

Not Started **Institutional Practice Details**

Print this Form

**1. Date of Completion**  DD/MM/YYYY  
 Indicate the day, month, and year the form is being completed.

**2. Previous year's hospital case volume of congenital cardiac surgeries**  Less than or equal to 100 per year  
 101-250 per year  
 251-500 per year  
 Greater than 500 per year  
 Indicate the case volume of Tier 1 AND Tier 2 surgeries for the previous calendar year.  
 (This is the total number of surgeries, not the number of patients.)

**3. Active congenital heart surgeons**  active congenital heart surgeons  
 Indicate the number of active congenital heart surgeons currently practicing at your hospital.

**4. Cardioplegia Type**  Buckberg  
 Custodiol/Bretschneider (HTK)  
 Del Nido  
 Microplegia with Adenocaine  
 Microplegia with Potassium  
 Plegisol/St. Thomas  
 Roe's Solution  
 University of Wisconsin  
 Other, specify   
 Check all cardioplegia types that your hospital uses. If there are multiple cardioplegia types that your hospital uses that are not options in the list provided, enter all of them in the "other, specify" box separating them by commas (.).  
 0 option(s) selected

**5. Geographic Region Served**  Local  
 Regional  
 National/International

**6. Estimated Population Served**   
 Based on answer to the previous question. **Missing Reason:**  
 Clear  
 Unknown

**7. Total number of institutions providing pediatric cardiac services in the region.**   
 Based on answer to question 5. **Missing Reason:**  
 Clear  
 Unknown  
 Specify the total number including your institution. If your institution is the only institution providing pediatric cardiac services in the region, specify one.

**8. Does your institution have an established pediatric cardiology practice?**  Yes  
 No

9. **Number of pediatric cardiac  
operating rooms at your institution**

10. **Does your institution have an  
exclusive pediatric cardiac  
intensive care unit?**  Yes  
 No

11. **Does your institution have a  
pediatric cardiac intensivist?**  Yes  
 No

12. **Does your institution have an  
ECMO program?**  Yes  
 No  
ECMO (Extracorporeal Membrane Oxygenation)

13. **Does your institution have a  
pediatric cardiac catheterization  
laboratory?**  Yes  
 No

14. **Does your institution have an  
electrophysiology service?**  Yes  
 No