### Institutional Practice Details

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

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.)
   - Options:
     - 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**
   - 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 (,).
   - Options:
     - 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.
   - Options:
     - 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
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>8</td>
<td>Does your institution have an established pediatric cardiology practice?</td>
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<tr>
<td>9</td>
<td>Number of pediatric cardiac operating rooms at your institution</td>
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<td>10</td>
<td>Does your institution have an exclusive pediatric cardiac intensive care unit?</td>
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<td>11</td>
<td>Does your institution have a pediatric cardiac intensivist?</td>
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<td>12</td>
<td>Does your institution have an ECMO program?</td>
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<td>12a</td>
<td>Does your hospital provide extracorporeal cardiopulmonary resuscitation (ECPR)?</td>
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<td>13</td>
<td>Does your institution have a pediatric cardiac catheterization laboratory?</td>
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<td>14</td>
<td>Does your institution have an electrophysiology service?</td>
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<td>15</td>
<td>Does your hospital have an Electronic Medical Records system (EMR)?</td>
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<tr>
<td>15a</td>
<td>Software Vendor</td>
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<tr>
<td>16</td>
<td>Does your hospital participate in a National Congenital Heart Surgery Database?</td>
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<td>16a</td>
<td>Enter Name of Database</td>
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<td>17</td>
<td>Does your center have a routine preoperative planning conference?</td>
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<tr>
<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>18</td>
<td>Does your hospital have intraoperative Trans esophageal ECHO?</td>
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<td>19</td>
<td>Does your hospital have intraoperative Epicardial ECHO?</td>
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<td>20</td>
<td>Who performs the Pre-operative Trans Thoracic ECHO?</td>
<td></td>
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<td>21</td>
<td>Usual Patient follow up post discharge;</td>
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</tbody>
</table>

- Cardiologist
- Cardiac Surgeon
- Trained ECHO Technologist
- Surgeon
- Referring Physician
- Other, Specify