**SECTION H: PEDIATRIC NEUROLOGY & NEUROSURGERY**

1. **Do you have a Pediatric Neurology/Neurosurgery program?**

**(NEURO\_HAVEPROGRAM)**

* Yes – Go to Question H2
* No – Skip to Section I

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

 **Full name of chief of Pediatric Neurology program:**

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

 **Title:**

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

 **Email:**

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

 **Preferred phone:**

|  |
| --- |
| **(NEURO\_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.”

 **Full name of chief of Pediatric Neurosurgery program:**

|  |
| --- |
| **(NEURO\_DIR\_NAME2)** |

 **Title:**

|  |
| --- |
| **(NEURO\_DIR\_TITLE2)** |

 **Email:**

|  |
| --- |
| **(NEURO\_DIR\_EMAIL2)** |

 **Preferred phone:**

|  |
| --- |
| **(NEURO\_DIR\_PHONE2)** |

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.”

**H1.1 Are you submitting jointly with a Pediatric Neurology/Neurosurgery program at another hospital?**

**(NEURO\_JOINTSUB)**

* + Yes – Go to Question H1.2
	+ No – Skip to Question H2

**H1.2 If yes, what is the name of the Pediatric Neurology/Neurosurgery 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.

|  |
| --- |
| **(NEURO\_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 Neurology/Neurosurgery program in the following categories.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Physicians** |
| a. | Pediatric neurologists (include only attending/on-staff physicians board certified/board eligible by the American Board of Psychiatry and Neurology with a general certificate in child neurology or board certified by the American Osteopathic Board of Neurology and Psychiatry with a subspecialty certification in Child/Adolescent Neurology) | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_PHYSICIANS\_NEURO\_** | **TOT)** |
| b. | Pediatric neurosurgeons (include only attending/on-staff physicians board certified/board eligible by the American Board of Pediatric Neurological Surgery with certification by American Board of Neurological Surgery or DOs certified by American Osteopathic Association in pediatric neurological surgery)  | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_PHYSICIANS\_SURG\_** | **TOT)** |
| c. | Pediatric epilepsy neurologist (include only attending/on-staff physicians board certified by the American Board of Psychiatry and Neurology with certification in epilepsy or clinical neurophysiology, or American Board of Clinical Neurophysiology) with greater than 50% of clinical practice in epilepsy | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_PHYSICIANS\_EPIL\_** | **TOT)** |
| d. | Pediatric stroke neurologist (include only attending/on-staff physicians with a minimum 6 month fellowship training, or greater 30% of clinical practice in stroke) | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_PHYSICIANS\_STROKE\_** | **TOT)** |
| e. | Other attending/on-staff physicians (include all other attending/on-staff physicians who are not subspecialty board certified/board eligible in child neurology or pediatric neurological surgery)  | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_PHYSICIANS\_OTHER** | **TOT)** |

NOTES: H2x should be whole number only. Do not allow decimals.

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

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

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

NOTES: H3x should be whole number only. Do not allow decimals.

1. **How many nurse FTEs (both inpatient and outpatient), with advanced neurologic certification[[2]](#footnote-3), work in your Pediatric Neurology/Neurosurgery program?** [ Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs.]

\_\_\_\_\_\_ FTE **(NEURO\_CNRN\_FTE)**

NOTES: H4 is numeric entry (decimals are allowed).

VALIDATE: If H4 is not numeric: “H4: Please enter a numeric value.”

1. **Are the following** **available to patients in your Pediatric Neurology/Neurosurgery program onsite?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Source localization[[3]](#footnote-4) using high density EEG and tailored software program/s **(NEURO\_TECHNOLOGY\_EEG)** | **○** | **○** |
|  | Ketogenic diet program[[4]](#footnote-5) or modified diet program (*including Atkins*) and management program **(NEURO\_TECHNOLOGY\_KETO)** | **○** | **○** |
| c. | Availability of continuously (24/7/365) observed 10-20 system EEG monitoring by EEG technicians, with 24/7 availability for review by a neurophysiologist, *not including amplitude integrated EEG (aEEG)* **(NEURO\_TECHNOLOGY\_AEEG)** | **○** | **○** |
| d. | Transcranial magnetic stimulation[[5]](#footnote-6) **(NEURO\_TECHNOLOGY\_TMS)** | **○** | **○** |
| e. | Wada Testing **(NEURO\_TECHNOLOGY\_WADA)** | **○** | **○** |
| f. | Deep Brain Stimulation **(NEURO\_TECHNOLOGY\_DBS)** | **○** | **○** |
| g. | Responsive neurostimulation (RNS) for medically intractable epilepsy **(NEURO\_TECHNOLOGY\_RNS)** | **○** | **○** |
| h. | Gene therapy treatment for spinal muscular atrophy (SMA) **(NEURO\_TECHNOLOGY\_SMA)** | **○** | **○** |
|  | Gene therapy treatments for neurological diseases other than spinal muscular atrophy **(NEURO\_TECHNOLOGY\_GENE)** | **○** | **○** |
|  | MEG for epilepsy evaluation integrated into the care plan of patients **(NEURO\_TECHNOLOGY\_MEG)** | **○** | **○** |

**H5.1 Please indicate whether your program has at least 1 FTE of dieticians in your Pediatric Neurology/Neurosurgery program that are dedicated to Ketogenic Diet planning and implementation with patients?**

**(NEURO\_KETO)**

* Yes
* No
1. **Please indicate if in the past calendar year your Pediatric Neurology/Neurosurgery program actively enrolled or studied participants in at least one of the following types of unique IRB-approved trials, studies, registries, or databases that are either NIH or non-NIH funded?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a | NIH funded active unique trials, studies, registries, or databases **(NEURO\_IRB)** | **○** | **○** |
| b | Non-NIH funded active unique trials, studies, registries, or databases **(NEURO\_IRB\_NNIH)** | **○** | **○** |

1. **Does your hospital offer an EEG lab accredited by the American Board of Registration of Electroencephalographic and Evoked Potential Technologists (ABRET)[[6]](#footnote-7)?** [To receive credit for this question, you must upload documentation of your ABRET accreditation with your survey submission.]

**(NEURO\_EPI\_TREATMENT\_EEG)**

* Yes
* No

**H7.1 This question has been removed from the survey.**

**H7.2 Does your hospital have in-house**9 **ABRET certified/eligible EEG technologists available to apply/adjust equipment and review EEG continuously 24/7 at least 350 days per year?**

**(NEURO\_EEG\_TECH\_REVIEW)**

* Yes
* No
1. **How many unique patients with epilepsy received a surgical resection or laser ablation (See code list. Must have at least one diagnosis code and at least one procedure code) in the last calendar year?** [Please exclude patients with seizures associated with brain tumors.][If none, please enter 0.]

\_\_\_\_\_\_\_\_ Unique patients **(NEURO\_EPI\_SURGICAL)**

NOTES: H8 should be whole number only. Do not allow decimals.

VALIDATE: IF H8 IS BLANK, DISPLAY: “H8: If none, please enter 0.”

SKIP LOGIC: IF H8=0, SKIP TO H9; ELSE GO TO H8.1.

**H8.1. Of the unique patients who received surgical resection or laser ablation (H8), how many had intraoperative electrocorticography and/or extraoperative monitoring of implanted intradural grids/strips/depth electrodes?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Number of patients **(NEURO\_EPI\_EEG)**

NOTES: H8.1 should be whole number only. Do not allow decimals.

VALIDATE: IF H8.1 IS BLANK, DISPLAY: “H8.1: If none, please enter 0.”

 IF H8.1 > H8, DISPLAY: “Please check your responses. The number of patients in H8.1 cannot be greater than the number of patients in H8.”

**H8.2. Of the unique patients who received surgical resection or laser ablation (H8), how many experienced a complication (e.g., surgical site infection** **(deep and organ space only), clinically significant hemorrhage, or unanticipated neurologic deficit/stroke) within 30 days of the procedure?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Number of patients **(NEURO\_EPI\_COMPLICATION)**

NOTES: H8.2 should be whole number only. Do not allow decimals.

VALIDATE: IF H8.2 IS BLANK, DISPLAY: “H8.2: If none, please enter 0.”

 IF H8.2 > H8, DISPLAY: “Please check your responses. The number of patients in H8.2 cannot be greater than the number of patients in H8.”

1. **How many of unique patients (See code list) in each category were seen by your Pediatric Neurology/Neurosurgery program in the last calendar year?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Initial medical evaluations with patients newly diagnosed with epilepsy (excluding febrile seizures)**(NEURO\_EPI\_INITIAL)** | \_\_\_\_\_\_\_\_ |
| b. | *Standard* EEG evaluations (with or without video EEG) for epilepsy **(NEURO\_EPI\_STANDARD)** | \_\_\_\_\_\_\_\_ |
| c. | *Long-term* (≥2 hrs) video EEG (vEEG) evaluations for epilepsy in admitted inpatients, including admissions and observations in the hospital [Report total number of patients evaluated. Patients can only be counted once if evaluated more than one time.] **(NEURO\_EPI\_LONGTERMIN)** | \_\_\_\_\_\_\_\_ |
| d. | *Long-term* (≥2 hrs) EEG monitoring with the apparatus applied in the hospital for epilepsy in outpatients, including studies in the outpatient EEG laboratory and home studies initiated in the outpatient EEG center [Report total number of patients evaluated. Patients can only be counted once if evaluated more than one time.] **(NEURO\_EPI\_LONGTERMOUT)** |  |
| e. | First-time surgical procedures for epilepsy, including laser ablation but excluding *vagus nerve stimulation* (VNS) **(NEURO\_EPI\_VNS1)** | \_\_\_\_\_\_\_\_ |

NOTES: H9x should be whole number only. Do not allow decimals.

1. **For the *standard* EEG (H9b) and *long-term* vEEG (H9c) evaluations reported above, what percentage of these patients’ tests were interpreted and recorded in the patient’s medical chart within the designated timeframes?**

|  |  |  |
| --- | --- | --- |
|  |  | **% Interpreted within timeframe** |
| a. | *Standard* EEG medical evaluations interpreted and recordedwithin 24 hours of being conducted **(NEURO\_EEG\_STANDARDPCT)** | \_\_\_\_\_\_\_\_% |
| b. | *Long-term* vEEGevaluations interpreted and recordedwithin 24 hours from completion of the study **(NEURO\_EEG\_LONGTERM)** | \_\_\_\_\_\_\_\_% |

NOTES: H10x is numeric entry (decimals are allowed).

VALIDATE: If H10x is not numeric: “H10x: Please enter a numeric value.”

VALIDATE: 0 ≤ H10 ≤ 100. ELSE DISPLAY: “H10: Please enter a numeric value between 0 and 100.”

1. **This question has been removed from the survey.**
2. **Were the following specialized and multidisciplinary programs provided by your hospital in the last calendar year with the regular involvement[[7]](#footnote-8) of your Pediatric Neurology/Neurosurgery program (i.e., physicians in the program regularly attend and participate in the care of these special patient populations)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Cerebral palsy/spasticity multidisciplinary program[[8]](#footnote-9) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_CEREBRALPALSY)** |  |
| b. | Cerebrovascular/stroke multidisciplinary program[[9]](#footnote-10) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_CEREBROVASCULAR)** |  |
| c. | Craniofacial surgical multidisciplinary program[[10]](#footnote-11) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_CRANIOFACIAL)** |  |
| d. | Surgical movement disorders multidisciplinary program[[11]](#footnote-12) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_MOVEMENT)** |  |
| e. | Neurofibromatosis multidisciplinary program[[12]](#footnote-13) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_NEUROFIBRO)** |  |
| f. | Neuromuscular multidisciplinary program[[13]](#footnote-14) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_NEUROMUSC)** |  |
| g. | Neuro-oncology multidisciplinary program[[14]](#footnote-15) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_NEUROONC)** |  |
| h. | Spina bifida multidisciplinary program[[15]](#footnote-16) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_SPINABIFIDA)** |  |
| i. | Tuberous sclerosis multidisciplinary program[[16]](#footnote-17) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_SCLEROSIS)** |  |
| j. | Brachial plexus multidisciplinary program[[17]](#footnote-18) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_BRACHIAL)** |  |
| k. | Genetic Metabolic multidisciplinary program[[18]](#footnote-19) (i.e., leukodystrophy, inborn errors of metabolism, mitochondrial disorders)  | **○** | **○** |
|   | **(NEURO\_PROGRAMS\_METABOLIC)** |  |
| l. | Neonatal neurology multidisciplinary program[[19]](#footnote-20)  | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_NEONATAL)** |  |
| m. | Head trauma and/or post-concussion program[[20]](#footnote-21)  | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_CONCUSSION)** |  |
| n. | New-onset seizure program[[21]](#footnote-22)  | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_SEIZURE)** |  |
| o. | Diagnostic neuro-fetal multidisciplinary program[[22]](#footnote-23) (coordinated prenatal review with Neurology/Neurosurgery) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_FETAL)** |  |
| p. | Headache multidisciplinary program[[23]](#footnote-24)  | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_HEAD** |  |
| q. | Pain multidisciplinary program[[24]](#footnote-25)  | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_PAIN)** |  |
| r. | Demyelinating disorders multidisciplinary program[[25]](#footnote-26) (e.g., multiple sclerosis, acute disseminated encephalomyelitis (ADEM)) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_ADEM)** |  |
| s. | Autism/neurodevelopmental disorders multidisciplinary program[[26]](#footnote-27) | **○** | **○** |
|  | **(NEURO\_PROGRAMS\_AUTISM)** |  |

1. **Does your hospital offer an inpatient pediatric rehabilitation program that includes a board certified/board eligible pediatric physiatrist for rehabilitation of neurology/neurosurgery pediatric patients?**

**(NEURO\_REHABPROGRAM)**

* Yes – Go to H13.1
* No – Skip to H14

**H13.1 If yes, is your inpatient pediatric rehabilitation program certified by the Commission on Accreditation of Rehabilitation Facilities (CARF)?** [To receive credit for this question, you must upload documentation of your CARF accreditation with your survey submission.]

**(NEURO\_CERT\_REHABPROGRAM)**

* Yes
* No

**H13.2 Does your inpatient pediatric rehabilitation program use a standardized tool to measure and track outcomes?**

**(NEURO\_CERT\_REHABPROG1)**

* Yes
* No
1. **Does your Pediatric Neurology/Neurosurgery program routinely provide neuropsychological testing by a pediatric neuropsychologist at your center?**

**(NEURO\_PSYCHOLOGISTS)**

* Yes – Go to Question H15
* No – Skip to Question H16
1. **Please indicate if your Pediatric Neurology/Neurosurgery program offers neuropsychological evaluations by a neuropsychologist at your center for the following conditions in the past calendar year.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Brain tumors (benign/malignant) postoperative **(NEURO\_SURGICALEVALS\_TUMORPATS)** | **○** | **○** |
| b. | Traumatic brain injury/concussion postoperative **(NEURO\_SURGICALEVALS\_TRAUMAPATS)** | **○** | **○** |
| c. | Medically intractable epilepsy postoperative **(NEURO\_SURGICALEVALS\_EPIPATS)** | **○** | **○** |
| d. | Craniofacial disorders postoperative **(NEURO\_SURGICALEVALS\_CRANIOPATS)** | **○** | **○** |
| e. | Postoperative patients from surgical correction of congenital heart disease **(NEURO\_SURGICALEVALS\_CHDPATS)** | **○** | **○** |
| f. | Stroke **(NEURO\_SURGICALEVALS\_STROKEPATS)** | **○** | **○** |
| g. | Demyelinating diseases **(NEURO\_SURGICALEVALS\_DEMYEPATS)** | **○** | **○** |
| h. | Headache and Pain Management **(NEURO\_SURGICALEVALS\_HEADACHEPATS)** | **○** | **○** |

1. **In the last calendar year, how many unique patients received the following surgical procedures performed (or assisted[[27]](#footnote-28)) by a pediatric neurosurgeon in your pediatric neurosurgery program?** [Please only include patients for whom this is the first surgical procedure or no other similar procedure in prior 6 months.] **Of these unique patients, how many deaths occurred within 30 days of surgery primarily due to the neurological condition which was the focus of surgery?** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unique Patients** | **Deaths** |
| a. | Brain tumors (benign/malignant) (See code list. Must have at least one diagnosis code and at least one procedure code.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_TUMOR\_** | **PATS)** | **DEATHS)** |
| b. | Craniosynostosis (See code list. Must have at least one diagnosis code and at least one procedure code.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_CRANIO\_** | **PATS)** | **DEATHS)** |
| c. | Hydrocephalus patient shunt procedures (See code list. Must have at least one diagnosis code and at least one procedure code.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_SHUNT\_** | **PATS)** | **DEATHS)** |
| d. | Medically intractable epilepsy, excluding brain tumors already covered in H16a (See code list. Must have at least one of the included diagnosis codes and at least one procedure code but cannot have any of the excluded diagnosis codes.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_EPI\_** | **PATS)** | **DEATHS)** |
| e. | Spina bifida, excluding in utero and immediate[[28]](#footnote-29) postnatal repair of myelomeningocele (See code list. Must have at least one diagnosis code and at least one procedure code.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_SPINAL\_** | **PATS)** | **DEATHS)** |
| f. | Chiari I malformation (See code list. Must have at least one diagnosis code and at least one procedure code.) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_CHIARI\_** | **PATS)** | **DEATHS)** |
| g. | Endoscopic treatment of hydrocephalus, excluding endoscopic assisted shunt placement (See code list) | \_\_\_\_\_\_\_\_ |  |
|  | **(NEURO\_SURG\_ENDO\_** | **PATS)** |  |
| h.  | Brachial plexus exploration/reconstruction performed at under 1 year of age (See code list)  | \_\_\_\_\_\_\_\_ |  |
|  | **(NEURO\_SURG\_BRACHIAL\_** | **PATS)** |  |
| i. | Spasticity (including ITB pumps and catheters implantation and replacement, SDR) (See code list) | \_\_\_\_\_\_\_\_ |  |
|  | **(NEURO\_SURG\_SPASTICITY\_** | **PATS)** |  |
| j. | Vascular cases excluding diagnostic angiograms available as part of your Pediatric Neurology/Neurosurgery program with pediatric anesthesia assisting with the case (See code list) | \_\_\_\_\_\_\_\_ |  |
|  | **(NEURO\_SURG\_VASCULAR\_** | **PATS)** |  |
| k. | Craniotomies for trauma | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_TRAUMA\_** | **PATS)** | **DEATHS)** |
| l. | Postnatal and in utero repair of myelomeningocele | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(NEURO\_SURG\_MYELO\_** | **PATS)** | **DEATHS)** |

NOTES: H16x1 and H16x2 should be whole number only. Do not allow decimals.

VALIDATE: IF H16x1 IS BLANK, DISPLAY: “H16x (Unique Patients): If none, please enter 0.”

 IF H16x2>H16x1, DISPLAY: “H16x: Please check your responses. The number of deaths cannot be greater than the number of patients.”

1. **How many unique patients had the following surgical procedures performed by pediatric neurosurgeons in the last calendar year? Of these patients, how many had unplanned readmissions for any cause within 30 days of surgery?** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unique Patients** | **Unplanned Readmissions** |
| a. | Craniotomy (See code list.) **(NEURO\_CSF\_CRANIO\_** | \_\_\_\_\_\_\_ **PATS)** | \_\_\_\_\_\_\_ **READMIT)** |
| b. | Spinal surgery for dysraphism (See code list. Must have at least one diagnosis code and at least one procedure code.) **(NEURO\_CSF\_SPINAL\_** | \_\_\_\_\_\_\_ **PATS)** | \_\_\_\_\_\_\_ **READMIT)** |
| c. | Chiari decompression (See code list. Must have at least one diagnosis code and at least one procedure code.) **(NEURO\_CSF\_CHIARI\_** | \_\_\_\_\_\_\_ **PATS)** | \_\_\_\_\_\_\_ **READMIT)** |
| d. | Hydrocephalus treatment (Include initial shunt placement and revision, endoscopic third ventriculostomy, and endoscopic third ventriculostomy with choroid plexus coagulation) (See code list.) **(NEURO\_CSF\_SHUNT\_** | \_\_\_\_\_\_\_ **PATS)** | \_\_\_\_\_\_\_ **READMIT)** |
| e. | Intrathecal baclofen pump insertion procedure and dorsal rhizotomy procedure (new or replacement – see code list) **(NEURO\_CSF\_BACLOFEN\_** | **\_\_\_\_\_\_\_** **PATS)** | **\_\_\_\_\_\_\_ READMIT)** |
| f. | Craniofacial procedure performed by a pediatric neurosurgeon” (See code list. Must have at least one diagnosis code and at least one procedure code.) **(NEURO\_CSF\_CRANIOFACIAL\_** | \_\_\_\_\_\_\_ **PATS)** | \_\_\_\_\_\_\_ **READMIT)** |

NOTES: H17x1 and H17x2 should be whole number only. Do not allow decimals.

VALIDATE: IF H17x1 IS BLANK, DISPLAY: “H17x (Unique Patients): If none, please enter 0.”

 IF H17x2>H17x1, DISPLAY: “H17x: Please check your responses. The number of readmitted patients cannot be greater than the number of unique patients.”

SKIP LOGIC: IF H17a1 > 0, GO TO H17.1

 ELSE IF H17d1 > 0, GO TO H17.2

 ELSE IF H17f1 > 0, GO TO H17.3

 ELSE GO TO H18

**H17.1 Of the patients who received a craniotomy in the last calendar year (reported in H17a), how many unique patients had unplanned returns to the OR for any reason related to the initial surgery within 30 days of initial surgery?** [If none, please enter 0.]

\_\_\_\_\_\_\_ Unique patients with returns to the OR **(NEURO\_CRANIO\_RETURN)**

NOTES: H17.1 should be whole number only. Do not allow decimals.

VALIDATE: IF H17.1 IS BLANK, DISPLAY: “H17.1: If none, please enter 0.”

 IF H17.1>H17a1, DISPLAY: “Please check your responses. The number of patients with returns to the OR (H17.1) cannot be greater than the number of unique patients with craniotomy (H17a).”

SKIP LOGIC: ELSE IF H17d1 > 0, GO TO H17.2

 ELSE IF H17f1 > 0, GO TO H17.3

 ELSE GO TO H18

**H17.2 Of the patients who received treatment for hydrocephalus in the last calendar year (reported in H17d), how many unique patients had unplanned returns to the OR for any reason related to the initial surgery within 30 days of initial surgery?** [If none, please enter 0.]

\_\_\_\_\_\_\_ Unique patients with returns to the OR **(NEURO\_SHUNT\_REVISION)**

NOTES: H17.2 should be whole number only. Do not allow decimals.

VALIDATE: IF H17.2 IS BLANK, DISPLAY: “If none, please enter 0.”

 IF H17.2 > H17d1, DISPLAY: “The number of patients that returned for a revision surgery (H17.2) cannot be greater than the number of unique patients reported in H17d1.”

SKIP LOGIC: IF H17f1 > 0, GO TO H17.3

 ELSE GO TO H18

**H17.3 Of the patients reported in H17f, how many returned to the OR for an unplanned revision surgery within 30 days of initial surgery?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_\_ Unique patients returned for revision **(NEURO\_CRANIO\_REVISION)**

NOTES: H17.3 should be whole number only. Do not allow decimals.

VALIDATE: IF H17.3 IS BLANK, DISPLAY: “If none, please enter 0.”

 IF H17.3 > H17f1, DISPLAY: “The number of patients that returned for a revision surgery (H17.3) cannot be greater than the number of unique patients reported in H17f1.”

1. **This question has been removed from the survey.**
2. **Does your Pediatric Neurology/Neurosurgery program participate in at least one national or international program that include a focus on specific outcome measures in each of the following areas of neurology and neurosurgery?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Pediatric Cerebrovascular Disease and Neurocritical Care[[29]](#footnote-30) **(NEURO\_NATPROG\_CEREB)** | ○ | ○ |
| b. | Pediatric Epilepsy[[30]](#footnote-31) **(NEURO\_NATPROG\_EPILEPSY)** | ○ | ○ |
| c. | Pediatric Neuro-Oncology[[31]](#footnote-32) **(NEURO\_NATPROG\_NEURONC)** | ○ | ○ |
| d. | Pediatric Neuromuscular and Movement Disorders[[32]](#footnote-33) **(NEURO\_NATPROG\_NEUROMUSC)** | ○ | ○ |
| e. | Congenital and Developmental Disorders[[33]](#footnote-34) **(NEURO\_NATPROG\_DEVELOP)** | ○ | ○ |
| f. | Neuroimmunology and Neuroinflammatory Disorders[[34]](#footnote-35) **(NEURO\_NATPROG\_IMMUNE)** | ○ | ○ |
| g. | Narcolepsy and Rare Pediatric Neurological Disorders[[35]](#footnote-36) **(NEURO\_NATPROG\_NARCOLEPSY)** | ○ | ○ |

1. **Does your Pediatric Neurology/Neurosurgery program participate in any community outreach programs to improve health in the community?**

**(NEURO\_COMMUNITY\_OUTREACH)**

* Yes
* No – skip to H20.2

**H20.1 If Yes to H20, please describe what your program does and how it has impacted the health of the community:**

|  |
| --- |
| **(NEURO\_COMMUNITY\_QUALITATIVE)** |

**H20.2 This question has been removed from the survey.**

1. **Does your hospital participate in the following national recognized or certified clinical networks?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Neurofibromatosis Clinic Network (NFCN)[[36]](#footnote-37) **(NEURO\_NETWORK\_NFCN** | ○ | ○ |
| b. | Tuberous Sclerosis Complex (TSC) Alliance Clinical Centers[[37]](#footnote-38) **(NEURO\_NETWORK\_TSC)** | ○ | ○ |
| c. | Mitochondrial Care Network**(NEURO\_NETWORK\_MCN)** | ○ | ○ |

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

H23.1 This question has been removed from the survey.**
3. **Does your Pediatric Neurology/Neurosurgery program offer an identified multidisciplinary neurocritical care team that is coordinated by both pediatric critical care attending physicians and both pediatric neurologists and neurosurgeons for children with neurological or neurosurgical disorders?**

**(NEURO\_CRITICALCARE)**

* Yes
* No

**H24.1 Does your Pediatric Neurology/Neurosurgery program offer multidisciplinary neonatal neurocritical care that is coordinated by both newborn medicine attending physicians and either pediatric neonatal-neurologists or neurosurgeons for infants with neurological or neurosurgical disorders, respectively?**

**(NEURO\_NEONATALCARE)**

* Yes
* No
1. **Does your Pediatric Neurology/Neurosurgery program have an ongoing system to monitor compliance with preoperative antibiotic prophylaxis timing for ventricular shunt surgeries (See code list), including placement and revision?** [The ongoing program should capture all surgeries, or at minimum capture a monthly sampling of cases, based on the Joint Commission sampling recommendations.]

**(NEURO\_PROPHYLAXIS\_TIMING)**

* Yes, we monitor for all ventricular surgeries – *Go to Question H26*
* Yes, we have an ongoing monthly program (12 months a year) that monitors timing for a sample of cases *– Go to Question H26*
* Yes, we have a program, but monitor less frequently than every month – *Go to Question H26*
* No – *Skip to Question H27*
1. **Of the shunt surgery cases (see code list) reviewed in the last calendar year, what was your percentage of cases with documented compliance with currently accepted antibiotic prophylaxis standards? Compliance is defined as antibiotic infusion initiated within 60 minutes of incision time, or 120 minutes of incision time if vancomycin is used.**  [Calculate as follows: (a.) Determine the number of pediatric ventricular shunt surgeries in which perioperative antibiotic timing was documented to be compliant with guidelines. (b.) Determine the total number of ventricular shunt surgeries (See code list)[[38]](#footnote-39) performed. (c.) Clicking “Save” will calculate the rate by dividing the number of compliant cases by the total number of cases and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Number of cases compliant **(NEURO\_COMPLIANT\_COMPLIANT)**

\_\_\_\_\_\_\_\_ b. Number of cases performed **(NEURO\_COMPLIANT\_REVIEWED)**

\_\_\_\_\_\_\_\_ c. Percent compliant **(NEURO\_COMPLIANT\_CALC\_PERC)**

NOTES: H26a and H26b should be whole number only. Do not allow decimals.

 H26c is autocalculated and decimals are allowed.

VALIDATE: IF H25= ANY YES RESPONSE (1, 2, or 3) AND H26a=BLANK, DISPLAY: “Please provide a value for number of cases compliant or answer no to monitoring in H25. If none, please enter 0.”

 IF H26a > H26b DISPLAY, “H26: Please check your responses. The number of compliant cannot be greater than the total number of cases.”

AUTOCALC: H26c = [(H26a / H26b) \*100]

1. **Does your Pediatric Neurology/Neurosurgery program monitor surgical site infections (SSI)** [[39]](#footnote-40) **(see code list) using NHSN criteria for ventricular shunt surgeries?**

**(NEURO\_SSI)**

* Yes – Go to Question H28
* No – Skip to Question H30
1. **Using the NHSN criteria and definition for case selection and SSI, what was the SSI percentage[[40]](#footnote-41) for ventricular shunt surgeries performed in 2023?[[41]](#footnote-42)** [Calculate as follows: (a.) Determine the number of SSIs where a ventricular shunt was placed (for replacement, include revision and removal of shunt (See code list). (b.) Determine the number of ventricular shunt surgeries. (c.) Clicking “Save” will calculate the rate by dividing the number of SSIs by the number of surgeries and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Number of SSIs following surgery in 2023 **(NEURO\_SSI\_EVENTS)**

\_\_\_\_\_\_\_\_ b. Number of ventricular shunt surgeries in 2023 **(NEURO\_SSI\_SURGERIES)**

\_\_\_\_\_\_\_\_ c. SSI Percentage in 2023 **(NEURO\_SSI\_RATE)**

NOTES: H28a and H28b should be whole number only. Do not allow decimals.

 H28c is autocalculated and decimals are allowed.

VALIDATE: IF H27=Yes AND H28a=BLANK or H28b=BLANK, DISPLAY: “Please provide responses to both the number of SSIs (H28a) and the number of surgeries (H28b) or answer no to monitoring SSIs in H27.”

 IF H27=Yes AND H28b = 0 DISPLAY: “H28: Please provide a value greater than 0 for shunt surgeries or answer no to monitoring SSIs in H27.”

 IF H28a > H28b DISPLAY, “H28: Please check your responses. The number of SSIs cannot be greater than the number of surgeries.”

AUTOCALC: H28c = [(H28a / H28b) \*100]

**H28.1 This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **Does your Pediatric Neurology/Neurosurgery program’s Epilepsy Monitoring Unit (EMU) have a national Association of Epilepsy Centers (NAEC) accreditation?**

**(NEURO\_EMU)**

* Yes, NAEC Level IV
* Yes, NAEC Level III
* No accreditation, but has video EEG monitoring in EMU
* No EMU – Skip to H31.1

NOTES: Answer of “No EMU” should go to H31.1, all other answers go to H30.1

**H30.1 If “yes” to H30, in the last calendar year what was the total number of unique patients monitored overnight in an Epilepsy Monitoring Unit (EMU)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_ Unique patients monitored **(NEURO\_EMU\_PATS)**

NOTES: H30.1 should be whole number only. Do not allow decimals.

**H31.1 How many unique patients[[42]](#footnote-43) received temporal lobe epilepsy surgery including laser ablation (See code list - must have at least one diagnosis code and at least one procedure code) in 2023?** [If none, please enter 0.] **Of those, how many achieved Engel Class 1-2 after 12 months?** [Please exclude patients with brain tumors and vascular lesions.] [Calculate as follows: (a.) Determine the number of unique patients who received temporal lobe epilepsy surgery in 2023 (b.) Determine the number achieving Engel class 1-2 after 12 months. (c.) Clicking “Save” will calculate the percent by dividing the number achieving Engel class 1-2 by the total number of unique patients and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Unique patients 2023 **(NEURO\_SURG\_TEMPLOBE\_PATS)**

\_\_\_\_\_\_\_\_ b. **Number** achieving Engel class 1-2 after 12 months **(NEURO\_SURG\_TEMPLOBE\_ENGEL)**

\_\_\_\_\_\_\_\_ c. **Percent** achieving Engel class 1-2 after 12 months **(NEURO\_SURG\_TEMPLOBE\_RATE)**

NOTES: H31.1a and H31.1b should be whole number only. Do not allow decimals.

 H31.1c is autocalculated and decimals are allowed.

VALIDATE: IF H31.1b > H31.1a DISPLAY, “H31.1: The number of patients achieving Engel class 1-2 cannot be greater than the number of unique patients.”

AUTOCALC: H31.1c = [(H31.1b / H31.1a) \*100]

**H31.2 How many unique patients[[43]](#footnote-44), excluding tumors and vascular lesions, received Extra-temporal lobe epilepsy surgery including laser ablation (See code list - must have at least one diagnosis code and at least one of the included procedure codes, but cannot have any of the excluded procedure codes) in 2023?** [If none, please enter 0.] **Of those, how many achieved Engel Class 1-2 after 12 months?** [Calculate as follows: (a.) Determine the number of unique patients who received extra-temporal lobe epilepsy surgery in 2023 (b.) Determine the number achieving Engel class 1-2 after 12 months. (c.) Clicking “Save” will calculate the percent by dividing the number achieving Engel class 1-2 by the total number of unique patients and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Unique patients 2023 **(NEURO\_SURG\_EXTRATEMPLOBE\_PATS)**

\_\_\_\_\_\_\_\_ b. **Number** achieving Engel class 1-2 after 12 months **(NEURO\_SURG\_EXTRATEMPLOBE\_ENGEL)**

\_\_\_\_\_\_\_\_ c. **Percent** achieving Engel class 1-2 after 12 months **(NEURO\_SURG\_EXTRATEMPLOBE\_RATE)**

NOTES: H31.2a and H31.2b should be whole number only. Do not allow decimals.

 H31.2c is autocalculated and decimals are allowed.

VALIDATE: IF H31.2b > H31.2a DISPLAY, “H31.2: The number of patients achieving Engel class 1-2 cannot be greater than the number of unique patients.”

AUTOCALC: H31.2c = [(H31.2b / H31.2a) \*100]

**H31.3 Did your hospital have any patients who received Hemispherectomy or Hemispherotomy either functional or anatomical (See code list) in 2023? If no, please leave H31.3b blank. If yes, does your program track how many achieved Engel Class 1-2 after 12 months?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Did your program have any **(NEURO\_SURG\_HEMISPHERECT\_PATS)**  | ○ | ○ |
| b. | Track number achieving Engel class 1-2 after 12 months? **(NEURO\_SURG\_HEMISPHERECT\_ENGEL)** | ○ | ○ |

VALIDATE: IF H31.3a = NO, do not allow selection in H31.3b

**H31.4 How many unique patients[[44]](#footnote-45) received focal respective epilepsy surgery, including laser ablation for 3T MRI negative non-lesional epilepsy in 2023?** [If none, please enter 0.] **Of those, how many achieved Engel Class 1-2 after 12 months?** [Calculate as follows: (a.) Determine the number of unique patients who received epilepsy surgery in 2023 [H31.1a + H31.2a + H31.3a] **(See code list)**, minus all lesional patients (Note that ICD-10 codes do not easily differentiate between lesional and non-lesional epilepsy. \We recommend that you identify the patients based on the previous questions listed and have the clinical leadership of your neurosurgery program identify which of these patients are non-lesional for this question.) (b.) Determine the number of unique patients achieving Engel class 1-2 after 12 months [H31.1b + H31.2b + H31.3b] **(See code list)**. (c.) Clicking “Save” will calculate the percent by dividing the number achieving Engel class 1-2 by the total number of unique patients and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Unique patients 2023 **(NEURO\_SURG\_NONLESIONAL\_PATS)**

\_\_\_\_\_\_\_\_ b. **Number** of unique patients achieving Engel class 1-2 after 12 months

**(NEURO\_SURG\_NONLESIONAL\_ENGEL)**

\_\_\_\_\_\_\_\_ c. **Percent** achieving Engel class 1-2 after 12 months

**(NEURO\_SURG\_NONLESIONAL\_RATE)**

NOTES: H31.4a and H31.4b should be whole number only. Do not allow decimals.

 H31.4c is autocalculated and decimals are allowed.

VALIDATE: IF H31.4b > H31.4a DISPLAY, “H31.4: The number of patients achieving Engel class 1-2 cannot be greater than the number of unique patients.”

AUTOCALC: H31.4c = [(H31.4b / H31.4a) \*100]

1. **This question has been removed from the survey.**
2. **This question was moved to H17f.**
3. **This question was moved to H17.3.**
4. **This question has been removed from the survey.**

**H35.1 This question has been removed from the survey.**

1. **Does your pediatric Neurology/Neurosurgery program routinely establish and communicate a formal plan to transition patients from pediatric to adult care?**

**(NEURO\_TRANSITION\_PLAN)**

* Yes – Go to H37
* No – Skip to H38
1. **If yes, does your pediatric Neurology/Neurosurgery program track compliance for every patient over age 14 and document the plan in the medical record (see code list)?**

**(NEURO\_TRANSITION\_TRACK)**

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

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

1. **Does your facility report ventricular shunt surgery cases to NHSN?**

**(NEURO\_NHSN\_SHUNT)**

* Yes
* No
1. **This question has been removed from the survey.**
2. **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 Neurology and Neurosurgery 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 Neurology and Neurosurgery program been completed and uploaded to the Pediatric Hospital Survey website?

**(NEURO\_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 H:**

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.

|  |
| --- |
| **(NEURO\_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. Advanced neurologic certifications include Certified Neuroscience Registered Nurses (CNRN), Certified Brain Injury Specialists (CBIS), as well as Certified Pediatric Nurses (CPN), Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC), and Certified Critical Care Nurses (CCRN) who have specialized training or additional sub-certification in pediatric neurocritical care, neurology nursing or some other related certification. [↑](#footnote-ref-3)
3. Source localization is the process of identifying the origin or site of seizure activity within the brain. Only incorporate EEG testing for this item. [↑](#footnote-ref-4)
4. A Ketogenic diet program should include initiation and management, standardized protocols, a full-time dietician (with knowledge of this type of dietary program), and nursing oversight. [↑](#footnote-ref-5)
5. Transcranial magnetic stimulation is a noninvasive form of brain stimulation in which a changing magnetic field is used to cause electric current at a specific area of the brain through electromagnetic induction. [↑](#footnote-ref-6)
6. <http://abret.org/> [↑](#footnote-ref-7)
7. Regular involvement is defined as having your pediatric Neurology and Neurosurgery program’s neurologists or neurosurgeons regularly scheduled to see patients in the clinic either in-person or virtually. [↑](#footnote-ref-8)
8. To answer “yes”, the program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric neurosurgeon, pediatric orthopedic surgeon, pediatric physiatrist, physical therapist, occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-9)
9. To answer “yes”, the program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist with fellowship training in vascular neurology, pediatric neurosurgeon, vascular neurosurgeon, neuro-interventional radiologist or other endovascular surgeon, neuroradiologist, pediatric hematologist, pediatric physiatrist, neuropsychologist, physical therapist, occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-10)
10. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurosurgeon, craniofacial plastic surgeon, pediatric otolaryngologist, pediatric dentist, pediatric orthodontist, speech language pathologist/occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-11)
11. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist with fellowship training in movement disorders, pediatric neurosurgeon with specialty training in movement disorders, psychiatrist, neuropsychologist, physical therapist, social worker, and nursing coordinator. [↑](#footnote-ref-12)
12. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric oncologist, pediatric neurosurgeon, medical geneticist, pediatric ophthalmologist, pediatric orthopedic surgeon, plastic surgeon, pediatric physiatrist, neuropsychologist, social worker, and nursing coordinator. [↑](#footnote-ref-13)
13. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist with fellowship training in neuromuscular disorders, SMA treatments, and gene therapy availability, pediatric cardiologist, pediatric pulmonologist, pediatric physiatrist, pediatric gastroenterologist, pediatric endocrinologist, psychiatrist, physical therapist, occupational therapist, respiratory therapist, genetic counselor, social worker, and nursing coordinator. This program encompasses significant maladies that cause dysfunction of the peripheral nervous system, neuromuscular junction, and/or muscle. Depending on the area affected, there may be motor symptoms (e.g., muscle weakness, fatigue, wasting, incoordination), sensory symptoms (e.g., tingling, decreased sensation, pain), or autonomic symptoms (e.g., incontinence, diarrhea, lack of sweating). [↑](#footnote-ref-14)
14. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric neuro-oncologist, pediatric neurosurgeon, pediatric radiation oncologist, pediatric physiatrist, neuro-endocrinologist, neuroradiologist, neuro-ophthalmologist, neuropsychologist, social worker, and nursing coordinator. [↑](#footnote-ref-15)
15. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurosurgeon, pediatric orthopedic surgeon, pediatric urologist, pediatric physiatrist, physical therapist, occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-16)
16. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric dermatologist, pediatric neurosurgeon, medical geneticist, pediatric ophthalmologist, pediatric cardiologist, neuropsychologist, social worker, and nursing coordinator. [↑](#footnote-ref-17)
17. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist with fellowship training in neuromuscular disorders, pediatric neurosurgeon, pediatric plastic surgeon, pediatric orthopedic surgeon, pediatric physiatrist, physical therapist, occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-18)
18. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, neuroradiologist, medical geneticist, genetic counselor, pediatric physiatrist, physical therapist, occupational therapist, nutritionist, social worker and nursing coordinator. [↑](#footnote-ref-19)
19. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, developmental pediatrician, pediatric physiatrist, physical therapist, occupational therapist, social worker, and nursing coordinator. [↑](#footnote-ref-20)
20. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric neurosurgeon, pediatric orthopedic surgeon, pediatric physiatrist, neuropsychologist, physical therapist, occupational therapist, speech therapist, social worker, and nursing coordinator. [↑](#footnote-ref-21)
21. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric epileptologist, neuroradiologist, social worker and nursing coordinator. [↑](#footnote-ref-22)
22. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric neurosurgeon, pediatric surgeon with expertise in fetal surgery, neuroradiologist, and nursing coordinator. [↑](#footnote-ref-23)
23. To answer “yes”, this program must be led by a pediatric neurologist with fellowship training in child/pediatric neurology (although fellowship training in headache is preferred), have a pediatric psychologist able to perform cognitive behavioral therapy, social worker and nursing coordinator, and have availability of infusion therapy or botox for headache treatment. [↑](#footnote-ref-24)
24. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric anesthesiologist, pediatric psychologist trained in cognitive behavioral therapy, social worker, and nursing coordinator. [↑](#footnote-ref-25)
25. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist with fellowship training in multiple sclerosis, pediatric physiatrist, neuropsychologist, physical therapist, occupational therapist, speech therapist, social worker, and nursing coordinator. [↑](#footnote-ref-26)
26. To answer “yes”, this program needs to have an identified team, with a named Director who is either fellowship trained or has greater than 3 years of experience in the field, including a pediatric neurologist, pediatric psychiatrist, sleep specialist with fellowship training in sleep, pediatric geneticist, genetics counselor, nutritionist, developmental psychologist/neuropsychologist, occupational therapist, speech pathologist, school and education specialist, and nursing coordinator. [↑](#footnote-ref-27)
27. By assisted we mean that the pediatric neurosurgeon scrubbed in for the surgery but may not have been the primary surgeon for the case. [↑](#footnote-ref-28)
28. Immediate is the perinatal period that includes conditions that occurred before birth through the first 28 days after birth. [↑](#footnote-ref-29)
29. Example programs include International Pediatric Stroke Study (IPSS), International Alliance for Pediatric Stroke (American Heart Association/American Stroke Association), Angioma Alliance (part of NORD), Brain Vascular Malformation Consortium (BVMC), Pediatric Neurocritical Care Research Group, and Neuro-NEXT Clinical Trials Platform. [↑](#footnote-ref-30)
30. Example programs include American SEEG Consortium (consortiumseeg.org), ACNS SEEG consortium, American high density EEG Consortium, ACNS hdEEG consortium, Critical Care EEG Monitoring Research Consortium, Pediatric Epilepsy learning healthcare system (PELHS), NINS Infantile Spasms Registry, PCDH19-Related Epilepsy Patient Registry, Collaborative Research Group in Inflammatory Epilepsies and Encephalitides, Infantile Spasms: Data Registry, Tuberous Sclerosis Complex (TSC) Natural History Database Project, Neonatal Seizure Registry: The Role of inflammation after neonatal seizures and later development of epilepsy (NSR-RISE), Research Registry for Rett Syndrome and Related Disorders, The International Pyridoxine-Dependent Epilepsy Registry, Pediatric Status Epilepticus Research Group, and Natural History of Sturge-Weber Syndrome, and Tuberous Sclerosis (TOSCA) Registry. [↑](#footnote-ref-31)
31. Example programs include Children’s Oncology Group, Pediatric Brain Tumor Consortium, Pacific Pediatric Neuro-Oncology Consortium, and Neurofibromatosis (NF) Registry/Children’s Tumor Foundation. [↑](#footnote-ref-32)
32. Example programs include Clinical Study of Spinal Muscular Atrophy (SMA)/ Spinal Muscular Atrophy Patient Registry (iSMAC), Multicenter Cure SMA Clinical Data Registry, International Alternating Hemiplegia of Childhood Consortium, Registry and Repository of childhood-onset movement disorders, and Registry and Natural History Study for AP-4 Associated Hereditary Spastic Paraplegia (AP-4-HSP). [↑](#footnote-ref-33)
33. Example programs include Cerebral Palsy Research Network, incl. Investigating the Genetic Basis of Cerebral Palsy, Hydrocephalus Clinical Research Network (HCRN) or HCRN QI Network (HCRNq), Treatment of Posthemorrhagic Hydrocephalus (TROPHY) Registry, Spina Bifida Registry, North American Fetal Therapy Network Fetal Myelomeningocele Repair Registry, Synostosis Research Group (SynRG), Chiari or Syringomyelia Registry (e.g. Park-Reeves, Chiari Clinical Research Network), and Harnessing clinical genomic characterization to accelerate translational advances for patients with IDD, Phase 1. [↑](#footnote-ref-34)
34. Example programs include Biomarkers in Neuroinflammatory Disorders, Pediatric Multiple Sclerosis and other Demyelinating Diseases Database, Prognosis, treatment, and mechanisms in an international pediatric-onset opsoclonus myoclonus ataxia syndrome (POOMAS) database, and Pediatric Research Collaboration Exploring Tests In Ocular Neuroimmunology (PERCEPTION Study). [↑](#footnote-ref-35)
35. Example programs include Narcolepsy Database, Children, Adolescents and Their providers: the Narcolepsy Assessment Partnership (CATNAP), Aromatic L-amino Acid Decarboxylase (AADC) deficiency Natural History Registry, and Mitochondrial Disease Consortium Patient Registry and Biorepository. [↑](#footnote-ref-36)
36. <https://www.ctf.org/research/nf-clinic-network> [↑](#footnote-ref-37)
37. <http://www.tscalliance.org/wp-content/uploads/2021/05/TSC-Clinic-Designation-Requirements-Version-1.0-approved-12.14.2020-NEW.pdf> [↑](#footnote-ref-38)
38. Note that CPT codes are no longer provided as the CDC does not recommend their use in calculating SSI rates due to concerns about standardization of records. [↑](#footnote-ref-39)
39. For guidelines on calculating the SSI rate, see the following CDC publication: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>. [↑](#footnote-ref-40)
40. We encourage you to pull data from your hospital’s reports regarding the SSI percentage if you participate in the National Healthcare Safety Network (NHSN) reporting program. If not, the details are provided above to enable you to calculate the rate. [↑](#footnote-ref-41)
41. Provide SSI data from CY2022 to ensure that all surgeries in which an implant was placed where under surveillance for 90 days or more. [↑](#footnote-ref-42)
42. If patients received more than one of the above procedures, please count only one time for purposes of this question. They should be included in your count of the most recent of the above surgical procedures performed in calendar 2023. [↑](#footnote-ref-43)
43. If patients received more than one of the above procedures, please count only one time for purposes of this question. They should be included in your count of the most recent of the above surgical procedures performed in calendar 2023. [↑](#footnote-ref-44)
44. If patients received more than one of the above procedures, please count only one time for purposes of this question. They should be included in your count of the most recent of the above surgical procedures performed in calendar 2023. [↑](#footnote-ref-45)