**SECTION J: PEDIATRIC PULMONOLOGY AND LUNG SURGERY**

1. **Do you have a Pediatric Pulmonology and Lung Surgery program?**

**(RESPI\_HAVEPROGRAM)**

* Yes – Go to Question J2
* No – Skip to Section K

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

**Full name:**

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

**Title:**

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

**Email:**

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

**Preferred phone:**

|  |
| --- |
| **(RESPI\_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.”**

**J1.1 Are you submitting jointly with a Pediatric Pulmonology and Lung Surgery program at another hospital?**

**(RESPI\_JOINTSUB)**

* + Yes – Go to Question J1.2
  + No – Skip to Question J2

**J1.2 If yes, what is the name of the Pediatric Pulmonology and Lung Surgery program you are reporting jointly with?** Please note that joint submissions must be reviewed and approved before they are allowed. Before submitting your survey, please contact RTI at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) to discuss your joint submission request unless you already have received permission to jointly submit data in this specialty. As noted in the instructions for joint reporting, if you are granted permission, only the primary hospital in the joint reporting relationship will be allowed to report data for this specialty.

|  |
| --- |
| **(RESPI\_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 Pulmonology and Lung Surgery program in the following categories.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Total Physicians** |
| a. | Pediatric pulmonologists (include only board-certified/board-eligible by the American Board of Pediatrics with subspecialty certification in pediatric pulmonology) | \_\_\_\_\_\_\_\_ |
|  | **(RESPI\_PHYSICIANS\_PULM\_** | **TOT)** |
| b. | Pediatric sleep medicine physicians (include only board-certified/board-eligible by the American Board of Pediatrics with subspecialty certification in sleep medicine) | \_\_\_\_\_\_\_\_ |
|  | **(RESPI\_PHYSICIANS\_SLEEP\_** | **TOT)** |
| c. | Other attending/on-staff physicians (include all other attending/on-staff physicians who are not subspecialty certified in pediatric pulmonology or sleep medicine, but have primary appointments in your Pediatric Pulmonology and Lung Surgery program) | \_\_\_\_\_\_\_\_ |
|  | **(RESPI\_PHYSICIANS\_OTHER\_** | **TOT)** |

NOTES: J2x should be whole number only. Do not allow decimals.

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

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

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

NOTES: J3x should be whole number only. Do not allow decimals.

1. **Please indicate the number of clinical nurse (RN) FTEs[[2]](#footnote-3) who work in your Pediatric Pulmonology and Lung Surgery outpatient program.**  [Due to ongoing nursing shortages, float and contract nurses may be included in your counts this year.][If none, please enter 0.]

\_\_\_\_\_\_\_\_ RNs (outpatient) **(RESPI\_RN\_OUTPAT\_FTE)**

NOTES: J4 should be numeric and allow decimals.

VALIDATE: If J4 is not numeric: “J4: Please enter a numeric value.”

1. **Did your Pediatric Pulmonology and Lung Surgery outpatient program have access to each of the following clinical staff in the last calendar year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Physical therapists **(RESPI\_PT)** | ○ | ○ |
| b. | Child Life Specialist **(RESPI\_CHILDLIFE)** | ○ | ○ |
| c. | Pharmacist **(RESPI\_PHARMA)** | ○ | ○ |
| d. | Occupational therapists **(RESPI\_OT)** | ○ | ○ |
| e. | Palliative Care **(RESPI\_PALL)** | ○ | ○ |

1. **Does your Pediatric Pulmonology and Lung Surgery Program screen all pulmonology patients for tobacco smoke exposure and/or nicotine use and actively counsel or refer family members to nicotine cessation programs or treatment who use tobacco products, including e-cigarettes or vaporizers?**

**(RESPI\_CESSATION)**

* Yes
* No

**J6.1 Is a member of your Pediatric Pulmonology and Lung Surgery program involved in the creation, maintenance, or implementation of care pathways (i.e., written consensus protocols) for inpatient management of any the following conditions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | Bronchiolitis **(RESPI\_HAVEPATHWAY\_BRONCH)** | ○ | ○ |
|  | Croup **(RESPI\_HAVEPATHWAY\_CROUP)** | ○ | ○ |
|  | Cystic fibrosis **(RESPI\_HAVEPATHWAY\_CF)** | ○ | ○ |
|  | Uncomplicated Pneumonia **(RESPI\_HAVEPATHWAY\_UNCOMP)** | ○ | ○ |
|  | Complicated Pneumonia (e.g., pleural effusion, empyema) **(RESPI\_HAVEPATHWAY\_COMP)** | ○ | ○ |
|  | Initiation of tracheostomy or home ventilator support **(RESPI\_HAVEPATHWAY\_VENT)** | ○ | ○ |
|  | Patients with tracheostomy or ventilator support who are readmitted **(RESPI\_HAVEPATHWAY\_READ)** | ○ | ○ |
|  | Pneumothorax care pathway **(RESPI\_HAVEPATHWAY\_PNEUMO)** | ○ | ○ |
|  | Acute chest syndrome **(RESPI\_HAVEPATHWAY\_ACUTE)** | ○ | ○ |
|  | Spinal fusion care pathways, including evaluation and management of potential pulmonary risks **(RESPI\_HAVEPATHWAY\_SPINE)** | ○ | ○ |
|  | High Flow Nasal Cannula Therapy **(RESPI\_HAVEPATHWAY\_CANNULA)** | ○ | ○ |
|  | Brief Resolved Unexplained Event (BRUE, formerly Apparent Life-Threatening Event or ALTE) **(RESPI\_HAVEPATHWAY\_BRUE)** | ○ | ○ |
|  | Other care pathways including airway emergencies such as foreign body, epiglottitis/tracheitis, or inhalation injury **(RESPI\_HAVEPATHWAY\_OTH)** | ○ | ○ |

**Asthma**

1. **This question has been removed from the survey.**
2. **Does your Pediatric Pulmonology and Lung Surgery Program have a written protocol for evaluation of patients with severe asthma, including screening for complications of systemic steroid use and monitoring medication adherence?**

**(RESPI\_EVALUATION)**

* Yes
* No

**J8.1 This question has been removed from the survey.**

**J8.2 Did your Pediatric Pulmonology and Lung Surgery outpatient program have access to at least 1.0 FTEs[[3]](#footnote-4) of Certified Asthma Educators (AE-C) in the last calendar year?**

**(RESPI\_ASTHMA\_AEC)**

* + Yes
  + No

1. **Does your Pediatric Pulmonology and Lung Surgery Program have access to a thorough on-site[[4]](#footnote-5) assessment of patients’ home environments and offer guidance for reducing exposures that contribute to asthma?**

**(RESPI\_ASTHMA\_HOME)**

* Yes
* No

1. **Focusing on patients treated by your Pediatric Pulmonology and Lung Surgery Program who have asthma (see code list for principal diagnoses), please provide counts for each of the following from the last calendar year.** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Number of unique *outpatients[[5]](#footnote-6)* treated by your Pediatric Pulmonology and Lung Surgery Program[[6]](#footnote-7) with a primary diagnosis of asthma **(RESPI\_ASTHMA\_OUTPAT)** | \_\_\_\_\_\_\_\_ |
| b. | Number of unique *outpatients[[7]](#footnote-8)* (from J10a) who were later admitted to your hospital (excluding patients in observation status for <24 hours) for a primary diagnosis of asthma **(RESPI\_ASTHMA\_OUTPAT\_ADMIT)** | \_\_\_\_\_\_\_\_ |
| c. | Number of unique *inpatients* (from J10b) who have a follow-up appointment with one of your specialty providers (e.g., allergist or pulmonologist) within 90 days of discharge **(RESPI\_ASTHMA\_ADMIT\_FOLLOWUP)** | \_\_\_\_\_\_\_\_ |
| d. | Number of unique *outpatients* (from J10a) who were eligible to be tracked using the standardized, validated questionnaire (ACT, ATAQ, TRACK, etc.) employed by your hospital. (For hospitals using the ACT or ATAQ, patients > 4 years of age are eligible; for hospitals using the TRACK, all patients are eligible.) **(RESPI\_ASTHMA\_OUTPAT\_STDELIG)** | \_\_\_\_\_\_\_\_ |
| e. | Number of unique *outpatients* (from J10d) who had a documented assessment of asthma control[[8]](#footnote-9) using a standardized, validated questionnaire (ACT, ATAQ, TRACK, etc.) **(RESPI\_ASTHMA\_OUTPAT\_STDDOC)** | \_\_\_\_\_\_\_\_ |

NOTES: J10x should be whole number only. Do not allow decimals.

VALIDATE: IF J10x IS BLANK, DISPLAY: “J10x: If none, please enter 0.”

**IF J10b > J10a, DISPLAY: “J10b (unique outpatients later admitted) cannot be greater than J10a (unique outpatients).”**

**IF J10c > J10b, DISPLAY: “J10c (unique inpatients with follow-up appointment) cannot be greater than J10b (unique outpatients later admitted).”**

**IF J10d > J10a, DISPLAY: “J10d (unique outpatients eligible to be tracked) cannot be greater than J10a (unique outpatients).”**

**IF J10e > J10d, DISPLAY: “J10e (unique outpatients with documented assessment) cannot be greater than J10d (unique outpatients eligible to be tracked).”**

**Note the next few questions (J11-J13) focus on patients with a *principal diagnosis* of asthma across your entire inpatient pediatric program (not just pediatric pulmonology); this includes all care programs and units within the inpatient pediatric program that care for asthma patients.**

1. **How many unique inpatients had a principal diagnosis (see code list) of asthma in the last calendar year?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Unique inpatients **(RESPI\_ASTHMA\_INPAT)**

NOTES: J11 should be whole number only. Do not allow decimals.

**VALIDATE: IF J11 IS BLANK, DISPLAY: “J11: If none, please enter 0.”**

1. **In the last calendar year, what was the median length of stay (LOS) for inpatients with the principal diagnosis of asthma (from question J11) in your institution?** [Provide your answer in days to 1 decimal place (e.g., 3.2 days).]

\_\_\_\_\_\_\_\_ Inpatient Median LOS **(RESPI\_ASTHMA\_INPAT\_LOS)**

NOTES: J12 is numeric entry (decimals are allowed).

VALIDATE: If J12 is not numeric: “J12: Please enter a numeric value.”

1. **How many of the patients with a principal diagnosis of asthma (from J11) were readmitted to the hospital to address an exacerbation of asthma-related symptoms within 7 and 30 days of discharge?** [Note that patients who were readmitted within 7 days should also be counted as readmitted within 30 days.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_a. Number of patients readmitted within 7 days **(RESPI\_ASTHMA\_INPAT\_READMIT7)**

\_\_\_\_\_\_\_\_b. Number of patients readmitted within 30 days **(RESPI\_ASTHMA\_INPAT\_READMIT30)**

NOTES: J13x should be whole number only. Do not allow decimals.

**VALIDATE: If J13x > J11, DISPLAY: “J13x: Patients readmitted cannot be greater than the total number of unique inpatients (J11).”**

1. **Does your hospital track seasonal influenza vaccination of asthma patients (see code list; include any principal diagnosis of asthma ) being treated by your Pediatric Pulmonology and Lung Surgery program?**

**(RESPI\_TRCK\_ASTHMAPAT\_FLUVAC)**

* + Yes – Go to Question J15
  + No – Skip to Question J15.1

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

**J15.1 Does your Pediatric Pulmonology and Lung Surgery Program have a multidisciplinary Severe Asthma Clinic[[9]](#footnote-10) (see code list for principal diagnoses)?**

**(RESPI\_SEVEREASTHMA)**

* + Yes – Go to Question J15.2
  + No – Skip to Question J16

**J15.2 If yes, does your Severe Asthma Clinic prescribe and administer injectable biologic therapies?**

**(RESPI\_SEVEREASTHMA\_CFTR)**

* + Yes
  + No

**Cystic Fibrosis**

1. **Does your Pediatric Pulmonology and Lung Surgery program have a Cystic Fibrosis center at your hospital that is accredited by the Cystic Fibrosis Foundation?**

**(RESPI\_CYSFIBRO\_CENTERC)**

* Yes
* No

1. **Does your Cystic Fibrosis center have a dedicated gastroenterologist, endocrinologist, psychiatrist or psychologist, and otolaryngologist (or ENT) specialist attending clinic or participating in a periodic summary conference to discuss individual patient care plans?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Gastroenterologist **(RESPI\_DEDICATED\_GASTRO)** | ○ | ○ |
| b. | Endocrinologist **(RESPI\_DEDICATED\_ENDO)** | ○ | ○ |
| c. | Psychiatrist/Psychologist **(RESPI\_DEDICATED\_PSYCH)** | ○ | ○ |
| d. | Otolaryngologist or ENT specialist **(RESPI\_DEDICATED\_ENT)** | ○ | ○ |

1. **Does your hospital track seasonal influenza vaccination of CF patients (see code list) being treated by your Pediatric Pulmonology** **and Lung Surgery program?**

**(RESPI\_TRCK\_CFPAT\_FLUVAC)**

* + Yes – Go to J19
  + No – Skip to J21

1. **Of the total vaccine eligible[[10]](#footnote-11) CF patients (see code list) being treated by your Pediatric Pulmonology and Lung Surgery program between October 1, and December 31, 2024, how many received a seasonal influenza vaccine (at your hospital or elsewhere) during that time period or earlier that season?** [Calculate as follows: (a.) Determine the number of vaccine eligible CF patients (b.) Determine the number who received a seasonal influenza vaccine (c.) Clicking “Save” will calculate the percent by dividing the number of patients who received a seasonal influenza vaccine by the total number of eligible patients and multiplying by 100. Responses will be rounded to 2 decimals.]

\_\_\_\_\_\_\_\_ a. Number of vaccine eligible CF patients

**(RESPI\_CFPAT\_FLUVAC\_TOT)**

\_\_\_\_\_\_\_\_ b. Number of patients who received a seasonal influenza vaccine

**(RESPI\_CFPAT\_FLUVAC)**

\_\_\_\_\_\_\_\_ c. Percent of CF patients who received a seasonal influenza vaccine

**(RESPI\_PCT\_CFPAT\_FLUVAC)**

NOTES: J19a and J19b should be whole numbers only. Do not allow decimals.

J19c is autocalculated and decimals are allowed

WARNING: IF J18=YES and J19a=BLANK or J19b=BLANK, DISPLAY: “J19x: Please provide a value or answer No to J18.”

VALIDATE: IF J19b > J19a DISPLAY, “J19: The number of patients who received a seasonal influenza vaccine cannot be greater than the total number of eligible patients.”

AUTOCALC: J19c = [(J19b/ J19a) \*100]

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.**
4. **How many patients were seen by your Pediatric Pulmonology and Lung Surgery program with cystic fibrosis, ≥ 10 years of age, and not already taking insulin for Cystic Fibrosis Related Diabetes (CFRD)? Of this group, how many have completed an oral glucose tolerance test in the last calendar year using a standardized protocol in accordance with the published CFF guidelines?[[11]](#footnote-12)** [For participants in the CFF Registry, this information should be taken directly from your hospital’s 2023 final year-end report.]

\_\_\_\_\_\_\_\_ a. Number of patients

**(RESPI\_ORALGLUCOSE\_POP)**

\_\_\_\_\_\_\_\_ b. Number of patients with completed oral glucose test **(RESPI\_ORALGLUCOSE\_TESTED)**

NOTES: J23x should be whole number only. Do not allow decimals.

**VALIDATE: If J23b > J23a, DISPLAY: “J23: Number of patients with completed oral glucose test cannot be greater than the total number of patients.”**

1. **What was the profile of the cystic fibrosis (CF) patients (see code list) seen in your Pediatric Pulmonology and Lung Surgery program during 2023?** [For participants in the CFF Registry, this information should be taken directly from your hospital’s 2023 final year-end report; note that the BMI and FEV metrics should use the risk-adjusted metrics from the report. For hospitals not currently participating in the CFF Registry, please only report the number of CF patients primarily seen at your pediatric program during the last calendar year (J24a) and compliance with established patient guidelines (J24d). Please exclude patients who have undergone lung transplantation from your response. Note J24g is being collected for information purposes only and will not be factored into the rankings this year.]

|  |  |  |
| --- | --- | --- |
|  |  | **Value** |
| a. | Unique number of CF patients (birth to age 21) seen primarily at your hospital **(RESPI\_CFPROFILE\_PATS)** | \_\_\_\_\_\_\_\_ |
| b. | Median BMI percentile[[12]](#footnote-13) for age for patients 2–19 years of age **(RESPI\_CFPROFILE\_BMI)** | \_\_\_\_\_\_\_\_**%** |
| c. | Median FEV1 percent predicted, patients 6–12 years of age **(RESPI\_CFPROFILE\_FEV12)** | \_\_\_\_\_\_\_\_**%** |
| d. | Median FEV1 percent predicted, patients 13-17 years of age **(RESPI\_CFPROFILE\_FEV17)** | \_\_\_\_\_\_\_\_**%** |
| e. | Percent of children > 7 years of age who meet the treatment guidelines for established[[13]](#footnote-14) CF patients (at least 1 outpatient visits[[14]](#footnote-15), 1 culture, and 1 PFTs during the last calendar year) **(RESPI\_CFPROFILE\_GUIDELINES)** | \_\_\_\_\_\_\_\_**%** |
| f. | Median weight-for-length (WFL) percentile for CF patients 0-24 months of age **(RESPI\_CFPROFILE\_WFL)** | \_\_\_\_\_\_\_\_**%** |
| g. | Percent of patients eligible for Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) modulator therapy[[15]](#footnote-16) **(RESPI\_CFPROFILE\_MOD)** | \_\_\_\_\_\_\_\_% |
|  |  |  |

NOTES: J24a should be whole number only. Do not allow decimals.

J24b-f is numeric entry (decimals are allowed).

**VALIDATE: 0 ≤ J24b ≤ 100. ELSE DISPLAY: “J24b: Please enter a numeric value between 0 and 100.”**

**IF J24c > 105 or < 0 DISPLAY: “J24c: Please enter a numeric value between 0 and 105.”**

**IF J24d > 105 or < 0 DISPLAY: “J24d: Please enter a numeric value between 0 and 105.”**

**0 ≤ J24e ≤ 100. ELSE DISPLAY: “J24e: Please enter a numeric value between 0 and 100.”**

**0 ≤ J24f ≤ 100. ELSE DISPLAY: “J24f: Please enter a numeric value between 0 and 100.”**

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

**J25.1 Does your Pediatric Pulmonology program provide on-site access to bronchial artery embolization for CF patients performed by pediatric specialists?**

**(RESPI\_CF\_EMBOLIZATION)**

* Yes
* No

**Other Respiratory Disorders**

1. **How many unique patients with a diagnosis of rare lung disease (see code list) were seen at least once in the inpatient or outpatient setting by your Pediatric Pulmonology and Lung Surgery program in the last calendar year?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Uniquepatients **(RESPI\_RAREDISEASE)**

NOTES: J26 should be whole number only. Do not allow decimals.

1. **How many unique patients < 24 months of age with a diagnosis of lung disease of prematurity (see code list) have been followed as outpatients with at least one visit in the last calendar year and seen at least once by the pulmonology outpatient clinic?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Uniquepatients **(RESPI\_LNGDISEASE\_TOT)**

NOTES: J27 should be whole number only. Do not allow decimals.

**SKIP LOGIC: IF J27=0, SKIP TO J28. ELSE GO TO J27.1.**

**J27.1 Does your hospital track seasonal influenza vaccination of patients <24 months of age with a diagnosis of lung disease of prematurity (see code list) being treated by your Pediatric Pulmonology and Lung Surgery program?**

**(RESPI\_TRCK\_LNGDISEASE\_FLUVAC)**

* + Yes – Go to J27.2
  + No – Skip to J28

**J27.2 This question has been removed from the survey.**

1. **Does your Pediatric Pulmonology and Lung Surgery program have a dedicated dietitian, cardiologist, neurologist or neurodevelopmental specialist, social worker, occupational therapist, and speech language pathologist attending clinics and/or participating in periodic case conference discussions of individual patient care plans for patients with bronchopulmonary dysplasia (BPD)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Dietitian **(RESPI\_DED\_DIET)** | ○ | ○ |
| b. | Cardiologist **(RESPI\_DED\_CARD)** | ○ | ○ |
| c. | Neurologist/Neurodevelopmental Specialist **(RESPI\_DED\_NEURO)** | ○ | ○ |
| d. | Social Worker **(RESPI\_DED\_SOCIAL)** | ○ | ○ |
| e. | Physical Therapist or Occupational Therapist **(RESPI\_DED\_OCCUP)** | ○ | ○ |
| f. | Speech Language Pathologist  **(RESPI\_DED\_SPLANG)** | ○ | ○ |

**Please note that questions J29-J31 have been reordered.**

1. **Is your Pediatric Pulmonology and Lung Surgery program accredited by the Primary Ciliary Dyskinesia (PCD) foundation?**

**(RESPI\_PCD)**

* + Yes
  + No

1. **Please report the number of unique pediatric patients with neuromuscular weakness disorders (see code list) treated in your Pediatric Pulmonology and Lung Surgery program in the last calendar year.** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Uniquepatients **(RESPI\_MUSCULAR\_TOTAL)**

NOTES: J30 should be whole number only. Do not allow decimals.

1. **Using the unique patients reported in J30, what percentage of eligible[[16]](#footnote-17) patients with neuromuscular weakness disorders (see code list) have had pulmonary function testing (see code list) in the last calendar year?**

\_\_\_\_\_\_\_\_**% (RESPI\_MUSCURAL\_5YR)**

NOTES: J31 is numeric entry (decimals are allowed).

**VALIDATE: 0 ≤ J31 ≤ 100. ELSE DISPLAY: “J31: Please enter a numeric value between 0 and 100.”**

1. **Does your Pediatric Pulmonology and Lung Surgery program have the following dedicated providers attending clinic or participating in a periodic summary conference to discuss individual care plans for patients with neuromuscular weakness disorders (see code list)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Physiatrist **(RESPI\_DEDICATED\_PHYS)** | ○ | ○ |
| b. | Orthopedist **(RESPI\_DEDICATED\_ORTH)** | ○ | ○ |
| c. | Cardiologist **(RESPI\_DEDICATED\_CARD)** | ○ | ○ |
| d. | Psychiatrist/Psychologist **(RESPI\_DEDICATED\_PSYCHO)** | ○ | ○ |
| e. | Pediatric radiologists (**RESPI\_DEDICATED\_RAD**) | ○ | ○ |

1. **Does your hospital track seasonal influenza vaccination of patients with neuromuscular weakness disorders (see code list) being treated by your Pediatric Pulmonology and Lung Surgery program?**

**(RESPI\_TRCK\_MDPAT\_FLUVAC)**

* + Yes – Go to J34
  + No – Skip to J35

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

**Sleep Medicine**

1. **Does your hospital offer a sleep center accredited by the American Academy of Sleep Medicine (AASM)?**

**(RESPI\_AASM)**

* + Yes
  + No

1. **How many 12-channel or 32-channel polysomnographic studies were performed by your hospital in the last calendar year?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Studies **(RESPI\_STUDIES)**

NOTES: J36 should be whole number only. Do not allow decimals.

1. **How many unique pediatric patients followed by your Pediatric Pulmonology and Lung Surgery program and seen at least once in the last calendar year use home CPAP therapy in the outpatient setting for treatment of obstructive sleep apnea (OSA) or chronic upper airway obstruction (at least one diagnosis from code list and at least one procedure from code list – use ICD 10 PCS or CPT codes but not both)?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Unique patients **(RESPI\_PAP\_THERAPY)**

NOTES: J37 should be whole number only. Do not allow decimals.

1. **Does your Pediatric Pulmonology and Lung Surgery program have a pediatric sleep disorders clinic that addresses the needs of patients with ventilation or other sleep disorders and manages the patient’s positive airway pressure?**

**(RESPI\_NIPPV\_TREAT)**

* + Yes
  + No

**Ventilator Dependent Patient~~s~~**

1. **How many unique pediatric patients[[17]](#footnote-18) with chronic respiratory failure (see code list) at your hospital seen at least once in the last calendar year use BiLevel therapy, *non-invasive (mask)* positive pressure ventilation (NIPPV) support, or diaphragm pacing in your pediatric pulmonology and lung surgery program?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Unique patients **(RESPI\_NIPPV)**

NOTES: J39 should be whole number only. Do not allow decimals.

**VALIDATE: IF J39 IS BLANK, DISPLAY: “If none, please enter 0.”**

1. **How many *unique*** **pediatric ventilator dependent patients (i.e., patients with chronic respiratory failure who are supported by mechanical ventilation *via tracheostomy –* see code list) were seen as outpatients at your Pediatric Pulmonology and Lung Surgery program in the last 3 years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_Unique patients, last 3 years **(RESPI\_MECHVENTIL)**

NOTES: J40 should be whole number only. Do not allow decimals.

**VALIDATE: IF J40 IS BLANK, DISPLAY: “If none, please enter 0.”**

**SKIP LOGIC: IF J40=0, SKIP TO J42; ELSE GO TO J41.**

1. **This question has been removed from the survey.**
2. **Does your hospital have a multidisciplinary care team to coordinate the care of long-term ventilator-dependent patients with each of the following members?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Physiatrist **(RESPI\_CARETEAM\_PHYSIATRIST)** | ○ | ○ |
| b. | Respiratory therapist **(RESPI\_CARETEAM\_RESPTHER)** | ○ | ○ |
| c. | Social worker **(RESPI\_CARETEAM\_SOCIAL)** | ○ | ○ |
| d. | Dietician (**RESPI\_CARETEAM\_DIET**) | ○ | ○ |

1. **Does your hospital track seasonal influenza vaccination of ventilator dependent patients who are currently being treated by your Pediatric Pulmonology and Lung Surgery program?**

**(RESPI\_TRCK\_TRACHEOPAT\_FLUVAC)**

* + Yes – Go to Question J44
  + No – Skip to Question J45

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

***Global Quality Measures and Specialized Services***

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

**J45.1. This question has been removed from the survey.**

1. **Does your Pediatric Pulmonology and Lung Surgery** **program offer a United Network for Organ Sharing (UNOS) recognized pediatric lung transplant program?** [NOTE: If your hospital is only affiliated with a UNOS lung transplant program, then you should answer no.[[18]](#footnote-19)]

**(RESPI\_UNOS\_LUNGTRANSPLANT)**

* Yes – Go to Question J46.1
* No – Skip to Question J49

**J46.1 For how many unique pediatric patients (<18 years of age) did your Pediatric Pulmonology and Lung Surgery** **program perform lung transplants on in the last 3 calendar years?**

\_\_\_\_\_\_\_\_ Patients **(RESPI\_TRANSPLANT\_2YRS)**

**NOTES: J46.1 should be whole number only. Do not allow decimals.**

1. **Please report your program’s Pediatric (<18) 1-year lung transplant patient survival statistics from Table C19D in your December SRTR report, which includes transplants performed between July 1, 2021 and December 31, 2023.** [If any elements of the table from SRTR are blank or listed as N/A, please leave them blank on the survey.]

|  |  |
| --- | --- |
| **1-year SRTR Measure** | **Table C19D Value** |
| 1. Number of transplants evaluated **(RESPI\_SRTR\_1PATS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated probability of surviving at 1 year (unadjusted) **(RESPI\_SRTR\_1ESTUN)** | **\_\_\_\_\_\_\_\_\_\_\_\_%** |

NOTES: J47a should be whole number only. Do not allow decimals.

J47b is numeric entry (decimals are allowed).

**VALIDATE: If J47b is not numeric: “J47b: Please enter a numeric value.”**

1. **Please report your program’s Pediatric (<18) 3-year lung transplant patient survival statistics from Table C20D in your December SRTR report, which includes transplants performed between January 1, 2019 and June 30, 2021.** [If any elements of the table from SRTR are blank or listed as N/A, please leave them blank on the survey.]

|  |  |
| --- | --- |
| **3-year SRTR Measure** | **Table C20D Value** |
| 1. Number of transplants evaluated **(RESPI\_SRTR\_3PATS)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Estimated probability of surviving at 3 years (unadjusted) **(RESPI\_SRTR\_3ESTUN)** | **\_\_\_\_\_\_\_\_\_\_\_\_%** |

NOTES: J48a should be whole number only. Do not allow decimals.

J48b is numeric entry (decimals are allowed).

**VALIDATE: If J48b is not numeric: “J48b: Please enter a numeric value.”**

**J48.1 Please list the name your hospital reports under to SRTR. Also, please note that we will verify the values reported with the SRTR/UNOS reports[[19]](#footnote-20) for your hospital. If the SRTR/UNOS values differ from the values reported here, please provide an explanation:**

|  |
| --- |
| **(RESPI\_UNOS\_EXPLAIN)** |

1. **How many bronchoscopy[[20]](#footnote-21) and laryngoscopy procedures (see code list) were performed by a pulmonologist in your Pediatric Pulmonology and Lung Surgery program in the last 2 calendar years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Procedures **(RESPI\_BRONCHOSCOPY)**

NOTES: J49 should be whole number only. Do not allow decimals.

**J49.1 How many triple endoscopy or triple scope procedures (i.e., combined flex/rigid bronchoscopy with pulmonology/ENT + EGD with GI ) were performed by your Pediatric Pulmonology and Lung Surgery Program in the last calendar year?** [To pull procedures, please look for cases that have 3 CPT codes: (1) 31625, (2) one of 31622-31624, and (3) one of 43235-43259.]

**(RESPI\_TRIPLESCOPES)**

* 0-10
* 11-25
* 26-100
* 101 or more

1. **Does your Pediatric Pulmonology and Lung Surgery program participate in** **multidisciplinary clinics[[21]](#footnote-22) for the outpatient management of children with the following conditions?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Sickle cell anemia **(RESPI\_SICKLE)** | ○ | ○ |
| b. | Aerodigestive disorders **(RESPI\_AERO)** | **○** | **○** |
| c. | Craniofacial disorders **(RESPI\_CRANIO)** | **○** | **○** |
| d. | Pulmonary hypertension **(RESPI\_HYPER)** | **○** | **○** |
| e. | Connective Tissue Diseases[[22]](#footnote-23) **(RESPI\_CTD)** | **○** | **○** |

**J50.1 Is your Pediatric Pulmonology and Lung Surgery** **Program accredited by the Pulmonary Hypertension Association (PHA) as a Pediatric Center of Comprehensive Care (CCC)[[23]](#footnote-24)?**

**(RESPI\_PHCCC)**

* Yes
* No

1. **In the last calendar year, how many of the following types of IRB-approved trials, studies, or databases did your Pediatric Pulmonology and Lung Surgery** **program participate in: prospective randomized clinical trials, prospective observational studies, and prospective clinical database on patient care?** [If none, please enter 0.]

**\_\_\_\_\_\_\_\_** Number of trials, studies, or databases **(RESPI\_RESEARCH)**

NOTES: J51 should be whole number only. Do not allow decimals.

1. **Is your Pediatric Pulmonology and Lung Surgery** **Program a member of any of the following research networks?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Children’s Interstitial Lung Disease (chILD) Foundation research network **(RESPI\_MEMBER\_CHILD)** | ○ | ○ |
| b. | Therapeutic Development Network of the Cystic Fibrosis Foundation **(RESPI\_MEMBER\_TDN)** | **○** | **○** |
| c. | PCD Foundation Clinical and Research Centers Network **(RESPI\_MEMBER\_PCD)** | **○** | **○** |
| d. | BPD Collaborative[[24]](#footnote-25) with direct involvement by your Pediatric Pulmonology and Lung Surgery program **(RESPI\_MEMBER\_BPD)** | **○** | **○** |

1. **Does your Pediatric Pulmonology and Lung Surgery** **Program have a protocol for preparing and assisting in the transition of patients from pediatric to adult pulmonology at your hospital or another institution?**

**(RESPI\_TRANSIT)**

* Yes
* No

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

1. **Does your pediatric pulmonology clinic directly administer influenza vaccines in the office to patients?**

**(RESPI\_TRCK\_CLINIC\_FLUVAC)**

* + Yes
  + No

1. **Does your severe asthma clinic include the following dedicated staff?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Certified asthma educator **(RESPI\_SAC\_ASTMED)** | ○ | ○ |
| b. | Pharmacist **(RESPI\_SAC\_PHARM)** | ○ | ○ |
| c. | Allergist/immunologist **(RESPI\_SAC\_ALLER)** | ○ | ○ |
| d. | Social Worker **(RESPI\_SAC\_SOCIAL)** | ○ | ○ |
| e. | Dietitian **(RESPI\_SAC\_DIET)** | ○ | ○ |

**CHIEF OF SERVICE APPROVAL**

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

**(RESPI\_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 J:**

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.

|  |
| --- |
| **(RESPI\_COMMENTS)** |

1. Attending/on-staff physicians include those who have completed their training in their particular medical specialty, are actively providing clinical care to patients, and are currently considered a member of the “medical staff” at the hospital. This may include physicians employed by the hospital, an affiliated university, or some other entity as long as the physician is considered part of the medical staff at the hospital. [↑](#footnote-ref-2)
2. Calculate nurse (RN) clinical FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-3)
3. Calculate staff clinical FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-4)
4. Note that both in-person and virtual/remote visits are acceptable. [↑](#footnote-ref-5)
5. May include telemedicine appointments as outpatient visits. [↑](#footnote-ref-6)
6. Include patients treated by an allergist or a pulmonologist, or advanced practice providers (i.e., PA/NP) from your Pediatric Pulmonary program. [↑](#footnote-ref-7)
7. May include telemedicine appointments as outpatient visits. [↑](#footnote-ref-8)
8. A copy of the ACT instrument is available at http://www.asthma.com/resources/asthma-control-test.html. [↑](#footnote-ref-9)
9. For purposes of the survey “severe asthma” (e.g., refractory asthma, difficult asthma, difficult-to-treat asthma, difficult-to-control asthma) is defined as asthma that is not well-controlled by usual asthma medications. [↑](#footnote-ref-10)
10. Vaccine eligible is defined as > 6 months of age, without medical contraindication, and seen in person during the period listed above. Patients who refused vaccine should be included in the denominator of “total vaccine eligible” patients. [↑](#footnote-ref-11)
11. CFF guidelines referred to in this question include (1) Moran, A, Brunzell C, Cohen R, Katz M, Marshall BC, Onady G, Robinson KA, Sabadosa KA, Stecenko A, Slovis B, CFRD guidelines committee. Clinical Care Guidelines for Cystic Fibrosis–Related Diabetes: A position statement of the American Diabetes Association and a clinical practice guideline of the Cystic Fibrosis Foundation, endorsed by the Pediatric Endocrine Society. Diabetes Care December 2010 vol. 33 no. 12 2697-2708. [↑](#footnote-ref-12)
12. This number is the median body mass index (BMI) percentile for patients 2 to 19 years of age with cystic fibrosis seen in your Pediatric Pulmonology program. If available, use the values your hospital has reported to the CFF Registry. [↑](#footnote-ref-13)
13. Established patients are patients who have been treated at your hospital for at least 12 months. [↑](#footnote-ref-14)
14. May include telemedicine appointments as outpatient visits. [↑](#footnote-ref-15)
15. This percentage should include those who are currently on one of the available CFTR therapies. [↑](#footnote-ref-16)
16. Eligible implies that the patient has the mental and/or physical ability required for the PFT. We recommend that you only count patients 6 years of age or older for this measure as the reproducibility of the PFT with children younger than this is generally not accurate. [↑](#footnote-ref-17)
17. Note that patients who meet the criteria to be included in J37 may also meet the criteria for J39. Please refer to the question instructions and codes provided to determine if a patient is applicable. [↑](#footnote-ref-18)
18. This is intended to exclude cases of centers that have a referral source for transplantation that is not part of the center. If your center has an affiliation with an adult facility or a parent medical center allowing for transplants to take place essentially there at your center, then you should answer yes to this item. [↑](#footnote-ref-19)
19. Verification reports are available here:<https://www.srtr.org/transplant-centers/?query=&distance=50&location=&state=&recipientType=pediatric&organ=lung&sort=rating>. [↑](#footnote-ref-20)
20. Bronchoscopy is a procedure in which a tube is inserted into the airways, usually through the nose or mouth, to examine the airway for abnormalities such as foreign bodies, bleeding, tumors, or inflammation. While performing bronchoscopy, a practitioner frequently also takes samples from inside the lungs and airways (e.g., [biopsies](http://en.wikipedia.org/wiki/Biopsy), fluid [i.e., [bronchoalveolar lavage](http://en.wikipedia.org/wiki/Bronchoalveolar_lavage)], endobronchial brushing) to assess the respiratory health of the patient. [↑](#footnote-ref-21)
21. These are clinics that have been set up to treat specific conditions or disorders within the children’s hospital and associated outpatient or primary care clinics. These programs must include representation from pulmonology and may include other specialties who are able to see patients at the same time onsite. [↑](#footnote-ref-22)
22. Connective tissue diseases are comprised of a number of conditions such as Rheumatoid arthritis, Sjogren syndrome, Mixed connective tissue disease, Systemic lupus erythematosus, and others that frequently have pulmonary manifestations of the disease which may be treated by pediatric pulmonologists. [↑](#footnote-ref-23)
23. <https://phassociation.org/phcarecenters/accredited-centers/> [↑](#footnote-ref-24)
24. <https://thebpdcollaborative.org/> [↑](#footnote-ref-25)