**Application form for Accreditation / Reaccreditation of teaching Units**

**Please complete this form *ONLY* by typing**

**Application for**

New Accreditation / Reaccreditation (strike one)

* For 1 Year Diploma (IDPCCM)
* For Both 1 year Diploma (IDPCCM) and 2 year Fellowship (IFPCCM)

**(I) General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name of the institute | |  |
| 2 | Address | for Correspondence |  |
| 3 | a.  b.  c. | Name of contact person  Phone #  E-mail | |
| 4 | Year in | which PICU established |  |
| 5 | Is the hospital recognized by the National Board for Gen. Pediatrics? | |  |
| 6 | Is the unit recognized by the National Board for Pediatric Critical Care training? | |  |
| 7 | Is the Hospital recognized by the National Board for any other programs? If yes, enumerate | | a.  b.  c.  d. |
| 8 | Is the unit recognized by any other body for Pediatric Critical Care Fellowship? | |  |
| 9 | Is the hospital recognized by the National Neonatology Forum (NNF) and/or IAP for Neonatology training | |  |

* 1. **Medical Personnel (Hospital / Pediatrics / PICU)**

|  |  |
| --- | --- |
| A | No. of Consultants in Pediatric ICU:  Full Time (spends at least 6 hours/day in PICU): Part Time: |
| B | Name of Head / Director/ In-charge of PICU:   1. Accredited Teacher by IAP – ICC College of Pediatric Critical Care: Yes/No 2. Percentage of daily time spent in various Departments:   a) Administrative: b) Patient care in PICU: c) Neonatology:  d) Gen Pediatrics: IP e) OPD:  **Annexure I A –** CV of Director (Compulsory) |
| C | Names of other Intensivists in the PICU (*excluding Director*) –  please indicate whether Full-time (FT) or Part-time (PT)   |  |  |  | | --- | --- | --- | | Name | FT/PT | Accredited Teacher by IAP-ICC College Council  Yes/No | | 1. |  |  | | 2. |  |  | | 3. |  |  | | 4. |  |  |   Use additional paper if necessary  Please attach CV of each additional Intensivist (**Annexure I B)** (Mandatory) |
| D | Total No. of **Junior doctors** in the PICU:  a) Allopathic b) non-allopathic  Training level of Junior doctors in the PICU (indicate *number* in each category):  a) Post MD/DNB Senior Registrar or Fellow b) Pediatric PGs  c) SHO (post MBBS) |
| E | Are Junior Doctors’ PICU night duties combines with either General Pediatrics or NICU? |
| F | Do the Director and Consultants in the PICU have any other affiliation to any other institution, part time / full time / honorary / in any other capacity? If so, please give details. **(Annexure I C)** |
| G | Is the Director/Head of the PICU heading or guiding any other Fellowship program of any specialty in the same or any other institution. If so, please list all such affiliations along with details.  **(Annexure I D)** |

* 1. **Nurses / Ancillary staff:**

|  |  |
| --- | --- |
| A | Total Number of nurses in the unit  (Names & qualification) **Annexure II** - letter issued by the Head of HR or Nursing Department certifying number of nurses with their names and qualifications. All nurses working in PICU must be at least GNM nurses. Auxiliary Nurse Midwives (ANM) are not allowed to work in the critical care areas except as helpers to GNM nurses |
| B | Nurse patient ratio   * Ventilated children * Non-ventilated children |
| C | Dedicated infection control nurse available Yes/No   * Name |
| D | Other paramedical staff: (indicate Y/ N)   * ICU technician * Physiotherapist * Respiratory therapist |

**(IV) Academics:**

|  |  |
| --- | --- |
| A | Conference (Teaching) room available near PICU (indicate Yes / No): |
| B | Library in hospital (Yes / No):   * Names of books/ journals (hard copy) / online journals **(Annexure III A)** |
| C | Is there a PICU Departmental Library?  If yes, please include a list of books / journals available here (**Annexure III B)** |
| D | List Online teaching resources available in the Hospital/PICU (eg. Uptodate, Clinical Key etc.) |
| E | Publications by PICU **(Annexure III C)** |
| F | Existing / Proposed PICU teaching schedule **(Annexure III D)** |
| G | Name and details of conferences/CME/Workshops organized by the hospital, particularly in Pediatric Intensive Care **(Annexure III E)** |

**(V) Infrastructure**

|  |  |
| --- | --- |
| A | 1. Number of beds in PICU (at least 8): 2. Is a separate High Dependency Unit (HDU / Step-down ICU) available? 3. If yes, number of beds in HDU:      1. Total beds (PICU + HDU): |
| B | 1. Isolation area available (indicate yes / no): 2. Number of Isolation rooms: 3. Type of Isolation rooms (indicate number next to each category:    1. Single room with common air-conditioning    2. Single room with separate air-conditioning    3. Protective Environment (PE – “positive pressure room”)    4. Airborne Infection Isolation Room (AII - “negative pressure room”) |
| C | Others: (indicate Yes / No):   * Dirty Utility room: * Accessible hand wash facility: * Parents counselling room: * Storage space: * Fire Exit: |
| D | Power supply back up (indicate generator / UPS / Inverter): |

**(VI)** **Equipment**

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Available (Y/N)** | **Total Number** |
|
| Multichannel monitor |  |  |
| Pulse Oximeter |  |  |
| End tidal CO2 monitor |  |  |
| ECG monitoring |  |  |
| NIBP monitoring |  |  |
| Invasive pressure monitoring |  |  |
| Continuous EEG monitoring |  |  |
| Intracranial pressure monitoring |  |  |
| Oxygen analyser |  |  |
| Volumetric pumps |  |  |
| Syringe pumps |  |  |
| Suction apparatus-central |  |  |
| Extra portable suction machines |  |  |
| Overhead warmers/Bear Huggers |  |  |
| Any other equipment (specify) |  |  |

★ Indicate the equipment taken on loan from other sources (specify source)

**(VII) Diagnostic Facilities**

|  |  |
| --- | --- |
|  | **Availability (Yes / No)** |
| Bedside X- ray machine |  |
| Bedside ultrasonography / echocardiography |  |
| Bedside GI endoscopy |  |
| Bedside flexible bronchoscopy |  |
| Bedside EEG |  |
| Whole body CT scan available in same hospital |  |
| Whole body MRI scan available in same hospital |  |
| **Lab Facilities** | |
|  | **Availability within Hospital: Yes/No** |
| Haematology (+ Coagulation screen) |  |
| Biochemistry |  |
| Microbiology |  |
| ABG machine (Location: PICU / Central lab / another place) |  |
| Medical gas supply (strike out whichever is not applicable)  Oxygen: Central / Gas cylinders  Compressed air source: Central / portable compressor | |

**(VIII) Therapeutic facilities**

|  |  |  |
| --- | --- | --- |
| **Facilities** | **Available (Yes/ No)** | **Total Numbers** |
| Mechanical ventilators (exclusively for PICU)  Specify manufacturer and models (**Annexure IV)** |  |  |
| High Frequency Oscillatory Ventilator (HFOV)  Make / model: |  |  |
| Non-invasive ventilator |  |  |
| High Flow Nasal Cannula therapy (HFNC) |  |  |
| Defibrillator in PICU (24 hours) |  |  |
| Temporary pacing in ICU |  |  |
| Renal replacement   1. PD 2. HD 3. CRRT |  |  |
| CRASH CART (in PICU) |  |  |
| Difficult Airway management equipment |  |  |
| Blood bank facility (on site / outsourced) |  |  |

**(IX) Table indicating availability of Support Services:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **In hospital** | **Outsourced** |
| • | Pediatric surgeon |  |  |
| • | Neurosurgeon |  |  |
| • | Ped Cardiologist |  |  |
| • | Ped Orthopaedic surgeon |  |  |
| • | CTV surgeon |  |  |
| • | Ped Neurologist |  |  |
| • | Ped Nephrologist |  |  |
| • | Ped Gastroenterologist |  |  |
|  | Ped. Pulmonologist |  |  |
| • | Radiologist |  |  |
| • | Psychiatrist/ Psychologist |  |  |
| • | Dietician |  |  |
| • | Occupational therapist |  |  |
| • | Social worker |  |  |
| • | Central sterilization unit |  |  |
| • | Microbiologist |  |  |
| • | Pathologist |  |  |
|  | Clinical Pharmacist |  |  |

**(X) Policies and Protocols (Annexure V)**

**(XI) Table showing bed capacity of the entire hospital and pediatric facility**

|  |  |  |
| --- | --- | --- |
|  | **No of beds** | **No of admissions per year** |
| Entire Hospital |  |  |
| Pediatric Ward |  |  |
| Neonatal ICU (0-30 days) |  |  |
| PICU |  |  |
| HDU (if separate) |  |  |
| Paediatric Cardiac ICU |  |  |
| Any other ICU (eg. Transplant, Adult ICU etc.) |  |  |

**(XII) PICU admissions categorization**

|  |  |  |
| --- | --- | --- |
| **PICU admission categorization in the previous calendar year (% of total admissions)**  **Indicate time period:** | | |
| CNS: | Infection: | Haematology-Oncology |
| RS: | Trauma: | CVS: |
| Liver / GI: | Post-surgery: | Post cardiac surgery: |
| Toxicology: | Miscellaneous: |  |

**(XIII) PICU admissions, ventilation, mortality and procedures data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide data for the previous 3 years**  ***PLEASE COMPLETE ALL DETAILS*** | **Year 1**  **(Enter year below)** | **Year 2**  **(Enter year below)** | **Year 3**  **(Enter year below)** |
| **Admission data** |  |  |  |
| No. of PICU admissions |  |  |  |
| No. of HDU admissions (if separate) |  |  |  |
| Total # of admissions (PICU + HDU) |  |  |  |
| No. of Deaths |  |  |  |
| Crude mortality rate % |  |  |  |
| **Ventilation Data** | | | |
| No. of invasively ventilated patients |  |  |  |
| No. of invasive ventilation days |  |  |  |
| No. of NIV patients (DO NOT INCLUDE HFNC) |  |  |  |
| **Procedure data** | | | |
| No. of Central Venous Catheters inserted |  |  |  |
| No. of Arterial cannulae inserted |  |  |  |
| **Renal Replacement data** | | | |
| PD |  |  |  |
| HD/SLED |  |  |  |
| CRRT |  |  |  |

**(XIV) Following to be filled ONLY by units seeking re-accreditation**

|  |
| --- |
| Date of initial accreditation of unit: Date of most recent Re-accreditation: |
| No. of seats allotted per year: |
| Total No. of candidates appeared for exam since start of Fellowship program   * One year - Indian Diploma of Paediatric Critical Care Medicine (IDPCCM): * Two year - Indian Fellowship of Paediatric Critical Care Medicine (IFPCCM): |
| Number of trainees (IDPCCM / IFPCCM) joined during previous TWO years (specify year)   |  |  | | --- | --- | | **Year** | **No. of trainees joined** | |  |  | |  |  | |
| Training record (past 5 years)   |  |  |  | | --- | --- | --- | |  | **Total number of Fellows who appeared for exam in past 5 years** | **Number passed** | | IDPCCM (1 year) |  |  | | IFPCCM (2 years) |  |  | |
| Infrastructure changes since last accreditation   * Enumerate changes: |
| New equipment and monitoring facilities added since last accreditation   * Enumerate |
| New medical services or support services added since last accreditation   * Enumerate |

|  |
| --- |
| ***Declaration***    ***I, Dr. , Director of the Pediatric Critical Care Diploma / Fellowship programme at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Certify that all information is correct to the best of my knowledge.***  ***I also certify that am not Heading a Fellowship programme in any another specialty***  ***(E.g. Neonatology/Neurology/Nephrology/Pulmonology). I also undertake that, during***  ***my tenure as Director, I will not take up another such said position.***  ***I hereby take the moral responsibility and stand by the whole information provided and shall provide proof for the same if needed.***      ***SIGNATURE DATE***  ***SEAL*** |

**Instructions**

Inspection fee for the **New Teaching Unit Accreditation / Reaccreditation is** **Rs. 25,000**/- to be paid to the IAP Intensive Care Chapter by NEFT *ONLY* – please include NEFT details along with application

Before making any payment, please ensure that the PICU satisfies the current Accreditation Criteria, available at:

<https://www.piccindia.com/assets/pdf/accreditation-criteria-01-09-2021.pdf>

If the unit satisfactorily fulfils prescribed requirements, inspection will be conducted as per the PICC Council rules

The travel and stay (Approximately 4-star kind of facility) of the inspectors should be borne by the institution applying for the accreditation / reaccreditation.

Period of Accreditation / Reaccreditation is 5 years

**NEFT: IAP INTENSIVE CARE CHAPTER BANK DETAILS**

**Name of beneficiary** : IAP Intensive Care Chapter

**Name of Bank :** THE FEDERAL BANK LTD, SATARA

**Name of accounts :** IAP Intensive Care Chapter

**Type of account :** Current A/c

**Account No :** 15840200003657

**IFSC Code** : FDRL0001584

**Please DO NOT send any hard copies of your application forms or annexures**

**All the documents (duly filled application form should be signed, then scanned, and converted to PDF format. Similarly, all the required annexures (experience letters, degree certificates etc.) to be scanned and saved in PDF format) are required to be E-Mailed to:**

**Dr. Ebor Jacob,**

**VICE Chancellor, PICC College Council**

Email: eborjacob@gmail.com

**Please make sure a CC of the e-mail is ALSO** sent **to:**

Dr. SHIVAKUMAR SHAMARAO : drshiv\_2000@yahoo.com

Dr. RACHNA SHARMA : rachna9us@gmail.com

Dr. BALA RAMACHANDRAN : mdpicu@hotmail.com

College VC Office : vc.iapicc.college@piccindia.com

College Secretary’s Office : secretary@piccindia.com

**Check List of Annexures:**

(Please number and submit the annexure in the following order: leave a blank annexure if not applicable)

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Annexure Number** | **Guidance about the content of the Annexure** |
| 1 | **Annexure I A** | CV of Head / Director of the PICU |
| 2 | **Annexure I B** | CV of other Pediatric Intensivists |
| 3 | **Annexure I C** | Details of affiliations of Director / Head of PICU and other Intensivists with other institutes |
| 4 | **Annexure I D** | Details of other training programs within the same institute or in any other institution where the Head / Director of the PICU is also shown as Head and/or Teacher |
| 5 | **Annexure II** | Letter from HR or Nursing Department giving details of all Nurses in the PICU |
| 6 | **Annexure III A** | List of books / journals (hard copies) / online journals in Hospital Library |
| 7 | **Annexure III B** | List of books / Journals in the PICU Departmental Library |
| 8 | **Annexure III C** | Publication in national / international journals by PICU team |
| 9 | **Annexure III D** | PICU training schedule |
| 10 | **Annexure III E** | List of conferences/ CME/ workshops organized by hospital |
| 11 | **Annexure IV** | Details of Mechanical Ventilators available in the PICU |
| 13 | **Annexure V** | PICU Policies and Protocols |