

Appendix H

AMERICAN ACADEMY OF PEDIATRICS
SECTION ON PERINATAL PEDIATRICS
COMMITTEE ON PRACTICE MANAGEMENT

WORKSHEET FOR PRACTICE EVALUATION

Practice identification: _____

Location: _____ Phone _____

_____ Fax _____

Major contact: _____ Phone _____

Physicians/Faculty: Number _____ FTEs _____

Names: _____

Mission statement: (What does the practice see as its reason for being?)

Vision statement: (How does the practice view its future?)

A. Clinical care and rounds:

Rounding pattern: _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Composition of NICU care-giving (rounding) team (in addition to neonatologists): (Daily; Weekly; On Request; Not involved)

N NPs _____ PAs _____ RTs _____ SW _____ Pharm _____

PT/OT/Speech _____ Developmentalist _____ Case man _____

Comments: _____

On-call responsibility(NICU): From home _____ In-hospital _____

Frequency _____ Primary__ or Back-up__ (for fellow____, resident____

_____, NNP/PA____, Med student____)

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

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Information transfer for night call _____
In person ___ **By phone** ___ **Through house officer** ___ **None** _____
Read chart ___ **From nurses** ___ **Other** _____
 Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Information on assuming call _____
In person ___ **By phone** ___ **House officer** ___ **None** _____
Read chart ___ **From nurses** ___ **Other** _____
 Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

B. Administration:

Administration roles within the practice: _____
Administrative time specified, delineated? _____
Practice members' participation in administration: _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

C. Educational responsibilities:

Fellows: Y N. If so, # per year ___ **Mentor for** ___ **fellows.**
Residents: **Pediatrics** Y N **Family practice** Y N **OB/GYN** Y N
 ER Y N **Med/Peds** Y N **Total # on service** _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Regular lecture schedule? Y N For whom? _____
Nursing inservices? _____ **Outreach program?** _____
How are these assigned? _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

D. Research:

Mandated ___ **Expected** ___ **Allowed** ___ **Discouraged** ___ **Forbidden** _____
 Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

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Clinical research opportunities: _____
 Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Bench research opportunities: _____
 Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Research interests of existing staff:

Comments: _____

E. Nursery Characteristics: (of clinical time, what percentage of each is assigned)

Level I coverage _____% Basic neonatal care.
 Level II coverage _____% Specialty neonatal care.
 Level IIIA coverage _____% Ventilation with restrictions, minor surgery
 Level IIIB coverage _____% Unrestricted ventilation, major surgery
 Level IIIC coverage _____% ECMO/Cardiopulmonary by-pass.

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Outpatient clinic responsibility? Yes _____ (If so, see below) No _____

Neurodevelopmental clinic responsibility: Yes _____ No _____
 Apnea/home monitoring program Yes _____ No _____
 BPD/CLD follow-up/management Yes _____ No _____
 Well baby clinic Yes _____ No _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

	Hospital A	Hospital B	Hospital C	Hospital D
Name	_____	_____	_____	_____
Nursery level	_____	_____	_____	_____
Deliveries/yr	_____	_____	_____	_____
NICU adm/yr	_____	_____	_____	_____

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%clinical time _____

Subjective score	1 Unacceptable	2 Acceptable	3 Good	4 Very good	5 Ideal
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Comments: _____

F. Licensing and credentialing.

Citizenship requirement: _____
State licensure status: Have ___ Eligible ___ Testing needed ___ Ineligible ___
 Time _____ Cost _____ CME requirements _____ Other _____

Hospital credentialing: Pre-application required? _____
 Application fee _____ (who pays? _____)
 Time to process _____
 Board certification requirements _____
 (if not certified, how long to become so? _____)
 Maintenance of certification required? _____
 Advancement to full attending status _____

Academic appointment? Y N Optional
 University/Medical School _____ Dept _____
 Clinical track _____ Academic tenure track _____

Timetable for advancement: _____

Subjective score	1 Unacceptable	2 Acceptable	3 Good	4 Very good	5 Ideal
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Comments: _____

G. NICU—Community, Staff, Relationships.

NICU and the community

Delivery base served by NICU: _____/year
Maternal Hi-risk referral deliveries _____/year
 Hospital-based? _____ Consultation only? _____

Expectation for future: Increase Stable Decrease

Subjective score	1 Unacceptable	2 Acceptable	3 Good	4 Very good	5 Ideal
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Neonatal collaboration with Maternal/Fetal Medicine:

Case by case discussion on ad-hoc basis _____
 Routine case discussions _____ How often? _____
 Morbidity/mortality review _____ How often? _____

Comments: _____

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Pediatric subspecialty and other specialty coverage:

<u>Subspecialty</u>	<u>In-house</u>	<u>Call-in</u>	<u>Must transfer</u>	<u>Unavail</u>
Pediatric cardiology _____	_____	_____	_____	_____
Pediatric neurology _____	_____	_____	_____	_____
Pediatric surgery _____	_____	_____	_____	_____
Neurosurgery _____	_____	_____	_____	_____
Pediatric endocrinology _____	_____	_____	_____	_____
Pediatric urology _____	_____	_____	_____	_____
Pediatric intensivist _____	_____	_____	_____	_____
Pediatric radiology _____	_____	_____	_____	_____
Pediatric pathology _____	_____	_____	_____	_____

Comments: _____

Physical layout of NICU:

Patient area: Number of patient rooms _____
Patients/room _____
Individualized environment? _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Physician on-call area: In NICU? Y N Private? Y N

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Nursing staff: Overall assessment of number per patient, training, turn-over, interaction with medical staff.

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Family involvement and developmental support

Family visitation hours? _____ **Parent caregiving?** _____
Kangaroo care? _____ **Parent involvement on rounds?** _____

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Lactation program to educate, support & assist mothers? _____

Rooming-in for NICU families? _____

Discharge coordination? _____ **Parental satisfaction monitored?** _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Morbidity, mortality and medical error monitoring and review?

Process? Ad-hoc. _____ **Regular M&M sessions?** _____

Parent/family notification? _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Relationship to near-by NICUs: _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Relationship to referring hospitals: Not applicable _____

Required call-back to referring hospital and/or physician? Y N

Back transfer of convalescent infants? Y N

Participation in QA at referring hospitals? Y N

Participation in CME activities at referring hospitals? Y N

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

General comments re NICU(s) and population served.

H. PRACTICE ORGANIZATION

Practice structure: Solo Partnership PC(single specialty)

PC (multispecialty) Hospital employed

National group practice University faculty

Locum tenens Other _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

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Comments: _____

Personnel: FTEs desired _____ FTEs present _____
Former members? Retired _____ Fired _____ Left for _____ reason

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Criteria for advancement? Academic (tenure policy) _____
Time to full partnership _____ NA (employee) _____
Buy-in required? _____ Amount? _____ Timing? _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

CME: Time allotted _____ Subsidy _____

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Board certification: Required: _____ Not required: _____

If so, must be certified within _____ years.

Subsidy for Board preparation course? Y (Amount____) N

Subsidy for Board fee? Y N

Recertification: Required Optional

Time allotted for recertification preparation course? _____

Recertification fee subsidized? Y (Amount____) N

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

Comments: _____

Peer evaluation, practice problem solving, dispute resolution.

Not acknowledged to be an issue: _____ Program in place _____

Formal, written peer evaluation? Y How often _____ N

Formal, written self evaluation? Y How often _____ N

Subjective score	1	2	3	4	5
	Unacceptable	Acceptable	Good	Very good	Ideal

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Comments: _____

Ethical issues: Policies have been written _____ Discussed ad-hoc _____
Regular conferences _____ Left to discretion of individual doctor _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Contract provisions (not a total listing, legal review suggested for all contracts before signing)

Duration _____ Timing of review _____ Termination _____
Non-competition clause _____ Delineation of responsibilities _____
Procedure/timing for partnership (if applicable) _____
Other: _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Liability insurance: Type: Occurrence _____ Claims-made _____
Insured: Physician _____ Group _____ Hospital _____ University _____
Limits: _____
Premium paid by: Physician _____ Practice _____ Other _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Source(s) of practice income (for the practice overall):

Patient billing: _____ Service contract: _____ Hospital _____
University faculty salary: _____ Grant income _____
Other: _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

Coding: Daily by physician _____ One physician of group _____
Billing (clerical) personnel _____ Other: _____

Subjective score 1 2 3 4 5
 Unacceptable Acceptable Good Very good Ideal

Comments: _____

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Art/Entertainment _____

Comments _____

OVERALL EVALUATION:

Subjective score	1	2	3	4	5
	NO CHANCE	POSSIBLE	MAYBE	VERY GOOD	IDEAL

COMMUNICATION STATUS:

LETTER OF INTEREST/INQUIRY SENT	___/___/___
REQUEST FOR CURRICULUM VITAE RECEIVED	___/___/___
CV SENT	___/___/___
THANKS, BUT NO THANKS: Letter sent	___/___/___
INITIAL VISIT ARRANGED FOR (DATE)	___/___/___
EXPRESSED INTEREST IN RE-VISIT	___/___/___
APPOINTMENT FOR RE-VISIT	___/___/___
HAVE RECEIVED INVITATION TO JOIN	___/___/___
ACCEPTED	___/___/___
REJECTED	___/___/___
PRACTICE HAS FILLED ITS POSITION	___/___/___

COMMENTS: