Questionnaire provided to community PCPs:

A study of failure to thrive (FTT) patient referrals to the Diagnostic Referral Group

Q1 In the past 5 years, have you referred one or more patients with FTT to the Diagnostic Referral Group (DRG) at Children's Hospital of Pittsburgh?

* Yes
* No

Condition: No Is Selected. Skip To: End of Survey.

Q2 If the DRG did not exist, what would have been your treatment strategy for the patient(s)? If you referred multiple patients, please report [[combined or averaged?]] strategies.

* Continue to provide outpatient care from your office
* Admit the patient(s) to the hospital
* Refer the patient(s) to other specialists

Q4 If the DRG did not exist, what would have been your likeliest treatment strategy for the patient(s)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all likely | Moderately likely | Very likely |
| Continue to provide outpatient care from your office |  |  |  |
| Admit the patient(s) to the hospital |  |  |  |
| Refer the patient(s) to other specialists |  |  |  |

Q6 If the DRG did not exist, what would have been your likeliest treatment options for the patient(s)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No patients | One patient | More than one patient |
| Continue to provide outpatient care from your office |  |  |  |
| Admit the patient(s) to the hospital |  |  |  |
| Refer the patient(s) to other specialists |  |  |  |

Q3 What factors would have influenced your decision above? (select all that apply)

* Known FTT etiology
* Unknown FTT etiology
* Presence of other known illness(es)
* Severity of FTT
* Complex multisystem disease management
* Distance to Pittsburgh
* Availability of appointments
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarized list of variables extracted from patients’ medical records:

* Age (months)
* Sex
* History of premature birth and degree of prematurity
* Presence of developmental delay (if yes, was this delay global?)
* Patient’s additional diagnoses at time of DRG referral
* Stated reason for DRG referral
* Number of DRG clinic visits
* Presence of FTT by this study’s defined criteria (yes / no)
* Weight-for-age z-score at initial DRG visit and any subsequent visits or weights reported to DRG, from which change in weight-for-age z-score was determined.
* Laboratory evaluation recommended by the DRG (yes / no; if yes, test types were extracted)
* Laboratory evaluation pursued by PCP prior to DRG evaluation, and accessible by consultant at time of visit (yes / no; if yes, test types were extracted)
* Interventions recommended by DRG (yes / no; if yes, interventions were extracted)
* Referral to subspecialist recommended by DRG (yes / no; if yes, type of subspecialist was extracted)
* Did the DRG provider assess the patient to have an underlying undiagnosed medical condition contributing to the FTT (yes / suspected / no)
* If weight gain did not improve, would DRG provider’s next step be hospital admission (yes / no)
* Was the patient admitted to the hospital for FTT within 6 months of DRG visit (yes / no; if yes, interval from DRG visit)
	+ Was the patient directly admitted by the DRG (yes / no)
* Length of stay for FTT admission
* Admission and discharge diagnoses for patients admitted