**SECTION I: PEDIATRIC ORTHOPAEDICS**

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

**(ORTHO\_HAVEPROGRAM)**

* Yes
* No – Skip to Section J

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

**Full name:**

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

**Title:**

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

**Email:**

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

**Preferred phone:**

|  |
| --- |
| **(ORTHO\_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.”

**I1.1 Are you submitting jointly with a Pediatric Orthopaedic program at another hospital?**

**(ORTHO\_JOINTSUB)**

* + Yes – Go to Question I1.2
  + No – Skip to Question I2

**I1.2 If yes, what is the name of the Pediatric Orthopaedic program you are reporting jointly with?** Please note that joint submissions must be reviewed and approved before they are allowed. Before submitting your survey, please contact RTI at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) to discuss your joint submission 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total Physicians** |  |
| a. | Pediatric orthopaedic surgeons (board certified/board eligible by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopedic Surgery, with a fellowship or other training in pediatric orthopaedic surgery) | \_\_\_\_\_\_\_\_ |  |
|  | **(ORTHO\_PHYSICIANS\_ORTHO\_** | **TOT)** |  |
| b. | Other attending/on-staff physicians (include all other attending/on-staff physicians who are not subspecialty certified/eligible in orthopaedic surgery) | \_\_\_\_\_\_\_\_ |  |
|  | **(ORTHO\_PHYSICIANS\_OTHER\_** | **TOT)** |  |

NOTES: I2x should be whole number only. Do not allow decimals.

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

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

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

NOTES: I3x should be whole number only. Do not allow decimals.

**I3.1. What percentage of NPs and PAs received pediatric orthopaedic surgery-related CEUs/CMEs in the last calendar year?**

\_\_\_\_\_\_\_% of NPs and PAs **(ORTHO\_CEU\_NAPA)**

NOTES: I3.1 is numeric entry (decimals are allowed).

WARNING: IF 0 < I3.1 < 10, DISPLAY: “Please verify that you provided a percent and not a number of staff.”

VALIDATE: 0 ≤ I3.1 ≤ 100. ELSE DISPLAY: “I3.1: Please enter a numeric value between 0 and 100.”

**I3.2. Among the total number of nurse practitioners and physician assistants who work in or directly support your Pediatric Orthopaedic program (I3a and I3b), how many are members of the Pediatric Orthopaedic Practitioners Society (POPS)[[2]](#footnote-3), the Pediatric Orthopaedic Society of North America (POSNA), or the International Pediatric Orthopaedic Symposium (IPOS)?**

\_\_\_\_\_\_\_ a. Total Nurse Practitioners in POPS, POSNA, or IPOS **(ORTHO\_NP\_SOCIETY)**

\_\_\_\_\_\_\_ b. Total Physician Assistants in POPS, POSNA, or IPOS **(ORTHO\_PA\_SOCIETY)**

NOTES: I3.2x should be whole number only. Do not allow decimals.

1. **Please indicate the number of dedicated clinical nurse (RN) and Medical Assistant[[3]](#footnote-4) FTEs[[4]](#footnote-5) who work in your Pediatric Orthopaedic program in the last calendar year.** [ Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs .][If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. FTE RNs **(ORTHO\_RN\_FTE)**

\_\_\_\_\_\_\_\_ b. FTE Medical Assistants **(ORTHO\_MA\_FTE)**

NOTES: I4x is numeric entry (decimals are allowed).

VALIDATE: If I4x is not numeric: “I4x: Please enter a numeric value.”

**I4.1. What percentage of the staff identified in I4, received orthopaedic surgery-related CEUs[[5]](#footnote-6) in the last calendar year?**

\_\_\_\_\_\_\_\_ a. % RNs receiving Orthopaedic surgery-related CEUs **(ORTHO\_CEU\_RN)**

\_\_\_\_\_\_\_\_ b. % Medical Assistants receiving Orthopaedic surgery-related CEUs **(ORTHO\_CEU\_MA)**

NOTES: I4.1x is numeric entry (decimals are allowed).

WARNING: IF 0 < I4.1x < 10, DISPLAY: “Please verify that you provided a percent and not the number of staff.”

VALIDATE: 0 ≤ I4.1x ≤ 100. ELSE DISPLAY: “I4.1x: Please enter a numeric value between 0 and 100.

1. **Please indicate the number of pediatric orthopaedic surgeons currently working in your Pediatric Orthopaedic program who are members of the Pediatric Orthopaedic Society of North America (POSNA) in the following categories.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Clinicians** |
| a. | *Active* members (including corresponding, or associate members) **(ORTHO\_POSNA\_ACTIVE)** | \_\_\_\_\_\_\_\_ |
| b. | *Candidate* members **(ORTHO\_POSNA\_CANDIDATE)** | \_\_\_\_\_\_\_\_ |

NOTES: I5x should be whole number only. Do not allow decimals.

**I5.1 Is your pediatric orthopaedic program an active participant in the Pediatric Orthopaedic Society of North America (POSNA) Safe Surgery Program (PSSP)[[6]](#footnote-7)?**

**(ORTHO\_PARTICIPATE\_PSSP)**

* + Yes
  + No

1. **Does your Pediatric Orthopaedic program have at least one pediatric specialist with fellowship training[[7]](#footnote-8) in the following categories?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Hand surgery **(ORTHO\_HAND)** | **○** | **○** |
| b. | Spinal surgery **(ORTHO\_SPINAL)** | **○** | **○** |
| c. | Musculoskeletal oncologists **(ORTHON\_MUSCONC)** | **○** | **○** |
| d. | Orthopaedic sports surgeons[[8]](#footnote-9) **(ORTHO\_SPORTS)** | **○** | **○** |
| e. | Hip preservation specialist[[9]](#footnote-10) **(ORTHO\_HIP)** | **○** | **○** |
| f. | Musculoskeletal radiologists **(ORTHO\_MUSCRAD)** | **○** | **○** |

**I6.1. Please indicate the pediatric orthopaedic surgery ACGME fellow[[10]](#footnote-11) and resident full-time equivalents (FTEs) that were a part of your Pediatric Orthopaedic program in the last calendar year.** [Note that these should only include fellows or residents who fully participate in the educational and patient review activities of the program.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Pediatric orthopaedic surgery ACGME fellows **(ORTHO\_SURG\_FELLOW)**

\_\_\_\_\_\_\_\_ b. Pediatric orthopaedic surgery residents **(ORTHO\_SURG\_RESIDENT)**

NOTES: I6.1x should be numeric and allow decimals.

1. **Does your Pediatric Orthopaedic program offer a designated inpatient unit[[11]](#footnote-12) for pediatric patients?**

**(ORTHO\_INPATIENT)**

* Yes
* No

1. **Does your hospital have a dedicated pediatric imaging center that is located in your outpatient orthopedic clinics (and not in a separate facility)?**

**(ORTHO\_IMAGING)**

* Yes
* No

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

**I9.1 This question has been removed from the survey.**

1. **Does your pediatric imaging center have the following services?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Intraoperative navigation system **(ORTHO\_IMAGING\_SERVICES\_IONAV)** | **○** | **○** |
| b. | Low dose, three-dimensional upright body imaging for evaluating idiopathic scoliosis **(ORTHO\_IMAGING\_SERVICES\_UPRIGHT)** | **○** | **○** |
| c. | Pediatric anesthesia services to support sedation and general anesthesia for imaging in very young children **(ORTHO\_IMAGING\_SERVICES\_SEDATION)** | **○** | **○** |
| d. | Image guided thermal ablation of bone tumors **(ORTHO\_IMAGING\_SERVICES\_ABLATION)** | **○** | **○** |

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

**I11.1. This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **This question has been removed from the survey.**
3. **How many of the following types of pediatric trauma patients with fractures or musculoskeletal injuries (see code list) were treated by pediatric orthopaedists as inpatients (or observations patients) and/or as outpatients (or emergency department patients) at your hospital in the last calendar year?** [Only count each patient once. If a patient was seen both as an inpatient, observation patient, outpatient or in the emergency department, please only include them in the setting where they were first seen.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Inpatients or observation patients **(ORTHO\_TRAUMA\_INPATS)** |  |
| b. | Outpatients, including those seen in the emergency department **(ORTHO\_TRAUMA\_OUTPATS)** |  |

NOTES: I14x should be whole number only. Do not allow decimals.

**I14.1 In the last calendar year, how many of the following types of pediatric trauma patients with fractures or musculoskeletal injuries did your Pediatric Orthopaedic program treat?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Patients transferred from another hospital to your hospital for inpatient care **(ORTHO\_TRAUMA\_TRANSFER** |  |
| b. | Patients that received pediatric orthopaedic trauma surgery or other pediatric orthopaedic procedures (e.g., closed reduction) within 72 hours of admission **(ORTHO\_TRAUMA\_SURG** |  |

NOTES: I14.1x should be whole number only. Do not allow decimals.

1. **Does your hospital offer the following clinics that are regularly attended (i.e., available for consultation during the clinic session) by the Pediatric Orthopaedic service and saw a minimum of 25 patients in 2024?** [To answer yes, the clinic must include a clinical coordinator[[12]](#footnote-13) and at least two physicians of different specialties; and allow the patient to be seen by all providers in one location.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Spina bifida clinic[[13]](#footnote-14) (myelodysplasia) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_SPINABIFIDA)** |  | |
| b. | Spasticity or cerebral palsy clinic[[14]](#footnote-15) (includes evaluation of patients for Baclofen pumps) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_CEREBRALPALSY)** |  | |
| c. | Skeletal dysplasia clinic[[15]](#footnote-16) (includes osteogenesis impefecta) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_DYSPLASIA)** |  | |
| d. | Brachial plexus clinic[[16]](#footnote-17) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_BRACHIAL)** |  | |
| e. | Neurofibromatosis clinic[[17]](#footnote-18) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_NEUROFIBRO)** |  | |
| f. | Muscle disease clinic[[18]](#footnote-19) (includes muscular dystrophy) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_MUSCLE)** |  | |
| g. | Sports concussion program[[19]](#footnote-20) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_SPORTS)** |  | |
| h. | Arthrogryposis clinic[[20]](#footnote-21) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_ARTHRO)** |  | |
| i. | Limb deficiency/limb reconstruction/prosthetics clinic[[21]](#footnote-22) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_LIMB)** |  | |
| j. | Skeletal health/metabolic bone health clinic[[22]](#footnote-23) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_SKELETAL)** |  | |
| k. | Vascular Malformation Clinic[[23]](#footnote-24) | **○** | **○** |
|  | **(ORTHO\_CLINICS\_VASCMAL)** |  | |

1. **Does your Pediatric Orthopaedic program have a multidisciplinary musculoskeletal oncology program?**

**(ORTHO\_MUSCONC)**

* Yes
* No

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

**I17.1 This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **Does your hospital provide a neuromuscular Advanced Motion Analyses Laboratory (Gait Laboratory)[[24]](#footnote-25) which is available to Pediatric Orthopaedic patients either on-site or through a formal contractual relationship with another hospital/institution?**

**(ORTHO\_MOTIONLAB)**

* Yes, on-site – Go to Question I19.1
* Yes, through a formal contractual relationship – Go to Question I19.1
* No – Skip to Question I21

**I19.1 Is the Gait Laboratory** **accredited by the Commission for Motion Laboratory Accreditation (CMLA)? [**To receive credit for CMLA, you must upload proof of accreditation.]

**(ORTHO\_MOTIONLAB\_ACCRED)**

* Yes
* No

1. **In the last calendar year how many diagnostic evaluations did your Pediatric Orthopaedic program conduct with neuromuscular pediatric patients in the Motion Laboratory (Gait lab)?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_a. Diagnostic clinical evaluations **(ORTHO\_MOTIONLAB\_EVALS\_CLN)**

\_\_\_\_\_\_\_\_b. Diagnostic research evaluations **(ORTHO\_MOTIONLAB\_EVALS\_RES)**

NOTES: I20x should be whole number only. Do not allow decimals.

1. **Does your Pediatric Orthopaedic program have an ongoing system to monitor compliance with preoperative antibiotic prophylaxis timing for spinal fusion surgeries (see code list)?** [The ongoing system should capture all surgeries, or at minimum capture a monthly sampling of cases, based on the Joint Commission sampling recommendations.]

**(ORTHO\_COMPLIANCE)**

* Yes, we monitor for ALL spinal fusion surgeries
* Yes, we have an ongoing monthly program (12 months a year) that monitors timing for a sample of cases
* Yes, we have a program, but monitor less frequently than every month
* No – Skip to Question I23

1. **Of the cases reviewed (in I21), what was your percentage of compliance with the preoperative antibiotic prophylaxis timing (i.e., incision “cut” time within 60 minutes of antibiotic infusion, or 120 minutes if vancomycin is used) in spinal fusion surgeries in the last calendar year?** [Calculate as follows: (a.) Determine the number of pediatric spinal fusion surgeries in which perioperative antibiotic timing was compliant with guidelines. Exclude cases in which patients are already on scheduled antibiotics that substitute for prophylaxis. (b.) Determine the number of spinal fusion cases (from I21). (c.) Clicking “Save” will calculate the rate by dividing the number of compliant cases by the total number of cases reviewed and multiplying by 100. Responses will be rounded to 2 decimals.]

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

\_\_\_\_\_\_\_\_ b. Number of cases reviewed **(ORTHO\_COMPLIANCE\_REVIEWED)**

\_\_\_\_\_\_\_\_ c. Percent compliant (**ORTHO\_COMPLIANCE\_PERCENT)**

NOTES: I22a and I22b should be whole number only. Do not allow decimals.

I22c is autocalculated and decimals are allowed.

WARNING: IF I22b = (0 OR BLANK), DISPLAY: “I22b: Please provide a value greater than 0 for cases reviewed or answer no to monitoring compliance in I21.”

VALIDATE: IF I22a > I22b DISPLAY, “I22: Please check your responses. The number of compliant cannot be greater than the number of cases reviewed.”

AUTOCALC: I22c = [(I22a / I22b) \*100]

1. **Does your Pediatric Orthopaedic program monitor surgical site infections (SSI) for spinal fusion surgeries using an established standard program?**

**(ORTHO\_SSI)**

* Yes, NHSN/CDC standards – Go to Question I23.2
* Yes, Some “other” standard– Go to Question I23.1
* No, we do not track SSIs – Skip to Question I24

**I23.1. If you marked “yes” to some “other” standard please provide the definitions used to identify cases, your case-finding method, and the reporting process (including reporting of surgeon- or service-specific SSI rates, stratification of SSI rate by procedure type, and frequency of reports).**

|  |
| --- |
| **(ORTHO\_SSI\_TEXT)** |

**Please note that I23.2–I23.4 will not be used for scoring this year and are being collected for informational purposes only. Please note that the order of questions has changed.**

**123.2** **Does your hospital’s 2023 NHSN report include a standardized infection ratio (SIR) for SSI’s following spinal fusion surgeries?** [In order to answer “Yes”, your report must list a value for SIR. It cannot be “N/A” or missing.]

**(ORTHO\_SIR\_REPORT)**

* + Yes – Go to Question I23.3
  + No – Skip to Question I23.4

**I23.3 Please report your NHSN-generated SSI standardized infection ratio (SIR), SIR p-value, and 95% confidence intervals (CI) in 2023 for spinal fusion surgeries.** [This information is available for facilities reporting SSI data to NHSN. Regenerate datasets in NHSN before running the report[[25]](#footnote-26) in NHSN Analysis. If the report does not include these data, please leave blank.] [Please note that all hospitals wishing to receive credit for this question will be required to upload a screenshot of their NHSN report with the SIR information when submitting their survey.]

\_\_\_\_\_\_\_\_\_ a. Expected SSI events (numPred) **(ORTHO\_SSI\_SIR\_EVENTS)**

\_\_\_\_\_\_\_\_\_ b. SSI SIR (SIR) **(ORTHO\_SSI\_SIR)**

\_\_\_\_\_\_\_\_\_ c. SIR p-value (SIR\_pval) **(ORTHO\_SSI\_PVALUE)**

\_\_\_\_\_\_\_\_\_ d. 95% confidence interval lower (sir95ci) **(ORTHO\_SSI\_INTERVALL)**

\_\_\_\_\_\_\_\_\_ e. 95% confidence interval upper (sir95ci) **(ORTHO\_SSI\_INTERVALU)**

NOTES: I23.3x is numeric entry (decimals are allowed).

VALIDATE: IF I23.3e < I23.3d DISPLAY: “I23.3d & I23.3e: Please check your confidence interval bounds as the upper interval limit should be greater than the lower interval limit.”

IF I23.3b > I23.3e OR I23.3b < I23.3d DISPLAY, “I23.3b: The SSI SIR estimate should be between the two confidence interval bounds. Please double check your responses.”

If I23.3x is not numeric: “I23.3x: Please enter a numeric value.”

**I23.4 Using NHSN Guidelines[[26]](#footnote-27) what was your percentage of spinal fusion cases developing SSIs after surgery in 2023?** [Calculate as follows: (a.) Determine the number of SSIs developing after spinal fusion surgeries. (b.) Determine the total number of eligible spinal fusion surgeries. (c.) Clicking “Save” will calculate the rate by dividing the number of cases developing SSIs by the total number of eligible spinal fusion surgeries and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Number of cases developing SSIs following spinal fusion **(ORTHO\_SSI\_ID\_CASES)**

\_\_\_\_\_\_\_\_ b. Number of eligible spinal fusion surgeries **(ORTHO\_SSI\_ID\_TOTAL)**

\_\_\_\_\_\_\_\_ c. SSI rate for spinal fusion surgeries **(ORTHO\_SSI\_ID\_PCT)**

NOTES: I23.4a and I23.4b should be whole number only. Do not allow decimals.

I23.4c is autocalculated and decimals are allowed.

VALIDATE: IF I23.4a > I23.4b, DISPLAY: “I23.4: Please check your responses. Number of cases developing SSIs cannot be greater than number of cases.”

AUTOCALC: I23.4c = [(I23.4a / I23.4b) \*100]

1. **How many surgical procedures were performed by your Pediatric Orthopaedic program in the operating room or in another clinical setting related to their diagnosis for the following diagnoses and procedures[[27]](#footnote-28) in the last 2 calendar years? Where indicated, please also provide the number of unique patients who were seen by your Pediatric Orthopaedic program.** [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Surgical Procedures** | **Unique Patients** |
|  | Open reduction developmental dysplasia of the hip (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_VOL\_DYSPLASIA\_** | **PROCS)** | **PATS)** |
|  | Ponseti treatment for clubfoot in patients < 1 years old (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_VOL\_PONSETTI\_** | **PROCS)** | **PATS)** |
|  | Bernese pelvic osteotomy in patients < 18 years old (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ |  |
|  | **(ORTHO\_VOL\_BERNESE\_** | **PROCS)** |  |
|  | Cast treatment for infantile scoliosis < 5 years old (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ |  |
|  | **(ORTHO\_VOL\_CAST\_** | **PROCS)** |  |
|  | ACL reconstruction (males < 14 years old or females < 12 years old) (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_VOL\_ACL\_** | **PROCS)** | **PATS)** |
|  | Femoral and tibial leg lengthening surgery (see code list – must have at least one diagnosis code and at least one procedure code) | \_\_\_\_\_\_\_\_ |  |
|  | **(ORTHO\_VOL\_LENGTH\_** | **PROCS)** |  |
|  |  |  |  |
|  |  |  |  |
|  | Oncologic surgery, e.g., limb salvage procedures, wide resections, and oncologic amputations (see code list) | **\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_VOL\_ONCOLOGIC\_** | **PROCS)** | **PATS)** |

NOTES: I24x1 and I24x2 should be whole number only. Do not allow decimals.

1. **How many of the patients who underwent operative reduction and fixation of supracondylar fracture of the humerus (see code list – must have at least one diagnosis code and at least one procedure code) during the last calendar year, received their car (a.) within 18 hours and (b.) 18 hours or longer following time of check-in with your Emergency Department[[28]](#footnote-29)?** [Only count patients who presented for care in the Emergency Department (i.e., patient began care in the ED) who were not discharged to home for elective surgery as an outpatient.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Unique patients OR start time < 18 hours **(ORTHO\_HUMERUS\_FAST)**

\_\_\_\_\_\_\_\_ b. Unique patients OR start time in >18 hours **(ORTHO\_HUMERUS\_SLOW)**

NOTES: I25x should be whole number only. Do not allow decimals.

**I25.1 Of the total number of patients reported in I25, how many were performed using a formal open procedure?** [Do not count those presenting as open fractures and those requiring vascular exploration or repair.]

\_\_\_\_\_\_\_\_ Cases using a formal open procedure **(ORTHO\_HUMERUS\_OPEN)**

NOTES: I25.1 should be whole number only. Do not allow decimals.

1. **How many patients with isolated femoral shaft fracture[[29]](#footnote-30) (see code list – must have at least one diagnosis code and at least one procedure code) during the last calendar year, received their care (OR start time) (a.) within 18 hours and (b.) 18 hours or longer following time of admission to your Emergency Department?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Unique patients OR start time < 18 hours **(ORTHO\_FEMUR\_FAST)**

\_\_\_\_\_\_\_\_ b. Unique patients OR start time in >18 hours **(ORTHO\_FEMUR\_SLOW)**

NOTES: I26x should be whole number only. Do not allow decimals.

1. **In the last year, how many radiographically-assisted reductions of displaced (closed) forearm fractures (see code list) were conducted by your Pediatric Orthopaedics program in your Emergency Department[[30]](#footnote-31) (or other out-patient setting) for patients under 14 years of age? Of those patients, how many were successfully treated such that they did not require a hospital admission?** [Do not count as successfully treated forearm fractures that lose position within 4 weeks and require operative intervention.]

\_\_\_\_\_\_\_\_ a. Total number of radiographically-assisted reductions **(ORTHO\_ED\_FOREARM)**

\_\_\_\_\_\_\_\_ b. Total number of successful outpatients treated **(ORTHO\_ED\_FOREARM\_SUCCESS)**

NOTES: I27x should be whole number only. Do not allow decimals.

VALIDATE: IF I27b > I27a DISPLAY: “I27: The number of successful outpatients treated cannot be greater than the total number of reductions.”

1. **Does your hospital have a designated inpatient trauma operating room that 99% guarantees orthopaedics a “First case of the day start” with at least one-half day (minimum 4 hours) of OR time in that room every day throughout the year?** [To answer yes, you must provide documentation (via Upload Documents link on survey navigation menu) that your hospital 99% guarantees a “First case of the day start.” Examples include a copy of the block OR schedule that accommodates trauma in such a fashion or a copy of a written policy that describes their system for prioritizing trauma cases.]

**(ORTHO\_OR\_FIRSTCASE)**

* Yes
* No

1. **Do you have a policy in place that provides even greater OR access based on periodic demand (e.g., if orthopaedic trauma patient care demands exceed 4 hours, is there a system in place that provides full day access or a second room)?** [Notes: (1) Note that this question is not asking about mass casualty or disaster preparedness, but the policies related to greater than average demand for operating room procedures. (2) To answer yes, you must provide documentation of the policy at your institution; this documentation should be uploaded to the survey website using the “upload documents” function.]

**(ORTHO\_OR\_DEMAND)**

* Yes
* No

1. **Do you have a preoperative coordinated care review process led by a nursing coordinator (or similar professional) that meets at least monthly to evaluate high risk[[31]](#footnote-32) patients and prepare them for surgery and hospitalization?**

**(ORTHO\_PERIOPERATIVE)**

* Yes - Go to Question I30.1
* No - Go to Question I31

**I30.1 Please report the number of high risk patients evaluated per your preoperative coordinated care review process in the last calendar year.**

\_\_\_\_\_\_\_\_\_ Number of high risk patients evaluated in the last calendar year **(ORTHO\_PERIOPERATIVE\_PATS)**

NOTES: I30.1 should be whole number only. Do not allow decimals.

1. **How many unique orthopaedic patients in each of the following diagnosis categories received surgical correction[[32]](#footnote-33) for scoliosis in the last 3 calendar years?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Idiopathic scoliosis (see code list) **(ORTHO\_SURGICALCORRECT\_IDIOPATHIC)** | \_\_\_\_\_\_\_\_ |
| b. | Neuromuscular scoliosis in patients with Cerebral Palsy (see code list) whose surgical care included both of the following codes: 22848 (pelvic fixation) and 22804 (posterior spine fusion 13 or more segments). **(ORTHO\_SURGICALCORRECT\_NEUROMUSC)** | \_\_\_\_\_\_\_\_ |

NOTES: I31x should be whole number only. Do not allow decimals.

SKIP LOGIC: IF (I31a + I31b) = 0, SKIP TO I33. ELSE GO TO I32.

1. **Of the unique scoliosis patients who received surgical correction for scoliosis in the last 3 calendar years, how many had the following complications after the surgery?** [Please count patients in all categories that apply.] [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unplanned admissions within 30 days[[33]](#footnote-34) (for any cause)** | **Reoperation within 90 days[[34]](#footnote-35)**  **(for any cause)** |
| a. | Idiopathic scoliosis (see code list) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_IDIOPATHIC\_** | **ADMIT30)** | **REOP90)** |
| b. | Neuromuscular scoliosis in patients with Cerebral Palsy (see code list) whose surgical care included both of the following codes: 22848 (pelvic fixation) and 22804 (posterior spine fusion 13 or more segments). | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  | **(ORTHO\_NEUROMUSC\_** | **\_ADMIT30)** | **REOP90)** |

NOTES: I32x should be whole number only. Do not allow decimals.

VALIDATE: IF I32ax > I31a, DISPLAY: “I32a: The number of unplanned admissions or reoperations cannot be greater than the number of total patients reported in I31a.”

IF I32bx > I31b, DISPLAY: “I32b: The number of unplanned admissions or reoperations cannot be greater than the number of total patients reported in I31b.”

IF I32x1 IS BLANK, DISPLAY: “I32x (Unplanned admissions): If none, please enter 0."

IF I32x2 IS BLANK, DISPLAY: “I32x (Reoperation): If none, please enter 0."

**I32.1** **This question has been moved to I33.**

**I32.2 This question has been moved to I33.1.**

**I32.3 How many adolescent patients with idiopathic scoliosis (10-18 years old) with major Cobb angle of 45-70 degrees received posterior spinal fusion and instrumentation (primary, not revision) in the last calendar year? Of this group, how many had an allogenic blood transfusion during their hospital admission?**

\_\_\_\_\_\_\_\_ a. Patients receiving posterior spinal fusion and instrumentation **(ORTHO\_SF\_SURG)**

\_\_\_\_\_\_\_\_ b. Patients with allogenic blood transfusion **(ORTHO\_SF\_TRANS)**

NOTES: I32.3x should be whole number only. Do not allow decimals.

1. **Do the surgeons in your Pediatric Orthopaedic program who treat sports injuries participate in a multi-center surgical performance program?**

**(ORTHO\_SPORTS\_OTH)**

* Yes – Skip to I33.1
* No – Skip to I34

**I33.1 If you indicated “Yes”, please specify the program below. Note that you must provide a recognized program to receive points for this question.**

|  |
| --- |
| **(ORTHO\_SPORTS\_OTH\_TEXT)** |

1. **How many of each type of pediatric anesthesiologists do you have at your children’s hospital?** [Count staff in only one row.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Number of pediatric anesthesiologists **(ORTHO\_HOSP\_PEDANES)**

\_\_\_\_\_\_\_\_ b. Number of pediatric spine anesthesiologists[[35]](#footnote-36) **(ORTHO\_HOSP\_SPINE\_PEDANES)**

NOTES: I34x should be whole number only. Do not allow decimals.

SKIP LOGIC: IF (I31a + I31b)=0, SKIP TO I36. ELSE, GO TO I35.

1. **How many surgical corrections for scoliosis cases (reported in I31a-I31b) were staffed by pediatric anesthesiologists or pediatric spine anesthesiologists?** [Only count the anesthesiologist who started each case. Count staff in only one row.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_Number of SPINE CASES performed by general pediatric anesthesiologists **(ORTHO\_SCOLIOSIS\_PEDANES)**

\_\_\_\_\_\_\_\_Number of SPINE CASES performed by pediatric spine anesthesiologists **(ORTHO\_SCOLIOSIS\_SPINE\_PEDANES)**

NOTES: I35x should be whole number only. Do not allow decimals.

**I35.1 How many of the pediatric spine anesthesiologists[[36]](#footnote-37) identified in I34b, were the anesthesiologist of record for 40 or more surgical corrections for scoliosis cases in the last 3 years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Number of pediatric spine anesthesiologists **(ORTHO\_PEDANES\_MIN)**

NOTES: I35.1 should be whole number only. Do not allow decimals.

VALIDATE: IF I35.1 > I34b, DISPLAY: “I35.1: The number of pediatric spine anesthesiologists who were the anesthesiologist of record for 40 or more surgical corrections cannot be greater than the total number of pediatric spine anesthesiologists reported in I34b.”

1. **What percentage of surgical spine patients[[37]](#footnote-38), 8 years of age or older, seen in your outpatient clinic setting completed an SRS-22, SRS-30, CPCHILD, PROMIS, or some other patient reported outcomes questionnaire during the last year?**

\_\_\_\_\_\_\_\_ **%** of outpatients completing a patient reported outcomes questionnaire

**(ORTHO\_OUTCOMEQUEST)**

NOTES: I36 is numeric entry (decimals are allowed).

VALIDATE: 0 ≤ I36 ≤ 100. ELSE DISPLAY: “I36: Please enter a numeric value between 0 and 100.”

**I36.1 If you used some other orthopaedic patient reported outcomes questionnaire than the SRS-22, SRS-30, or CPCHILD in your response to I36, please identify the name of the instrument and a brief description below.**

|  |
| --- |
| **(ORTHO\_PRO\_ALTERNATE)** |

1. **Does your Pediatric Orthopaedic program use written checklists and/or evidence-based guidelines for managing patients with the following orthopaedic injuries? If “Yes” what is your percentage of compliance[[38]](#footnote-39) with these guidelines in treating patients?** [To answer yes, the protocol must be signed off by at least two disciplines[[39]](#footnote-40). Please upload documentation (via Upload Documents link on survey navigation menu) that supports your response.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **% Compliance** |
| a. | Prevention or treatment of neurological injury associated with surgery for idiopathic scoliosis | **○** | **○** | \_\_\_\_\_\_\_\_% |
|  | **(ORTHO\_IDIOPATHIC** | **\_GUIDE** | | **\_PCT** |
| b. | Neurovascular injuries associated with supracondylar fractures or dislocation of the knee or any injury associated with a loss of the pulse | **○** | **○** | \_\_\_\_\_\_\_\_% |
|  | **(ORTHO\_SUPRACONDYLAR** | **\_GUIDE** | | **\_PCT** |
| c. | Spinal trauma resulting in an acute spinal cord injury | **○** | **○** | \_\_\_\_\_\_\_\_% |
|  | **(ORTHO\_SPINE** | **\_GUIDE** | | **\_PCT** |

NOTES: I37x is numeric entry (decimals are allowed).

VALIDATE: 0 ≤ I37x2 ≤ 100. ELSE DISPLAY: “I37x (% Compliance): Please enter a numeric value between 0 and 100.”

1. **In the last calendar year, how many of the following types of IRB-approved trials, studies, or databases did your Pediatric Orthopaedic program participate in: prospective randomized clinical trials, prospective observational studies, or prospective clinical database on patient care?**

**(ORTHO\_RESEARCH)**

* 0
* 1-4
* 5 or more

1. **In the last calendar year, how many in-service presentations or formal lectures to an RN audience[[40]](#footnote-41) did your pediatric orthopaedic faculty deliver within your children’s hospital?**

**(ORTHO\_LECTURES)**

* 0
* 1-4
* 5 or more

1. **Does your institution have an established professional relationship with one or more prosthetic/orthotics providers such that they attend clinic on a regular basis alongside an attending pediatric orthopaedic surgeon?**

**(ORTHO\_PROSTHETIC)**

* Yes
* No

1. **Does your Pediatric Orthopaedic program have a fixed surgery support team composed of PCAs (patient care attendants or similar designation), scrub techs, scrub nurses, and circulating nurses that allows pediatric orthopaedic surgeries to be performed by a team that works together at least 50% of the time during normal working hours to ensure higher reliability and efficiency due to their experience working together on a regular basis?**

**(ORTHO\_SURG\_SUPPORT)**

* Yes
* No – Skip to I43

**I41.1 This question has been removed from the survey.**

1. **Does your Pediatric Orthopaedic program have a fixed[[41]](#footnote-42) surgery support team that works together at least 50% of the time during afterhours or weekend?**

**(ORTHO\_SURG\_SUPPORT\_OC)**

* Yes
* No – Skip to I43

**I42.1 This question has been removed from the survey.**

1. **For cerebral palsy and neuromuscular patients, does your hospital provide seating services or wheelchair clinics that involve physical or occupational therapists, seating orthotists, and a pediatric physiatrist or orthopedist?**

**(ORTHO\_SEATING)**

* Yes
* No – Skip to I45

1. **How many unique cerebral palsy or neuromuscular patients were provided seating services (including wheelchair evaluations, replacement wheel-chair evaluations, and/or wheel-chair modifications) by your hospital in the last year?** [If none, please enter 0.]

**\_\_\_\_\_\_\_\_** Unique patients provided seating services **(ORTHO\_SEATING\_PATS)**

NOTES: I44 should be whole number only. Do not allow decimals.

WARNING: IF I43=Yes AND I44 = (0 OR BLANK), DISPLAY: “I44: Please check your responses. You reported Yes to providing seating services (I43), but did not report serving any patients.”

1. **How many unique patients with cerebral palsy (see code list) received Single event multi-level surgery (SEMLS)—defined as at least one surgical procedure performed at two different anatomic levels (the hip, knee, or ankle)—from your Pediatric Orthopaedic program in last calendar year?** [If none, please enter 0.]

**\_\_\_\_\_\_\_\_** Unique patients **(ORTHO\_CP\_SEMLS)**

NOTES: I45 should be whole number only. Do not allow decimals.

SKIP LOGIC: IF I45=0, SKIP TO I47. ELSE GO TO I46.

1. **How many of the patients with cerebral palsy (see code list) receiving SEMLS (reported in I45) had each of the following in the last calendar year?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Multimodal pain management **(ORTHO\_SEMLS\_PERIOP)** | \_\_\_\_\_\_\_\_ |
| b. | Post-operative assessment by the anesthetic/pain team **(ORTHO\_SEMLS\_POSTOP)** | \_\_\_\_\_\_\_\_ |

NOTES: I46x should be whole number only. Do not allow decimals.

VALIDATE: IF I46x > I45, DISPLAY: “I46x: The number of patients in I46 cannot be greater than the number of total patients in I45.”

1. **In the last year, has your Pediatric Orthopaedic program hosted or been actively involved in organizing a support group for patients and family members of patients with cerebral palsy (see code list) who are undergoing hip reconstruction or spinal fusion surgeries?**

**(ORTHO\_CP\_SUPPORTGROUP)**

* Yes
* No

1. **Which of the following elements of a Narcotic Stewardship program does your Pediatric Orthopaedic program currently have in place?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | A non-narcotic pathway[[42]](#footnote-43) in place for patients being admitted for orthopaedic surgery [If you say yes, you must upload a copy of your non-narcotic pathway] **(ORTHO\_NARCPROG\_PATHWAY)** | ○ | ○ |
| b. | ‘Right Size’ opioid prescribing recommendations based on patient age and procedure for orthopaedic surgical patients **(ORTHO\_NARCPROG\_RIGHTSIZE)** | **○** | **○** |
| c. | Narcotic safety education provided to families of orthopaedic surgical patients with instructions on how to safely dispose of unused narcotics **(ORTHO\_NARCPROG\_EDUC)** | ○ | ○ |
| d. | Plan to ensure tracking of potential pain medication seeking or opioid addiction in orthopaedic surgical patients **(ORTHO\_NARCPROG\_TRACK)** | **○** | **○** |
| e. | A system to automatically limit the number of narcotic tablets prescribed to orthopaedic surgical patients following treatment for supracondylar fracture of the humerus or isolated femoral shaft fractures **(ORTHO\_NARCPROG\_LIMIT)** | ○ | ○ |

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

1. **If you answered “Yes” to I6a, does at least one of the pediatric specialist(s) with fellowship training in hand surgery in your program hold a Certificate of Added Qualifications (CAQ) or a Subspecialty Certification in Hand Surgery[[43]](#footnote-44)?**

**(ORTHO\_HAND\_CERT)**

* Yes
* No

1. **If you answered “Yes” to I6b, is at least one of the pediatric specialist(s) with fellowship training in spinal surgery in your program an active member of the Scoliosis Research Society[[44]](#footnote-45)?**

**(ORTHO\_SPINE\_SRS)**

* Yes
* No

1. **If you answered “Yes” to I6d, does at least one of the orthopaedic sports surgeons in your program hold a Certificate of Added Qualifications (CAQ) in orthopaedic sports medicine[[45]](#footnote-46)?**

**(ORTHO\_SPINE\_CAQ)**

* Yes
* No

1. **Do the surgeons in your Pediatric Orthopaedic program who treat spine injuries participate in a multi-center surgical performance program?** [Check all that apply.]

* Yes, provided by the Setting Scoliosis Straight Foundation (SSSF)[[46]](#footnote-47) program – Skip to Chief of Service **(ORTHO\_SPINEPERF\_SSSF)**
* Yes, provided by the Pediatric Spine Study Group (PSSG) [[47]](#footnote-48)program – Skip to Chief of Service **(ORTHO\_SPINEPERF\_PSSG)**
* Yes, provided by some **other** surgical performance program – Go to I52.1 **(ORTHO\_SPINEPERF\_OTHER)**
* No – Skip to Chief of Service **(ORTHO\_SPINEPERF\_NO)**

NOTES: IF “No” selected, should not be able to select any other “Yes” response option

**I52.1 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 Orthopaedic 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 Orthopaedic program been completed and uploaded to the Pediatric Hospital Survey website?

**(ORTHO\_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 I:**

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.

|  |
| --- |
| **(ORTHO\_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. More information about the Pediatric Orthopaedic Practitioners Society (POPS) can be found at: https://pops.wildapricot.org [↑](#footnote-ref-3)
3. Medical assistants would include LPNs, ATCs, Nurse Techs, Care Assistants, Ortho Techs, Cast Techs, or others who facilitate care or act as care managers in your Pediatric Orthopaedic program. [↑](#footnote-ref-4)
4. Calculate FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-5)
5. Include CEUs from forums such as conferences, courses, and other approved methods. [↑](#footnote-ref-6)
6. More information about the POSNA Safe Surgery Program (PSSP) can be found at: https://posna.org/physician-education/qsvi/pssp [↑](#footnote-ref-7)
7. Fellowship training is defined as a minimum of 6 months in length. [↑](#footnote-ref-8)
8. Note that this number may include both adult orthopaedic sports surgeons who also cover pediatrics or pediatric orthopaedic sports surgeons who cover only pediatrics. [↑](#footnote-ref-9)
9. Include only those physicians with fellowship training and 6 months or more training in hip preservation. [↑](#footnote-ref-10)
10. Physicians with ABOS or POSNA certifications may also be included. [↑](#footnote-ref-11)
11. A designated inpatient unit is one where only pediatric orthopaedic patents are admitted and it is staffed by nurses from your pediatric orthopaedic program. [↑](#footnote-ref-12)
12. Note that clinical coordinators are typically nurses who serve in a lead role of organizing care for the specialty patient population with the treating physicians. This is typically an ancillary role and not full-time position. [↑](#footnote-ref-13)
13. This program brings together specialists to deliver optimal care for pediatric patients with myelodysplasia. To receive credit, the program must have a designated medical director; a nursing clinical coordinator; and access to urology, neurosurgery, physiatry, and orthopaedics in one location. [↑](#footnote-ref-14)
14. This is a multidisciplinary program including pediatric physicians in orthopaedics, neurology, neurosurgery, or physiatry and specializes in the evaluation and treatment of patients with abnormal muscle tone. The program must also include a nursing clinical coordinator. [↑](#footnote-ref-15)
15. This is a multidisciplinary program including pediatric physicians in genetics, orthopaedics, and endocrinology to diagnose, evaluate, and treat patients with skeletal dysplasias. The program must also include a nursing clinical coordinator. [↑](#footnote-ref-16)
16. This is a multidisciplinary program that includes pediatric physicians in orthopaedic surgery, plastic and reconstructive surgery, pediatric physiatry, and pediatric neurosurgery to evaluate, assess, treat, and educate patients with brachial plexus injuries. The program must also include a nursing clinical coordinator. [↑](#footnote-ref-17)
17. This is a multidisciplinary program that brings together pediatric physicians in genetics, ophthalmology, radiology, neurology, neurosurgery, physiatry and orthopaedics to diagnose and provide optimal treatment for pediatric patients with neurofibromatosis. The program must also include a nursing clinical coordinator. [↑](#footnote-ref-18)
18. This is a multidisciplinary program that includes neurologists, physiatrists, orthopaedic surgeons, cardiologists, pulmonologists, and social workers who specialize in the evaluation and treatment of pediatric patients with muscular dystrophy. [↑](#footnote-ref-19)
19. This is a multidisciplinary team offering treatment for concussion and an education component for sports programs, families, athletes, and return to school/work. [↑](#footnote-ref-20)
20. To receive credit, the program must have a designated medical director and a nursing clinical coordinator. [↑](#footnote-ref-21)
21. To receive credit, the program must have a designated medical director and a nursing clinical coordinator. [↑](#footnote-ref-22)
22. To receive credit, the program must have a designated medical director and a nursing clinical coordinator. [↑](#footnote-ref-23)
23. This is a multidisciplinary program that brings together at least three of the following: pediatric physicians in Dermatology, Hematology, Interventional Radiology, Pediatric Surgery, Pediatric Neuro-interventional Radiology and Pediatric Orthopaedics, to diagnose and provide optimal treatment for pediatric patients with vascular malformations. The program must also include a nursing clinical coordinator and a medical director. [↑](#footnote-ref-24)
24. The Gait Laboratory must have ability to perform physical exam and collect kinetics, kinematics, and EMG data. [↑](#footnote-ref-25)
25. Please use data from the "SIR-Pediatric Complex AR SSI Data by Procedure" report. [↑](#footnote-ref-26)
26. For guidelines on calculating the SSI rate, see the following CDC publication: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>. [↑](#footnote-ref-27)
27. If both diagnosis and procedure codes are listed, the patient must have at least one of the diagnosis codes AND at least one of the procedure codes to be counted under unique patients or surgical procedures. [↑](#footnote-ref-28)
28. Only include patients seen in the Emergency Department or admitted to the hospital for observation or inpatient care. [↑](#footnote-ref-29)
29. For this question, “isolated femoral shaft fractures” means no other long bone fracture is present (certainly no other fracture requiring surgery) and the patient is not in the ICU or a poly-trauma patient (e.g., abdominal or head injury) requiring multiple surgeries. [↑](#footnote-ref-30)
30. You may include observation patients, but not those admitted for inpatient care. [↑](#footnote-ref-31)
31. High risk patients are defined as those that meet any of the following criteria (alone or in combination) 1) ASA physical status classification of 2 or higher, 2) neuromuscular or syndromic condition, or 3) chronic debilitating illnesses with pulmonary and airway issues. If a patient does not meet one or more of these criteria, then they should not be counted as “high risk.” [↑](#footnote-ref-32)
32. Includes serial casting performed in the OR under general anesthesia. [↑](#footnote-ref-33)
33. This is inclusive of anytime up to and including 30 days. [↑](#footnote-ref-34)
34. This is inclusive of anytime up to and including 90 days. [↑](#footnote-ref-35)
35. Pediatric anesthesiologists that participate in at least 20 spine surgeries a year (or 60 spine surgeries in 3 years) should be considered pediatric spine anesthesiologists; all other anesthesiologists should be considered pediatric anesthesiologists. [↑](#footnote-ref-36)
36. Pediatric anesthesiologists that participate in at least 20 spine surgeries a year (or 60 spine surgeries in 3 years) should be considered pediatric spine anesthesiologists; all other anesthesiologists should be considered pediatric anesthesiologists. [↑](#footnote-ref-37)
37. It is appropriate to exclude patients from this question who are not developmentally able to complete the form either independently or with assistance from a caregiver [↑](#footnote-ref-38)
38. Calculate compliance as follows: (1) Determine the number pediatric orthopaedic surgical cases that match the description where the checklist or guideline was used. (2) Divide by the total number of pediatric orthopaedic surgical cases that match the description. (3) Multiply by 100. [↑](#footnote-ref-39)
39. Examples of those who may sign off on protocol include the Chief of General Surgery/Trauma, Chief of Pediatric Plastic Surgery, or the Chief of Pediatric Neurosurgery. [↑](#footnote-ref-40)
40. May include mixed RN audiences that include RNs and other health care providers. [↑](#footnote-ref-41)
41. A fixed team is a team that consistently works together overtime—i.e., the membership is stable. This is based on research which shows that having the same teams helps to ensure high reliability in surgical processes and outcomes. [↑](#footnote-ref-42)
42. A non-narcotic pathway can be order sets or guidelines used to provide non-narcotic management of pain with patients. [↑](#footnote-ref-43)
43. For more information see: <https://www.assh.org/s/subspecialty-certificate-hand-surgery> [↑](#footnote-ref-44)
44. For more information see: www.srs.org [↑](#footnote-ref-45)
45. For more information see: https://www.abos.org/subspecialties/orthopaedic-sports-medicine [↑](#footnote-ref-46)
46. For more information see: https://www.settingscoliosisstraight.org [↑](#footnote-ref-47)
47. For more information see: https://pediatricspinefoundation.org/pediatricspinestudy.aspx [↑](#footnote-ref-48)