

**AAP Section on Hospital Medicine: Subcommittee on Surgical Care**

**The goal of this 5-minute survey is to understand at a national level how orthopedic surgeons manage their pediatric patients outside of the ICU and the role of pediatric hospitalists in that care.**

**This survey is being conducted by members of the AAP Section on Hospital Medicine Subcommittee on Surgical Care, which includes both hospitalists and surgeons.**

**This study has been deemed exempt by the University of Maryland School of Medicine. If published, all data will be deidentified.**

**Thank you in advance for your participation in understanding best ways to care for your patients.**

## General Questions

**The following questions ask your opinions on pediatric hospitalists (PH) and your current interactions with them.**

**Pediatric hospitalists are general pediatricians with primary inpatient responsibilities, with or without additional training.**

\* Do you currently care for surgical patients between 0-18 years of age in an inpatient setting?

Yes

No

Which of the following types of providers care for your admitted patients?

Choose ALL that apply.

- Housestaff/Trainees
- Advanced Practice Providers (NP, PA)
- Pediatric hospitalists
- Other (please specify)

The following questions pertain to your training and place of work.

How long have you been in practice since completing residency and all fellowships?

- Still in training
- < 4 years
- 4-6 years
- 7-9 years
- 10 or more years

What percentage of your patients are 18 years of age or younger?

- 1-10%
- 11-25%
- 26-49%
- 50-75%
- 75-100%

My primary practice (>50% of time) is affiliated with a:

- Free standing Children's Hospital
- Children's Hospital within a larger general hospital- University-affiliated
- General (Adult and Children)Tertiary Medical Center - Non-University
- Community Hospital
- Other (please specify)

How many total pediatric beds are in your primary hospital (floor + ICU(s))?

- <20
- 21-60
- 61-100
- 101-200
- >200
- Don't know

What is your primary hospital's zip code?

Zip Code

What is your surgical specialty?

	General	Pediatric (fellowship trained)	Both
Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedics-Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular-Thoracic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genitourinary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* Do you currently work with pediatric hospitalists to take care of at least some of your surgical patients?

Yes

No

## COMANAGEMENT/Consultative Questions

**The following questions pertain to your current working relationship with pediatric hospitalists at your PRIMARY institution.**

What percentage of your patients in the past 12 months were comanaged with pediatric hospitalists?

- 1-10%
- 11-25%
- 26-49%
- 50-74%
- 75-100%

Which model best describes the care arrangement of your patients with *primarily* surgical issues at your primary institution?

- Surgeon is attending of record, pediatric hospitalist follows but no orders
- Surgeon is attending of record, pediatric hospitalist managing some or all orders
- Pediatric hospitalist is attending of record, surgeon is following as consult (no orders)
- Pediatric hospitalist is attending of record, surgeon is managing some orders
- Other (please specify)

For what types of situations do you typically involve hospitalists?

Choose ALL that apply.

- Low risk** surgical procedures in otherwise **healthy** patients
- Low risk** surgical procedures in **medically complex** patients
- High risk** surgical procedures in otherwise **healthy** patients
- Low** and **high risk** surgical procedures in **medically complex** patients
- Patients with more than one surgical service involved
- All patients, all inpatient procedures

For patient care issues below, which team at your institution currently manages:

	Fluids/Nutrition	Pain	Medication dosing	Wounds	Antimicrobials	Discharge planning	Medication reconciliation	Non-surgical comorbidities
Pediatric Hospitalist Team only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Team only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comanagement between surgical team and hospitalists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reimbursement for pediatric hospitalists who comanage surgical patients should come from:

- Patient side: separate bill for services
- Patient side: part of the global fee
- Hospital budget

Comments?

\* I admit patients to more than one institution.

- No
- Yes

## SECONDARY Institution

The following questions pertain to your current working relationship with pediatric hospitalists at your SECONDARY institution.

\* My SECONDARY practice (<50% of time) is affiliated with a:

- Free standing Children's Hospital
- Children's Hospital within a larger general hospital- University-affiliated
- General (Adult and Children) Tertiary Medical Center - Non-University
- Community Hospital
- Other (please specify)

What percentage of your patients in the past 12 months were comanaged with pediatric hospitalists in the SECONDARY hospital?

- 1-10%
- 11-25%
- 26-49%
- 50-74%
- 75-100%

Which model best describes the care arrangement of your patients with *primarily* surgical issues at your SECONDARY institution?

- Surgeon is attending of record, pediatric hospitalist follows but no orders
- Surgeon is attending of record, pediatric hospitalist managing some or all orders
- Pediatric hospitalist is attending of record, surgeon is following as consult (no orders)
- Pediatric hospitalist is attending of record, surgeon is managing some orders
- Other (please specify)





## Your Practice Management

Do you have a written collaborative care (comanagement) agreement with pediatric hospitalist/s at your hospital?

- Yes
- No
- Don't Know

Do you have an 'automatic' arrangement with pediatric hospitalists whereby they perform services for ALL your PATIENTS ?

- Yes
- No
- Don't Know

Do you have an 'automatic' arrangement with pediatric hospitalists whereby they perform services for all patients based on specific PROCEDURES or AGE?

- Yes
- No
- Don't Know

If yes, which procedures and/or what age cutoff?

## Pediatric Hospitalists and Patient Care

Reflecting on your overall experience with pediatric hospitalists to date:

Pediatric Hospitalists improve the care of surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Pediatric Hospitalists improve patient and family satisfaction for surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Pediatric Hospitalists improve pain management of surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Involving pediatric hospitalists in patient care:

Agree

Disagree

Undecided

Saves the surgical team time

Decreases length of stay

Increases resource utilization

Improves coordination between multiple services

Decreases surgeon revenue

Complicates care

Over the next 12 months, to what extent -- compared to now -- do you anticipate involving hospitalists in the care of your pediatric patients:

- Involving hospitalists in more of my patients
- Involving hospitalists in about the same number of patients
- Involving hospitalists in less of my patients

## Perceptions of Care

Imagine that pediatric hospitalists (pediatricians who primarily deliver care in the inpatient setting) would be involved in the management of at least some of your surgical patients outside of an ICU.

Which care arrangement model between surgeons and hospitalists would you prefer for patients with primarily surgical issues?

- Surgeon is attending of record, pediatric hospitalist follows but no orders
- Surgeon is attending of record, pediatric hospitalist managing some or all orders
- Pediatric hospitalist is attending of record, surgeon is following as consult but no orders
- Pediatric hospitalist is attending of record, surgeon is managing some or all orders
- Other (please specify)

For what situations could you see yourself routinely involving pediatric hospitalists?

Choose ALL that apply.

- Low risk surgical procedures in otherwise healthy patients
- Low risk surgical procedures in medically complex patients
- High risk surgical procedures in otherwise healthy patients
- High risk surgical procedures in medically complex patients
- Patients with more than one surgical service involved
- All pediatric patients, all procedures
- Cannot envision involving pediatric comanagement/hospitalist for any patient
- Other (please specify)

If you began working with pediatric hospitalists, who would you envision managing the following patient care issues for comanaged patients?

	Fluids/Nutrition	Pain	Medication dosing	Wounds	Fever and infection	Discharge planning	Medication reconciliation	Non-surgical comorbidities
Pediatric hospitalist only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Team only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comanagement between surgical team and hospitalists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you ask pediatric hospitalists to help care for all your patients or make it dependent on the patient, the patients' age or the procedure type?

- Pediatric hospitalists would take care of all patients
- Pediatric hospitalists would take care of certain patients, based on patient, procedure or age
- Don't Know

Reimbursement for pediatric hospitalists who comanage surgical patients should come from:

- Patient side: separate bill for services
- Patient side: part of the global fee
- Hospital budget

Comments?

## Perceptions of Models

### In theory:

Pediatric Hospitalists could improve the care of surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Pediatric Hospitalists could improve patient and family satisfaction for surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Pediatric Hospitalists could improve pain management of surgical patients

Strongly Disagree    Mostly Disagree    Somewhat Disagree    Somewhat Agree    Mostly Agree    Strongly Agree

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Involving pediatric hospitalists in patient care could:

Agree

Disagree

Undecided

Save the surgical team  
time

Decrease length of stay

Improve resource  
utilization

Improve coordination  
between multiple  
services

Involve revenue sharing

Complicate care

Which would be potential benefits of involving pediatric hospitalists in the care of your surgical patients?

	Agree	Disagree	Undecided
Save the surgical team time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease length of stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimize resource utilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve coordination between multiple services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the next 12 months, do you anticipate involving hospitalists in the care of your pediatric patient?

- Yes
- No

What other resources would be useful for working with hospitalists?

Thank you!

Thank you for taking the time to complete this survey. We appreciate your time and sharing of valuable information.

**On Behalf of the AAP Section on Hospital Medicine Surgical Care Subcommittee:**

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