MEMBERSHIP APPLICATION

Facility Name:	
Address:	
City, State, Zip:	
Contact Name:	
Contact Phone and Email:	
Chief Administrator:	
Medical Director of Emergency Services *(Advanced Only)*: **or Primary Contact**	

NOTE
PEDIATRIC PREPARED EMERGENCY CARE IS NOT A FACILITY LICENSING OR ACCREDITATION PROGRAM

Facility accredited and/or licensed by (check all that apply below)

Joint Commission HSAT
DNV State of Arizona
Other (specify)

Annual Membership Fee Schedule

☐	*Pediatric Prepared Care*	*$1,500*
☐	*Pediatric Prepared Plus*	*$2,000*
☐	*Pediatric Advanced Care*	*$2,500*
☐	*Critical Access Hospital/IHS/Tribal facility*	*$ 500*

Membership fee payable to AzAAP – Pediatric Prepared Emergency Care
Hospitals must plan for certification within 1 year of membership.
Please complete the attached voluntary survey to assist with program planning.

ATTESTATION:
All facts contained herein are true and correct to the best of my knowledge.

Signature – Emergency Department Medical Director:	**Date:**
Signature – Emergency Department Nurse Manager:	**Date:**
Signature – Emergency Department Administrator:	**Date:**

PEDIATRIC PREPARED EMERGENCY CARE

ARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
2600 NORTH CENTRAL AVENUE SUITE 1860 PHOENIX, ARIZONA 85004
P: (602) 532-0137 • F: (602) 532-0139 • WWW.AZAAP.ORG

MEMBER SURVEY

FOR PROGRAM INFORMATION AND PLANNING ONLY

Please respond to the following survey questions. This information will be used for program planning purposes, to target education offerings, and as compilation data to gain outside support for continued efforts to improve the quality of emergency care for children. All responses are voluntary. Individual responses will be kept confidential; no hospital-specific information will be released.

PERSONNEL

<u>Physician Staff</u>:

1. Number of ED Physicians on Staff: _____

2. Number of ED Physicians Board Certified in Pediatric Emergency Medicine: _____

3. Number of ED Physicians Board Certified in Emergency Medicine: _____

4. Number of ED Physicians Board Certified in Pediatrics: _____

5. Number of ED Physicians Board Certified in Family Practice: _____

6. Number of ED Physicians Board Certified in other specialties: _____

   Please list what they are:
   Attach additional documentation if necessary

<u>Other Provider Staff:</u>

1. Number of FTE Advanced Practice Nurses on ED Staff: _____

2. Number of FTE Advanced Practice Nurses assigned to pediatrics only (if applicable): _____

3. Number of FTE Advanced Practice Nurses certified in Emergency Medicine: _____

4. Number of FTE Advanced Practice Nurses Certified in Pediatrics: _____

5. Number of FTE Advanced Practice Nurses Certified in Family Medicine: _____

6. Number of FTE Physician Assistants on ED Staff: _____

7. Number of FTE Physician Assistants assigned to pediatrics only (if applicable): _____

<u>Nursing Staff:</u>

1. Number of FTE Registered Nurses on ED Staff: _____

2. Number of FTE Registered Nurses assigned to pediatrics only (if applicable): _____

PediatricPrepared
Emergency Care
meeting the emergency needs for Arizona's children

THE AMERICAN ACADEMY OF
PEDIATRICS
ARIZONA CHAPTER

3. In the past 12 months, how many emergency department nurses have completed:
PALS: _____
APLS: _____
ENA-ENPC: _____

4. Does the emergency department have a designated pediatric nurse coordinator? (Pediatric nurse coordinator facilitates pediatric quality improvement activities and ensures pediatric-specific credentialing for staff, and oversees other pediatric training and care activities.)
    Yes (if yes, give name): _____
    No

5. Describe the emergency department nurse pediatric continuing education program (i.e. frequency, needs assessment techniques, evaluation techniques, topics, etc.):
Attach additional documentation if necessary.

QUALITY IMPROVEMENT
1. What forums do you have to discuss pediatric emergency care? **Briefly** describe how reviews of pediatric emergency visits are accomplished for quality improvement purposes (i.e., frequency, criteria for case selection, reviewers, etc.).
Attach additional documentation if necessary.

DEMOGRAPHICS
1. ED visit volume in past calendar year: _____

2. % volume that is pediatrics: _____
Please explain institution policy on defining pediatrics (ages 0-14 yrs; 0-18 yrs, etc.):

3. Number of pediatric admissions from ED in past calendar year: _____

4. Number of pediatric transfers:
_____ in to ED
_____ out of ED

5. Race/Ethnicity of ED visitors ages 0-18 yrs (use categories as defined by institution policy):
Attach additional documentation if necessary.

6. Payer mix (use categories as defined by institutional policy):
Attach additional documentation if necessary.

REFERENCES

Description of Essential Criteria for Pediatric Advanced Emergency Department for Infants and Children – AzAAP, 12/16
Description of Essential Criteria for Pediatric Prepared Plus Emergency Department for Infants and Children – AzAAP, 12/16
Description of Essential Criteria for Pediatric Prepared Emergency Department for Infants and Children – AzAAP, 12/16