

Institutional Practice Details

1.

Date of Completion

DD/MM/YYYY

Indicate the day, month, and year the form is being completed.

INSTDATE

2.

Previous year's hospital case volume of congenital cardiac surgeries

Indicate the case volume of Tier 1 AND Tier 2 surgeries for the previous calendar year.

(This is the total number of surgeries, not the number of patients.)

- Less than or equal to 100 per year
- 101-250 per year
- 251-500 per year
- Greater than 500 per year

CASEVOL

3.

Active congenital heart surgeons

Indicate the number of active congenital heart surgeons currently practicing at your hospital.

active congenital heart surgeons

PLACEHOLDER : PLACEHOLDER (PLACEHOLDER)

SURGNO

3a

How is a congenital heart surgeon certified in your country?

CHS_IN_COUNTRY_TEXT

4.

Cardioplegia Type

Check all cardioplegia types that your hospital uses. If there are multiple cardioplegia types that your hospital uses that are not options in the list provided, enter all of them in the "other, specify" box separating them by commas (,).

0 option(s) selected

- Buckberg
- Custodiol/Bretschneider (HTK)
- Del Nido
- Microplegia with Adenocaine
- Microplegia with Potassium
- Plegisol/St. Thomas
- Roe's Solution
- University of Wisconsin
- Other, specify

INSTCPBU
INSTPCPU
INSTCPDE
INSTCPAD
INSTCPPO
INSTCPPL
INSTCPRO
INSTCPUW
INSTCPOT

INSTCPBU

5.

Geographic Region Served

- Local: one city or metro area
- Regional: geographically larger than a metro area
- National: one country
- International: multiple countries

REGION



6.

Estimated Population Served

Based on answer to the previous question.

- Less than 10 million
- 10-30 million
- 31-50 million
- Greater than 51 million
- Unknown

ESTPOP

7.

Total number of institutions providing pediatric cardiac services in the region.

Missing Reason:

Clear

Unknown

Based on answer to question 5.

Specify the total number including your institution. If your institution is the only institution providing pediatric cardiac services in the region, specify one.

REGINST

8.

Does your institution have an established pediatric cardiology practice?

- Yes
- No

PEDCARDPRAC

9.

Number of pediatric cardiac operating rooms at your institution

PLACEHOLDER : PLACEHOLDER (PLACEHOLDER)

PEDORNO

10.

Does your institution have an exclusive pediatric cardiac intensive care unit?

- Yes
- No

PEDICU

11.

Does your institution have a pediatric cardiac intensivist?

- Yes
- No

PEDINT

12.

Does your institution have an ECMO program?

- Yes
- No

ECMO (Extracorporeal Membrane Oxygenation)

ECMOPGM

12a.

Does your hospital provide extracorporeal cardiopulmonary resuscitation (ECPR)?

- Yes
- No

ECPR: ability to establish emergency ECMO within 30 minutes

REQUIRESECPR

13. Does your institution have a pediatric cardiac catheterization laboratory? Yes No

PEDCATHL

14. Does your institution have an electrophysiology service? Yes No

ELECTROP

15. Does your hospital have an Electronic Medical Records system (EMR)? Yes No

EMR_PRES

15a. Software Vendor

EMR_PRES_TEXT

16. Does your hospital participate in a National Congenital Heart Surgery Database? Yes No

PARTICIPATE_NCHSD

16a. Enter Name of Database

PARTICIPATE_NCHSD_TEXT

17. Does your center have a routine preoperative planning conference? Yes No

PREOP_PLAN_CONF_PRES

18. Does your hospital have intraoperative Trans esophageal ECHO? Yes No

TRANS_ESOPH_ECHO_PRES

19. Does your hospital have intraoperative Epicardial ECHO? Yes No

EPICARD_ECHO_PRES

20. Who performs the Pre-operative Trans Thoracic ECHO? Cardiologist Cardiac Surgeon Trained ECHO Technologist

PREOP_TRANS_THOR_ECHO_DONE_BY

21.

Usual Patient follow up post discharge;

- Cardiologist
- Surgeon
- Referring Physician
- Other, Specify

POST_DISCH_FUP_TYPE_4_OTHER