

**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**  
 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.)

- Less than or equal to 100 per year
- 101-250 per year
- 251-500 per year
- Greater than 500 per year

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

**3a. How is a congenital heart surgeon certified in your country?**

**4. Cardioplegia Type**  
 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

- Buckberg
- Custodiol/Bretschneider (HTK)
- Del Nido
- Microplegia with Adenocaine
- Microplegia with Potassium
- Plegisol/St. Thomas
- Roe's Solution
- University of Wisconsin
- Other, specify

**5. Geographic Region Served**

- Local: one city or metro area
- Regional: geographically larger than a metro area
- National: one country
- International: multiple countries

**6. Estimated Population Served**  
 Based on answer to the previous question.

- Less than 10 million
- 10-30 million
- 31-50 million
- Greater than 51 million
- Unknown

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

Missing Reason:  
 Clear  
 Unknown

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)

12a. Does your hospital provide extracorporeal cardiopulmonary resuscitation (ECPR)?  Yes  No  
ECPR: ability to establish emergency ECMO within 30 minutes

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

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

15. Does your hospital have an Electronic Medical Records system (EMR)?  Yes  No

15a. Software Vendor

16. Does your hospital participate in a National Congenital Heart Surgery Database?  Yes  No

16a. Enter Name of Database

17. Does your center have a routine preoperative planning conference?  Yes  No

18. Does your hospital have  
intraoperative Trans esophageal  
ECHO?  Yes  
 No

19. Does your hospital have  
intraoperative Epicardial ECHO?  Yes  
 No

20. Who performs the Pre-operative  
Trans Thoracic ECHO?  Cardiologist  
 Cardiac Surgeon  
 Trained ECHO Technologist

21. Usual Patient follow up post  
discharge;  Cardiologist  
 Surgeon  
 Referring Physician  
 Other, Specify