**US News 2025 Pediatric Hospital Survey**

Welcome to the U.S. News & World Report Pediatric Hospital Survey, conducted for U.S. Newsby RTI International.

This copy is available for reference purposes and for gathering information in advance of the online survey, which is available at <http://usnewspediatricsurvey.rti.org/>. Please use the web survey to submit your responses. If you have any questions or experience any difficulties, please e-mail [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) or call 1-866-309-4561.

Thank you for your cooperation.

**INSTRUCTIONS**

1. **Deadline.** The deadline for completing the survey is February 28, 2025 at 5:00pm Pacific Time.
2. **Survey coordinator.** Please designate one person at your facility to serve as the survey coordinator or point of contact. This person will be responsible for compiling the survey responses and submitting the survey online.
3. **Definitions.** To be sure answers correspond to the definitions used in this survey, check the footnotes. On the web survey, rolling the mouse over underlined terms will display the definitions. ***The following definitions apply to the entire survey unless stated otherwise in individual questions***:
   1. **Pediatric program.** Pediatric programs vary significantly by hospital in capability and scope.  For reporting on patients, volumes, outcomes, staffing, and other measures in the survey, include data on all inpatient and outpatient activities conducted at your hospital and your satellite clinics or outpatient treatment centers, unless otherwise specified in the question. You may include all pediatric facilities owned and operated by your hospital. For facilities that are not owned and operated by your hospital, please contact the RTI Best Hospitals team at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org) to determine if you may include that facility when reporting.

**Answers to survey questions must reflect the full patient population being reported.** Therefore, if a question asks about services and technology available to pediatric inpatients, it must be available to all pediatric inpatients reported in the volume questions**.** It is not acceptable to include additional inpatients when reporting patient volumes, but not include these inpatients in responses to other survey questions. For example, a hospital reports inpatient volumes for their main location as well as a secondary location. Patients at the main location have access to certain technology and resources, but patients at the other location do not. The hospital must then answer No to these questions since these services are not available for the full patient population being reported. The service/technology does not have to be at each location, but must be available to patients at all locations. If the service/technology is primarily for inpatients, it does not have to be available to outpatients being reported.

* 1. **Pediatric population.** You should use your hospital’s definition of pediatrics as long as it excludes patients 21 years of age and older.[[1]](#footnote-2) You should include newborns and neonates.
  2. **New patient.** For a given specialty, count a patient as new if he or she 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.
  3. **Inpatient vs. outpatient.** Unless stated otherwise in the survey question,you may report volume and outcomes for ***inpatient and outpatient care***.For questions limited to inpatients, you should include any patient admitted to the hospital, including short stays and observation stays, but should exclude ambulatory outpatient surgery.
  4. **Last calendar year.** For questions that ask about the “past calendar year,” you may answer using the last calendar year (January 1 – December 31), fiscal year (October 1 to September 30), or the most recent **12-month time period** available. To the extent possible, we recommend that you use same 12-month period for all questions in the survey.

However, for reporting CLABSI and CAUTI rates, please use the last calendar year (January 1 to December 31 per NHSN guidelines).   
  
For all questions dealing with standardized outcomes that refer to registries such as the STS, SRTR, CF Foundation, ICN, SCTOD or others please use the specific timeframe specified in the questions; this timeframe is required to ensure that data are comparable between centers. If you have questions about appropriate timeframes for individual questions, please contact the RTI Best Hospitals team via the “Ask a Question” link under the “Resources” menu at the top of the survey website.

* 1. **Current status.** For questions that ask about current status, base the answer on a specific date on or after January 1, 2025 if possible. If this is not possible, indicate the date used in the comments box at the end of each section.
  2. **Seasonal Influenza Vaccine Eligibility:** Patients should be considered vaccine eligible if they are at least 6 months old, have no medical contraindications (i.e., severe allergy to eggs or vaccine components, or a previous severe reaction to the influenza vaccine), and do not have Guillain-Barré syndrome. *Note that parental refusal is NOT a recognized contraindication to vaccination; therefore, do NOT remove these patients from your calculations.*
  3. **Pneumococcal Vaccine Eligibility:** Patients should be considered vaccine eligible if they are at least 2 years old, have no medical contraindications (i.e., severe reaction to prior pneumococcal vaccine*). Note that parental refusal is NOT a recognized contraindication to vaccination; therefore, do NOT remove these patients from your calculations.*
  4. **Footnotes.** Please note that additional question-specific terms are defined in the footnotes. Please use these definitions when answering questions.
  5. **Unique patients.** The term "unique patients" is used vs. "patients" to identify individual patients as the unit of analyses rather than visits, encounters or multiple counts of a patient if see for a related condition multiple times by a hospital. For instance, if your pediatric endocrinology program saw 100 patients in a year for a total of 350 encounters, and 10 of those patients were treated for 2 or more different conditions (or at distinctly different times during the year), the unique patients would be 100. This is used to identify the actual number of patients seen rather than the encounters, visits, or conditions treated. If unique patients are requested for a total patients seen by the program, then please consider all patients seen; if the question lists different programs and requests unique patients seen for each, then a patient may be counted for each of the patient categories that they meet.

1. **Ranking Eligibility**. Please note that to be considered eligible for the Best Children’s Hospitals rankings, your hospital must complete Section A (General Section) and at least one specialty ranking. Additionally, a senior-level medical officer (e.g., Chair of Pediatrics) and the Service Chief for each specialty submitted 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.
2. **Diagnosis and Procedure codes.** All ICD and CPT codes have been removed from the survey and provided in a separate spreadsheet, referred to as a code list.
   1. **ICD-10 codes**. For questions asking about the last calendar year, please use the ICD-10 codes provided and not ICD-9 codes to ensure comparability.
   2. **Use of additional CPT or ICD-10 codes.** To ensure consistency across hospitals, please **only** use the codes that are listed. If you think that valid codes were excluded by accident, please contact the project team. We may issue a revision to the survey for all hospitals or make a change for the following year.
   3. **Use of alternative CPT or ICD-10 codes.** We have provided the codes that we determined are most indicative of the procedures/diagnosis. However, if only ICD-10 codes are listed and you have CPT codes (or ICD-10-CM codes if CPT codes were listed in the question) that represent the procedures described in the survey questions and can identify your data more easily using them, you may do so. List the substituted codes in the comments section. For procedure codes, you must use ***either*** the ICD-10 procedure codes or CPT codes provided, but not both as this will result in double-counting of patients. If you would like to discuss particular CPT codes, contact us at [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org).
   4. **If both diagnosis and procedure codes are provided**, then the ICD-10 diagnosis codes should be used to identify the patient population and the ICD-10 or CPT procedure codes should be used to identify the specific patients to count. For procedure codes, you must use ***either*** the ICD-10 procedure codes or CPT codes provided, but not both as this will result in double-counting of patients.
   5. **Primary vs. secondary procedures.** You should include volume for both primary and secondary diagnoses and/or procedures unless otherwise specified in the survey.
   6. **Operating room procedures.** If the patient received multiple procedures cited on the same line of the question (e.g., two stents implanted during the same operating room visit), count them as one. If the patient received multiple procedures listed on multiple lines of the question, you may count them separately. For example, if one balloon valvuloplasty and two stents were performed in the same operating room visit, the count would be 1 for balloon valvuloplasty and 1 for stents.
   7. **Seen versus treated.** If the question asks for the patients ***seen***, you may include consults if they are documented in the medical record as a formal consult whether the visit occurred in person or via telemedicine. If the question asks about patients ***treated***, do not include consults.
3. **Counting and reporting staff and staff FTEs.**
   1. To calculate FTEs, take the hours worked by the staff person in a week and divide by 40. For example, if a nurse works 32 hours in a week, that counts as 0.8 FTE (i.e., 32 / 40 = 0.8).
   2. Some staff, such as nurses, are split between multiple pediatric departments. Please answer the questions based on the amount of time the staff person spends treating patients in that specialty. For example, if a full-time nurse (40 hours) works 1/3 of his/her time in GI, 1/3 in orthopaedics, and 1/3 in the NICU, assign 0.33 FTE to each unit for that nurse.
   3. Nurses may fit into registered nurse (RN), specialty nurse, and nurse practitioner (NP) categories. When reporting FTE counts of your program staffing, count these staff in only one nursing category, based on the highest criteria they satisfy.
   4. You may include physicians that are not “employed” by your hospital if they are actively providing clinical care to patients and are currently considered a member of the “medical staff” at your 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. Please include the FTE of their time dedicated to your hospital’s patients.
   5. Both nurse practitioners and physician assistants may be certified by a number of different organizations. For example, nurse practitioners are typically certified by the American Nurses Credentialing Center, the Pediatric Nurse Credentialing Board (PNCB), or the American Academy of Nurse Practitioners; physician assistants are typically certified by the National Commission on Certification of Physician Assistants, but may also be certified by other organizations. You should count all nurse practitioners and physician assistants on staff who have current credentials and support the specific programs that are being enquired about in the survey.
   6. Board eligible is now defined by the American Board of Pediatrics as a care provider out of training <7 years; beyond this window, all physicians being counted in the staffing questions must be board certified in the specialty area specified to be included. If a provider does not meet the board eligible or board-certified criteria, then they may not be counted.
   7. For physician counts and FTEs that are requested in the second question of each section, please do not count fellows who are being trained at your hospital. While they are physicians who are technically board eligible, they should not be included in your counts for these questions. However, fellows may be counted where they are specifically requested on other questions.
4. **Providing supporting evidence with your survey submission.** Note that there are a variety of questions throughout the survey that require that hospitals to submit supporting evidence along with their survey submission that are related to volume/outcome data, certifications, and other items (such as staffing policies). Please use the instructions provided in the question to submit this information to the project team. Note that for questions that ask for volume or outcome documentation, PDF documents are not accepted; for these questions, please submit the requested information in a table format either in Excel (preferred) or Word (acceptable).
5. **Clinics and Programs.**
   1. **Availability**. Some programs and clinics are asked about in multiple specialties. For example, a Spina Bifida clinic is asked about in NICU, Orthopaedics, and Urology. If you have a Spina Bifida clinic at the hospital and it is available to patients in each of those specialties, then you may answer Yes to the Spina Bifida clinic question in each specialty.
   2. **Patients**. Some of the questions also ask about the number of patients in a specific clinic or program. The intent of these questions is to count patients only in the relevant specialties where they are seen. What we *do not want* is for hospitals to say they have a clinic and then report the total volume for the entire facility in each section where it is requested—as this would be redundant and not representative of the patients being cared for by each specialty. For example, only orthopaedic patients in the Spina Bifida clinic should be counted in orthopaedics; they should not also be counted in Urology.
6. **Missing or incomplete data.**
   1. **Unavailable data.** We understand that your hospital may not track or have access to some of the information requested. Before deciding on using data from any new questions, we review the completeness of the responses to the survey questions. If too few hospitals provide data for a question, we will not use it in the rankings. However, these determinations will be made after the close of data collection
   2. **Blank versus “0” responses.** If the answer to the question is “no” or “0” please enter that response, and do not leave the question blank. This is particularly important for questions that ask about outcomes such as complications, readmissions or deaths where a value of “0” may receive points. A blank response is understood to mean “unavailable” or “not applicable.” Questions that are left blank receive no points.
   3. **Missing data.** Please review all of your responses before submitting the survey to ensure that no questions were unintentionally left blank. Although we generally flag missing data, there are some questions where we cannot distinguish between items where data was “unavailable” and items that were unintentionally left blank.
7. **Quality Initiative (QI) questions.** For the QI questions found in the specialty sections, hospitals should provide at least one paragraph of explanation regarding the initiative that they engaged in, the actions taken by the hospital, and the impact that this had on their program.  You can provide up to 2,000 characters of text, but no more.  If you do not provide a response to these items, you will receive one less point for these QI questions than other hospitals that provide a complete response.
8. **Questions/Clarifications.** Please submit any questions about the Pediatric Hospital Survey using the survey website “Ask a Question” link under the “Resources” menu at the top of the survey website. Responses will be emailed to you directly. If appropriate, questions and responses will also be posted on the website under the “View Questions” link under the “Resources” menu so that other hospitals can view them. We urge hospitals to frequently review the questions submitted by other hospitals and the responses from the project team.
9. **Recommendations.** If you have recommendations about the methodology or changes to consider for next year, please email those directly to [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org). We seriously consider all recommendations, and appreciate the input from hospitals. However, please note that we do not make any assurances that we will implement any recommendations.
10. **Section Comments.** All comment boxes allow up to 2,000 characters. However, please provide only as much information as needed to answer the question. In the comment box at the end of the section, please provide only comments about the answers you provided in the survey. Please do NOT provide comments about other services or merits of your hospital. We can only use data and information that is collected from ALL hospitals. If you have additional comments about your hospital, recommendations for improvements to the survey or other feedback please email those directly to [PediatricHospSurvey@rti.org](mailto:PediatricHospSurvey@rti.org).
11. **Warnings/Errors.** We have included a number of data validations to the web survey to verify that the responses provided to certain questions are accurate and reasonable. If the data you provide does not pass the data validation, you may receive a warning or error message asking you to review or revise your data. For example, if Question B refers to a subset of patients reported in Question A, and you report a higher number in Question B than Question A, you will receive an error message indicating that the response to question B cannot be greater than the response to Question A. If you receive an error or warning message and you are not sure how to resolve it, please contact us via the “Ask a Question” link under the “Resources” menu at the top of the survey website.

1. The exceptions to this are for the questions that specifically ask for information/data on adult patients. [↑](#footnote-ref-2)