**SECTION D: PEDIATRIC GASTROENTEROLOGY**

1. **Do you have a Pediatric Gastroenterology program?**

**(GI\_GASTROPRGM)**

* Yes
* No – Skip to Section E

**When responding to questions in this section, your hospital must consult with the chief of service (or equivalent) of your Pediatric Gastroenterology program to ensure that answers are accurate and consistent with both the care delivered and the intent of the survey.**

**As data are reviewed, U.S. News may have questions about responses to individual questions or about an entire submission. To ensure communication with the appropriate clinical leader, please provide the following information about the chief of service (or equivalent) for your Pediatric Gastroenterology program.**

**Full name:**

|  |
| --- |
| **(GI\_DIR\_NAME)** |

**Title:**

|  |
| --- |
| **(GI\_DIR\_TITLE)** |

**Email:**

|  |
| --- |
| **(GI\_DIR\_EMAIL)** |

**Preferred phone:**

|  |
| --- |
| **(GI\_DIR\_PHONE)** |

REQUIRED: IF NAME, TITLE, EMAIL, OR PHONE=BLANK, DISPLAY: “A response is required for [Name/Title/Email/Phone] prior to submitting the survey. Click “OK” to continue with the survey and answer this question later. Click “Cancel” to provide a response to this question now.”

**D1.1 Are you submitting jointly with a Pediatric Gastroenterology program at another hospital?**

**(GI\_JOINTSUB)**

* + Yes – Go to Question D1.2
  + No – Skip to Question D2

**D1.2 If yes, what is the name of the Pediatric Gastroenterology program you are reporting jointly with?** Please note that joint submissions must be reviewed and approved before they are allowed. Before submitting your survey, please contact RTI at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) to discuss your joint submission request unless you already have received permission to jointly submit data in this specialty. As noted in the instructions for joint reporting, if you are granted permission, only the primary hospital in the joint reporting relationship will be allowed to report data for this specialty.

|  |
| --- |
| **(GI\_JOINTSUB\_NAME)** |

1. **Please indicate the total number of attending/on-staff physicians (excluding fellows)[[1]](#footnote-2) who *are currently members of the medical staff* in your Pediatric Gastroenterology program in the following categories.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Physicians** |
| a. | Pediatric gastroenterologists (board certified/board eligible by the American Board of Pediatrics with subspecialty certification in pediatric gastroenterology) **(GI\_PHYSICIANS\_GASTRO\_** | \_\_\_\_\_\_\_\_  **TOT)** |
| b. | Other attending/on-staff physicians (include all other attending/on-staff physicians who are *not* subspecialty board certified/board eligible in pediatric gastroenterology) **(GI\_PHYSICIANS\_OTHER\_** | \_\_\_\_\_\_\_\_  **TOT)** |

NOTES: D2x should be whole number only. Do not allow decimals.

**D2.1. Does your hospital have at least one pediatric surgeon (board certified/board eligible by the American Board of Surgery with subspecialty certification in pediatric surgery) available 7 days a week?**

**(GI\_SURGEON\_AVAIL)**

* Yes – Go to Question D2.2
* No – Skip to D3

**D2.2. What is the total number of full-time equivalents (FTEs)[[2]](#footnote-3) of pediatric surgeons (board certified/board eligible by the American Board of Surgery with subspecialty certification in pediatric surgery) that support your Pediatric Gastroenterology program?** [If none, please enter 0.]

\_\_\_\_\_\_\_ FTE **(GI\_SURGEON\_FTE)**

NOTES: D2.2 is numeric entry (decimals are allowed).

VALIDATE: IF D2.1=YES AND D2x= 0, DISPLAY: “D2.2: If none, please answer No to D2.1.”

If D2.2 is not numeric: “D2.2: Please enter a numeric value.”

***Note: The preceding questions are used to determine eligibility for Pediatric Gastroenterology. If you leave any part of these questions blank, your hospital will be considered ineligible for the rankings in Pediatric Gastroenterology.***

1. **Please indicate the total number of nurse practitioners and physician assistants who work in or directly support your Pediatric Gastroenterology program.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total**  **Staff** |
| a. | Nurse practitioners **(GI\_NP\_** | \_\_\_\_\_\_\_\_  **TOT)** |
| b. | Physician assistants **(GI\_PA\_** | \_\_\_\_\_\_\_\_  **TOT)** |

NOTES: D3x should be whole number only. Do not allow decimals.

**D3.1 Please indicate the total number of dedicated social workers, psychologists, dietitians, and patient care coordinators who work in or directly support your Pediatric Gastroenterology program.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Staff** |
| a. | Dedicated Social Workers **(GI\_SW** | \_\_  **\_TOT)** |
| b. | Dedicated Psychologists **(GI\_PSYCH\_** | \_\_  **\_TOT)** |
| c. | Dedicated Dietitians **(GI\_DIET\_** | \_\_  **\_TOT)** |
| d. | Dedicated Patient Care Coordinators[[3]](#footnote-4) **(GI\_CARECOORD\_** | \_\_  **\_TOT)** |

NOTES: D3.1x should be whole number only. Do not allow decimals.

1. **Please indicate the number of clinical nurse (RN) FTEs[[4]](#footnote-5) who work in or directly support your Pediatric Gastroenterology outpatient program.** [If nursing staff are shared between departments, only include the portion of time spent caring for pediatric gastroenterology patients. Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs.][If none, please enter 0.]

\_\_\_\_\_\_\_\_ FTE RNs **(GI\_FTE\_STAFF)**

NOTES: D4 is numeric entry (decimals are allowed).

VALIDATE: If D4 is not numeric: “D4: Please enter a numeric value.”

1. **Please report the total number of Pediatric Gastroenterology *outpatient visits* (including in-person and virtual telehealth visits butexcluding visits for procedures or visits for clinical testing or infusion therapy) for your program in the last calendar year.** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Outpatient visits excluding procedures **(GI\_OUTPATVISIT)**

NOTES: D5 should be whole number only. Do not allow decimals.

1. **This question has been removed from the survey.**
2. **Does your hospital provide the following technologies or services to pediatric inpatients on-site?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Ultrasound elastography (USE) **(GI\_TECHNOLOGY\_USE)** | **○** | **○** |
| b. | Magnetic resonance elastography (MRE) **(GI\_TECHNOLOGY\_MRE)** | **○** | **○** |
| c. | Contrast-enhanced ultrasound for liver lesion characterization or Magnetic Resonance Imaging (MRI) using hepatocyte-specific contrast agents **(GI\_TECHNOLOGY\_CONTRAST)** | **○** | **○** |

1. **For patients in your Pediatric Gastroenterology program, are the following specialists available for consultation 7 days a week?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Pediatric gastroenterology/liver-specialized pathologists[[5]](#footnote-6) **(GI\_SPECIALIST\_PATHOLOGIST)** | **○** | **○** |

1. **Does your Pediatric Gastroenterology program provide patient/family educational programs[[6]](#footnote-7) for the following disease-specific GI conditions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Inflammatory bowel disease, Crohn’s disease or colitis **(GI\_EDUCATION\_IBS)** | **○** | **○** |
| b. | Celiac disease **(GI\_EDUCATION\_CELIAC)** | **○** | **○** |
| c. | Liver disease **(GI\_EDUCATION\_LIVER)** | **○** | **○** |
| d. | Eosinophilic Esophagitis **(GI\_EDUCATION\_EOSIN)** | **○** | **○** |
| e. | Chronic intestinal failure **(GI\_EDUCATION\_CIF)** | **○** | **○** |

1. **Were the following dedicated[[7]](#footnote-8) interdisciplinary treatment programs offered in your hospital in the last calendar year?** [To answer yes, each program must a) have the involvement of providers from your Pediatric Gastroenterology program, and b) meet the minimum patient volume[[8]](#footnote-9) requirements listed.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Intestinal rehabilitation program[[9]](#footnote-10) (for patients with short bowel syndrome) or outpatient Total Parenteral Nutrition (TPN) support program[[10]](#footnote-11). Both programs combined should have seen at least 10 patients in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **SHORT)** | |
| b. | Cystic fibrosis treatment program[[11]](#footnote-12) (including gastroenterologists and nutritionists in treatment team) with at least 10 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **CYSTIC)** | |
| c. | Pediatric intensive feeding program[[12]](#footnote-13) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **FEED)** | |
| d. | Multidisciplinary childhood obesity management program[[13]](#footnote-14) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **OBESITY)** | |
| e. | Inflammatory bowel disease program[[14]](#footnote-15) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **BOWEL)** | |
| f. | Multidisciplinary eosinophilic gastrointestinal disease program[[15]](#footnote-16) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **ALLERGIC)** | |
| g. | Chronic liver disease program[[16]](#footnote-17) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **LIVER)** | |
| h. | Neurogastrointestinal program[[17]](#footnote-18) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **MOTILITY)** | |
| i. | Aerodigestive program[[18]](#footnote-19) with at least 10 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **AERO)** | |
| j. | Pancreatic disease program with at least 10 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **PANCREATIC)** | |
| k. | Congenital Ano-rectal or Colo-rectal program[[19]](#footnote-20) with at least 10 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **ANO)** | |
| l. | Celiac disease program[[20]](#footnote-21) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **CELIAC)** | |
| m. | Functional abdominal pain program[[21]](#footnote-22) with at least 20 patients seen in the last calendar year | **○** | **○** |
|  | **(GI\_INTERDISC\_PROGRAM\_** | **ABDOMINAL)** | |

1. **Does your Pediatric Gastroenterology program provide the following advanced diagnostic tests or interventional procedures on-site? If so, what was the total number of tests/procedures performed on all patients in the last calendar year?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Yes** | **No** | | | **Total Tests/ Procedures** | | |
| a. | Capsule endoscopy (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **CAPSULE)** | | | | **PROCS)** | | |
| b. | Endoscopic band ligation/sclerotherapy (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **ENDOSCOPIC)** | | | | **PROCS)** | | | |
| c. | Esophageal impedance or high resolution esophageal manometry (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **ESOPHAGEAL)** | | | | **PROCS)** | | | |
| d. | Diagnostic or therapeutic endoscopic retrograde cholangiopancreatography (ERCP) (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **ERCP)** | | | | **PROCS)** | | | |
| e. | Antroduodenal and full colonic motility studies (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **COLONIC)** | | | | **PROCS)** | | | |
| f. | Esophageal dilation, either bougie or pneumatic (see code list) | | **○** | **○** | | | \_\_\_\_\_\_\_\_ | | |
|  | **(GI\_PROCEDURE\_** | | **BOUGIE)** | | | | **PROCS)** | | | |
| g. | Alternative Hemostasis Therapies: Electrocautery, Hemo-Clip application, and Argon plasma coagulation (APC) (see code list) | | **○** | | **○** | | \_\_\_\_\_\_\_\_ | |
|  | **(GI\_PROCEDURE\_** | | **HEMOSTASIS)** | | | | **PROCS)** | |
| h. | Deep enteroscopy - single or double balloon (see code list) | | **○** | | **○** | | \_\_\_\_\_\_\_\_ | |
|  | **(GI\_PROCEDURE\_** | | **DEEP)** | | | | **PROCS)** | |
| i. | Endoscopic ultrasound (EUS) (see code list ) | | **○** | | **○** | | \_\_\_\_\_\_\_\_ | |
|  | **(GI\_PROCEDURE\_** | | **EUS)** | | | | **PROCS)** | |
| j. | Sedation-free transnasal endoscopy (see code list) | **○** | | **○** | | \_\_\_\_\_\_\_\_ | |
|  | **(GI\_PROCEDURE\_** | **TRANSNASAL)** | | | | **PROCS)** | |

NOTES: D11x2 should be whole number only. Do not allow decimals.

WARNING: IF D11x1=“Yes” AND D11x2=(0 OR BLANK), DISPLAY: “D11x: Please check your responses. You marked that you offer these procedures, but reported no patients.”

**D11.1 Does your hospital provide the following diagnostic and therapeutic procedures for patients in your Pediatric Gastroenterology program?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | |
| a. | Interventional radiology embolization for gastrointestinal bleeding **(GI\_RAD\_EMBOL)** | ○ | **○** | |
| b. | Interventional radiology performance of transjugular intrahepatic portosystemic shunt (TIPS) **(GI\_RAD\_TIPS)** | ○ | **○** | |
| c. | Interventional radiology performance of transjugular (TJ) liver biopsies **(GI\_RAD\_TJ)** | **○** | **○** | |
| d. | Interventional radiology performance of hepatic vein wedge pressure measurement **(GI\_RAD\_HVW)** | **○** | **○** | |
| e. | Interventional radiology placed de novo G and or GJ tubes **(GI\_RAD\_GJ)** | **○** | **○** | |
| f. | Endoflip **(GI\_RAD\_ENDOFLIP)** | **○** | **○** | |
| g. | On-site treatment of advanced esophageal strictures (interventions other than dilation, e.g., endo-knife) **(GI\_RAD\_STRICTURES)** | **○** | **○** | |
| h. | Percutaneous transhepatic cholangiography **(GI\_RAD\_PERC)** | **○** | | **○** |

1. **Does your hospital provide or have access to the following support groups in your community for patients and their families?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Inflammatory bowel disease (IBD), including Crohn’s disease and colitis support group[[22]](#footnote-23) **(GI\_SUPPORTGROUP\_IBD)** | **○** | **○** |
| b. | Celiac disease support group[[23]](#footnote-24) **(GI\_SUPPORTGROUP\_CELIAC)** | **○** | **○** |
| c. | Liver disease or transplant support group[[24]](#footnote-25) **(GI\_SUPPORTGROUP\_TRANSPLANT)** | **○** | **○** |
| d. | Eosinophilic Esophagitis support group **(GI\_SUPPORTGROUP\_EOSIN)** | **○** | **○** |
| e. | Chronic intestinal failure support group **(GI\_SUPPORTGROUP\_CIF)** | **○** | **○** |
| f. | Congenital Colo-rectal malformation support group[[25]](#footnote-26) **(GI\_SUPPORTGROUP\_CONGENITAL)** | **○** | **○** |

1. **How many unique patients[[26]](#footnote-27) with the following conditions were seen by your Pediatric Gastroenterology program in the last calendar year?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique patients** |
| a. | Pseudoobstruction (see code list) **(GI\_CONDITIONS\_PSEUDO)** | \_\_\_\_\_\_\_\_ |
| b. | Chronic intestinal failure patients who require TPN for 2 months or more (see code list) **(GI\_CONDITIONS\_SHORT)** | \_\_\_\_\_\_\_\_ |
| c. | Chronic liver disease (see code list) **(GI\_CONDITIONS\_LIVER)** | \_\_\_\_\_\_\_\_ |
| d. | Acute, recurrent, or chronic pancreatitis (see code list) **(GI\_CONDITIONS\_PANCRE)** | \_\_\_\_\_\_\_\_ |
| e | Biliary atresia (see code list) **(GI\_CONDITIONS\_ATRESIA)** | \_\_\_\_\_\_\_\_ |
| f. | Portal hypertension (see code list) **(GI\_CONDITIONS\_PORTAL)** | \_\_\_\_\_\_\_\_ |
| g. | Celiac disease (see code list) **(GI\_CONDITIONS\_CELIAC)** | \_\_\_\_\_\_\_\_ |
| h. | Eosinophilic esophagitis (see code list) **(GI\_CONDITIONS\_EOSIN)** | \_\_\_\_\_\_\_\_ |
| i. | Congenital anorectal or colorectal disorders (such as Hirschsprung disease, Imperforate anus, and Cloaca) (see code list) **(GI\_CONDITIONS\_ANO)** | \_\_\_\_\_\_\_\_ |

NOTES: D13x should be whole number only. Do not allow decimals.

1. **Did your Pediatric Gastroenterology program participate in any formal, multicenter (3 or more institutions) initiatives targeted to GI or liver disorders in the last calendar year?**

**(GI\_QI\_STUDIES)**

* Yes – Go to Question D14.1
* No – Skip to D15

**D14.1. If “yes” to D14, please describe ONE formal, multicenter (3 or more institutions) initiative – research or quality improvement project – in GI or Liver disease.**

|  |
| --- |
| **(GI\_QI\_STUDIES\_TEXT)** |

1. **Did your Pediatric Gastroenterology or Pediatric Surgery[[27]](#footnote-28) program participate in one or more of the following types of trials, studies, or databases**[[28]](#footnote-29) **in the last calendar year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Prospective randomized clinical trial | ○ | ○ |
|  | **(GI\_RESEARCH\_** | **TRIAL)** | |
| b. | Prospective observational studies | ○ | ○ |
|  | **(GI\_RESEARCH\_** | **STUDIES)** | |
| c. | Prospective clinical database on patient care | ○ | ○ |
|  | **(GI\_RESEARCH\_** | **DATABASE)** | |
| d. | Prospective non-randomized clinical trial (i.e., open label trial, single case trials) | ○ | ○ |
|  | **(GI\_RESEARCH\_** | **PROS)** | |

1. **How many IRB approved studies with principal investigators in the Pediatric Gastroenterology or Pediatric Surgery[[29]](#footnote-30) programs are currently being conducted at your hospital?**

**(GI\_IRB)**

* 0
* 1-6
* 7-11
* 12 or more

1. **How many unique pediatric inpatients had the following procedures[[30]](#footnote-31) in the last calendar year?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique patients** |
| a. | Surgical intervention to improve biliary drainage in a patient with biliary atresia or a choledochal cyst. (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_KASAI)** | \_\_\_\_\_\_\_\_ |
| b. | Laparoscopic gastrointestinal, hepatic, and pancreatic surgery (see code list[[31]](#footnote-32)) **(GI\_PROCS\_GISURG)** | \_\_\_\_\_\_\_\_ |
| c. | Bariatric surgery (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_BARIATRIC)** | \_\_\_\_\_\_\_\_ |
| d. | Anorectoplasties for imperforate anus (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_PENA)** | \_\_\_\_\_\_\_\_ |
| e. | Open abdominal surgeries for inflammatory bowel disease (IBD) (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_IBDOPEN)** | \_\_\_\_\_\_\_\_ |
| f. | Minimally invasive abdominal surgeries for inflammatory bowel disease (IBD) (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_IBDLAP)** | \_\_\_\_\_\_\_\_ |
| g. | Congenital esophageal atresia with or without tracheoesophageal fistula and congenital esophageal stenosis or stricture repair (see code list – must have both diagnosis and procedure code) **(GI\_PROCS\_ATRESIA)** | \_\_\_\_\_\_\_\_ |

NOTES: D17x should be whole number only. Do not allow decimals.

1. **Does your hospital track seasonal influenza vaccination of chronic intestinal failure patients (from D13b) seen by your Pediatric Gastroenterology program?**

**(GI\_TRCK\_SHTGUPT\_FLUVAC)**

* + Yes – Go to Question D19
  + No – Skip to Question D20

1. **This question has been removed from the survey.**

**D19.1 This question has been removed from the survey.**

1. **Does your Pediatric Gastroenterology program have a liver transplant program recognized by the United Network for Organ Sharing (UNOS)?** [NOTE: If your hospital is only affiliated with, but is not a UNOS liver transplant program, then you should answer no[[32]](#footnote-33).]

**(GI\_LIVTRNPLT)**

* + Yes
  + No – Skip to D23

1. **Please report your program’s Pediatric (<18) 1-year liver transplant patient survival statistics from Table C19 in your December SRTR report, which includes transplants performed between July 1, 2021 and December 31, 2023.** [If any elements of the table from SRTR are blank or not applicable, please leave them blank on the survey.]

|  |  |
| --- | --- |
| **1-year SRTR measure** | **Table C19 value** |
| 1. Number of transplants evaluated (**GI\_SRTR\_1PATS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated probability of surviving at 1 year (unadjusted) (**GI\_SRTR\_1ESTUN)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_%** |
| 1. Expected probability of surviving at 1 year (adjusted) (**GI\_SRTR\_1ESTAD)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_%** |
| 1. Number of observed deaths during the first year after transplant (**GI\_SRTR\_1OBS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Number of expected deaths during the first year after transplant (**GI\_SRTR\_1EXP)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated hazard ratio **(GI\_SRTR\_1YR)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. 95% credible interval (low value) (**GI\_SRTR\_1LOW)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. 95% credible interval (high value) (**GI\_SRTR\_1HIGH)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

NOTES: D21a and D21d should be whole number only. Do not allow decimals.

D21b, D21c, D21e, D21f, D21g, and D21h is numeric entry (decimals are allowed).

VALIDATE: IF D21d > D21a, DISPLAY: “Number of observed deaths during the first year after transplant (D21d) cannot be greater than number of transplants evaluated (D21a).”

IF D21g > D21h, DISPLAY: “Please check your credible interval bounds as the upper interval limit should be greater than the lower interval limit.”

If D21b is not numeric: “D21b: Please enter a numeric value.”

If D21c is not numeric: “D21c: Please enter a numeric value.”

If D21e is not numeric: “D21e: Please enter a numeric value.”

If D21f is not numeric: “D21f: Please enter a numeric value.”

If D21g is not numeric: “D21g: Please enter a numeric value.”

If D21h is not numeric: “D21h: Please enter a numeric value.”

1. **Please report your program’s Pediatric (<18) 3-year liver transplant patient survival statistics from Table C20 in your December SRTR report, which includes transplants performed between January 1, 2019 and June 30, 2021.** [If any elements of the table from SRTR are blank or not applicable, please leave them blank on the survey.]

|  |  |
| --- | --- |
| **3-year SRTR measure** | **Table C20 value** |
| 1. Number of transplants evaluated (**GI\_SRTR \_3PATS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated probability of surviving at 3 years (unadjusted) (**GI\_SRTR\_3ESTUN)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_%** |
| 1. Expected probability of surviving at 3 years (adjusted) (**GI\_SRTR\_3ESTAD)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_%** |
| 1. Number of observed deaths during the first 3 years after transplant (**GI\_SRTR\_3OBS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Number of expected deaths during the first 3 years after transplant (**GI\_SRTR\_3EXP)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated hazard ratio **(GI\_SRTR\_3YR)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. 95% credible interval (low value) (**GI\_SRTR\_3LOW)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. 95% credible interval (high value) (**GI\_SRTR\_3HIGH)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

NOTES: D22a and D22d should be whole number only. Do not allow decimals.

D22b, D22c, D22e, D22f, D22g, and D22h is numeric entry (decimals are allowed).

VALIDATE: IF D22d > D22a, DISPLAY: “Number of observed deaths during the first 3 years after transplant (D22d) cannot be greater than number of transplants evaluated (D22a).”

IF D22g > D22h, DISPLAY: “Please check your credible interval bounds as the upper interval limit should be greater than the lower interval limit.”

If D22b is not numeric: “D22b: Please enter a numeric value.”

If D22c is not numeric: “D22c: Please enter a numeric value.”

If D22e is not numeric: “D22e: Please enter a numeric value.”

If D22f is not numeric: “D22f: Please enter a numeric value.”

If D22g is not numeric: “D22g: Please enter a numeric value.”

If D22h is not numeric: “D22h: Please enter a numeric value.”

**D22.1 Please list the name your hospital reports under to SRTR. Also, please note that we will verify[[33]](#footnote-34) the values reported with the SRTR/UNOS reports for your hospital. If the SRTR/UNOS values differ from the values reported here, please provide an explanation:**

|  |
| --- |
| **(GI\_SURVIVALRATE\_TEXT)** |

1. **Does your hospital track seasonal influenza vaccination of post-liver transplant patients seen by your Pediatric Gastroenterology program?**

**(GI\_TRCK\_LIVTRNPLTPAT\_FLUVAC)**

* + Yes – Go to Question D24
  + No – Skip to D25

1. **This question has been removed from the survey.**
2. **This question has been removed from the survey.**

**D25.1. This question has been removed from the survey.**

1. **Does your Pediatric Gastroenterology program have regular, multidisciplinary morbidity and mortality conferences[[34]](#footnote-35) for pediatric GI patients at your institution?**

**(GI\_MM\_CONF)**

* Yes
* No

1. **Does your Pediatric Gastroenterology program have a standard mechanism to contact all patients after they have undergone an outpatient GI procedure (e.g., endoscopy, liver biopsy, polypectomy, etc.) to determine if any complications have occurred?**

**(GI\_OUTREACH)**

* Yes
* No

1. **Does your Pediatric GI program have one or more IRB approved protocols that provide patients access to drugs, biologics (IND), or devices (IDE) not commercially available for general use through an expanded access program or limited use program, often known as compassionate use?**

(**GI\_IRB\_PROTOCOLS**)

* Yes
* No

**The next few questions ask about outcomes of care for your Pediatric GI program.**

1. **How many endoscopic procedures did your Pediatric GI program complete with pediatric patients in the last calendar year? How many severe complications (i.e., those that resulted in prolonged hospitalization, transfusion, transfer of care to a higher level such as an ICU, or death) occurred as a result of these endoscopic procedures in the last calendar year?** [If multiple complications occurred with the same procedure, please count as a 1 complication.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_\_ a. Number of endoscopic procedures **(GI\_ENDOSCOPIC\_ALLPROCS)**

\_\_\_\_\_\_\_\_\_ b. Number of serious complications following endoscopic procedures **(GI\_ENDOSCOPIC\_COMPLICATIONS)**

NOTES: D29x should be whole number only. Do not allow decimals.

VALIDATE: IF D29b > D29a, DISPLAY: “D29: Number of complications cannot be greater than number of procedures. If multiple complications occurred with the same procedure, please count as a 1 complication.”

IF D29x IS BLANK, DISPLAY: “D29x: If none, please enter 0.”

1. **This question has been removed from the survey.**

**D30.1**  **This question has been removed from the survey.**

**D30.2 This question has been removed from the survey.**

1. **Is your hospital a member of the Improve Care Now collaborative?**

**(GI\_IMPROVECARENOW)**

* Yes – Please provide your numbers for D32-D33 based on a screenshot of your center’s December performance report for verification.
* No – Please use the instructions listed in D32-D33 to provide both your answers and raw data in a spreadsheet showing values for each patient tracked and how the responses were calculated. The supporting data will be required to receive credit.

1. **How many unique patients[[35]](#footnote-36) received treatment for inflammatory bowel disease (see code list) from your Pediatric GI program in the last calendar year?** [Improve Care Now members—please enter the number of patients seen from your December 2024 report. Centers that are not members of Improve Care Now—please determine the unique patients that received treatment for inflammatory bowel disease in the last calendar year and had at least 1 visit in your program > 112 days after disease diagnosis (exclude second opinion or consult only patients).] [If none, please enter 0.]

\_\_\_\_\_\_\_\_\_ Unique patients received treatment for inflammatory bowel disease **(GI\_IBD\_ALLPATS)**

NOTES: D32 should be whole number only. Do not allow decimals.

1. **Of the patients reported in D32, how many experienced prednisone free remission (inactive disease without the need for continued prednisone treatment beyond 112 days after diagnosis) at their most recent visit prior to December 31, 2024?** [Clicking “Save” will calculate the percentage by dividing patients experiencing prednisone free remission (D33a) by the total patients who received treatment for IBD (D32) and multiplying by 100. Responses will be rounded to 2 decimals.Improve Care Now members: Please enter the number of patients who were in prednisone free remission from the December 2024 report. Centers that are **not** members of Improve Care Now—please determine the unique number of patients listed in D32 that are now currently in prednisone free remission.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_\_ a. Unique patients experiencing prednisone free remission **(GI\_IBD\_REMISSION)**

\_\_\_\_\_\_\_\_\_ b. % of patients experiencing prednisone free remission **(GI\_IBD\_REMISSIONRATE)**

NOTES: D33a should be whole number only. Do not allow decimals.

D33b is an autocalculated value and decimals are allowed.

VALIDATE: IF D33 > D32, DISPLAY: “The number of patients experiencing remission (D33) cannot be greater than the number of patients treated (D32).”

If D33b is not numeric: “D33b: Please enter a numeric value.”

**AUTOCALC: D33b = (D33a / D32) \* 100**

**D33.1 This question has been removed from the survey.**

**D33.2 This question has been removed from the survey.**

1. **This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **This question has been removed from the survey.**
3. **Which, if any, of the following strategies does your pediatric hospital employ to prevent central line associated bloodstream infections (CLABSIs) for patients who are dependent on total parenteral nutrition at home?**

* Focused patient and parent education about infection prevention **(GI\_TPN\_CLABSI\_EDUC)**
* Hospital based outpatient care management program **(GI\_TPN\_CLABSI\_CAREPROG)**
* Collaboration with homecare companies to standardize central line maintenance practices **(GI\_TPN\_CLABSI\_COLLAB)**
* Tracking the rate of CLABSIs in these patients **(GI\_TPN\_CLABSI\_TRACK)**
* Use of ethanol or antibiotic locks in selected high-risk patients **(GI\_TPN\_CLABSI\_LOCKS)**
* Formal improvement project focused on reducing ambulatory CLABSIs in these patients **(GI\_TPN\_CLABSI\_PROJECT)**

1. **Does your Pediatric GI program use pharmacotherapy approaches as an intervention for obesity in pediatric patients?**

* **(GI\_NONBARIATRICSURG)**Yes
* No – Skip to D40

1. **If yes to D38, how many pharmacotherapy interventions for obesity (i.e., GLP-1 agonists such as semaglutide or liraglutide) were prescribed in the last calendar year?**

|  |  |
| --- | --- |
|  |  |
| \_\_\_\_\_\_\_\_\_ | Unique patients receiving pharmacotherapy interventions for obesity **(GI\_NONBAR\_PHARMA)** |

NOTES: D39 should be whole number only. Do not allow decimals.

**The following are being collected for information purposes only. They will not be factored into the rankings this year.**

1. **Please indicate the total number of nurse practitioners and physician assistants who directly support your Pediatric Gastroenterology & GI Surgery program through a hospital-wide Pediatric Surgery program[[36]](#footnote-37). For each category, please also indicate the total number of full-time equivalents (FTEs)[[37]](#footnote-38) devoted to pediatric gastroenterology or gastroenterology surgery clinical care.** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total**  **Staff** | **Clinical FTEs** |
| a. | Nurse practitioners **(GI\_NP\_SURG** | \_\_\_\_\_\_\_\_  **TOT)** | \_\_\_\_\_\_\_\_  **FTE)** |
| b. | Physician assistants **(GI\_PA\_SURG** | \_\_\_\_\_\_\_\_  **TOT)** | \_\_\_\_\_\_\_\_  **FTE)** |

NOTES: D40x1 should be whole number only. Do not allow decimals.

D40x2 is numeric entry (decimals are allowed).

VALIDATE: If D40x2 is not numeric: “D40x2 (FTE): Please enter a numeric value.”

**D40.1 This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **Does your Pediatric GI program manage patients pre- and post-liver transplantation from another institution?**

**(GI\_LIVTRNPLT\_PREPOST)**

* Yes
* No – Skip to D44

1. **How many post-transplant patients from another institution[[38]](#footnote-39) did your program care for in the last calendar year?**

\_\_\_\_\_\_\_\_\_ Number of current post-transplant patients from another institution **(GI\_LIVTRNPLT\_POSTNUM)**

NOTES: D43 should be whole number only. Do not allow decimals.

1. **Does your Pediatric GI program have a formal relationship[[39]](#footnote-40) with a liver transplantation program at another institution?**

**(GI\_LIVTRNPLT\_INSTITUTE)**

* Yes
* No - Skip to D46

1. **If yes to D44, please list the institution(s) with which your Pediatric GI program has a formal relationship and briefly describe the relationship.**

|  |
| --- |
| **(GI\_LIVTRNPLT\_INSTITUTE\_NAME)** |

1. **For the year of this survey, did your institution participate in the Children’s Surgery Verification (CSV) Program[[40]](#footnote-41)?**

**(GI\_PARTICIPATION\_CSV)**

* Yes
* No

**CHIEF OF SERVICE APPROVAL**

To have this section of the survey accepted for scoring, the Service Chief for your Pediatric Gastroenterology program must acknowledge that they have reviewed all responses and approve of the submission. To do this you will need to download, complete, and upload the approval form by the date of the final survey submission. Has the approval form for your Pediatric Gastroenterology program been completed and uploaded to the Pediatric Hospital Survey website?

**(GI\_DIR\_APPROVE)**

* Yes, the form as been submitted
* No, the form has not been submitted. Please complete and upload the form before proceeding.

**COMMENTS FOR SECTION D:**

If needed, you may provide clarifications to the responses you provided to the questions asked in this section only. All other comments, suggestions or questions should be sent to PediatricHospSurvey@rti.org.

|  |
| --- |
| **(GI\_COMMENTS)** |

1. Attending/on-staff physicians include those who have completed their training in their particular medical specialty, are actively providing clinical care to patients, and are currently considered a member of the “medical staff” at the hospital. This may include physicians employed by the hospital, an affiliated university, or some other entity as long as the physician is considered part of the medical staff at the hospital. [↑](#footnote-ref-2)
2. To calculate physician clinical FTEs, please take the percentage of typical clinical effort that a physician provides to the program and divide by 100. This resulting decimal will be the clinical FTE for this physician. For example, Dr. A spends 75% of his time in clinical care and 25% in research; the clinical FTE for Dr. A would be 0.75 FTE (i.e., 75/100=0.75). [↑](#footnote-ref-3)
3. A patient care coordinator is a specific individual assigned to a clinical program to help coordinate the functions of the program (i.e., coordination of care). The possible roles include obtaining pre-authorizations, scheduling, and overseeing clinic operations. [↑](#footnote-ref-4)
4. Calculate nurse (RN) clinical FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-5)
5. These are pediatric pathologists with specialized training or a fellowship in gastrointestinal or liver pathology. [↑](#footnote-ref-6)
6. Educational programs should be comprehensive programs that are integrated into patient care with guidance and reinforcement by health care providers and other hospital staff such as social workers, occupational therapists, physical therapists, speech therapists and dietitians. Programs must consist of more than just printed materials and videos and include time spent between program Pediatric Gastroenterology staff and patients (and where appropriate their families). [↑](#footnote-ref-7)
7. Here, “dedicated” is intended to mean that medical staff have specific clinic time on the calendar each month devoted to this program at the exclusion of other responsibilities. [↑](#footnote-ref-8)
8. Telehealth visits can be included in the patient volume counts. [↑](#footnote-ref-9)
9. This program is designed to restore nutritional status and improve bowel function in pediatric patients with a variety of chronic intestinal problems, including dysmotility, malabsorption, and short bowel syndrome. No specific diagnosis codes required for this program. This program must include a dedicated surgeon who provides input for appropriate patients. [↑](#footnote-ref-10)
10. This program supports the feeding of patients intravenously. Program staff work with the patient, family, and other medical providers to ensure that proper assessment and delivery of TPN services are made to meet the needs of patients. No specific diagnosis codes required for this program. [↑](#footnote-ref-11)
11. This is a multidisciplinary program for treating patients with cystic fibrosis. The program seeks to help meet the specific dietary needs of cystic fibrosis patients by aggressive involvement of pediatric gastroenterologists, nutritionists, pulmonologists, and others to ensure healthy development. No specific diagnosis codes required for this program. [↑](#footnote-ref-12)
12. This is a multidisciplinary approach for the assessment/treatment of pediatric feeding disorders. No specific diagnosis codes required for this program. [↑](#footnote-ref-13)
13. This program is focused on the diagnosis and treatment of pediatric patients at risk for or suffering from obesity. No specific diagnosis codes required for this program. [↑](#footnote-ref-14)
14. This multidisciplinary program provides diagnostic and treatment services for infants, children, and adolescents with intractable intestinal inflammation resulting from chronic conditions, such as Crohn’s disease and ulcerative colitis. No specific diagnosis codes required for this program. [↑](#footnote-ref-15)
15. This multidisciplinary assessment/treatment program provides services for patients with Eosinophilic gastrointestinal disorders and/or gastrointestinal food allergies. No specific diagnosis codes required for this program. [↑](#footnote-ref-16)
16. This program provides comprehensive diagnostic, evaluation, and treatment services for patients with chronic liver disease. No specific diagnosis codes required for this program. [↑](#footnote-ref-17)
17. This program provides clinical expertise for the evaluation and management of a wide variety of functional gastrointestinal disorders that result in motility disturbances, visceral pain, and mucosal immunological events including pseudo-obstruction, chronic constipation and surgical assist with ileostomy, cecostomy or appendicostomy. No specific diagnosis codes required for this program. [↑](#footnote-ref-18)
18. This program provides multidisciplinary clinical expertise for the evaluation and management of children with aerodiegstive disorders and often involves a gastroenterologist, ENT surgeon, and nutritionist, as well as other professionals. [↑](#footnote-ref-19)
19. This program involves multidisciplinary clinical expertise for the evaluation and management of children with anorectal malformations, (e.g., imperforate anus and other congenital anomalies, Hirschsprung’s disease). No specific diagnosis codes required for this program. [↑](#footnote-ref-20)
20. This multidisciplinary program must include pediatric gastroenterologists, nutritionists, social workers, and mental health therapists. Patients must have the diagnosis code: K90.0. [↑](#footnote-ref-21)
21. This program is for the care of patients with functional abdominal pain. This does not include patients with chronic pain due to other underlying disease states (e.g., chronic pancreatitis). The program must include pediatric gastroenterologist, nutritionists, social workers, and mental health therapists. No specific diagnosis codes are required for this program. [↑](#footnote-ref-22)
22. A mutual support program dedicated to helping patients and their families cope more effectively with inflammatory bowel disease. [↑](#footnote-ref-23)
23. A mutual support program dedicated to helping patients and their families cope more effectively with celiac disease. [↑](#footnote-ref-24)
24. A mutual support program dedicated to helping liver-disease and liver-transplant patients and their families. [↑](#footnote-ref-25)
25. This type of group is for children with anorectal malformations such as imperforate anus, Hirschsprung’s disease, and other congenital anomalies. [↑](#footnote-ref-26)
26. Unique patients seen by telehealth visits may be included. [↑](#footnote-ref-27)
27. Private investigations within Pediatric Surgery should be studies related to gastrointestinal, pancreatic, or hepatobiliary systems. [↑](#footnote-ref-28)
28. These may include either internally-funded, grant-funded or industry-sponsored trials, studies, or databases. [↑](#footnote-ref-29)
29. Investigations within Pediatric Surgery should be studies related to gastrointestinal, pancreatic, or hepatobiliary systems. [↑](#footnote-ref-30)
30. Procedures must be performed on-site, but not necessarily by your GI program. [↑](#footnote-ref-31)
31. CPT 44970 Laparoscopic Appendectomy is not counted in this question as the intent is to measure more complicated surgical interventions. [↑](#footnote-ref-32)
32. This is intended to exclude cases of centers that have a referral source for transplantation that is not part of the center. If your center has an affiliation with an adult facility or a parent medical center allowing for transplants to take place essentially there at your center, then you should answer yes to this item. [↑](#footnote-ref-33)
33. Verification reports are available here: <https://www.srtr.org/transplant-centers/?query=&distance=50&location=&state=&recipientType=pediatric&organ=liver&sort=transplantRate>. If your reports do not match the values that are publicly available, please provide an explanation. [↑](#footnote-ref-34)
34. These are regularly scheduled conferences to provide a forum for faculty and trainees to explore the management of cases in which injury or death occurred. They are also a requirement of all fellowship programs of the Accreditation Council for Graduate Medical Education (ACGME). [↑](#footnote-ref-35)
35. In order to accurately capture remission rate, please exclude patients who were initially treated fewer than 112 days prior to calculating your response to this item. Only include patients who receive their routine IBD care at your center, not patients seen only for a second opinion or consult. [↑](#footnote-ref-36)
36. These Pediatric Surgery staff must directly support GI surgery but may also include those who support a multidisciplinary program directly related to GI disorders. [↑](#footnote-ref-37)
37. To calculate nurse practitioner and physician assistant clinical FTEs, please take the percentage of typical clinical effort that a NP or PA provides to the program and divide by 100. This resulting decimal will be the clinical FTE. For example, NP Smith spends 65% of her time in clinical care and 35% in administrative activities; the clinical FTE for NP Smith would be 0.65 FTE (i.e., 65/100=0.65). [↑](#footnote-ref-38)
38. Do not include post-transplant patients from your hospital’s own transplant program if you have one. Only include patients transferred from another transplant program. [↑](#footnote-ref-39)
39. A formal relationship is one that has been documented as existing between the organizations. This should not include relationships where there is an informal ability to set up a relationship. [↑](#footnote-ref-40)
40. The Children’s Surgery Verification (CSV) Quality Improvement Program, commonly referred to as the CSV Program, specifically addresses the surgical care of infants and children. The intent of the CSV program is to match children’s specific providers and resources to the individual needs of every child needing surgical care. [↑](#footnote-ref-41)