Information about hospital and healthcare organisation

- 1. Email address *
- 2. Hospital, name and country
 - Mark only one oval.
 - SMH, Londen, UK
 - LIV, Liverpool, UK
 - UNEW, Newcastle, UK
 - EMC, Rotterdam, the Netherlands
 - NKUA, Athens, Greece
 - SERGAS, Santiago de Compostela, Spain
 - RUMC, Nijmegen, the Netherlands
 - MUG, Graz, Austria
 - RSU, Riga, Latvia
 - LMU, München, Germany
 - UKCL, Ljubljana, Slovenia
- 3. What is the upper age limit in years at your ED defined as paediatric? *Mark only one oval.*

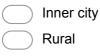
16		
18		
Other:		

4. Catchment area

Number of pediatric inhabitants

5. Patient population in your setting

Mark only one oval.



) Mixed

6.	Socioeconomic status of the population in the adherence area
	Mark only one oval.

	Generally high
	Generally low
	Mixture of high and low SES
	Other:
7.	Type of hospital <i>Mark only one oval.</i>
	Academic
	Teaching

- Non-teaching
- 8. Does your setting offer tertiary paediatric services (e.g. specialist consultants)? *Mark only one oval.*

\subset	$\Big)$	Yes
\subset)	No

- 9. Please specify
- 10. Number of paediatric emergency visits annually
- 11. Number or percent of hospital admissions annually from the paediatric emergency department
- 12. Total number of inpatient beds for paediatric patients (medical and surgical combined) at your hospital
- 13. Is there a paediatric ICU at your hospital? *Mark only one oval.*

\subset	\supset	Yes
		No

14. Type of triage system used

Mark only one oval.

MTS	
CTCS	
ESI	
None	
Local system	
Other:	

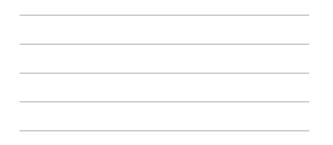
15. Is the emergency department in your hospital mixed adult and pediatric ED or an ED with pediatric patients only?

Mark only one oval.

Mixed

Paediatric only

16. Comments



Physicians and referrals

17. During office hours the first medical person assessing a febrile child visiting the ED is a resident

Mark only one oval.



18. During office hours a febrile child is reviewed by or discussed with a senior doctor *Mark only one oval.*



19. During office hours what is the background of the person in charge of a febrile child visiting the ED?

Check all that apply.

Paediatrician
Emergency physician
Pediatric emergency physician
Other:

20. During office hours a supervising specialist is available for

Mark only one oval.

Direct Supervision – the supervising physician is physically present onsite with the resident and patient.

Indirect Supervision: (I) with direct supervision immediately available – the supervising physician is physically within the hospital and is immediately available to provide Direct Supervision.

Indirect Supervision: (II) with direct supervision available – the supervising physician is not physically present within the hospital or other sites of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision in person within 20-30 minutes at all times.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

21. During out-of-office hours (evenings, nights, weekends) the first medical person assessing a febrile child visiting the ED is a resident

Mark only one oval.



22. During out-of-office hours a febrile child is reviewed by or discussed with a senior doctor

	1	2	3	4	5	
never	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	always

23.	During out-of-office hours what is the background of the person in charge of a febrile
	child visiting the ED?

Check all that apply.

Paediatrician%
Emergency physician%
Pediatric emergency physician%
Other:

24. During out-of-office hours a supervising specialist is available for:

Mark only one oval.

Direct Supervision – the supervising physician is physically present onsite with the resident and patient.

Indirect Supervision: (I) with direct supervision immediately available – the supervising physician is physically within the hospital and is immediately available to provide Direct Supervision.

Indirect Supervision: (II) with direct supervision available – the supervising physician is not physically present within the hospital or other sites of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision in person within 20-30 minutes at all times.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

25. Comments

Primary care and emergency services

26. Which of the following pre-hospital emergency services are available in your catchment area

Multiple answers possible *Check all that apply.*

Telephone consultation service (e.g. 111 in the UK)
General practitioners
Primary care paediatricians
Out-of-office GP / primary care service
Urgent care centres (usually run by nurse practitioners or non-paediatric doctors)
None
Other:

27. What is approximately the percent of self-referrals visiting the ED?

Mark only one oval.

\bigcirc	< 5%
\bigcirc	5 - 10%
\bigcirc	10 - 20%
\bigcirc	20 - 50%
\bigcirc	50 - 75%
\bigcirc	> 75%

28. The majority of children visiting the ED has a primary care physician *Mark only one oval.*



29. The primary care physician most often is a:

Mark only one oval.



30. Primary care physicians deliver acute primary care during office hours in the adherence area of your ED



31. Primary care physicians deliver acute primary care during out-of-office hours in the adherence area of your ED

Mark only one oval.

\subset	\supset	Yes
\subset	\supset	No

32. Patients officially need a referral from their primary care physician to attend the ED *Mark only one oval.*

\subset	\supset	Yes
\subset	\supset	No

33. Comments

Implementation of delidelines and immunization

34. Which paediatric guidelines are implemented at your hospital

Mark only one oval per row.

	NICE	National	Local	None
Children with fever	\bigcirc	\bigcirc	\bigcirc	$\bigcirc \bigcirc$
Respiratory tract infections	\bigcirc	\bigcirc	\bigcirc	$\bigcirc \bigcirc$
Urinary tract infections	\bigcirc	\bigcirc	\bigcirc	$\bigcirc \bigcirc$
Sepsis/meningitis	\bigcirc	\bigcirc	\bigcirc	$\bigcirc \bigcirc$

35. National immunization coverage %

36. Which vaccines are part of the standard national immunization schedule that is provided to all children?

Check all that apply.

Diptheria, Pertussis, Tetanus, Polio
Measles, mumps & rubella (MMR)
S.Pneumoniae / pneumococcal (PCV) (please specify in next question)
Haemophilus influenzae type B (HIB)
N. Meningococcus (please specify in next question)
Hepatitis A
Hepatitis B
Rotavirus
Influenza
Tuberculosis (TBC)
Tick-borne encephalitis (TBE)
Varicella
Other:

37. Which pneumococcal immunization is part of the standard immunization schedule? *Check all that apply.*

13 subtypes
23 subtypes
10 subtypes
Other:

38. Which meningococcal immunization is part of the standard immunization schedule? *Check all that apply.*

Men B
Men C
Men ACWY
Other:

39. Comments



Specialists

40. Is there a paediatric haematology / oncology department at this hospital? *Mark only one oval.*

C	\supset	Yes
	\supset	No

- 41. How many patients with haematological malignancies are diagnosed on a yearly bases?
- 42. How many patients with haematological malignancies are in treatment on a yearly basis?
- 43. How many episodes of febrile neutropenia are seen on an annual basis?
- 44. Is there a paediatric rheumatology department at this hospital? *Mark only one oval.*
 - Yes
- 45. How many patients are seen with autoinflammatory diseases on an annual basis?
- 46. How many patients are on biologicals on an annual basis?

47. Comments

48. Is there a paediatric stem cell transplant unit at this hospital? *Mark only one oval.*

wark only one oval.

Yes Skip to question 48.

 \bigcirc

Skip to question 54.

Skip to question 54.

Stem cell patients

No

- 49. How many patients are being transplanted with a stem cell transplant on a yearly basis?
- 50. How many are haematology oncology?
- 51. How many are primary immunodeficiencies?
- 52. How many are other (e.g. autoimmune)?
- 53. How many episodes of suspected infection in stem cell patients are seen on an annual basis?
- 54. Comments

Quality control variables - General characteristics

55.	Are	all	patients	at your ED registered?	

Mark only one oval.

	 Yes No, please specify below 	
56.	Please specify	
		-
		-
		-
57.	Do some patients go to the ICU directly with Mark only one oval.	nout being seen at the ED?
) Yes	
	No	
58.	If yes, please specify how often this happer	is and which patients go directly to ICU
		-
		-
		-
59.	Who usually performs the initial triage? Mark only one oval.	
	Triage nurse	
	General nurse	
	Nurse practitioner / physician assistant	
	Physician	
	Student	
	Other:	
60.	Can vital signs be estimated as normal inst appearing child)?	ead of measured (for example in a well

\square	$\Big)$	Yes
\square)	No

61. Comments

Data registration

62. How are the following items registered?

Mark only one oval per row.

	Paper chart	Electronic chart	
History and physical examination			\bigcirc
Vital signs			\bigcirc
Diagnostic tests (e.g. labs, imaging)	\bigcirc	\bigcirc	\bigcirc
Treatment (e.g. oxygen, medication)	\bigcirc	\bigcirc	\bigcirc
Immediate life saving interventions (e.g. intubation)		\bigcirc	\bigcirc
Working and final diagnosis			\bigcirc
Patient progress (admission, follow-up)	\bigcirc	\bigcirc	\bigcirc

63. Are diagnostic tests recorded in the chart during the ED stay?

Mark only one oval.

\bigcirc	Yes, automatically
\bigcirc	Yes, manually during the ED visit
\bigcirc	No, manually after the ED visit
\bigcirc	No, not at all
\bigcirc	Other:

64. Are diagnostic tests recorded in the chart complete?

\bigcirc	Yes	
\bigcirc	No	
\bigcirc	Other:	

65. Is treatment (e.g. oxygen, antibiotics), recorded in the chart during the ED stay? *Mark only one oval.*

) res, automatically	\supset	Yes,	automatically	,
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- Yes, manually during the ED visit
- No, manually after the ED visit
- No, not at all
- Other:

66. Is treatment that is recorded in the chart complete?

Mark only one oval.

Yes	
◯ No	
Other:	

67. Are immediate life saving interventions (e.g. intubation), recorded in the chart during the ED stay?

Mark only one oval.

\bigcirc	Yes, automatically
\bigcirc	Yes, manually during the ED visit
\bigcirc	No, manually after the ED visit
\bigcirc	No, not at all
\bigcirc	Other:

68. Are immediate life saving interventions that are recorded in the chart complete? *Mark only one oval.*

\bigcirc	Yes
\bigcirc	No
\bigcirc	Other:

69. Are patient outcome and follow-up recorded in the chart during the ED stay? *Mark only one oval.*

Yes, automatically
Yes, manually during the ED visit
No, manually after the ED visit
No, not at all
Other:

70. Is patient outcome and follow-up that is recorded in the chart complete? *Mark only one oval.*

Yes		
O No		
Other:		

71. Comments

Diagnostics (e.g. labs, imaging)

72. Is temperature measured routinely in all febrile children

Mark only one oval.

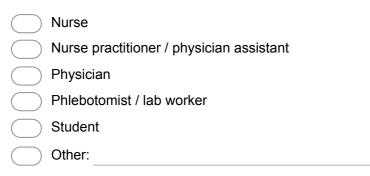
	Yes	
\bigcirc	No	
\frown	Other:	

73. How is the temperature measured in general?

Mark only one oval.

Oral
Rectal
Tympanic (ear)
Axillary
Temporal (forehead)
Other:

74. Who usually takes finger prick / finger stick blood samples (e.g. for blood sugar)? *Mark only one oval.*



75. Who usually takes venous blood samples?

Mark only one oval.

\bigcirc	Nurse
\bigcirc	Nurse practitioner / physician assistant
\bigcirc	Physician
\bigcirc	Phlebotomist / lab worker
\bigcirc	Student
\bigcirc	Other:
76. Who	usually takes swabs/NPAs (nasopharyngeal aspirate)
	usually takes swabs/NPAs (nasopharyngeal aspirate) only one oval. Nurse
	only one oval. Nurse
	only one oval.
	only one oval. Nurse
	only one oval. Nurse Nurse practitioner / physician assistant
	only one oval. Nurse Nurse practitioner / physician assistant Physician

77 rtment?

Multiple answers possible Check all that apply.

	Blood sugar
	Urinalysis
	NPA (nasopharyngeal aspirate) for respiratory virus
	Blood gases / lactate
	CRP
\square	Other:

78. If NPA for respiratory virus is available, please specify

79. Comments

Patient outcome and follow-up

80.	Who documents the working diagnosis at the end of the ED visit?
	Mark any and aval

Mark only one oval.

physician
nurse

81. Is hospitalization > 24 uur mainly (> 90 %) for medical reasons ?
Mark only one oval.

Yes
No
Other:

82. Are children admitted to the ward if the stay at the ED takes longer than advised by triage guidelines?
Mark only one oval.

Yes
No

83. How long are children allowed to stay at the ward until guidelines state that they have to be admitted?

Other:

84. Please specify which are reasons for ICU admission at your hospital *Check all that apply.*

Continuous monitoring of vital signs
Non-rebreathing mask
High flow oxygen such as optiflow
Non-invasive ventilation
Mechanical ventilation
Tracheal cannula
Use of inotropes
Not enough beds at the regular departments
Use of a central line (for treatment other than inotropes)
Continuous intravenous antiepileptic drugs
Other:

85. How often are paediatric patients admitted to the PICU for other reasons (e.g. not enough beds at the regular department)

Mark only one oval.

	1	2	3	4	5	
very infrequent	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	very frequent

86. Is mortality at ED reported in the patient ED file?

Mark only one oval.

\bigcirc	Yes				
\bigcirc	No				
\bigcirc	Other:				

87. If patient characteristics, diagnostics, treatment or outcome are recorded retrospectively in the chart, what could be a reason for this?

Check all that apply.

Urgency of the patient
ED crowding
Other:

88. Comments.

