**SECTION K: PEDIATRIC UROLOGY**

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

**(URO\_HAVEPROGRAM)**

* Yes
* No – Skip to Section L

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

**Full name:**

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

**Title:**

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

**Email:**

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

**Preferred phone:**

|  |
| --- |
| **(URO\_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.”

**K1.1 Are you submitting jointly with a Pediatric Urology program at another hospital?**

**(URO\_JOINTSUB)**

* + Yes – Go to Question K1.2
  + No – Skip to Question K2

**K1.2 If yes, what is the name of the Pediatric Urology 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.

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

1. **Please indicate the current total number of attending/on-staff physicians (excluding fellows)[[1]](#footnote-2) who *are currently members of the medical staff* in your Pediatric Urology program in the following categories.** [Only include full-time employees. Do not include locum tenens staff or agency employees].[If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total Physicians** |  |
| a. | Pediatric urologists (board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology[[2]](#footnote-3) or a core pediatric urology faculty position at an ACGME-approved residency program) | \_\_\_\_\_\_\_\_ |  |
|  | **(URO\_PHYSICIANS\_URO\_TOT)** |  |  |
| b. | Other attending Pediatric Urologists who are not certified/eligible for the CAQ in Pediatric Urology from the ABU (Include all core faculty involved in the regular care of children with Pediatric Urological conditions but are not board certified/board eligible in pediatric urology, i.e., Adult uro-oncologist, Transitional urologist) | \_\_\_\_\_\_\_\_ |  |
|  | **(URO\_PHYSICIANS\_FAC\_TOT)** |  |  |
| c. | Other attending on-staff physicians (include all other attending/on-staff physicians who are *not* certified/eligible in pediatric urology, or a core pediatric urology faculty position at an ACGME approved residency program) | \_\_\_\_\_\_\_\_ |  |
|  | **(URO\_PHYSICIANS\_OTHER\_TOT)** |  |  |

NOTES: K2x should be whole number only. Do not allow decimals.

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

1. **Please indicate the total number of nurse practitioners and physician assistants who work in or directly support your Pediatric Urology program.** [Ambulatory and inpatient staff members should be included in your counts of nurse practitioners and physician assistants.][If none, please enter 0.]

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

NOTES: K3x should be whole number only. Do not allow decimals.

1. **Please indicate the number of clinical nurse (RN) FTEs[[3]](#footnote-4) who solely work in or directly support your Pediatric Urology program.** [ Due to ongoing nursing shortages, contract nurses should be included in your counts of clinical RNs .][If none, please enter 0.]

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

NOTES: K4 is numeric entry (decimals are allowed).

**VALIDATE: If K4 is not numeric: “K4: Please enter a numeric value.”**

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

**K5.1. This question has been removed from the survey.**

1. **This question has been removed from the survey.**
2. **Does your hospital provide video pediatric urodynamic fluoroscopy either on-site or through a formal contractual relationship with another facility?**

**(URO\_DIAG\_VIDEO)**

* + Yes
  + No

1. **What was the total number of *outpatient visits* (in-person and virtual telehealth visits) and *unique* *outpatients[[4]](#footnote-5)* that were seen by pediatric urologists[[5]](#footnote-6) in the last 2 calendar years?** [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Total outpatient visits, last 2 calendar years **(URO\_OUTPATIENT\_VISITS)**

\_\_\_\_\_\_\_\_ b. Unique outpatients seen, last 2 calendar years **(URO\_OUTPATIENTS)**

NOTES: K8x should be whole number only. Do not allow decimals.

VALIDATE: IF K8b > K8a, DISPLAY: “K8: Unique outpatients cannot be greater than outpatient visits.”

1. **What were the total number of surgical cases*[[6]](#footnote-7)* operated on by pediatric urologists[[7]](#footnote-8) in your Pediatric Urology program in the last 2 calendar years*, excluding circumcisions and circumcision revisions* (see code list)?** [Note that if multiple procedures were performed during a trip to the OR, this only counts as a single case.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ Surgical cases, last 2 calendar years **(URO\_SURGICAL\_CASES)**

NOTES: K9 should be whole number only. Do not allow decimals.

1. **Does your hospital offer any of the following specialized programs? If so, how many unique patients meeting the specified criteria were seen by a pediatric urologist or pediatric urology advanced practice provider (APP) in each of the programs in the last calendar year?** [To answer “Yes”, the program must have seen at least one unique patient in the 12 months of the reporting period. Do NOT report encounters for the volume, instead, programs must report on the unique patients seen.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **Unique Patients** |
| a. | Spina bifida program[[8]](#footnote-9) [To answer “Yes,” the program must have a designated medical director (who is a physician); a nurse or advanced practice provider (APN, PA) coordinator; and access to urology, neurosurgery, physiatry, and orthopedics in one location. Please only include new myelomeningocele patients seen in the 12 months of the reporting period. Patients must be seen at a urology clinic or spina bifida multidisciplinary clinic by a pediatric urologist or pediatric urology advanced practice provider (see code list).] | **○** | **○** | \_\_\_\_\_\_\_\_ |
|  | **(URO\_CLINIC\_** | **SPINABIFIDA)** | | **\_PATS)** |
| b. | Comprehensive stone program[[9]](#footnote-10) [To answer “Yes,” the program must have a designated medical director (who is a pediatric urologist or nephrologist); a nurse or advanced practice provider (APN, PA) coordinator; and provide access to nutritional counseling. The patient has to be seen by both a Urologist and a Nephrologist in the 12 months of the reporting period. Please only include new patients between 8-21 years of age.] | **○** | **○** | \_\_\_\_\_\_\_\_ |
|  | **(URO\_CLINIC\_** | **STONE)** | | **\_PATS)** |
| c. | Differences in sex development program[[10]](#footnote-11) [To answer “Yes,” the program must have a designated medical director (who is a pediatric urologist or endocrinologist), a nurse or advanced practice provider (APN, PA) coordinator, and access to specialists in endocrinology and mental health provider. Note that this question may include patients older than 21 seen by a pediatric urologist or endocrinologist in your program. To be counted for volume, patients MUST have been cared for by a Pediatric Urologist, a Pediatric Endocrinologist and a mental health provider (whether they provided counseling to the child or their family) in the 12 months of the reporting period.] | **○** | **○** |  |
|  | **(URO\_CLINIC\_** | **SEXDEV)** | |  |

NOTES: K10x2 should be whole number only. Do not allow decimals.

**K10.1 Does your Pediatric Urology program have a Transitional Care Program[[11]](#footnote-12) that assists patients with congenital conditions affecting the genitourinary (GU) system transition to adult urology?**

**(URO\_TRANSITIONALPROG)**

* Yes
* No

**K10.2 This question has been removed from the survey.**

**K10.3 How many unique patients did your Pediatric Urology’s program provide care for as an integrated member [[12]](#footnote-13) of the Pediatric Oncology treatment program in the last calendar year?**

**(URO\_ONCOLOGY\_INTEGRATED)**

* 10 or more patients
* 1-9 patients
* 0 patients
* Pediatric Urology does not participate as an integrated member of the Pediatric Oncology treatment program

1. **Does your Pediatric Urology program offer any of the following treatment modalities to pediatric patients? If so, how many unique patients received the therapy from a pediatric urologist[[13]](#footnote-14) in the last calendar year?** [See code list. For questions exclusively defined by CPT codes, include only cases assigned using the CPT encoder. Assignment of CPT codes via a crosswalk with ICD codes may not identify all cases properly.]

When identifying data for your response to this question, please:

* Access or filter data by CPT codes for pediatric urology procedures (usually physician billing records);
* Remove any patients with age >12 years on the date of the procedure for K11a and K11b. (Note that 12 years was chosen to demonstrate added skill set for these procedures in younger children).
* Merge/join the CPT code list provided with the urology procedures table;
* If at least one of the codes provided appear in the billing record in the last calendar year, answer “yes”;
* Flag each occurrence of the procedure codes provided; and
* De-duplicate by unique patient identifier to obtain unique patient count.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **Unique Patients** |
| a. | Stone treatment including shock wave lithotripsy, ureteroscopy, and percutaneous nephrolithotripsy or nephrolithotomy for patients 12 and under (see code list – must have at least one diagnosis code and at least one procedure code) | **○** | **○** | \_\_\_\_\_\_\_\_ |
|  | **(URO\_TRTMNTMODALITY\_** | **STONE)** | | **PATS)** |
| b. | Laparoscopic surgery (pure laparoscopic or robotic-assisted laparoscopic) including cyst ablation, pyeloplasty, nephrectomy, partial nephrectomy, heminephrectomy, ureteral reimplantation, or ureteroureterostomy performed on patients 12 years of age or younger (see code list). [Note that hospitals must exclude all patients who underwent Laparoscopic Orchiopexy, Laparoscopic Hernia Repair, or Diagnostic Laparoscopic procedures from this question.] | **○** | **○** | \_\_\_\_\_\_\_\_ |
|  | **(URO\_TRTMNTMODALITY\_** | **LAPARO)** | | **PATS)** |

WARNING: IF K11x1 = “Yes” AND K11x2 = (0 OR BLANK), DISPLAY: “K11x: Please check your responses. You indicated that you have the program but did not report any patients.”

NOTES: K11x2 should be whole number only. Do not allow decimals.

1. **How many unique pediatric patients had the following surgical procedures performed by a pediatric urologist[[14]](#footnote-15) in the last calendar year and the last 3 calendar years?** [Notes. (1) See code list. For questions exclusively defined by CPT codes, include only cases assigned using the CPT encoder. Assignment of CPT codes via a crosswalk with ICD codes may not identify all cases properly. (2) Only count procedures where the pediatric urologist is the primary or assistant surgeon.] [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Unique Patients**  **in 2024** | **Unique Patients**  **in 2022-2024** |
| a. | Radical or partial nephrectomy for malignancies (see code list – must have at least one diagnosis code and at least one procedure code) **(URO\_OPEN\_NEPHR** | \_\_\_\_\_\_\_\_  **)** | \_\_\_\_\_\_\_\_\_  **\_3YR)** |
| b. | Nephrectomy and partial nephrectomy for benign disease (see code list – do not count procedures for malignancies) **(URO\_OPEN\_PYELOPLASTY** | \_\_\_\_\_\_\_\_  **)** | \_\_\_\_\_\_\_\_  **\_3YR)** |
| c. | Ureteral reimplantation (see code list) **(URO\_OPEN\_REIMPL** | \_\_\_\_\_\_\_\_  **)** | \_\_\_\_\_\_\_\_  **\_3YR)** |
| d. | Ureteroureterostomy (see code list) **(URO\_OPEN\_URETERO** | \_\_\_\_\_\_\_\_  **)** | \_\_\_\_\_\_\_\_  **\_3YR)** |

NOTES: K12x1 and K12x2 should be whole number only. Do not allow decimals.

VALIDATE: IF K12x1 > K12x2, DISPLAY: “K12x: Please check your response. The number of unique patients in the last calendar year should not be greater than the number of unique patients in the last 3 years.”

**K12.1. This question has been removed from the survey.**

**K12.2. In the last 3 years, has your Pediatric Urology Program performed a retroperitoneal lymph node dissection for cancer diagnoses for any children?** [Notes. (1) See code list – must have at least one diagnosis code and at least one procedure code. (2) Only consider procedures where the pediatric urologist is the primary or assistant surgeon.]

**(URO\_OPEN\_RPLND)**

* Yes
* No

1. **How many unique pediatric patients underwent the following surgical procedures by pediatric urologists[[15]](#footnote-16) in the last 2 calendar years?** [Notes. (1) See code list. For questions exclusively defined by CPT codes, include only cases assigned using the CPT encoder. Assignment of CPT codes via a crosswalk with ICD codes may not identify all cases properly. (2) When submitting your survey, each hospital will be required to create and upload a deidentified table of patient data from your EMR or other records that shows the values for each requested element. The file should include a record identifier, the date of surgery in 2023 or 2024 (which can be month or quarter if needed), and an indication of which of the following surgical procedures they received. Patients should be counted in each of the categories listed below that they qualify for. If totals across a group of patients are requested to respond to the survey item, you must show your work in this file with totals and formulas displayed. This information will be used to check your responses to this question.] [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Unique Patients** |
| a. | Bladder and cloacal exstrophy closures (see code list – must have diagnosis code and at least one procedure code) **(URO\_SURGICAL\_EXSTROPHY)** | \_\_\_\_\_\_\_\_ |
| b. | Reconstructive open procedures and MIS procedures (including laparoscopic and robotic procedures) for incontinence or hostile bladder, excluding botox injections (see code list) **(URO\_SURGICAL\_BLADDER\_OPEN)** | \_\_\_\_\_\_\_\_ |
| c. | Posterior urethral valve ablation in infants <3 months old (see code list – must have diagnosis code and procedure code) **(URO\_SURGICAL\_ABLATION)** | \_\_\_\_\_\_\_\_ |
| d. | Complex urethroplasty for urethral injury or stricture disease – do not include patients with previous hypospadias repair **(URO\_SURGICAL\_URETHROPLASTY)** | \_\_\_\_\_\_\_\_ |
| e. | Complex re-operative hypospadias repair (Note that you may include patients where the original procedure was performed at another hospital or was performed at your hospital more than 5 years before the reporting period listed above. Please see code list; for codes that are repair of complications). **(URO\_SURGICAL\_REOPHYPO)** | \_\_\_\_\_\_\_\_\_ |

NOTES: K13x should be whole number only. Do not allow decimals.

**K13.1 This question has been removed from the survey.**

1. **How many of each of the following surgical procedures were performed by the pediatric urologists[[16]](#footnote-17) in 2024?** [If none, please enter 0.]

|  |  |  |
| --- | --- | --- |
|  |  | **Procedures performed**  **2024** |
| a. | Distal hypospadias – primary repairs and not re-operative cases (see code list; for codes that are repair of complications - review as needed from Coding or operative note to assign either Proximal or Distal but not both unless applicable) **(URO\_DISTAL\_VOL)** | \_\_\_\_\_\_\_\_ |
| b. | Pyeloplasty (see code list – must have at least one diagnosis code and at least one procedure code)  **(****URO\_PYELO\_VOL)** | \_\_\_\_\_\_\_\_ |

NOTES: K14x should be whole number only. Do not allow decimals.

1. **How many of each of the following surgical procedures were performed by the pediatric urologists[[17]](#footnote-18) in your program in the calendar year 2022? Of these procedures, how many required a revision surgery in the last 3 years (2022, 2023 or 2024) for the same problem or a related complication?[[18]](#footnote-19)** [Note that U.S. News is aware of the published rates of complications which are typically based on 10-20 year follow-up; this question is focused on a 3 year window which will only identify patients with more immediate complications and tend to result in lower rates than published studies.When submitting your survey, each hospital will be required to create and upload a deidentified table of patient data from your EMR or other records that shows the values for each requested element. The file should include a record identifier, the date of surgery in 2022 (which can be month or quarter if needed), and an indication of which of the following surgical procedures they received (including revisions). If totals across a group of patients are requested to respond to the survey item, you must show your work in this file with totals and formulas displayed. This information will be used to check your responses to this question.] [If none, please enter 0.]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Surgical Procedures Performed**  **2022** | **Revision Surgeries Performed**  **2022-2024** |
| a. | Distal hypospadias (see code list) **(URO\_COMPLICATIONS\_DISTAL\_** | \_\_\_\_\_\_\_\_  **PROCS)** | \_\_\_\_\_\_\_\_  **REVS)** |
| b. | Pyeloplasty (see code list) **(URO\_COMPLICATIONS\_PYELO\_** | \_\_\_\_\_\_\_\_  **PROCS)** | \_\_\_\_\_\_\_\_  **REVS)** |

NOTES: K15x1 and K15x2 should be whole number only. Do not allow decimals.

VALIDATE: IF K15x2 > K15x1, DISPLAY: “K15x: Please check your response. The total number of revision surgeries should not be greater than the total number of surgical procedures.”

1. **What were the total number of inpatient and ambulatory surgical cases[[19]](#footnote-20) excluding kidney transplants operated on by pediatric urologists[[20]](#footnote-21) in your Pediatric Urology program in the last calendar year?** [Note that this is different than K9 where circumcision surgeries are excluded; here we want you to include all cases performed – this includes circumcision, meatoplasty, and meatotomy. If multiple procedures were performed during a trip to the OR, this only counts as a single case.] [If none, please enter 0.]

\_\_\_\_\_\_\_\_ a. Inpatient surgical cases or <24-hour observation, last calendar year **(URO\_SURG\_INPAT)**

\_\_\_\_\_\_\_\_ b. Ambulatory surgical cases, last calendar year **(URO\_SURG\_AMBPAT)**

NOTES: K16x should be whole number only. Do not allow decimals.

**K16.1 Of the surgical cases reported in K16, how many resulted in the following unplanned admissions or unplanned additional procedures directly related to the original urological procedure?** [(1) Note that the data being requested in this item should be similar to what is already collected for the morbidity and mortality (M&M) conferences held by the surgical program at your hospital. (2) When submitting your survey, each hospital will be required to create and upload a deidentified table of patient data from your EMR or other records that shows the values for each requested element. The file that you construct should include a record identifier for each patient who underwent surgery, the date of surgery in 2024 (which can be month or quarter if needed), and an indication of which of the following events occurred. If totals across a group of patients are requested to respond to the survey item, you must show your work in this file with totals and formulas displayed. This information will be used to check your responses to this question.]

|  |  |  |
| --- | --- | --- |
|  |  | **Number of unplanned admissions or procedures** |
| a. | Unplanned[[21]](#footnote-22) hospital admissions for indication related to the original urological procedure within 30 days of inpatient urological surgery **(URO\_OCCURRENCERATE\_30DAYS** | \_\_\_\_\_\_\_\_ |
| b. | Unplanned26 hospital admissions for medical indication directly related to the original urological procedure within 30 days after a scheduled ambulatory urological surgical procedure **(URO\_OCCURRENCERATE\_AMBUL)** | \_\_\_\_\_\_\_\_ |
| c. | Unplanned reoperation[[22]](#footnote-23) for indication(s) directly related to the original urological procedure within 48 hours of any urological surgery  **(URO\_OCCURRENCERATE\_48HOURS)** | \_\_\_\_\_\_\_\_ |

NOTES: K16.1x should be whole number only. Do not allow decimals.

1. **Does your Pediatric Urology program provide a voiding dysfunction program that treated at least 120 patients in the last calendar year?**

**(URO\_VOIDING\_PROGRAM)**

* Yes
* No

**K18. Did your Pediatric Urology program participate in any of the following types of prospective research[[23]](#footnote-24) activities in the last calendar year?** [To answer “Yes” for each activity, the program must have participated in at least one IRB-approved trial, study, or database during the period.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** |  |
| a. | Prospective randomized clinical trial[[24]](#footnote-25) | ○ | ○ |  |
|  | **(URO\_RESEARCH\_TRIAL)** |  | |  |
| b. | Prospective observational studies | ○ | ○ |  |
|  | **(URO\_RESEARCH\_STUDIES)** |  | |  |
| c. | Prospective clinical database on patient care | ○ | ○ |  |
|  | **(URO\_RESEARCH\_DATABASE)** |  | |  |
| d. | Clinical collaboration to track and improve clinical outcomes (at least three institutions should be involved in the collaboration to count) | ○ | ○ |  |
|  | **(URO\_RESEARCH\_COLLAB)** |  | |  |

1. **For patients seen in the Emergency Department for Torsion of testis (see code list) in the last calendar year, what percentage received care (i.e., time patients were in the OR) within 4 hours, 4-7 hours, or longer than 7 hours following their registration for care in the ED or outpatient clinic – that is, from the time they were registered for care anywhere in your institution to the time they were in the OR for surgery?** [Notes: (1)Any patient that has been documented to be symptomatic for >24 hours prior to arrival to hospital (i.e., delayed torsion) should be excluded. (2) When submitting your survey, each hospital will be required to create and upload a deidentified table of patient data from your EMR or other records that shows the values for each requested element. The file should include a record identifier, the date of the ED or outpatient clinic visit in 2024 (which can be month or quarter if needed), an indicator of time of registration in the ED (or outpatient clinic), and an indicator of the start time of the procedure. If totals across a group of patients are requested to respond to the survey item, you must show your work in this file with totals and formulas displayed. This information will be used to check your responses to this question.]

\_\_\_\_\_\_\_\_a. % OR start time < 4 hours **(URO\_TORSION\_FAST)**

\_\_\_\_\_\_\_\_b. % OR start time in 4-7 hours **(URO\_TORSION\_MEDI)**

\_\_\_\_\_\_\_\_c. % OR start time in >7 hours **(URO\_TORSION\_SLOW)**

* N/A, no patients with torsion of testis were seen in the Emergency Department **(URO\_TORSION\_NA)**

NOTES: K19x is numeric entry (decimals are allowed).

If N/A and at least one numeric question is answered, clear the initial response(s) and keep only the most recent response(s)

VALIDATE: 0 ≤ K19x ≤ 100. ELSE DISPLAY: “K19x: Please enter a numeric value between 0 and 100.”

IF K19a + K19b + K19c ≠ 100, DISPLAY: “K19: Please check your responses. Values for the 3 start times should sum to 100%.

1. **This question has been removed from the survey.**
2. **How often does your Pediatric Urology Program offer satellite outpatient clinics for elective care?**

(**URO\_ACCESS\_SAT**)

* <1 day a month or Never
* 1-3 days a month
* 4 days a month or more

1. **Which of the following does your Pediatric Urology Program have in place at the present time?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| a. | Standardized clinical pathway for children presenting with acute stone pain to the Emergency Department **(URO\_PROTOCOL\_STONE)** | ○ | ○ |
| b. | Educational materials for patients and families on urological conditions that are updated on a regular basis **(URO\_PROTOCOL\_EDUC)** | ○ | ○ |

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

1. **For** **complex reconstructive procedures, does your hospital follow an Enhanced Recovery After Surgery (ERAS) protocol which includes anesthesia and pain management protocols?**

**(URO\_ERAS)**

* Yes
* No

1. **Does your hospital provide the contrast-enhanced voiding urosonography (ceVUS) either on-site or through a formal contractual relationship with another facility?**

**(URO\_DIAG\_CEVUS)**

* Yes
* No

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

**K27 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 Urology 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 Urology program been completed and uploaded to the Pediatric Hospital Survey website?

**(URO\_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 K:**

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](mailto:PediatricHospSurvey@rti.org).

|  |
| --- |
| **(URO\_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. Pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-3)
3. Calculate nurse (RN) clinical FTEs based on total paid hours for the period of review divided by 2080. [↑](#footnote-ref-4)
4. Count may include both new and ongoing outpatients being seen for follow-up. [↑](#footnote-ref-5)
5. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-6)
6. Surgical procedures do not have to be performed in the operating room (OR). You may count surgical procedures performed in the office or a clinic setting as well. Note that surgical cases count only as one case regardless of the number of procedures (individual CPT codes) performed during that case. [↑](#footnote-ref-7)
7. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-8)
8. This program brings together specialists to deliver optimal care for pediatric patients with spina bifida. [↑](#footnote-ref-9)
9. This program brings together specialists to deliver optimal care for pediatric patients with urinary and kidney stones. Include only new patients who did not receive any medical services from a physician or other healthcare provider in that specialty program at your hospital in the 36 months prior to the patient’s first visit in the reporting year. [↑](#footnote-ref-10)
10. This program brings together specialists to diagnose and treat disorders of sexual differentiation. Typical conditions treated by this program include Disorders of Gonadal Differentiation (Klinefelter syndrome, 46 XX male, syndromes of gonadal dysgenesis), Ovotesticular DSD (true hermaphroditism), 46 XX DSD (congenital adrenal hyperplasia), 46 XY DSD (disorders of testosterone biosynthesis, Leydig cell agenesis, disorders of androgen dependent target tissue, proximal hypospadias, persistent mullerian duct syndrome). **Please exclude any patient with an isolated hypospadias–regardless of the severity when answering this question.** [↑](#footnote-ref-11)
11. This program brings together specialists to deliver optimal care for pediatric patients with congenital anomalies that continue into adulthood. To answer “Yes”, the program must have designated pediatric and adult medical directors, a nursing coordinator, and access to medical, surgical, psychological, and social services at both the pediatric and designated adult locations. [↑](#footnote-ref-12)
12. To answer yes, the Pediatric Urology program must participate in the Tumor Board and collaborate on cases and synthesis of individual patient care plans. [↑](#footnote-ref-13)
13. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-14)
14. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-15)
15. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-16)
16. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-17)
17. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-18)
18. Hospitals should count both revisions surgeries done in-house and those referred out to other urology surgery programs for the revision surgery. [↑](#footnote-ref-19)
19. Surgical procedures do not have to be performed in the operating room (OR). You may count surgical procedures performed in the office or a clinic setting as well. Note that surgical cases count only as one case regardless of the number of procedures (individual CPT codes) performed during that case. [↑](#footnote-ref-20)
20. Pediatric urologists are board-certified/board-eligible by the American Board of Urology with either subspecialty certification/eligibility in pediatric urology or a core pediatric urology faculty position at an ACGME-approved residency program. Note that pediatric urology certificate of added qualification (CAQ) was initiated by the American Board of Urology starting in 2008. Any attending physician who has this board certification should automatically be counted here. Other urologists who are eligible for this board after completion of an accredited fellowship program may also be counted here. [↑](#footnote-ref-21)
21. If the pre-op care plan documents that the surgeon has informed the family that the patient will be readmitted following the surgery for a scheduled event/procedure, this should be considered a planned admission and should not be included in your count for this question. [↑](#footnote-ref-22)
22. If the pre-op care plan documents that the surgeon has informed the family that the patient will be readmitted following the surgery for a scheduled event/procedure, this should be considered a planned admission and should not be included in your count for this question. [↑](#footnote-ref-23)
23. Prospective studies follow patients over time to evaluate how different factors affect outcomes. [↑](#footnote-ref-24)
24. These may include grant, hospital, society or industry-sponsored trials. [↑](#footnote-ref-25)