

#	Measure	Numerator	Denominator	IOM Quality Domain	Donabedian Framework	Diagnosis Category	Measure Level*	Required Data Elements	Notes /Reference
* (A) Individual Clinician or Group of Clinicians (e.g. nurses, residents, attendings, fellows); (B) Facility (ED); (C) System-Wide Measure									
Emergency Department Infrastructure and Personnel									
2.1	Physician/Advanced Practice Nurse staff hours per presentational case mix	Total number of physician/Advanced Practice Nurse hours of staffing per week. Weight hours: Each Licensed Independent Practitioner hour = 1 Each trainee hour = 0.5	Number of visits per week. Weight each visit by CPT code: 99285 = 5 points 99284 = 4 points 99283 = 3 points 99282 = 2 points 99281 = 1 point Critical care = 5 points/30 minutes	Effective, Safe, Efficient	Process	General	B	Unique visit identifier CPT evaluation and management code MD staffing hours	
2.2	Nursing Staff Hours per presentational case mix	The formula utilizes the following six factors, which form the basis for determining appropriate staffing requirements: (1) patient census (# of patients for each facility level); (2) patient acuity (facility level CPT code); (3) patient length of stay (again for acuity level); (4) nursing time for nursing interventions and activities by patient acuity; (5) skill mix for providing patient care based on nursing interventions that can be delegated to a non-registered nurse; and (6) an adjustment factor for the non-patient care time included in each FTE. To generate an adjustment factor, data on total # of hours of Paid Benefit Time for all RNs over 12 months, Annual Average Number of Paid Educational Hours for one RN, and Total # of paid hours for all RNs (12 months) are needed.	N/A	Effective, Safe, Efficient	Process	General	B	Unique visit identifier CPT evaluation and management code RN staffing hours RN paid time off hours RN paid educational hours per year	-Based upon ENA staffing guideline formula -Compare calculated (or expected) nursing FTEs per year with actual nursing FTEs for the same year
2.3	Pediatric equipment in the ED	Presence of all necessary equipment for the care of pediatric patients as defined by AAP/ACEP (100% of all recommended equipment); report as Yes or No	N/A	Effective, Safe	Structure	General	B		-Drawn from "Policy Statement—Guidelines for Care of Children in the Emergency Department"; Annals of Emergency Medicine and Pediatrics, October 2009: APPENDIX 2:
2.4	Ongoing assessment of pediatric competencies for physician and nursing staff	Policy in place for continued assessment of pediatric provider competency (Y/N)	N/A	Effective, Safe	Process	General	A, B		-From ACEP/AAP: Joint Policy Statement Guidelines for Care of Children in the Emergency Department. Pediatrics, 9/22/09 -Baseline and periodic competency evaluations completed for all ED clinical staff, including physicians, are age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special health care needs. -Competencies are determined by each institution's medical staff privileges policy.

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Emergency Department Infrastructure and Personnel									
2.5	Physician Board Certification	Number of physician staff certified in Emergency Medicine (ABEM) or Pediatric Emergency Medicine (ABEM or ABP)	Total number of physicians on staff	Effective, Safe	Structure	General	A, B	Number of MD on staff Number of MD certified in EM or pediatric EM	
2.6	Continuing Education in pediatric emergency topics	Total # CME/CEU credits annually related to pediatric emergency topics for all physicians, advanced practice and staff nurses	Total number of physicians, advanced practice and staff nurses	Effective, Safe	Process	General	A, B	Number of staff (MD/RN) Total number of CME/CEU credits related to pediatric EM	
2.7	Pediatric competencies and simulation training	Number of physicians, advanced practice nurses and staff nurses who participate in teamwork training in a simulated environment involving pediatric topics each year	Total number of physicians, advanced practice and staff nurses	Effective, Safe	Process	General	A, B	Number of staff (MD/RN) Number of staff participating in simulations	
2.8	Presence of on-site pediatric coordinator(s)	a. Presence of a physician pediatric coordinator b. Presence of a nurse pediatric coordinator c. Presence of both a physician and a nurse pediatric coordinator	N/A	Effective, Safe, Patient-Centered	Structure	General	B		-Definitions of coordinators drawn from "Policy Statement—Guidelines for Care of Children in the Emergency Department": Annals of EM and Pediatrics, October 2009: