross PALS certificates and pediatric education course completion certificates.
 - d. Quality improvement processes
 - e. 100% Chart Review High Risk Cases – random selection most recent cases
 - f. Policies and Procedures pertaining to the care of pediatric patients
2. A random selection of personnel will be requested to validate licensure and/or credentialing. Do not submit information for physicians, APPs, RNs, or RCPs unless otherwise requested.
3. Outstanding items or questions will be communicated to the EDAP Nurse Coordinator via emails and scheduled phone calls.
4. The day of the survey focuses on the following: medical record reviews and follow-up on any outstanding items or questions from the pre-survey document review.

Submit the following documents according to Reference 316, EDAP STANDARDS and EDAP Application:

General Hospital Requirements

Submit copy:

1. State of California Department of Public Health (CDPH) hospital license
2. Hospital Accreditation Certificate
3. Pediatric Interfacility Transfer: written Interfacility Consultation and Transfer Agreement for tertiary or specialty care.
 - 1) A plan for subspecialty consultation (telehealth or on-site) 24 hours per day
 - 2) Identification of transferring and receiving hospitals' responsibilities in accordance with Emergency Medical Treatment and Active Labor Act (EMTALA)
 - 3) A process for selecting the appropriately staffed transport service to match the patient's acuity level.

ADMINISTRATION

Submit the following:

1. Administration and Pediatric Patient Information
2. Curriculum Vitae (CV) for the following personnel:
 1. EDAP Medical Director
 2. Designated Pediatric Consultant
 3. Pediatric Liaison Nurse



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- Curriculum Vitae
- Human Resources Job Description for the PdLN responsibilities/duties

Personnel

Complete all requested information according to Application A-1:

1. **ED Physicians:** complete all columns/sections in the application:
 1. Identify the ABMS Specialty EM &/or PEM
 2. Provide the American Board of Medical Specialties (**ABMS**) Board Certification profile required to “validate Board Certification (BC) “End Date or Re-verification Date”
 3. **BE physicians:** provide the Date MD is eligible to sit for the boards (if applicable)
 4. Provide Hours worked for one month for all ED physicians.
2. **General Pediatricians** (if applicable)
 1. Identify the ABMS or AAP Specialty
 2. American Board of Medical Specialties (ABMS) Board Certification profile required to “validate Board Certification (BC) “End Date or Re-verification Date”
 3. List ED Call Panel Physicians only
3. **Pediatric Subspecialty Services** (if applicable)
 1. Identify ABMS Subspecialty (Pediatric Intensivist, Peds Cardiology, Peds Surgery, etc.)
 2. American Board of Medical Specialties (ABMS) Board Certification profile required to “validate Board Certification (BC) “End Date or Re-verification Date”
 3. List ED Call Panel Physicians only
 4. Physicians available via Telehealth
 5. Transfer Agreements
4. **Diagnostic Radiologist**
 1. Identify the ABMS Specialty
 2. American Board of Medical Specialties (ABMS) Board Certification profile required to “validate Board Certification (BC) “End Date or Re-verification Date”
 3. List Call Panel Physicians
5. **Advanced Practice Providers** (if applicable)
 1. AHA/ARC PALS Renew by or Recertification date(s)
6. **PdLN**
 1. AHA/ARC PALS renew by or Recertification date(s)
 2. 2-Day course completion Date(s) & Hours
 3. 7 hours of BRN-approved Pediatric CE every 2 years. Provide completion Dates & Hours.
7. **Registered Nurses**
 1. AHA/ARC PALS renew by or Recertification date(s)
 2. 2-Day course completion Date(s) & Hours
 3. ENPC expiration date or Date of course completion
 4. 14 hours of Education: Provide Completion Dates and Hours (as listed on the certificate)
8. **Respiratory Care Practitioners**
 1. AHA/ARC PALS renew by or Recertification date(s)

SCHEDULES

Submit the most recent 3 months call panels, if applicable, for the following:

1. ED Physicians
2. Pediatricians (if applicable)
3. Pediatric Subspecialty Services (if applicable)



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4. Radiologist

Submit the most recent 3 months' work schedules/on-call schedules, if applicable, for the following:

5. Registered Nurses
6. Respiratory Care Practitioners
7. Radiology technicians, CT technicians, US technicians, MRI technicians

POLICIES AND PROCEDURES: Refer to Ref. 316, EDAP Standards

1. **Complete and submit the "EDAP Pre-Survey Policy Checklist" (Attachment B-1)**
2. Submit ALL Policies pertaining to the ED pediatric patient. If submitting hospital-wide policies, the policy needs to reference the ED pediatric patient.
3. Conduct a cross reference of all policies to ensure all subject matter is identical (no conflicting information) from one policy to the next.
4. Submit policies in hospital-approved format.
5. Ensure all policies have been reviewed/revised every three years. Outdated policies do not meet the requirements.
6. For each required policy, refer to Ref. 316, EDAP Standards, **"Identify" and "Highlight" in yellow the "section/subject matter"** that pertains to the required "standard of emergency care" according to Ref. 316, EDAP Standards
4. Do not submit extra backup hospital-wide P/Ps on the same subject matter.

QUALITY IMPROVEMENT (QI) PROGRAM REQUIREMENTS

Submit the following:

1. Signed/approved EDAP QI program plan
2. EMS EDAP Quality Improvement Trending and Analysis Report (QITAR) for the two (2) EMS-approved system-wide QI Indicators and at least **one additional** facility-specific QI indicator.
3. Quality improvement summary/findings/reports
4. **Complete Attachment C-1.** The EMS surveyor will select from Attachment C-1 to validate the tracking and trending of high risk cases prior to the survey. Please have available patient records on the day of survey for the following:
 - a) Deaths
 - b) Child Maltreatment/SART
 - c) Transfers to higher level of care
 - d) Unscheduled/unplanned return visits within 48 hours of discharge requiring admission or transfer to higher level of care
5. Meeting agendas and attendance rosters for the **review period** maintained for all QI meetings (dissemination of QI to all stakeholders)

MEDICAL RECORD CHART REVIEW

There will be a medical record(s) review by both EMS physician and nurse surveyor. An emergency department (ED) physician and an ED registered nurse familiar with the navigation of the electronic medical record will be required for the review along with two working computers.

Physician and nurse surveyor will select from **Attachment C-1** for the medical record review for high risk cases.

Complete **Attachment C-2** and list ED patient records (no patient identifiers) per category. Please have available ED pediatric records for each of the following categories:

1. Acute Asthma/Reactive Airway Disease
2. Dehydration and Diarrhea
3. Neonate <21 days with Fever
4. Long Bone Fractures
5. Minor Head Trauma
6. Simple Febrile Seizure



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EQUIPMENT, SUPPLIES, AND MEDICATION

Submit a locator chart or grid according to the Ref. 316, EDAP Standards

Thank you for your cooperation with the EDAP Re-Designation process. If you have any questions or need help with the application, please email me at Krodgers@dhs.lacounty.gov

Thank you in advance,
Karen

Karen Rodgers, BSN, RN, PHN, MICN, PECC

EDAP and PMC Programs Coordinator

SART Programs Coordinator

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