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SOAP Centers of Excellence Staffing Survey

We are evaluating the facility and staffing models at SOAP's Centers of Excellence. Would you please take the time to answer the following questions.		
All respondents will be acknowledged with the reporting/publishing of this data.		
What type of hospital do you practice in?	 Academic/University Hospital Government/Public Hospital Private Hospital Other (please describe) 	
Other (please describe):		
How many deliveries occur per year at your institution?		
(total in 2019)	(Please enter a single number)	
What is your Cesarean Delivery rate? (average percent over 2019)	(Please enter a single number as a percentage)	
What is your Labor Neuraxial rate? (average percent over 2019)	(Please enter a single number as a percentage)	
How many of the following rooms do you have?		
Labor and Delivery rooms:		
Obstetric Triage rooms:		
Operating rooms on L&D:		
Antenatal and Postnatal rooms:		
	(Write "unknown" if indicated)	
During the weekday daytime hours, how many of the following in-house providers assigned to the OB service are available? (if partial shift indicate fraction of a day e.g. half day shift, indicate 0.5)		
Attendings:		
Fellows:		
Residents:		

CRNAs:		
Others:		
(indicate who if applicable)		
Indicate what best describes the adequacy of your staffing model to handle average clinical volume during weekdays:	 Inadequately staffed for average daily volumes Adequately staffed for average daily volumes Overly staffed for average daily volumes 	
Indicate what best describes the adequacy of your staffing model to handle clinical volume surges during weekdays:	 Inadequately staffed for clinical volumes surges Adequately staffed for clinical volumes surges Overly staffed for clinical volumes surges 	
During the nighttime hours, how many of the fol	lowing in-house providers assigned to the OB	
service are available? (if partial shift indicate fra	action of a day e.g. half day shift, indicate 0.5)	
Attendings:		
Fellows:		
Residents:		
CRNAs:		
Others:		
(indicate who if applicable)		
During the weekend hours, how many of the following in-house providers assigned to the OB service are available? (if partial shift indicate fraction of a day e.g. half day shift, indicate 0.5)		
Attendings:		
Fellows:		
Residents:		
CRNAs:		
Others:		
(indicate who if applicable)		

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Indicate what best describes the adequacy of your staffing model to handle average clinical volume during nights and weekends:	 Inadequately staffed for average clinical volumes Adequately staffed for average clinical volumes Overly staffed for average clinical volumes
Indicate what best describes the adequacy of your staffing model to handle clinical volume surges during nights and weekends:	 Inadequately staffed for clinical volumes surges Adequately staffed for clinical volumes surges Overly staffed for clinical volumes surges
Is there a back-up attending on home call assigned to the OB service?	Yes - during daytime hours onlyYes - 24/7NoOther
Other (please specify):	
Please outline any additional in-house and home call back-up options for the OB service (e.g. fellow on home call, general operating room residents/attendings in-house etc.):	
Please share any other special coverages (e.g. half days, swing shifts, etc.) and any other facility or staffing-related comments here:	