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## Measures Associated with Facility Recognition

### The Illinois EMSC Facility Recognition Program

Since 1998, over 100 hospitals in Illinois have received recognition by the Illinois Department of Public Health and Illinois Emergency Medical Services for Children (EMSC) for having the essential resources and capabilities in place to meet the emergency needs of seriously ill and injured children. Illinois Administrative Code 77, Subpart J, Sections 515.4000 and 515.4010, define specifically the criteria associated with facility recognition.

Hospitals can apply for one of three levels of voluntary recognition. Hospitals with a dedicated pediatric intensive care unit and pediatric inpatient specialties and capabilities can apply for the Pediatric Critical Care Center (PCCC) level. Facilities that provide comprehensive emergency services can seek recognition as an Emergency Department Approved for Pediatrics (EDAP). The Standby Emergency Department for Pediatrics (SEDP) recognition is available for hospitals that provide stabilization measures and that have transfer guidelines in place when more definitive care is needed. Note that facilities applying for the PCCC level must also meet EDAP standards.

Hospitals seeking this voluntary designation receive a site visit by the EMSC program staff to verify that the Emergency Department is capable of meeting the following key pediatric emergency care standards:

- Professionals specially trained in pediatric emergency care;
- Adequate staffing and provisions for pediatric consultation and backup to support provision of pediatric emergency care services;
- Availability of essential pediatric equipment, supplies and medication;
- Implementation of protocols addressing treatment of the abused child, of critically ill and injured children and of those children requiring transfer to a specialized care center; and
- Inclusion of pediatrics into emergency services quality improvement activities.

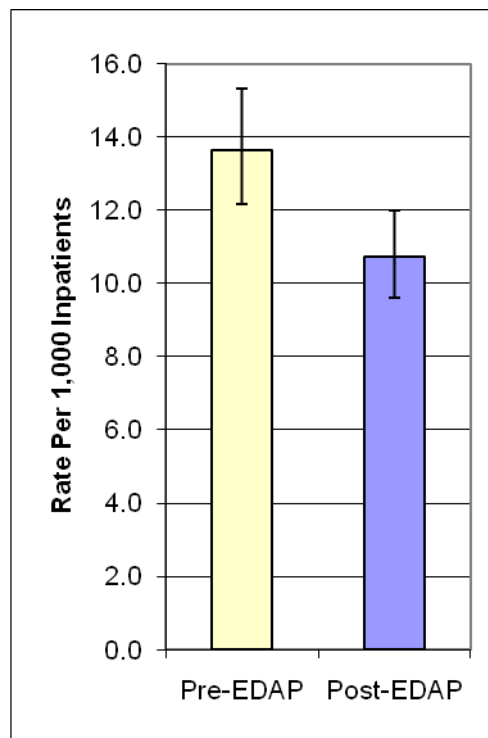
### Measures of Effectiveness

In an effort to evaluate effectiveness associated with the facility recognition program, inpatient discharge data obtained from the Illinois Hospital Association were evaluated. Specifically, mortality rates per 1,000 inpatients were calculated for 0-15 year olds who were admitted from the Emergency Department for injury.

To conduct a pre- and post-EDAP comparison, records were restricted to facilities that obtained recognition as an EDAP facility between the years of 1994 and 2009. This includes PCCC facilities because they meet EDAP standards.

As shown in Figure 1, using this approach, the post-EDAP mortality rate was 10.7 per 1,000 inpatients, significantly lower than the pre-EDAP rate of 13.6 deaths per 1,000 inpatients ( $p < 0.01$ , Pearson Chi-Square). Decreases in mortality can likely be attributed to multiple factors, one of which may be the increased awareness and attention to pediatric emergency care needs emphasized through the facility recognition process.

**Figure 1. Mortality Rates per 1,000 Inpatient Injury-Related Admissions from the ED, 0-15 Year Olds, 1994-2009**  
 (Note: Records were restricted to facilities participating as EDAP)



Pre-EDAP			Post-EDAP		
Patients	Deaths	Rate	Patients	Deaths	Rate
21,249	290	13.6	29,875	321	10.7

Data Source: Illinois Hospital Association

Notes: Records for all available years (1994-2009) were used, restricted to facilities participating in facility recognition at the EDAP level.

Error bars represent 95% confidence intervals.