

Hospital CPS Discharge Policy Project

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DEDICATED TO THE HEALTH OF ALL CHILDREN™



Project Supporters/Instigators

- Pam Holt
- Ann Brunzell
- NHTSA – Carole Guzzetta
- National Safety Council – Deb Trombley



1st Meeting, December 2007

- Determined scope of effort
 - Discharge of children admitted to the hospital
 - Entire pediatric age range
 - Except children with special transportation needs (for now)



1st Meeting



- Planned work product
 - Recommended components of discharge policy
 - Persuasive pieces for different audiences
 - Sample policies and information about implementation
 - Evidence
- Need to know what hospitals do now

2008: Planning and Preparation



- Evidence report
- Case studies methodology
- Hospital survey methodology
- Policy and advocacy options
- Interaction with CPS community

Evidence Report



- Addressed 12 questions, developed by planning group
- There's lots of information out there
- But some questions can't be answered yet

Evidence Report



1. Why should hospitals care about child passenger safety? Why is child passenger safety important?
 - Remember hospital administrators may not realize MVCs are leading cause of death, CSSs work, etc.

Evidence Report



2. What can hospitals do regarding child passenger safety? What approaches have hospitals adopted to discharge policy and documentation? How many other hospitals are already doing this? Are these efforts effective?

Evidence Report



- Educational intervention in NE led to increases in hospitals with discharge policies for newborns, CPS education, and loaner/giveaway programs
- Survey of MI hospitals
 - Majority have no formal policy
 - Policies are limited in scope
 - Enforcement is variable
 - Some education in majority of hospitals
 - Liability concerns make hospitals cautious
 - Few CPSTs but lots of interest
- Education/loaner programs can result in increased use

Evidence Report



3. How much does it cost hospitals to address child passenger safety? Are child passenger safety efforts reimbursable? Are there billing codes that can be used for child passenger safety activities? Are there ways for car safety seats to be considered medical equipment?

Evidence Report



- Medicaid-funded disbursement/education program would be as cost-effective as vaccines
- AAP policy recommends insurance cover CSSs


Evidence Report



4. What resources are available to help hospitals set up child passenger safety policies or programs? What resources are available to help sustain these efforts? How do hospitals connect, both formally and informally, to child passenger safety resources in their communities (e.g., local Child Passenger Safety Technicians)?

- Technicians, Technicians, Technicians


Evidence Report



5. How can hospitals benefit by addressing child passenger safety?

- Marketing
- Community benefit


Evidence Report



6. By addressing child passenger safety, do hospitals expose themselves to additional liability? How can that risk be managed? Has any hospital been sued for a child passenger safety-related claim? Which has greater potential liability—doing nothing or doing something to address child passenger safety? What are the legal implications of sending a child home unrestrained or improperly restrained? What if the family signs a waiver? How do the liability implications differ based on the services provided (i.e., education vs. installation)?

- Only 1 lawsuit found

Evidence Report



7. Are there currently any legal or accreditation requirements for hospitals to address child passenger safety?

- CA law
 - CPS education required for discharge of children < 6 years or < 60 lb.
 - Hospitals must have written CPS education policy

Evidence Report



8. Who at the hospital should be involved in child passenger safety (education, installation, testing)? What training do they need to have? What models of care exist? What are the expectations for staff instructions to parents? Who should lead child passenger safety efforts at the hospital?

- Too many variations to answer well
- Technicians, Technicians, Technicians

Evidence Report



9. Can child passenger safety be addressed differently in different hospital systems models (e.g., integrated health systems)?

- No good information
- Pay-for-performance?

Evidence Report



10. How many infants and children would be affected if hospitals addressed child passenger safety as part of discharge?

- > 4 million births/year
 - 8.1% low birth weight (< 5.5 lb)
- 2.3 million hospital discharges/year of children < 15 years (excluding newborns)
- 7569 hospitals

Evidence Report



11. How can hospitals decide which patients a child passenger safety discharge policy should cover? What age patients should be included? Should policies address only children with special health care needs or all children? Should staff coverage be provided at all times, or should services be offered only during certain hours? Can an institution phase in child passenger safety activities or must all children be included at once? What are the implications for equity in provision of care?

- Address normal business hours first

Evidence Report



12. What special considerations are there for transporting newborns?

- Too many to go into now
- Special announcement...

Case Studies Questions



1. Why do hospitals choose to address child passenger safety, and how do they choose what approach to take?
2. Who has what responsibilities in developing and implementing hospital CPS discharge policies?
3. What resources (financial, personnel, other) are needed to develop and implement hospital CPS discharge policies, and where do the resources come from?
4. How do hospitals manage risk while addressing child passenger safety and discharge?
5. What barriers do hospitals encounter in developing and implementing hospital CPS discharge policies, and how are those barriers overcome?
6. How do hospitals select the target population for CPS discharge policies? How do hospitals select which areas of the hospital are covered by CPS discharge policies?

Case Studies



- 10 hospitals
- Interviews with up to 5 individuals each
- Overall summary
- Narrative summary for each hospital

Hospital Survey Questions



1. The proportion of US hospitals that have CPS discharge policies and the characteristics of hospitals associated with having such policies
2. The most common features of CPS discharge policies, both in the newborn period as well as for older children
3. The range of additional activities that currently exist in US hospitals regarding the provision of information on child passenger safety at the time of discharge- both in the newborn period as well as throughout childhood
4. The resources (financial, personnel, other) that are needed to develop and implement hospital CPS discharge policies
5. The sources of funding that are used to offset costs associated with implementing a CPS discharge policy
6. The most common barriers hospitals encounter in developing and implementing hospital CPS discharge policies
7. The range of solutions that hospitals identify to overcome these barriers

Hospital Survey



- 400 hospitals
- 1 year
- >\$400,000 (EEK!)

Policy and Advocacy Options



- Joint Commission
- American College of Surgeons (designation as trauma center)
- State licensing regulations

Interaction with CPS Community



- Kidz in Motion Conference
- Lifesavers
- Call me, e-mail me
 - 800/433-9016, ext. 4790
 - bgoodman@aap.org

2009-2010: Development and Dissemination (Proposed)



- Collect 10 case studies
- Identify components of good hospital discharge policy
- Disseminate recommendations and workplan
- Continued interaction with CPS community
- No hospital survey
