**SECTION G: PEDIATRIC NEPHROLOGY**

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

**(NEPHRO\_HAVEPROGRAM)**

* Yes
* No – Skip to Section H

**When responding to questions in this section, your hospital must consult with the chief of service (or equivalent) of your Pediatric Nephrology 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 Nephrology program.**

 **Full name:**

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

 **Title:**

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

 **Email:**

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

 **Preferred phone:**

|  |
| --- |
| **(NEPHRO\_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.”

**G1.1 Are you submitting jointly with a Pediatric Nephrology program at another hospital?**

**(NEPHRO\_JOINTSUB)**

* + Yes – Go to Question G1.2
	+ No – Skip to Question G2

**G1.2 If yes, what is the name of the Pediatric Nephrology 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 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.

|  |
| --- |
| **(NEPHRO\_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 Nephrology program in the following categories.** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total Physicians** |  |
| a. | Pediatric nephrologists (include only board certified/board eligible, by the American Board of Pediatrics with subspecialty certification in pediatric nephrology)  | \_\_\_\_\_\_\_\_ |  |
|  | **(NEPHRO\_PHYSICIANS\_NEPHRO\_TOT)**  |  |  |
| b. | Other attending/on-staff physicians (include all other attending/on-staff physicians who are *not* subspecialty board certified/board eligible in pediatric nephrology)  | \_\_\_\_\_\_\_\_ |  |
|  | **(NEPHRO\_PHYSICIANS\_OTHER\_TOT)**  |  |  |

NOTES: G2x should be whole number only. Do not allow decimals.

***Note: Questions 1 and 2 are used to determine eligibility for Pediatric Nephrology. If you leave any part of these questions blank, your hospital will be considered ineligible for the rankings in Pediatric Nephrology.***

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

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

NOTES: G3x should be whole number only. Do not allow decimals.

1. **Please indicate the number of clinical nurse (RN) FTEs[[2]](#footnote-3) who work in or directly support your Pediatric Nephrology program’s outpatient clinic(s).** [Do not include inpatient nurses or nurses that are assigned only to your pediatric dialysis program. Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ FTE RNs **(NEPHRO\_RN\_FTE)**

NOTES: G4 is numeric entry (decimals are allowed).

VALIDATE: If G4 is not numeric: “G4: Please enter a numeric value.”

1. **Does your Pediatric Nephorology program have the following full-time equivalents (FTEs)[[3]](#footnote-4) staff dedicated to the care of pediatric maintenance dialysis patients?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes**  | **No**  |
| a. | Clinical nurses, at least 1 FTE **(NEPHRO\_DIALYSISFTE\_NURSE)** | ○ | ○ |
| b. | Social workers, at least 0.5 FTE **(NEPHRO\_DIALYSISFTE\_SOCW)** | ○ | ○ |
| c. | Dieticians, at least 0.5 FTE **(NEPHRO\_DIALYSISFTE\_DIET)** | ○ | ○ |
| d. | Psychologist/Psychiatrist, at least 0.5 FTE **(NEPHRO\_DIALYSISFTE\_PSYCH)** | ○ | ○ |

1. **This question has been removed from the survey.**
2. **This question has been removed from the survey.**
3. **What is the dialysis treatment volume (see code list for procedures) in patient days performed by your Pediatric Nephrology Program for the treatment of AKI (see code list for diagnoses) in each of the last 2 years?** [Examples: If 10 patients received one day of dialysis on the same day that would count as 10 patient days. If one patient receives dialysis treatment 28 times over a 60-day period that would count as 28 patient days.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Number of Treatment Days** |
| a. | 2023 dialysis treatment volume **(NEPHRO\_AKI\_VOLUME\_PREV)** | \_\_\_\_\_\_\_\_ |
| b. | 2024 dialysis treatment volume**(NEPHRO\_AKI\_VOLUME\_CURR)** | \_\_\_\_\_\_\_\_ |

NOTES: G8x should be whole number only. Do not allow decimals.

1. **Which of the following programs are offered by your Pediatric Nephrology program to support patients in your pediatric maintenance dialysis program?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | One or more school teachers dedicated to working with patients in the pediatric maintenance dialysis program **(NEPHRO\_PROGRAMS\_TEACHERS)** | ○ | ○ |
| b. | A standard review of school performance (e.g., grades, test scores, etc.) and patient’s Individualized Education Program (IEP) or 504 accommodation plan **(NEPHRO\_PROGRAMS\_IEP)** | ○ | ○ |
| c. | Summer camp for patients on maintenance dialysis **(NEPHRO\_PROGRAMS\_CAMP)** | ○ | ○ |
| d. | Quality of life assessment **(NEPHRO\_PROGRAMS\_QOL)** | ○ | ○ |
| e. | Child life specialists **(NEPHRO\_PROGRAMS\_CL)** | ○ | ○ |

1. **What percentage of school-age (≥6 and <18 years old) pediatric dialysis patients in your Pediatric Nephrology program are currently enrolled in a school or a vocational rehabilitation program?**

**(NEPHRO\_PCT\_SCHOOLAGE)**

* >75%
* 50-75%
* <50%
1. **This question has been removed from the survey.**

**G11.1. This question has been removed from the survey.**

1. **Does your hospital/facility track seasonal influenza vaccination of end stage renal disease (ESRD, see code list) patients on maintenance dialysis (maintained more than 3 months consecutively) seen by your Pediatric Nephrology program?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** |  |
| a. | Hemodialysis patients | ○ | ○ |  |
|  | **(NEPHRO\_TRCK\_FLUVAC\_HEMO)** |  |  |
| b. | Peritoneal dialysis patients  | ○ | ○ |  |
|  | **(NEPHRO\_TRCK\_FLUVAC\_PERI)** |  |  |

1. **Does your hospital/facility track pneumococcal vaccination of end stage renal disease (ESRD) (see code list) patients on maintenance dialysis (maintained more than 3 months consecutively) who are being seen by your Pediatric Nephrology program?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** |  |
| a. | Hemodialysis patients  | ○ | ○ |  |
|  | **(NEPHRO\_TRCK\_PNEVAC\_HEMO)** |  |  |
| b. | Peritoneal dialysis patients  | ○ | ○ |  |
|  | **(NEPHRO\_TRCK\_PNEVAC\_PERI)** |  |  |

1. **How many native kidney percutaneous biopsy[[4]](#footnote-5) procedures (see code list) were performed by your Pediatric Nephrology program or by pediatric interventional radiologists in the last 2 calendar years?.**[If none, please enter 0.]

\_\_\_\_\_\_\_\_ Biopsy procedures **(NEPHRO\_NATIVEBIOPSY\_PROCS)**

NOTES: G14 should be whole number only. Do not allow decimals.

VALIDATE: IF G14 IS BLANK, DISPLAY: “G14: If none, please enter 0.”

SKIP LOGIC: If G14 = 0, SKIP TO G17; ELSE IF >0 OR BLANK, GO TO G14.1

**G14.1 This question has been removed from the survey.**

1. **Of the procedures reported in G14, how many resulted in a biopsy complication (e.g., bleeding, severe pain, high fever, etc.) in which the complication itself resulted in either admission (for those programs who conduct biopsies as an outpatient procedure), readmission (within 7 days of the biopsy procedure) or a lengthened hospital stay (prolonged by more than 24 hours)?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Unique number of procedures with complication **(NEPHRO\_PERC\_BIOPSY\_COMP)**

NOTES: G15 should be whole number only. Do not allow decimals.

VALIDATE: IF G15 IS BLANK, DISPLAY: “G15: If none, please enter 0.”

 If G15 > G14, DISPLAY: “G15: The number of patients with biopsy complications cannot be greater than the total number of biopsy procedures.”

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

**G16.1 This question has been removed from the survey.**

1. **Does your Pediatric Nephrology program participate in regular (monthly, bimonthly, or quarterly) interdisciplinary clinics or clinical conferences to review and coordinate the care of patients with the participation of the following specialty areas?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Urology/Uroradiology **(NEPHRO\_CONFERENCE\_URO)** | ○ | ○ |
| b. | Renal pathology **(NEPHRO\_CONFERENCE\_RENAL)** | ○ | ○ |
| c. | Rheumatology **(NEPHRO\_CONFERENCE\_RHEUM)** | ○ | ○ |
| d. | Fetal Health **(NEPHRO\_CONFERENCE\_FETAL)** | ○ | ○ |

**G18.1 How many inpatient admissions and consultations did your Pediatric Nephrology program have in the last 2 calendar years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Inpatient admissions and consultations, last 2 years **(NEPHRO\_INPAT\_ADMISSIONS)**

NOTES: G18.1 should be whole number only. Do not allow decimals.

**G18.2 Of the inpatient admissions and consultations reported in G18.1, how many had a diagnosis of acute kidney injury (AKI; see code list)?**

\_\_\_\_\_\_\_\_ Patients with AKI diagnosis **(NEPHRO\_INPAT\_AKI)**

NOTES: G18.2 should be whole number only. Do not allow decimals.

VALIDATE: IF G18.2 >G18.1: “Patients with AKI (G18.2) cannot be greater than total inpatient admissions and consultations (G18.1).”

**G18.3 How many new[[5]](#footnote-6) outpatient evaluations or consultations did your Pediatric Nephrology program have in the last 2 calendar years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Outpatient evaluations or consultations, last 2 years **(NEPHRO\_OUTPATIENT)**

NOTES: G18.3 should be whole number only. Do not allow decimals.

1. **Which of the following are provided by your Pediatric Nephrology program?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Pediatric dialysis unit has a designated medical director, who is a board-certified pediatric nephrologist, with a dedicated 0.25 or more FTE support for this position **(NEPHRO\_DIALYSISUNIT\_DIRECTOR)** | ○ | ○ |
| b. | Pediatric dialysis unit reviews the Quality Assurance Performance Improvement (QAPI) activities of the program independently from the adult dialysis service **(NEPHRO\_DIALYSISUNIT\_QAPI)** | ○ | ○ |
| c. | Pediatric maintenance hemodialysis patients receive treatment in a unit physically separated from adult patients or in an independent unit **(NEPHRO\_DIALYSISUNIT\_SEPARATE)** | ○ | ○ |
| d. | Dedicated nursing staff with formal training in pediatric dialysis assigned to care for all pediatric hemodialysis patients **(NEPHRO\_DIALYSISUNIT\_NURSE)** | ○ | ○ |
| e. | At home maintenance hemodialysis program for adolescents (maintained more than 3 months consecutively at home) that is either standalone or conducted in conjunction with an adult program **(NEPHRO\_DIALYSISUNIT\_ADOLESCENT)** | ○ | ○ |
| f. | At home maintenance peritoneal dialysis program **(NEPHRO\_DIALYSISUNIT\_HOME)** | ○ | ○ |

**G19.1 Is therapeutic plasma exchange available to patients in your Pediatric Nephrology program. If so, does the Pediatric Nephrology program prescribe[[6]](#footnote-7) plasmapheresis to nephrology patients?**

 **(NEPHRO\_PLASMA)**

* Therapeutic plasma exchange is NOT available to patients
* Therapeutic plasma exchange is available to patients, but is NOT managed by a team that includes Pediatric Nephrology
* Therapeutic plasma exchange is available to patients and managed by a team that includes Pediatric Nephrology

**G19.2 This question has been removed from the survey.**

1. **How many unique ESRD patients (see code list) with a completed CMS-2728 (Medical Evidence) form in the following categories received maintenance dialysis[[7]](#footnote-8) under the direction of your Pediatric Nephrology program in the last 2 calendar years? Of those on maintenance dialysis, how many died during this period of time?** [If patient age spans two age categories, please use the age for the patient on the last day of the calendar year.][If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unique Patients****(last 2 years)** | **Deaths****(last 2 years)** |
| a. | Hemodialysis and/or peritoneal dialysis with infants and young children (<5 years of age) **(NEPHRO\_MAINTENANCE\_HEMO5\_** | \_\_\_\_\_\_\_\_**PATS)** | \_\_\_\_\_\_\_\_**DEATHS)** |
| b. | Hemodialysis and/or peritoneal dialysis with children and adolescents (> 5 and < 18 years of age) **(NEPHRO\_MAINTENANCE\_HEMO18\_** | \_\_\_\_\_\_\_\_**PATS)** | \_\_\_\_\_\_\_\_**DEATHS)** |

NOTES: G20x1 and G20x2 should be whole number only. Do not allow decimals.

VALIDATE: IF G20x2 IS BLANK, DISPLAY: “G20x (Deaths): If none, please enter 0.”

 IF G20x2 > G20x1, DISPLAY: “G20x: Please check your responses. The number of patient deaths cannot be greater than the number of patients.”

SKIP LOGIC: IF (G20a1 + G20b1)>0, GO TO G20.1; ELSE, SKIP TO G22.

**G20.1 Of the unique ESRD patients reported in G20, how many of these patients were > 10 kg at any time during the last 2 calendar years? [**Please use the age of patients from question G20 when answering this question.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique****Patients** **(last 2 years)** |
| a. | Hemodialysis and/or peritoneal dialysis with infants and young children (<5 years of age) **(NEPHRO\_MAINTENANCE\_HEMO5\_10KG)** | \_\_\_\_\_\_\_\_ |
| b. | Hemodialysis and/or peritoneal dialysis with children and adolescents (> 5 and < 18 years of age) **(NEPHRO\_MAINTENANCE\_HEMO18\_10KG)** | \_\_\_\_\_\_\_\_ |

NOTES: G20.1x should be whole number only. Do not allow decimals.

1. **Of the unique patients reported in G20.1, how many received a kidney transplant in the last 2 calendar years in each category? [**Please use the age of patients from question G20.1 when answering this question.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique****Patients** **(last 2 years)** |
| a. | Hemodialysis and/or peritoneal dialysis with infants and young children (< 5 years of age) **(NEPHRO\_\_TRANSPLANT\_HEMO5)** | \_\_\_\_\_\_\_\_ |
| b. | Hemodialysis and/or peritoneal dialysis with children and adolescents (> 5 and < 18 years of age) **(NEPHRO\_\_TRANSPLANT\_HEMO18)** | \_\_\_\_\_\_\_\_ |

NOTES: G21x should be whole number only. Do not allow decimals.

VALIDATE: IF G21x > G20.1x, DISPLAY: “Please check your responses. The number of patients with kidney transplants (G21x) cannot be greater than the number of patients who were > 10 kg (G20.1x).”

1. **For each of the following categories, provide the number of accesses (e.g., catheters, fistulae/grafts) either existing or placed and the number of unique maintenance dialysis[[8]](#footnote-9) patients who had or received these accesses in your Pediatric Nephrology program in the last 2 calendar years.[[9]](#footnote-10)** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Number of Accesses Placed[[10]](#footnote-11) (last 2 years)** | **Unique Patients (last 2 years)** |
| a. | Permanent hemodialysis (see code list- must have diagnosis and procedure code) vascular central venous catheters (Perm-catheter) placed in infants and young children (< 5 years of age). **(NEPHRO\_ACCESS\_PERMCATH5\_** | \_\_\_\_\_\_\_\_**PLACED)** | \_\_\_\_\_\_\_\_**PATS)** |
| b. | Permanent hemodialysis (see code list - must have diagnosis and procedure code) vascular central venous catheters (Perm-catheter) placed in children and adolescents (> 5 and < 18 years of age). **(NEPHRO\_ACCESS\_PERMCATH18\_** | \_\_\_\_\_\_\_\_ **PLACED)** | \_\_\_\_\_\_\_\_ **PATS)** |
| c. | Hemodialysis (see code list) AV fistula/graft access placements in children and adolescents (> 10 and < 18 years of age) on maintenance dialysis. (**NEPHRO\_ACCESS\_FISTULA\_** | \_\_\_\_\_\_\_\_**PLACED)** | \_\_\_\_\_\_\_\_**\_PATS)** |
| d. | Peritoneal dialysis catheters (see code list) placed in infants and young children (< 5 years of age). **(NEPHRO\_ACCESS\_PERICATH5\_** | \_\_\_\_\_\_\_\_ **PLACED)** | \_\_\_\_\_\_\_\_ **PATS)** |
| e. | Peritoneal dialysis catheters (see code list) placed in children and adolescents (> 5 and < 18 years of age). **(NEPHRO\_ACCESS\_PERICATH18\_** | \_\_\_\_\_\_\_\_ **PLACED)** | \_\_\_\_\_\_\_\_ **PATS)** |

NOTES: G22x1 and G22x2 should be whole number only. Do not allow decimals.

VALIDATE: IF G22x2 > G22x1, DISPLAY: “G22x: Please check your responses. The number of accesses placed cannot be less than the number of unique patients.”

1. **What was the value for each of the following outcomes for patients in your Pediatric Nephrology program on maintenance dialysis[[11]](#footnote-12) (maintained more than 3 months consecutively) and treated in your hospital/facility in the last 2 calendar years?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Value,** **2023** | **Value,** **2024** |
| a. | **Percentage of monthly Kt/V values that were ≥ 1.2 for patients who received 3 times weekly hemodialysis (NEPHRO\_OUTCOME\_KTVHEMO\_** | \_\_\_\_\_\_\_\_%**PREV)** | \_\_\_\_\_\_\_\_%**CURR)** |
| b. | Percentage of total (peritoneal dialysis clearance + residual renal function) Kt/V values that were >1.8 **for patients**[[12]](#footnote-13) **(< 18 years of age) who received peritoneal dialysis (NEPHRO\_OUTCOME\_KTVPERI\_** | \_\_\_\_\_\_\_\_%**PREV)** | \_\_\_\_\_\_\_\_%**CURR)** |
| c. | **Percentage of standard Kt/V (stdKt/V) values that were ≥ 2.1 for patients who received hemodialysis more than 3 times weekly (NEPHRO\_OUTCOME\_STDKTVHEMO\_** | \_\_\_\_\_\_\_\_%**PREV)** | \_\_\_\_\_\_\_\_%**CURR)** |

NOTES: G23x1 and G23x2 is numeric entry (decimals are allowed).

VALIDATE: 0 ≤ G23x ≤ 100. ELSE DISPLAY: “G23x: Please enter a numeric value between 0 and 100.”

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

**G24.1 What were the total number of months and cases of peritonitis for all pediatric outpatients on maintenance (maintained more than 3 months consecutively) peritoneal dialysis that occurred during the last 2 years?** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Value,** **2023** | **Value,** **2024** |
| a. | **Number of outpatient months of maintenance** peritoneal dialysis at your center **(NEPHRO\_PERITONITIS\_MONTH\_** | \_\_\_\_\_\_\_\_**PREV)** | \_\_\_\_\_\_\_\_**CURR)** |
| b. | Number of cases of peritonitis[[13]](#footnote-14) that occurred in these patients **(NEPHRO\_PERITONITIS\_CASES\_** | \_\_\_\_\_\_\_\_**PREV)** | \_\_\_\_\_\_\_\_**CURR)** |

NOTES: G24.1x1 and G24.1x2 should be whole number only. Do not allow decimals.

1. **Does your Pediatric Nephrology program offer a formal, written transition plan/program[[14]](#footnote-15) for kidney transplant recipients into internal medicine/nephrology/transplant medicine programs?**

**(NEPHRO\_TRANSITION)**

* Yes
* No
1. **Does your Pediatric Nephrology program offer a formal, written transition plan/program[[15]](#footnote-16) for dialysis patients into adult internal medicine/nephrology/dialysis programs?**

**(NEPHRO\_TRANS\_DIALYSIS)**

* Yes
* No
1. **How many percutaneous kidney *transplant* biopsies (protocol or non-protocol) (see code list) were performed by your Pediatric Nephrology program or by pediatric interventional radiologists in the last 2 calendar years?** [If none, please enter 0.]

\_\_\_\_\_\_\_ a. 2023 kidney transplant biopsies **(NEPHRO\_KIDNYTRSPLTBIOP\_PREV)**

 \_\_\_\_\_\_\_ b. 2024 kidney transplant biopsies **(NEPHRO\_KIDNYTRSPLTBIOP\_CURR)**

NOTES: G27x should be whole number only. Do not allow decimals.

SKIP LOGIC: IF (G27a + G27b) > 0, GO TO G27.1. ELSE, SKIP TO G28.

**G27.1 This question has been removed from the survey/**

**G27.2 Of the biopsy procedures reported in G27, how many resulted in a biopsy complication (e.g., bleeding, severe pain, high fever, etc.) in which the complication itself resulted in either readmission (within 7 days of the biopsy procedure) or a lengthened hospital stay (prolonged by > 24 hours)?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Unique procedures **(NEPHRO\_BIOPSY\_COMP)**

NOTES: G27.2 should be whole number only. Do not allow decimals.

VALIDATE: IF G27.2 IS BLANK, DISPLAY: “G27.2: If none, please enter 0.”

 IF G27.2 > (G27a + G27b), DISPLAY: “The number of biopsies resulting in complications (G27.2) cannot be greater than the total number of biopsies performed (G27).”

1. **Does United Network for Organ Sharing (UNOS) list your Pediatric Nephrology program as having a kidney transplant program?** [NOTE: If your hospital is only affiliated with a UNOS kidney transplant program, then you should answer no.[[16]](#footnote-17)]

**(NEPHRO\_UNOS\_KDNYTRSPLT)**

* Yes – Go to G29
* No – Skip to G33
1. **What percentage of your living donor nephrectomies (see code list – must have diagnosis code and at least one procedure code) conducted over the last 2 calendar years have been conducted via a laparoscopic procedure?**

**(NEPHRO\_DONORNEPHRECT)**

* >90%
* 80-89%
* 70-79%
* <70%
* NA: We did not do living donor nephrectomies over the last 2 calendar years

**G30. This question has been removed from the survey.**

**G31. What percentage of your kidney transplants (< 18 years of age) in the last 2 calendar years were preemptive[[17]](#footnote-18)?**

**(NEPHRO\_PREEMPTIVE)**

* <10%
* 10-20%
* 21-30%
* >30%

**G32.1 Please report your program’s Pediatric (< 18) 1-year deceased-donor and living-donor kidney transplant GRAFT survival statistics from Tables C12D and C12L respectively 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 listed as N/A, please leave them blank on the survey.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1-year SRTR Measure** | **Deceased Donor Table C12D** | **Living Donor Table C12L** |
|  | Number of transplants evaluated (**NEPHRO\_SRTR\_1PATS\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated probability of surviving with a functioning graft at 1 year (unadjusted) (**NEPHRO\_SRTR\_1ESTUN\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Expected probability of surviving with a functioning graft at 1 year (adjusted) (**NEPHRO\_SRTR\_1ESTAD\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Number of observed graft failures (including deaths) during the first year after transplant (**NEPHRO\_SRTR\_1OBS\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Number of expected graft failures (including deaths) during the first year after transplant (**NEPHRO\_SRTR\_1EXP\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated hazard ratio **(NEPHRO\_SRTR\_1YR\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (low value) (**NEPHRO\_SRTR\_1LOW\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (high value) (**NEPHRO\_SRTR\_1HIGH\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |

NOTES: G32.1a1, G32.1a2, G32.1d1, and G32.1d2 should be whole number only. Do not allow decimals.

 All other rows in G32.1 are numeric entry (decimals are allowed).

VALIDATE: 0 ≤ G32.1b1 ≤ 100, ELSE DISPLAY: “G32.1b1 (Deceased Donor Table C12D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.1c1 ≤ 100. ELSE DISPLAY: “G32.1c1 (Deceased Donor Table C12D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.1b2 ≤ 100, ELSE DISPLAY: “G32.1b2 (Living Donor Table C12L): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.1c2 ≤ 100, ELSE DISPLAY: “G32.1c2 (Living Donor Table C12L): Please enter a numeric value between 0 and 100.”

 If G32.1x1 item e-h is not numeric: “G32.1x1 (Deceased Donor Table C12D): Please enter a numeric value.”

 If G32.1x2 item e-h is not numeric: “G32.1x2 (Living Donor Table C12L): Please enter a numeric value.”

**G32.2 Please report your program’s Pediatric (< 18) 3-year deceased-donor and living-donor kidney transplant GRAFT survival statistics from Tables C14D and C14L respectively 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 listed as N/A, please leave them blank on the survey.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3-year SRTR Measure** | **Deceased Donor Table C14D** | **Living Donor Table C14L** |
|  | Number of transplants evaluated (**NEPHRO\_SRTR\_3PATS\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated probability of surviving with a functioning graft at 3 years (unadjusted) (**NEPHRO\_SRTR\_3ESTUN\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Expected probability of surviving with a functioning graft at 3 years (adjusted) (**NEPHRO\_SRTR\_3ESTAD\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Number of observed graft failures (including deaths) during the first 3 years after transplant (**NEPHRO\_SRTR\_3OBS\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Number of expected graft failures (including deaths) during the first 3 years after transplant (**NEPHRO\_SRTR\_3EXP\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated hazard ratio **(NEPHRO\_SRTR\_3YR\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (low value) (**NEPHRO\_SRTR\_3LOW\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (high value) (**NEPHRO\_SRTR\_3HIGH\_GRAFT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |

NOTES: G32.2a1, G32.2a2, G32.2d1, and G32.2d2 should be whole number only. Do not allow decimals.

 All other rows in G32.2 are numeric entry (decimals are allowed).

VALIDATE: 0 ≤ G32.2b1 ≤ 100, ELSE DISPLAY: “G32.2b1 (Deceased Donor Table C14D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.2c1 ≤ 100, ELSE DISPLAY: “G32.2c1 (Deceased Donor Table C14D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.2b2 ≤ 100, ELSE DISPLAY: “G32.2b2 (Living Donor Table C14L): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.2c2 ≤ 100, ELSE DISPLAY: “G32.2c2 (Living Donor Table C14L): Please enter a numeric value between 0 and 100.”

 If G32.2x1 item e-h is not numeric: “G32.2x1 (Deceased Donor Table C14D): Please enter a numeric value.”

 If G32.2x2 item e-h is not numeric: “G32.2x2 (Living Donor Table C14L): Please enter a numeric value.”

**G32.3 Please report your program’s Pediatric (< 18) 1-year deceased-donor and living-donor kidney transplant PATIENT survival statistics from Tables C19D and C19L respectively 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 listed as N/A, please leave them blank on the survey.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1-year SRTR Measure** | **Deceased Donor Table C19D** | **Living Donor Table C19L** |
|  | Number of transplants evaluated (**NEPHRO\_SRTR\_1PATS\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated probability of surviving at 1 year (unadjusted) (**NEPHRO\_SRTR\_1ESTUN\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Expected probability of surviving at 1 year (adjusted) (**NEPHRO\_SRTR\_1ESTAD\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Number of observed deaths during the first year after transplant (**NEPHRO\_SRTR\_1OBS\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Number of expected deaths during the first year after transplant (**NEPHRO\_SRTR\_1EXP\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated hazard ratio **(NEPHRO\_SRTR\_1YR\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (low value) (**NEPHRO\_SRTR\_1LOW\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (high value) (**NEPHRO\_SRTR\_1HIGH\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |

NOTES: G32.3a1, G32.3a2, G32.3d1, and G32.3d2 should be whole number only. Do not allow decimals.

 All other rows in G32.3 are numeric entry (decimals are allowed).

VALIDATE: 0 ≤ G32.3b1 ≤ 100, ELSE DISPLAY: “G32.3b1 (Deceased Donor Table C19D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.3c1 ≤ 100, ELSE DISPLAY: “G32.3c1 (Deceased Donor Table C19D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.3b2 ≤ 100, ELSE DISPLAY: “G32.3b2 (Living Donor Table C19L): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.3c2 ≤ 100, ELSE DISPLAY: “G32.3c2 (Living Donor Table C19L): Please enter a numeric value between 0 and 100.”

 If G32.3x1 item e-h is not numeric: “G32.3x1 (Deceased Donor Table C19D): Please enter a numeric value.”

 If G32.3x2 item e-h is not numeric: “G32.3x2 (Living Donor Table C19L): Please enter a numeric value.”

**G32.4 Please report your program’s Pediatric (< 18) 3-year deceased-donor and living-donor kidney transplant PATIENT survival statistics from Tables C20D and C20L respectively 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 listed as N/A, please leave them blank on the survey.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **3-year SRTR Measure** | **Deceased Donor Table C20D** | **Living Donor Table C20L** |
|  | Number of transplants evaluated (**NEPHRO\_SRTR\_3PATS\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated probability of surviving at 3 years (unadjusted) (**NEPHRO\_SRTR\_3ESTUN\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Expected probability of surviving at 3 years (adjusted) (**NEPHRO\_SRTR\_3ESTAD\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_%****DD)** | **\_\_\_\_\_\_\_\_\_\_%****LD)** |
|  | Number of observed deaths during the first 3 years after transplant (**NEPHRO\_SRTR\_3OBS\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Number of expected deaths during the first 3 years after transplant (**NEPHRO\_SRTR\_3EXP\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | Estimated hazard ratio **(NEPHRO\_SRTR\_3YR\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (low value) (**NEPHRO\_SRTR\_3LOW\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |
|  | 95% credible interval (high value) (**NEPHRO\_SRTR\_3HIGH\_PAT\_** | **\_\_\_\_\_\_\_\_\_\_\_****DD)** | **\_\_\_\_\_\_\_\_\_\_\_****LD)** |

NOTES: G32.4a1, G32.4a2, G32.4d1, and G32.4d2 should be whole number only. Do not allow decimals.

 All other rows in G32.4 are numeric entry (decimals are allowed).

VALIDATE: 0 ≤ G32.4b1 ≤ 100, ELSE DISPLAY: “G32.4b1 (Deceased Donor Table C20D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.4c1 ≤ 100, ELSE DISPLAY: “G32.4c1 (Deceased Donor Table C20D): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.4b2 ≤ 100, ELSE DISPLAY: “G32.4b2 (Living Donor Table C20L): Please enter a numeric value between 0 and 100.”

 0 ≤ G32.4c2 ≤ 100, ELSE DISPLAY: “G32.4c2 (Living Donor Table C20L): Please enter a numeric value between 0 and 100.”

 If G32.4x1 item e-h is not numeric: “G32.4x1 (Deceased Donor Table C20D): Please enter a numeric value.”

 If G32.4x2 item e-h is not numeric: “G32.4x2 (Living Donor Table C20L): Please enter a numeric value.”

**G32.5 Please list the specific name your hospital reports under to SRTR. Also, please note that we will verify[[18]](#footnote-19) 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:**

|  |
| --- |
| **(NEPHRO\_SURVIVAL\_DIFFER\_EXPLAIN)** |

1. **Which of the following resources were offered by your Pediatric Nephrology program in the last 2 calendar years to support pediatric patients undergoing kidney transplant?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Quality of life assessment **(NEPHRO\_TRANSPLANT\_QOL)** | ○ | ○ |
| b. | Summer camp for kidney transplant patients **(NEPHRO\_TRANSPLANT\_CAMP)** | ○ | ○ |
| c. | Child life program for kidney transplant patients (with dedicated staff) **(NEPHRO\_TRANSPLANT\_CHILDLIFE)** | ○ | ○ |
| d. | Transplant pharmacist **(NEPHRO\_TRANSPLANT\_PHARM)** | ○ | ○ |

1. **Does your hospital track seasonal influenza vaccination of kidney transplant patients who are being treated by your Pediatric Nephrology program?**

**(NEPHRO\_TRCK\_KDNYTRSPLT\_FLUVAC)**

* Yes—Go to Question G34.1
* No—Skip to Question G35

**G34.1 This question has been removed from the survey.**

1. **Does your hospital track pneumococcal vaccination (Pneumovax or PCV20) of kidney transplant patients who are being treated by your Pediatric Nephrology program?**

**(NEPHRO\_TRCK\_TRACHOPAT\_PNEVAC)**

* + Yes – Go to Question G35.1
	+ No – Skip to Question G36

**G35.1** **This question has been removed from the survey.**

1. **Which of the following bundles from the Standardizing Care to Improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) collaborative[[19]](#footnote-20) are currently implemented by your Pediatric Nephrology program?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | HD patient management**(NEPHRO\_SCOPE\_HD)** | ○ | ○ |
| b. | PD patient management**(NEPHRO\_SCOPE\_PD)** | ○ | ○ |

1. **What were the total numbers of pediatric outpatient hemodialysis months and hemodialysis catheter associated BSI events that occurred during the last 2 years?**

|  |  |  |
| --- | --- | --- |
|  |  | **Value,** **2023-2024** |
| a. | **Number of outpatient months of maintenance hemodialysis** (using the # of hemodialysis outpatients with catheters on the first 2 days of each month) **(NEPHRO\_BSI\_MONTH)** | \_\_\_\_\_\_\_\_ |
| b. | Number of outpatient hemodialysis catheter associated BSI events according to NHSN criteria[[20]](#footnote-21) in these patients **(NEPHRO\_BSI\_EVENTS)** | \_\_\_\_\_\_\_\_ |

NOTES: G37x should be whole number only. Do not allow decimals.

VALIDATE: IF G37b = BLANK, DISPLAY: “G37b: If none, please enter 0.”

WARNING: IF G37b > G37a, DISPLAY: “Please check your responses. It is unlikely that the number of BSI events (G37b) is higher than the number of outpatient months (G37a).”

1. **Do you have a clinical database of attributes of current, active kidney transplant patients that you use for quality assessment and improvement of patient care (e.g., determining acute rejection rate and modifying these protocols to decrease this rate)?**

**(NEPHRO\_DATABASE)**

* Yes
* No
1. **In the last 2 years, has your Pediatric Nephrology program participated in any *clinical research studies* that allowed your patients access to novel medications for pediatric use, or other experimental treatment options that were not yet FDA-approved, or if approved, not labeled for a pediatric indication?**

**(NEPHRO\_RESEARCH)**

* Yes
* No
1. **In the last 2 years, has your Pediatric Nephrology program actively participated (i.e., submitted/analyzed patient data) in any of the following research and quality improvement collaboratives?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | Midwest Pediatric Nephrology Consortium (MWPNC) or Pediatric Nephrology Research Consortium (PNRC) **(NEPHRO\_COLLABORATIVES\_MWPNC)** | ○ | ○ |
|  | International Pediatric Peritoneal Dialysis Network (IPPN) **(NEPHRO\_COLLABORATIVES\_IPPN)** | ○ | ○ |
|  | North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS) **(NEPHRO\_COLLABORATIVES\_NAPRTCS)** | ○ | ○ |
|  | Nephrotic Syndrome Study Network (NEPTUNE) **(NEPHRO\_COLLABORATIVES\_NEPT)** | ○ | ○ |
|  | Cure GN **(NEPHRO\_COLLABORATIVES\_PTN)** | ○ | ○ |
|  | Chronic Kidney Disease in Children (CKiD) cohort study **(NEPHRO\_COLLABORATIVES\_CKID)** | ○ | ○ |
|  | Standardizing Care to Improve Outcomes in Pediatric Endstage Renal Disease (SCOPE) collaborative **(NEPHRO\_COLLABORATIVES\_SCOPE)** | ○ | ○ |
|  | Neonatal Kidney Collaborative **(NEPHRO\_COLLABORATIVES\_NKC)** | ○ | ○ |
|  | Improving Renal Outcomes Collaborative (IROC) **(NEPHRO\_COLLABORATIVES\_IROC)** | ○ | ○ |

1. **What percentage of patients newly diagnosed with primary hypertension in your center in the last 2 calendar years have received nutritional counseling from a dietitian?**

**(NEPHRO\_DIET\_PCT)**

* > 75%
* 51-75%
* 25-50%
* < 25%
1. **Does your Pediatric Nephrology program have a system in place to identify and track the frequency of hospital acquired AKI?**

**(NEPHRO\_TRACK\_AKI)**

* Yes– Go to G42.1
* No – Skip to G43

**G42.1 If “yes” to G42, please describe how your Pediatric Nephrology Program tracks this information and how it is used to reduce the frequency of hospital acquired AKI**

|  |
| --- |
| **(NEPHRO\_TRACK\_AKI\_TEXT)** |

1. **Does your kidney transplant program participate in a paired kidney donation program?**

**(NEPHRO\_KDNYTRANS\_PAIRDONATE)**

* Yes
* No
1. **Does your Pediatric Nephrology program provide any dedicated FTE support for your medical director of kidney transplantation?**

**(NEPHRO\_MDDIR\_FTE)**

* Yes
* No

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

1. **Does your hospital track pneumococcal vaccination (Pneumovax or PCV20) of vaccine eligible[[21]](#footnote-22) patients ≥ 2 and < 18 years of age with nephrotic syndrome (see code list) seen by your Pediatric Nephrology program?**

**( NEPHRO\_VALENT\_VACCINE)**

* Yes
* No
1. **This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **How many unique maintenance dialysis patients of each age range defined below were cared for by your Pediatric Nephrology program in the 2 calendar years?**

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Dialysis****Patients**  |
| a. | <18 years old **(NEPHRO\_PTS\_AGE\_LT18)** | \_\_\_\_\_\_\_\_ |
| b. | ≥18 years old **(NEPHRO\_PTS\_AGE\_MT18)** | \_\_\_\_\_\_\_\_ |

NOTES: G48x should be whole number only. Do not allow decimals.

 **G49 This question has been removed from the survey.**

**G50 This question has been removed from the survey.**

**CHIEF OF SERVICE APPROVAL**

To have this section of the survey accepted for scoring, the Service Chief for your Pediatric Nephrologyprogram 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 Nephrologyprogram been completed and uploaded to the Pediatric Hospital Survey website?

**(NEPHRO\_APPROVAL)**

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

**COMMENTS FOR SECTION G:**

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.

|  |
| --- |
| **(NEPHRO\_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. Calculate nurse (not including NPs) and other staff FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-3)
3. Calculate nurse (not including NPs) and other staff FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-4)
4. Native kidney biopsies refer to kidney biopsies performed in non- kidney transplant patients. [↑](#footnote-ref-5)
5. New means that the patient had not been evaluated or consulted with by the pediatric Nephrology program in the last 2 years for a Nephrology diagnosis. [↑](#footnote-ref-6)
6. Prescribe refers to providing a written prescription for plasmapheresis, including specific details regarding the course of treatment, not merely an order to conduct the procedure. [↑](#footnote-ref-7)
7. A maintenance dialysis patient is defined as someone who has received dialysis for 3 or more consecutive months. [↑](#footnote-ref-8)
8. Maintenance dialysis patients are those that have been maintained for 3 or more months consecutively on dialysis. [↑](#footnote-ref-9)
9. Patients may be counted 1 time for each category of accesses placed in the last 2 years. For example, a patient who has received a PD catheter, a HD catheter and a fistula in the same year would be entered as a unique patient in each of those three access categories. [↑](#footnote-ref-10)
10. Please note that there cannot be fewer accesses placed than the number of patients. [↑](#footnote-ref-11)
11. To answer these questions, we encourage you to pull data from your hospital’s reports to the federal dialysis network reporting system. If the federal reports are not available, then you should select all patients on either hemodialysis (G23a) or peritoneal dialysis (G23b) who are in maintenance dialysis (i.e., 3 or more months of dialysis) and answer for these patients. [↑](#footnote-ref-12)
12. In the case of children from whom urine cannot be collected, the total Kt/V should be based on the peritoneal dialysis clearance alone. [↑](#footnote-ref-13)
13. Relapsing peritonitis episodes should NOT be counted as another episode; recurrent and repeat episodes SHOULD be counted. RELAPSE: An episode that occurs within 4 weeks of completion of therapy for an earlier episode attributable to the same organism, or 1 sterile episode. RECURRENT: An episode that occurs within 4 weeks of completion of therapy for an earlier episode, but attributable to a different organism. REPEAT: An episode that occurs more than 4 weeks after completion of therapy for an earlier episode attributable to the same organism. [↑](#footnote-ref-14)
14. A formal transition program is a plan or set of guidelines with a defined path for patients to transition from the pediatric to adult transplant program. The goal of the program should be to assist patients in making a smooth transition from pediatric to adult care for their transplant needs. [↑](#footnote-ref-15)
15. A formal transition program is a plan or set of guidelines with a defined path for patients to transition from the pediatric to adult dialysis program. The goal of the program should be to assist patients in making a smooth transition from pediatric to adult care for their dialysis needs. [↑](#footnote-ref-16)
16. 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-17)
17. Preemptive kidney transplant refers to transplantation performed prior to the initiation of chronic (maintenance) dialysis therapy. [↑](#footnote-ref-18)
18. Verification reports are available here: <https://www.srtr.org/transplant-centers/?query=&distance=50&location=&state=&recipientType=pediatric&organ=kidney-pancreas&sort=volume> [↑](#footnote-ref-19)
19. See: Marsenic O, et al. Tunneled hemodialysis (HD) catheter care practices and blood stream infection rate in children: results from the SCOPE collaborative. Pediatric Nephrology 2020;35:135-143. https://doi.org/10.1007/s00467-019-04384-70. [↑](#footnote-ref-20)
20. For the most recent NHSN definitions on catheter associated BSI, see: <http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>. The denominator equals the number of chronic hemodialysis patients who received hemodialysis at the center during the first 2 working days of the month; this is recorded on the *Denominators for Outpatient Dialysis Form* (CDC 57.119) for participants in NHSN. These data are used to estimate the number of patient-months. Only hemodialysis outpatients are included. Each patient is counted only once; if the patient has multiple vascular accesses, record that patient once reporting their highest risk vascular access type only. The *Instructions for Completion of Denominators for Outpatient Dialysis* (Patient Safety Component Manual, Tables of Instructions, Table 10) includes brief instructions for collection and entry of each data element on the form. [↑](#footnote-ref-21)
21. Vaccine eligible is defined as > 2 years of age without medical contraindication for the 20-valent pneumococcal conjugate vaccine (PCV20) or the 23-valent pneumococcal polysaccharide vaccine (Pheumovax (PPSV23)) and seen during the time period referenced in the question. Patients who refused vaccine should be included in the denominator of “total vaccine eligible.” [↑](#footnote-ref-22)