

3.3 STANDARDS FOR HOSPITALS

3.3.4 Standards for Special Hospitals

A. Special Hospital – Definition

Special Hospital--For the purpose of California Children's Services (CCS), a Special Hospital is a hospital licensed as an acute care hospital and meets either one or two below:

- 1 The hospital has no licensed pediatric beds, but has:
 - a. Licensed perinatal unit/service and intensive care newborn nursery (ICNN) service and meets the CCS NICU Standards as a Community NICU or an Intermediate NICU, as per CCS Manual of Procedures, Chapter 3.25; or
 - b. Licensed under special permit for rehabilitation services and meets CCS Standards as a Rehabilitation Facility.
2. The hospital provides services in a specialized area of medical care and acts as a regional referral center for that specialized type of care, e.g., eye surgery, ear surgery or burn center.

B. Special Hospital – General Requirements

1. A hospital wishing to participate in the CCS program as a Special 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. social services, Article 6, Section 70629 et seq.;
 - c. additional licensure, as appropriate for the unique services for which CCS approval is being obtained, shall be met, (e.g. Article 6, Section 70432, et seq., for Burn Center Requirements; Article 6, Section 70515 et seq. for occupational therapy service; Article 6, Section 70555 et seq. for physical therapy service).
2. The hospital administration shall enter into a written agreement with the State Children's Medical Services (CMS) Branch specifying that it will provide the unique services for which CCS approval is sought. The administration shall provide the necessary facilities, resources, and staffing to assure the provision of these services in a manner that meets CCS standards of care.
3. The hospital shall be a regional referral center for the special types of services for which CCS approval is obtained.

4. A Special Hospital without licensed pediatric beds may be approved as a Community NICU or as an Intermediate NICU if it meets the following requirements:
 - 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.
5. There shall be a formal mechanism to identify and assure that pediatric patients who require specialized care and services that are beyond the scope of services for which a Special 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.
6. There shall be an organized medical staff, which includes CCS-paneled physicians, that has overall responsibility for the quality of professional services provided by individuals with clinical privileges.
7. There shall be an organized nursing service responsible for training and supervising the nursing staff, and for ensuring the provision of appropriate nursing services to CCS-eligible clients.
8. There shall be an organized service responsible for respiratory care services. If these services are to be contracted, the personnel shall be assigned to the hospital on a full-time basis.
9. There shall be an organized social work service. If these services are to be contracted, the personnel shall be assigned to the hospital on a full-time basis.
10. There shall be an organized service responsible for providing occupational and physical therapy modalities and treatments, as appropriate, based on the special services for which the hospital is approved. Burn centers and Rehabilitation Facilities shall provide

occupational and physical therapy services. If these services are to be contracted, the personnel shall be assigned to the hospital on a full-time basis.

11. There shall be basic emergency services available in the hospital capable of providing the type of specialized care for which the hospital is applying.

C. Special 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.
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 a CCS Inpatient Special Care Center, e.g., such as a NICU or a 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 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 Special 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 3.3.4/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. Special 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, 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.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.

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. Special 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. Special Hospital -- Professional Resources and Requirements

1. Special Hospital Physician Staff
 - a. All medical care provided to CCS-eligible clients, including specialty care, shall be provided by CCS-paneled physicians with experience and formal training appropriate to treat the client's medical condition. Subspecialty care shall be consistent with the provision of the unique services for which the hospital has obtained CCS approval.
 - b. All CCS-eligible clients shall be attended on a daily basis by a CCS-paneled physician who assumes primary responsibility for coordinating care, obtaining necessary consultations, initiating all orders, relating information to parents, and assuming ultimate responsibility for therapy decisions.
 - c. The attending/admitting physician, shall be CCS-paneled, shall be available or have a physician with similar qualifications available, to the hospital, on a 24-hour basis.
 - d. Physicians on-call shall have a response time to the hospital, by telephone, within 30 minutes.
 - e. If surgical procedures are performed on pediatric patients, the anesthesiologist shall be specifically trained in pediatric physiology and techniques and have a sufficient number of patients to maintain these skills.

2. Special Hospital Nurse Staff**2.1 Special Hospital Registered Nurses**

- a. Registered nurses (R.N.s) who are assigned direct patient care shall:
 - 1) be licensed in the State of California;
 - 2) have education, training and demonstrated competency in the nursing care of infants, children, and/or adolescents, as appropriate for the specialty for which the hospital has obtained CCS approval; and
 - 3) have evidence of current successful completion of the American Heart Association (AHA) Basic Life Support or equivalent/higher course.
- b. The facility shall maintain written documentation of the qualifications and responsibilities of the R.N. staff which shall include, at a minimum, the standards of competent performance of the R.N. providing care to infants, children, and/or adolescent patients. R.N.s functioning in an expanded role shall do so under standardized procedures, in accordance with CCR, Title 16, Division 14, Article 7, Sections 1470 through 1474.

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/or adolescents.

2.2 Special Hospital Licensed Vocational Nurses

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

2.3 Special Hospital Unlicensed Assistive Personnel

- a. Unlicensed Assistive Personnel as defined by the State Board of Registered Nursing Position Statement, Unlicensed Assistive Personnel (September 1994), shall function in accordance with written policies and procedures which delineate the non-nursing task(s) the unlicensed assistive personnel is/are allowed to perform under the direction of a R.N. These non-nursing tasks shall require no scientific knowledge and/or technical skill.
- b. Staffing may include unlicensed assistive personnel, such as nursing assistants or aides, who have had training and documented competency in the non-nursing care of infants, children and/or adolescents, as appropriate for specialty for which the hospital has obtained CCS approval.
- 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. Special Hospital Respiratory Care Practitioner Staff

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

4. Special Hospital Medical Social Worker Staff

Social work services for CCS-eligible clients 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/or adolescents.

5. **Special 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.
 - 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. **Special Hospital Clinical Registered Dietitian Staff**
 - a. There shall be a clinical registered dietitian who is registered by the Commission on Dietetic Registration, American Dietetic Association, available to the service(s) providing care for CCS-eligible clients.
 - b. The clinical registered dietitian shall provide consultation on medical nutrition therapy issues to medical professionals providing care to infants, children, and/or adolescent patients and to the patients and their families.
 - c. The facility shall maintain a written job description delineating the duties of the clinical registered dietitians who provide medical nutrition therapy.

7. **Special Hospital Occupational Therapy Staff**
 - a. Inpatient occupational therapy services provided to CCS-eligible clients 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 experience with infants, children, and/or adolescent patients, as appropriate for specialty for which the hospital has obtained CCS approval.
 - 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/or 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 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 on the hospital staff.

- d. Services provided by a Certified Occupational Therapy Assistant shall be supervised by an OT who meets the above criteria.

8. Special Hospital Physical Therapy Staff

- a. Inpatient physical therapy services provided to CCS-eligible clients 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 experience with infants, children, and/or adolescent patients, as appropriate for the specialty for which the hospital has obtained CCS approval.
- b. The facility shall maintain a written job description delineating the duties of PT staff responsible for the provision of inpatient physical therapy for infants, children, and/or 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 on the hospital staff.
- d. Services provided by a physical therapist assistant shall be supervised by a PT who meets the above criteria, as per the California Business and Professions Code, Chapter 5.7, Physical Therapy Practice Act, Article 4.5, Section 2655 et seq.

G. Special Hospital -- Facilities and Equipment

- 1. The patient room arrangements shall have the capability to provide isolation and separation by age and/or sex.
- 2. 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.
- 3. There shall be space available for:
 - a. Parent waiting room;

- b. Confidential professional/family discussions; and
 - c. Team conferences, case presentations and other staff meetings.
4. An emergency cart containing age appropriate equipment, medication, and supplies needed to assure the effective resuscitation of infants, children, and/or adolescent patients, and regardless of age or body size shall be available in one designated location. The cart shall contain, at a minimum, the following items:
- a. Oxygen and equipment appropriate for its administration;
 - b. Mechanical ventilatory assistance equipment, i.e., airways and Ambu bags;
 - c. Thoracentesis and closed thoracostomy sets;
 - d. Tracheostomy sets;
 - e. Vascular cutdown sets;
 - f. Resuscitation medications and the supplies and equipment necessary for their administration; and
 - g. Laryngoscopes and endotracheal tubes.
5. The following equipment, appropriate for patients regardless of age or body size, shall also be immediately available to the patient service area:
- a. Cardiac defibrillator with synchronization capability;
 - b. Respiratory and cardiac monitoring equipment;
 - c. Tracheobronchial and gastric suction equipment;
 - d. Ventilators/respirators;
 - e. Infusion pumps; and
 - f. Portable x-ray equipment.
6. Clinical laboratory services, and the consultation services necessary to support the level of care provided, shall be available on a 24-hour basis.
7. 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.

8. Diagnostic imaging procedures and the consultation services necessary to support the level of care provided to infants, children, and/or adolescents, shall be available on a 24-hour basis.
9. 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. Special Hospital – Patient Care

1 Inpatient Services

- a. Infants, children, and/or adolescents with CCS-eligible conditions, shall be admitted to a licensed acute care bed in a CCS-approved Special Hospital, as medically necessary and appropriate.
- b. CCS-eligible clients who require transfer to a CCS-approved Tertiary Hospital or CCS-approved PICU includes:
 - 1) The CCS-eligible client with:
 - a) acute hepatic failure or
 - b) immediate dialysis requirements because of renal failure.
 - 2) The CCS-eligible client who requires any of the following:
 - a) ventilatory assistance for greater than 24-hours;
 - b) continuous administration of vasoactive, inotropic, or chronotropic agents or antiarrhythmics; or
 - c) invasive monitoring.
- c. CCS-eligible clients who require transfer to a CCS-approved Tertiary Hospital, CCS-approved PICU, or CCS-approved Burn Center, with the capability of providing necessary services shall include the following:
 - 1) children less than one year of age with burn injuries involving greater than 10 percent of body surface area; and
 - 2) children one year of age and older with burn injuries involving greater than 15 percent of body surface area.
- d. CCS-eligible clients who require cardiovascular surgery shall be transferred to a CCS-approved Regional Cardiac Center.

- e. CCS-approved Special Hospitals shall have written policies and procedures for obtaining telephone consultation with medical staff at a CCS-approved Tertiary Hospital, CCS-approved PICU and CCS-approved Special Care Centers, as appropriate. These policies and procedures shall include provisions for consultation and referral, and possible transfer of CCS-eligible clients with serious conditions that are unresponsive to treatment and require multispecialty, multidisciplinary care, or who have rare medical conditions that require specialized medical expertise.
- f. CCS-approved Special Hospitals shall have a written agreement with a CCS-approved PICU for transfer of infants, children, and adolescents requiring the services described in Section 3.3.4/H.1.b. above.
- g. The medical care of CCS-eligible clients, shall be under the direction of a CCS-paneled physician appropriately qualified to care for the specific condition.
- h. Infants, children, and/or adolescents may be admitted to a Special Hospital as medically necessary and appropriate for treatment of conditions for which the hospital is approved. CCS-eligible clients with the following conditions require immediate transfer to a CCS-approved Tertiary Hospital for further diagnostic work-up, treatment services and/or follow-up care as indicated. The conditions include:
 - 1) Complex congenital heart disease;
 - 2) Inherited metabolic disorders;
 - 3) Chronic renal disease;
 - 4) Chronic lung disease;
 - 5) Malignant neoplasms;
 - 6) Hemophilia;
 - 7) Hemoglobinopathies;
 - 8) Craniofacial anomalies;
 - 9) Myelomeningocele;
 - 10) Endocrine disorders; and
 - 11) Immunologic and infectious disorders, including HIV infection.

Inpatient and outpatient follow-up care to infants, children, and/or adolescents with conditions for which the hospital is approved may be provided by CCS-approved Special Hospitals. CCS-eligible clients with any of the conditions

listed above shall have care coordinated in conjunction with a CCS-approved Tertiary Hospital or a CCS Special Care Center team, as specified in the patient's treatment plan.

- 1) These services shall have prior authorization from either the local CCS program or CMS Regional Office, as appropriate.
 - 2) Both the Special Hospital and local/community professional staff providing care to CCS-eligible clients shall be paneled according to the standards for panel participation established by the CCS program.
 - 3) At the discretion of the local CCS program or the appropriate CMS Regional Office, certain non-paneled providers may be authorized to provide specific services in conjunction with the Special Hospital team.
- j. 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.
- k. Infants, children, and/or 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.

A Special 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.

- m. 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.
- n. There shall be pharmaceutical services available to provide:
- 1) Unit doses, parenteral solutions, and 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 patient care areas;
 - 4) Drug monitoring; and
 - 5) Professional education regarding clinical pharmacology, including individual consultation.
- o. 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 patients whose primary condition is nutritionally related (i.e. diabetes mellitus, metabolic disorders, etc.). Dietary assessments for infants, children, and/or 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 infant, children, and adolescent/adult 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 service/department providing care to infants, children, and/or adolescents and in 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 between 14 and 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 Special Hospital. These satellite outpatient services shall be CCS-approved, have medical direction provided by the sponsoring Tertiary Hospital, and shall meet the CCS core team staffing standards. In addition, the sponsoring core team shall provide consultation to local private physicians and to the satellite core team relative to teamwork activities, professional or technical assistance, clinical instruction, and patient-specific care.

3. Basic Emergency Services

- a. There shall be a physician on call and in house on a 24-hour basis, who shall have evidence of current successful completion of the Pediatric Advanced Life Support (PALS) course, the Advanced Pediatric Life Support (APLS) course, or another equivalent pediatric emergency course.
- b. There shall be a R.N. and other allied health personnel trained in cardiopulmonary resuscitation in the facility. At least one of these personnel shall have evidence of current successful completion of the PALS course, the APLS course or another equivalent pediatric emergency course.
- c. Specialists in, at a minimum, orthopedics, surgery, neurosurgery and anesthesia, shall be on-call and readily available for consultation.
- d. There shall be written policies, procedures, and protocols for infants, children, and/or adolescents seen for emergency medical services that shall include, but 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
- e. The hospital shall have written interfacility transfer and consultation agreements for infants, children, and/or adolescent patients with affiliated trauma care hospitals and other CCS-approved facilities.

I. Special Hospital -- General Policies and Procedures

1. There shall be written medical policies and procedures for identifying all cases requiring mandatory review and/or consultation by a pediatrician.
2. All written policies and procedures shall be updated every three years 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 patient's 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.
3. 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.
4. There shall be written policies and procedures describing the types of patients who require 24-hour in-house coverage by a CCS-paneled physician.
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 infants, children, and adolescents.
7. There shall be written hospital-wide policies and procedures for infection surveillance, prevention, and control for all patient care services/departments.
8. There shall be written policies and procedures to coordinate patient transfer and transport from, to, and within the hospital.
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/or 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, and/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.
- 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 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 infant, child or adolescent's hospitalization and the infant, child, or 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 adolescent 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 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 occupational therapy services that include the following:
 - a. Use of standardized evaluation tools;
 - b. Use of therapeutic equipment;
 - c. Use of various therapeutic modalities;
 - d. Supervision of patients and behavioral management of patients during treatment;
 - e. Patient 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 physical therapy services that include the following:
 - a. Use of standardized evaluation tools;
 - b. Use of therapeutic equipment;
 - c. Use of various therapeutic modalities;
 - d. Supervision of patients and behavioral management of patients during treatment;
 - e. Patient 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 documenting the health care team's active involvement with the patient's family in planning for the patient's health care needs, including the collaboration, support, and presence of the immediate family/caretaker.

J. Special Hospital – Discharge Planning Program

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 team members providing care to infants, children, or adolescents and communication with the primary care physician in the local community, community

agencies, CCS programs, CCS Special Care Centers, Medical Therapy Units (MTUs), Medi-Cal In-Home Operations Unit, and Regional Centers whose services may be required and/or related to the care needs of the patient after hospital discharge.

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

K. Special Hospital – Quality Assurance and Quality Improvement

1. There shall be an ongoing quality assurance program specific to the patient care activities in the facility 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 care to infants, children, and/or adolescents and which shall include identified pediatric and/or adolescent-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 CCS-eligible clients.
5. There shall be current medical references which are accessible to staff on a 24-hour basis.
6. There shall be nursing policy and procedure manuals with specified sections related to infants, children, and/or adolescents that are updated every three years and are reviewed and signed every three years by nursing management.
7. The hospital shall have orientation and continuing education programs which will include, but not be limited to:
 - a. An orientation program for all newly hired professionals who will be providing care to CCS-eligible clients 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/or 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.