

LAC+USC MEDICAL CENTER

PEDIATRIC EMERGENCY DEPARTMENT

SCOPE OF SERVICES

Department Purpose

The Pediatric Emergency Department is an important component of the continuum of care for children in the LAC+USC Medical Center. Diagnostic and therapeutic services are available 24 hours a day for unforeseen medical and surgical conditions and mental disorders, which if not promptly treated, would lead to marked suffering, disability, or death. The Pediatric Emergency Department also provides after hour urgent care and follow up care to include but not limited to treatments/procedures in collaboration with clinic visits. The level of service is comprehensive with emergency or pediatric/pediatric emergency physicians on duty 24 hours per day and in-house capabilities for managing all medical and surgical situations on a definitive and continuing basis.

Type & Ages of Patients Served

The Pediatric Emergency Department provides comprehensive care to pediatric and young adult patients (newborn through 20 years of age) with medical, surgical, and/or psychosocial problems. Diseases processes commonly cared for include, but not limited to, shock, minor trauma, foreign body aspiration, toxic ingestion, appendicitis, respiratory distress/failure, congenital heart disease, diabetic ketoacidosis, renal failure, meningitis, fever, asthma, seizure disorders, oncology/hematology disorders, potential/actual child abuse, and various psychiatric disorders. The community served is of low socioeconomic status and the clients' primary language is Spanish. Patients and families are provided with essential instructions, education, appropriate referrals, and follow-up care, as indicated by individual needs. Plan of care incorporates cultural and religious beliefs, socioeconomic factors, and psychosocial state of each client.

Method Used to Access Patient Needs

A collaborative interdisciplinary approach is used to meet the needs of the patient and family, which includes assessment of the patient's, age and developmental factors. The interventions are based on methods used to promote effective outcomes for the patient, which includes parents' participation in the care. Referrals and community resources are made available to each and every client to ensure appropriate healthcare and access for continuum of care is provided with each visit. This approach provides the client and families with a clear understanding of diseases processes, treatment needed, and future care. Adequacy of service is evaluated through QA/QI processes to ensure quality of service.

Scope of Services & Complexity of Care

The Pediatric Emergency Department is a 14-bed emergency care area, located on the first floor of the Diagnostic and Treatment Building, which consists of a patient waiting area, triage room, 14 individual examination rooms, which includes two with isolation capabilities, a 2-bed treatment room, and a 3-bed area designated specifically for resuscitation. The purpose of the department is to evaluate and provide treatment for acute injuries and illnesses with interventions and stabilization in a timely manner.

The staff provides immediate, emergent, urgent, semi-urgent and non-urgent care to neonates, infants, toddlers, school-aged children, adolescents and young adults with consideration and emphasis on their developmental stage, chronological age, and mental capabilities. Interventions are geared for comfort, pain control, diagnostic and/or therapeutic measures.

Reviewed/Refreshed: January 2005; October 2008; January 2011; November 2012; January 2016; June 2020

Approved: August 2020

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Nursing collaborates with the medical director, attending physician, and senior resident regarding patient conditions and issues with patient flow that do not meet specific criteria for the Pediatric Emergency Department. An array of patient services is available for patient diagnosis and treatment that include, but are not limited to, radiology, laboratory, blood bank, surgery, and mental health, social services and specialty consultation.

Volume & Quality Control Indicators

- Number of ED Visits
- Door to Provider Time
- Median Boarding Time
- Length of Stay
- Left Without Being Seen
- Assessment and Reassessment Documentation
- Pain Compliance

Performance Improvement Indicators

- Patient Experience
- Patient wait-times
- Intubations
- Clinical Alarms

Recognized Standards

Services and functions developed and implemented are consistent with applicable regulatory and advisory agency standards. The Department follows the guidelines, standards, and recommendations of the following regulatory agencies, and professional organizations to include but not limited to: Joint Commission; CMS; DHS; Title 22; EMS EDAP standards; OSHA, The American Board of Emergency Medicine, the American College of Emergency Physicians, American Academy of Pediatrics, Board of Registered Nurses; Emergency Nurses Association.

Availability of Necessary Staff

The unit operates 24 hours a day, 7 days a week. The Medical Director/Department Director is responsible for the staffing of physicians, attending and residents in accordance with mandatory licensing standards and/or guidelines. She/he is responsible for the performance and quality of care provided by medicine staff. The nursing and clerical staff reports to a Nurse Manager/Supervisor who works collaboratively with the Medical Director of the Pediatric Emergency Department. The Nurse Manager is responsible for staffing according to standards appropriate to the patient population and the care that is required for those patients. She/he is responsible for the quality of nursing care provided and for the performance of assigned staff. Registered Nurses who provide care in this unit have completed the required training/orientation process specific to pediatric emergency nursing and are certified in Pediatric Advance Life Support through the American Heart Association, whereas specific competencies and assessments of their professional level/job descriptions have been met. Attending Physicians, Residents, Physicians Assistants, Medical Students, Registered Nurses, Licensed Vocational Nurses, and Nursing Attendants provide patient care, in addition support for the primary healthcare team is provided by Clerical Staff and Social Workers.

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