

Appendix 1: examples of the questionnaire questions on medical services for children in Shanghai

1. Name of hospital (please fill in the full name of your hospital):

2. Address of hospital (please fill in the detailed address: district, street, number):

3. Attribute of hospital (single choice, please tick the box)

<input type="checkbox"/> Ministry of health hospital	<input type="checkbox"/> Municipal hospital	<input type="checkbox"/> District hospital
<input type="checkbox"/> Private hospital	<input type="checkbox"/> Military hospital	

4. Level and type of hospital (single choice, please tick the box)

<input type="checkbox"/> Grade A tertiary children's hospital	<input type="checkbox"/> Grade A tertiary general hospital
<input type="checkbox"/> Grade B tertiary general hospital	<input type="checkbox"/> Grade A secondary general hospital
<input type="checkbox"/> Grade B secondary general hospital	<input type="checkbox"/> Grade A secondary specialized hospital
<input type="checkbox"/> Private hospital	

5. Pediatricians (please fill in the blanks)

Pediatricians (number):

Professional ranks and titles:

Senior physician (number):

Associate senior physician (number):

Attending physician (number):

Resident (number):

Educational background:

Doctoral degree (number):

Master degree (number):

Bachelor degree (number):

Junior college (number):

Gender:

Male (number): Female (number):

Age:

<30 years old (number) 30–40 years old (number)

>40 years old (number)

Retired and re-employed (number)

6. (*Questions on information of nurses were not shown in detail here.)

7. Pediatric subspecialties (multiple choice, please tick the boxes)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> General pediatrics | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Contagious disease |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Endocrine and metabolism | |
| <input type="checkbox"/> Hematology and oncology | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Intensive care | <input type="checkbox"/> Child healthcare |
| <input type="checkbox"/> Chinese medicine | <input type="checkbox"/> Psychology | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> General surgery | <input type="checkbox"/> Neonatal surgery | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Cardiovascular surgery |
| <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Urology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Oncology surgery |
| <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Stomatology | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> International clinics | <input type="checkbox"/> Other (please specify) | | |

8. Pediatric medical equipment (kinds and number) (please fill in the blanks)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Monitor, n= | <input type="checkbox"/> Defibrillator, n= | <input type="checkbox"/> Electrocardiograph, n= | <input type="checkbox"/> Ventilator, n= |
| <input type="checkbox"/> Bedside ultrasound, n= | <input type="checkbox"/> Tracheoscope, n= | <input type="checkbox"/> Polysomnograph, n= | |
| <input type="checkbox"/> Electroencephalogram, n= | <input type="checkbox"/> Bedside echocardiography, n= | | |
| <input type="checkbox"/> Noninvasive hemodynamic detector, n= | | <input type="checkbox"/> CRRT, n= | |
| <input type="checkbox"/> Peritoneal dialysis machine, n= | | <input type="checkbox"/> Gastroscope, n= | |
| <input type="checkbox"/> BM/SC transplantation warehouse, n= | | <input type="checkbox"/> Video electroencephalogram, n= | |
| <input type="checkbox"/> Bedside electroencephalogram, n= | | <input type="checkbox"/> Enteroscope, n= | |
| <input type="checkbox"/> Capsule gastroscopy, n= | | <input type="checkbox"/> ECMO, n= | |

9. Information on pediatric outpatient and emergency in 2020 (please fill in the blanks or tick the box)

Total outpatient and emergency visits (number):

Outpatient visits (number):

Fever clinic visits (number):

Emergency visits (number):

Fever clinic open for 24 hours (single choice, please tick the box)

- Yes No

Open time for the fever clinic (e.g., 0:00–24:00)

Independent pediatric outpatient area for fever clinic (single choice, please tick the box)

- Yes No

Observation rooms for pediatric fever clinic (single choice, please tick the box)

- Yes No

Rooms for pediatric fever clinics (number):

Observation rooms (number):

(*Other questions on emergency services were not shown in detail here.)

10. Information on hospitalization in 2020 (please fill in the blank)

Authorized beds in hospital (number):

Open beds in hospital (number):

Among which, VIP beds (number):

Neonatal beds (number):

Average bed utilization (%):

Bed turnover times:

Average hospitalization days:

Discharge (number of person times):

Total number of deaths:

Inpatient operation (number of person times):

Among which, number of postoperative deaths:

11. Kinds of hospitalized diseases (multiple choice, please tick the boxes)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Febrile convulsion | <input type="checkbox"/> Kawasaki disease |
| <input type="checkbox"/> Thrombocytopenic purpura | <input type="checkbox"/> Nephrotic syndrome | <input type="checkbox"/> Nephritis | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Respiratory failure | <input type="checkbox"/> Drowning | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Trauma (traffic accident) | <input type="checkbox"/> Trauma (non traffic accident) | <input type="checkbox"/> Infantile hepatitis syndrome | |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Tumor | <input type="checkbox"/> Hernia | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Intestinal intussusception | <input type="checkbox"/> Phimosis | <input type="checkbox"/> Other (please specify) | |

12. What are the advantages of the institution in pediatric service (please fill in the blank):

13. Whether the per capita performance bonus of the pediatric medical staff of the institution reaches the average level of the institution (single choice for the general hospitals only, please tick the box)

- Yes No

14. Your advice or suggestion on development of pediatrics (please fill in the blank):

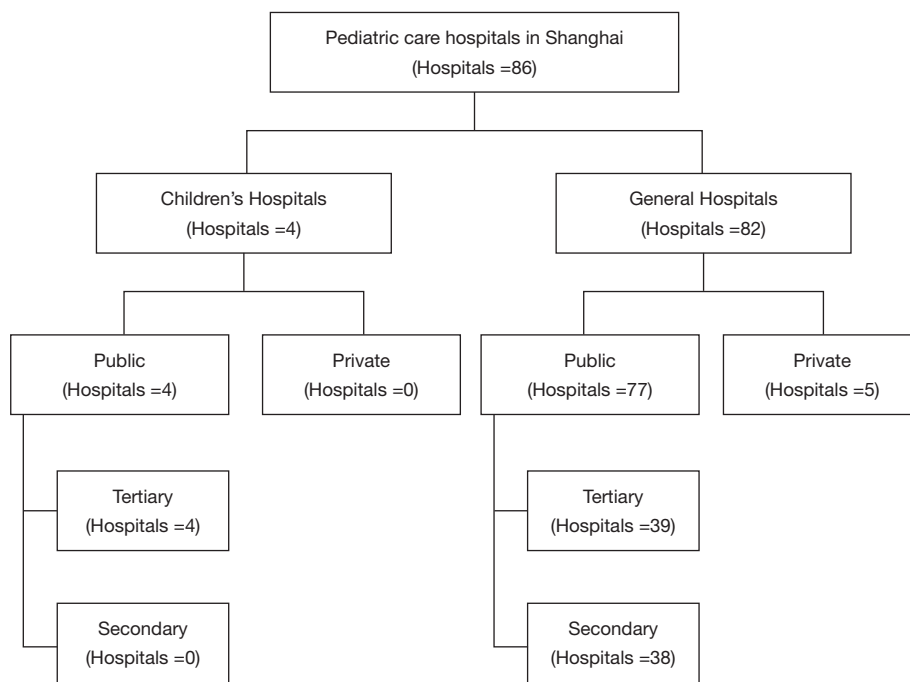


Figure S1 Distribution of hospitals of different levels and types that provided pediatric services in Shanghai 2020.