

PERSONNEL

Please complete this section in relation to how much each personnel works in pediatric oncology, including both inpatient and outpatient.

Personnel	# of personnel working full-time in pediatric oncology	Average yearly full time salary	# of personnel working part-time in pediatric oncology	Average part time FTE	Salary cost in pediatric oncology (full time salary X proportion of time in ped onc)
1. Pediatric Oncologists					
2. General paediatricians/practitioners (Gen Paeds/GP)					
3. Nursing					

4. Resident/Trainee physicians

Type/level of trainee	# working on average in pediatric oncology at any given time	% of time/responsibility dedicated to taking care of pediatric oncology patients	Average yearly salary
<i>insert rows as necessary</i>			

5. Pharmacy

# of full time oncology dedicated personnel	Average yearly full time salary	# of personnel workin part time in pediatric oncology	Average part time FTE	Salary cost in ped on (full-time salary X proportion of time in ped onc)

Number of non-dedicated pharmacists in central pharmacy in an average day	Yearly average salary of non-dedicated pharmacist in central pharmacy	% of time pharmacist spends on medications for pediatric oncology patients

7. Surgeons

Type	Number of personnel	Average yearly salary	Average percentage of time spent on pediatric oncology cases <i>*Note this will require obtaining and reviewing OR lists for the hospital for 4 randomly chosen weeks in the last calendar year and calculating the percentage of cases for each personnel that were on pediatric oncology patients</i>
General surgeons			
Orthopaedic surgeons			
Neurosurgeons			

ANCILLARY SERVICES

1. Diagnostic Imaging

For the following questions, determine number of Xrays, US, CT, and MRIs performed on pediatric oncology patients for four randomly chosen weeks in the last calendar year.

Diagnostic imaging	Quantity	Charge per unit
X-Ray		
US		
CT		
MRI		

2. Radiation

For four randomly chosen weeks in the last calendar year, determine all radiation administered for pediatric oncology patients and the charge for each.

Radiation Service	Quantity	Charge per unit
<i>insert rows as necessary</i>		

3. Pathology

For four randomly chosen weeks in the last calendar year, determine all pathology samples sent for pediatric oncology patients and the charge for each.

Pathology Service	Quantity	Charge per unit
<i>insert rows as necessary</i>		

4. Laboratory

For two weeks prospectively, document all blood laboratory tests sent on pediatric oncology patients, including both outpatient and inpatient. Obtain price charged to the patient for each type of test sent.

Blood laboratory test	Quantity	Charge per unit
<i>insert rows as necessary</i>		

5. Blood bank

For two weeks prospectively, document all blood products ordered and administered to pediatric patients, either outpatient or inpatient. Obtain price charged for each type of blood product

Blood product	Quantity	Charge per unit
<i>insert rows as necessary</i>		

BEDS and ROOM and BOARD

1. Inpatient Unit

Question	Response
Average daily occupancy of hospital beds (non-ICU) by pediatric oncology patients:	
Daily bedspace charge for general ward beds:	

2. ICU

Question	Response
Average daily occupancy of ICU beds by pediatric oncology patients:	
Daily bedspace charge for ICU beds:	

3. Operating room

For four randomly chosen weeks in the last calendar year, determine number of hours of operating theatre taken up by pediatric oncology patients, separating into major vs. minor surgeries

Total hours	
Major surgeries <i>E.g. thoracotomies, requiring >1hr in the OR, extensive resection/thoracotomy, any cardiopulmonary or CNS procedure.</i>	Minor surgeries <i>E.g. day surgeries (i.e., line placement, superficial lymph node resection)</i>

4. Accommodation

Question	Response
Is accommodation close to the hospital provided for families of pediatric oncology patients?	
If yes, is this provided free or at cost?	
If free, who is the funder?	
What is the annual budget for this service?	
If annual budget is not available then please obtain daily average number of accommodation beds taken up by family members of pediatric oncology patients and the charge for one day.	Number of beds: Charge for one day:

5. Food

Question	Response
Is food provided to families of pediatric oncology patients?	
If yes, is this provided free or at cost?	
If free, who is the funder?	
What is the annual budget for this service?	
If annual budget is not available then please obtain average daily number of meals taken up by family members of pediatric oncology patients and the charge for one such meal.	Number of meals: Charge for one meal:

MEDICATIONS

1. Chemotherapy

For two weeks prospectively, document all chemotherapy (type and dose) provided to pediatric oncology patients, either outpatient or inpatient. Document charge of each medication

Type	Dose	Charge per unit
<i>Insert rows as needed</i>		

2. Supportive care medications

For two weeks prospectively, document all non-chemotherapy medications provided to pediatric oncology patients, either outpatient or inpatient. Document charge of each medication

Non-chemotherapy medications	Charge per unit
<i>Insert rows as needed</i>	

OUTPATIENT CLINIC

Question	Response
Number of pediatric oncology patients seen in an average month in the outpatient clinic	
Number of overall patients seen in an average month in the outpatient clinic	
Outpatient clinic annual budget (excluding salary costs of nursing, physicians, etc...)	

SURVIVAL STATISTICS

Question	Response
Number of new pediatric oncology diagnoses made annually	
Percentage of pediatric oncology patients seen at hospital who survive their diagnosis >=5 years	