EPISODES study: site specific survey

Please complete the site specific survey for the EPISODES study.

We will require only 1 response per participating centre. Please allocate the task of completing this survey to one of the members of your team that is best positioned to answer questions related to the local health care system and how COVID-19 impacted this.

You can save your answers and return at a later stage.

The survey will take approximately 10 minutes to complete.
Unique EPISODES study site code

- TEST
- AUS001
- AUS002
- AUS003
- AUS004
- BEL001
- FR001
- FR002
- FR003
- FR004
- FR005
- GER001
- HUN001
- HUN002
- ICE001
- IRE001
- IRE002
- IRE003
- IT001
- IT002
- IT003
- IT004
- ISR001
- LAT001
- LIT001
- MAL001
- NOR001
- NL001
- NL002
- POL002
- POL003
- POR001
- POR002
- POR003
- POR004
- POR005
- SLO001
- SP001
- SP002
- SWE001
- SWE002
- TUR001
- TUR002
- UK001
- UK002
- UK003
- UK004
- UK005
- UK006
## Details of the participating hospital

### In what type of hospital do you work?

- University or tertiary care hospital
- Teaching or district general hospital
- Non teaching district general hospital
- Private care facility
- Other

**Type of hospital: if 'Other', please specify**

____________________________________________________________________

### What is the best description of the emergency department of your hospital?

- Tertiary-care paediatric emergency department of a standalone children's hospital
- Tertiary-care paediatric emergency department in a hospital for adult and children
- General Emergency Department with a paediatric section and dedicated paediatric emergency physicians (referral ED for children) of a general (non-academic) hospital
- General emergency department for both adults and children of a district general (non-academic) hospital
- Other - please specify

**Type of department: if 'Other', please specify**

____________________________________________________________________

### What describes the geographical area of your institution best?

- Urban
- Rural
- Mixed urban and rural

### Which option describes the paediatric services in your hospital best?

- General paediatric services within a general hospital, without any paediatric subspecialties
- General paediatric services within a general hospital, with up to five paediatric subspecialties
- Stand-alone paediatric hospital, with up to five paediatric subspecialties
- Stand-alone paediatric hospital, providing tertiary care including most paediatric subspecialties
- Tertiary care university hospital for both adults and children, with up to five paediatric subspecialties
- Tertiary care university hospital for both adults and children, with most paediatric subspecialties

### How many paediatric inpatient beds are available?

(All beds for paediatric inpatient admissions in your institution; exclude observation unit or clinical decision unit beds; exclude critical care beds; exclude neonatal ward beds)

### Does your institution have a High Dependency Unit for children or Paediatric Intensive Care unit?

- Yes, both HDU and PICU
- Yes, HDU only
- Yes, PICU only
- No
Number of critical care (PICU / HDU combined) beds available

(All beds for paediatric critical care admissions in your institution; include both intensive care and high dependency care beds; exclude neonatal intensive care beds; exclude observation unit or clinical decision unit beds; exclude general paediatric beds)

Which criteria determine the admission of children to intensive care in your institution?

☐ Invasive ventilation
☐ Inotrope use
☐ Non-invasive ventilation (CPAP, CNEP; or eq)
☐ High flow oxygen
☐ Continuous monitoring
☐ Tracheal cannula
☐ Continuous anti-seizure drug infusions
☐ Continuous bronchodilating drug infusions
☐ Not enough beds
☐ No vital signs monitors available at the regular department
☐ Oxygen delivery with Non-rebreathing mask
☐ No local intensive care available in other regions

What are the number of negative pressure cubicles available in your ED?

(This number should only include rooms in your ED that can be used for ED consultation/treatment, and not those on the paediatric wards or elsewhere outside the ED)

What triage system is in place in your emergency department?

☐ None
☐ Manchester Triage System (MTS)
☐ Canadian Triage and Acuity Scale (CTAS)
☐ Patient Acuity Category Scale (PACS)
☐ Australasian Triage Scale (ATS)
☐ Emergency Severity Index (ESI)
☐ National triage system other
☐ Local triage system other
☐ Not known
☐ Other

How many levels of urgency does this triage system have?

☐ 2-level urgency system
☐ 3-level urgency system
☐ 4-level urgency system
☐ 5-level urgency system
☐ Other

Triage system: if ‘Other’, please specify

What is the availability of primary care facilities in your catchment area?

☐ never
☐ during daytime hours
☐ during weekend and evenings during nights
☐ during national holidays
(tick all that apply)

What type of patients are typically seen in your emergency department?

☐ Medical - low urgency
☐ Medical - high urgency including resuscitation calls
☐ Trauma - minor trauma
☐ Trauma - major trauma
☐ Mental health
(tick all that apply)
Confidential

Is your emergency department a designated major trauma centre?

- Yes
- No
- Not applicable in our country or region

What is the recommended maximum time a patient can stay in the emergency department before a decision has to be made to transfer a patient to an observation unit (or equivalent) or ward?

- 4 hours or less
- 6 hours or less
- 8 hours or less
- 12 hours or less
- 24 hours or less
- >24 hours
- Unlimited
- We don't have any time limit in place

Which sources of referral (of children presenting to the emergency department) are relevant for your emergency department?

- Telephone consultation service (e.g. 111 in the UK)
- General practitioners
- Out-of-hours primary care service
- Urgent care centres (usually run by nurse practitioners or non-paediatric doctors)
- Primary care paediatricians
- Specialist hospital-based physicians
- Self referred
- Emergency Medical Services (e.g. ambulance)
- Other

Referral: if 'Other', please specify

__________________________________________

Does your hospital have electronic health care records?

- Yes, for all patient data
- Yes, for some patient data, including most ED data
- Yes, but not for any ED data
- No
- Unknown
Age limits for paediatric patients

Upper age of the paediatric patient population in your emergency department

Did the upper age of the paediatric patient population change during the COVID-19 pandemic?

Upper age of the paediatric patient population in your emergency department during COVID-19 pandemic

(for example: if you see paediatric patients up to the age of 16 years, then use ‘16’. If you also see Adults in your ED, then use the upper age of what would generally be considered a paediatric patient.)

- Yes
- No
- unknown

(for example: if you see paediatric patients up to the age of 16 years, then use ‘16’. If you also see Adults in your ED, then use the upper age of what would generally be considered a paediatric patient.)
Availability of short stay unit in ED

Does your ED include a short stay unit? (or eq.: clinical decision unit - observation unit; with admission < 24 hours)
- Yes
- No
- unknown

(These type of admissions should be distinguished from regular inpatient admissions (of any duration))

Availability of ED short stay unit: did this change during the COVID-19 pandemic?
- Yes
- No
- unknown

Availability of short stay unit in the emergency department during COVID-19 (or eq.: clinical decision unit - observation unit; with admission < 24 hours)
- Not available
- Reduced availability
- Expanded availability
- unknown
Confidential

### Availability of services: pre-COVID-19

**Was there a direct consultant paediatrician hotline available for general practitioners? [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(This for immediate discussion of urgent cases with consultant paediatrician via telephone or virtual for external health care professionals; tick all that apply)

**Were acutely unwell children with underlying comorbidity seen in clinical areas in your hospital outside your ED? [pre-COVID-19]**
- [ ] No
- [ ] Yes, all
- [ ] Yes, most
- [ ] Yes, some but not all
- [ ] not applicable
- [ ] unknown

**What was the availability of direct senior clinician supervision (consultant level)? [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(Supervising consultant is resident in the ED; tick all that apply)

**What was the availability of indirect senior clinician supervision (consultant level)? [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(Supervising consultant is non resident on call; tick all that apply)

**Which Specialist was responsible for overseeing the care of children in the ED: general paediatrician [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

(tick all that apply)

**Which Specialist was responsible for overseeing the care of children in the ED: emergency medicine physician [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

(tick all that apply)

**Which Specialist was responsible for overseeing the care of children in the ED: paediatric emergency medicine physician [pre-COVID-19]**
- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

(tick all that apply)
## Availability of services: during COVID-19 (March - May 2020)

**Was there a direct consultant paediatrician hotline available for general practitioners? [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(for immediate discussion of urgent cases with consultant paediatrician via telephone or virtual for external health care professionals; tick all that apply)

**Were acutely unwell children with underlying comorbidity seen in clinical areas in your hospital outside your ED? [during COVID-19]**

- [ ] No
- [ ] Yes, all
- [ ] Yes, most
- [ ] Yes, some but not all
- [ ] not applicable
- [ ] unknown

**What was the availability of direct senior clinician supervision (consultant level)? [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(Supervising consultant is resident in the ED; tick all that apply)

**What was the availability of indirect senior clinician supervision (consultant level)? [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not available
- [ ] unknown

(Supervising consultant is non resident on call; tick all that apply)

**Which Specialist was responsible for overseeing the care of children in the ED: general paediatrician [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

**Which Specialist was responsible for overseeing the care of children in the ED: emergency medicine physician [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

**Which Specialist was responsible for overseeing the care of children in the ED: paediatric emergency medicine physician [during COVID-19]**

- [ ] daytime hours
- [ ] weekend and evening hours
- [ ] nighttime hours
- [ ] not applicable

Comments on availability of acute paediatric services during the COVID-19 pandemic
COVID-19 streaming pathways (March - May 2020)

During the initial COVID-19 pandemic, was your emergency department still open for the assessment of acutely unwell and injured children?

- Yes
- No, all children were streamed to another care provider
- unknown
(tick all that apply; please provide additional information in the Comments section below.)

During the initial COVID-19 pandemic, which acutely unwell and injured children did you continue to see in your ED?

- All children
- Only those presenting in office hours
- Ambulances were diverted to other hospitals
- Major trauma were diverted to other hospitals
- Minor trauma were streamed to another clinical area or care provider
- Referred patients (by primary care) were streamed to another care provider
- Other
- unknown
(tick all that apply; please provide additional information in the Comments section below.)

If ‘Other’ patient groups seen in your ED: please provide details

During the initial COVID-19 pandemic, were unwell or injured children diverted to your ED who would have otherwise gone to another hospital pre-COVID?

- Yes
- No, other hospitals in the region are still open for all paediatric patients as usual
- Our ED is and has (at least since 2018) been the only ED for paediatric patients in the region
- unknown
(this is about a change in the flow of patient populations to your ED as a result of COVID-19; please provide additional information in the Comments section below.)

During the initial COVID-19 pandemic, which unwell or injured children were diverted to your ED?

- Our ED is now the only ED in the region open for paediatric patients
- All children in the region, but only out of hours
- Ambulances in the region are now diverted to our ED
- Paediatric major trauma in the region (Other hospitals in the region were previously seeing major trauma)
- Patients in the region referred by primary care
- Suspected COVID patients in the region
- Other
- unknown
(tick all that apply; this is about a change in the flow of patient populations to your ED as a result of COVID-19; please provide additional information in the Comments section below.)

If ‘Other’ patient groups diverted to your ED: please provide details

Comments on changes to health care delivery and emergency care during COVID-19 pandemic (period up until May 2020)
Were children with suspected COVID-19 streamed to a designated Covid hospital or other care facilities in region (i.e. other than your own ED or hospital)?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, all</th>
<th>Yes, most</th>
<th>Yes, some but not all</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>By primary care and community health care services?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>By emergency medical services (e.g. ambulance)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>By frontdoor ED triage?</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>
During the initial outbreak, did COVID-19 change the practice of using: (for example as a result of altered national or hospital guidelines, or for example because of concerns about effectiveness / side effects in Covid)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>not at all</th>
<th>in some, but not in most</th>
<th>in about half of the cases</th>
<th>in most, but not all</th>
<th>in all</th>
<th>don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebulised bronchodilators * in the treatment of wheeze/asthma</td>
<td></td>
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<tr>
<td>Intravenous bronchodilators * in the treatment of wheeze/asthma</td>
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<tr>
<td>inhaled bronchodilators with a spacer in the treatment of wheeze/asthma</td>
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<tr>
<td>Oral steroids in the treatment of croup</td>
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<tr>
<td>Intravenous inotropes or vasopressors in the treatment of sepsis / critical illness</td>
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<tr>
<td>Oral antibiotics in suspected infection</td>
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<tr>
<td>Ibuprofen (or NSAIDS eq.) as analgesic or antipyretic treatment</td>
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</tbody>
</table>

Comments on changes in treatments of children in paediatric emergency medicine

Please provide your email address

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Please provide your email address

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