



CDH Care Center Accreditation

CDH Centers of Excellence

www.cdhrefsearch.org



CDH International Center Recognition Program (CDH-CR) Application Form – Tier 1, 2, or 3 Recognition

CDH Research International (CDHi) Application Date: _____

Thank you for your interest in becoming a recognized CDH center! This application is for the fully virtual CDH Center Recognition Program. Please complete all sections that apply to the tier you are seeking and submit, along with attachments, to research@cdhi.org

Tier Selection (select one)

- **Tier 1: Participant Center** Commits to following CDHi Clinical Care Guidelines; enrolls patients in the CDH Patient Registry; submits basic annual metrics and team roster. Ideal for emerging or resource-limited programs.
- **Tier 2: Recognized Center** Meets structured standards for staffing, processes, equipment, and pathways; provides evidence via policies, checklists, and short virtual validation.
- **Tier 3: Center of Excellence** Achieves Tier 2 plus demonstrated outcomes benchmarks (e.g., survival to discharge, ventilation days, length of stay), quality improvement initiatives, family experience targets, and peer leadership interview (virtual).

1. Center Information

- Full Name of Hospital / Medical Center: _____
- Physical Address: _____
- City, State/Province, ZIP/Postal Code, Country: _____
- Website: _____
- Approximate number of CDH cases treated per year: _____ (last 3 years average)
- NICU / PICU Level (e.g., Level III, Level IV): _____
- Does your center have ECMO capability? [] Yes [] No

2. Primary Contact / CDH Program Director

- Name: _____
- Title / Role: _____
- Email: _____
- Phone: _____
- Preferred method of contact: Email Phone

3. Multidisciplinary Core Team Roster

Please list your current CDH team members (attach additional pages if needed).

Role / Specialty	Name	Credentials / Title	% Time Dedicated to CDH (if known)
Neonatologist			
Pediatric Surgeon			
Pulmonologist			
Cardiologist			
Geneticist / Genetic Counselor			
Dietitian / Nutritionist			
Occupational / Speech / Feeding Therapist			
Social Worker			
Developmental Pediatrician			
Other (please specify)			

Additional team members (pharmacist, psychologist, chaplain, etc.):

4. Clinical Care Guidelines Adherence

CDHi has identified guidelines in the following six categories. For each category, confirm you follow the guidelines and attach/upload your current policies, checklists, or protocols.

1. **Diagnosis and Prenatal Pathways**

Yes, we follow CDHi guidelines

Attached/Uploaded: _____

2. **Surgical Repair Techniques and Timing**

Yes, we follow CDHi guidelines Attached/Uploaded:

3. **Respiratory Management (ventilation, ECMO readiness, pulmonary hypertension)**

Yes, we follow CDHi guidelines

Attached/Uploaded: _____

4. **Nutrition, GI Care, and Feeding Advancement**

Yes, we follow CDHi guidelines

Attached/Uploaded: _____

5. **Multidisciplinary Therapies (occupational, speech, developmental, etc.)**

Yes, we follow CDHi guidelines

Attached/Uploaded: _____

6. **Long-Term Follow-Up and Family Support**

7. Yes, we follow CDHi guidelines

8. Attached/Uploaded: _____

5. Environmental Focus (Facility & Equipment)

Briefly describe your dedicated CDH care spaces, specialized equipment, and resources (e.g., ECMO, high-frequency ventilation, NICU/PICU setup):

Upload required: Short video walk-through (≤3 minutes) **OR** photos of units/equipment.

6. Quality & Patient & Family Focus

- **Patient Registry:**

Yes, we commit to encouraging participation of all CDH patients in the CDH Patient Registry

- **Research Participation:**

We enroll patients in the CDH Study Group

We encourage participation in DHREAMS and the CDH Research Survey

- **Quality Improvement:** Describe one recent QI project related to CDH care (or attach summary):

- **Patient & Family Experience:**

We have patients/families complete a satisfaction/experience survey

(attach example or plan if not yet implemented)

7. Outcomes Metrics (Required for Tier 2 & 3; optional for Tier 1)

Please provide **de-identified** summary metrics for the most recent 3 years (or since program start). You may attach a separate spreadsheet.

- Survival to discharge: _____ %
- Average ventilation days: _____
- Average length of stay: _____ days
- Other key metrics (ECMO use, etc.): _____

8. Required Supporting Documents (Upload Checklist)

- Multidisciplinary team roster (detailed)
- Policies / checklists for all 6 guideline categories
- De-identified metrics spreadsheet (if applicable)
- Facility/equipment photos or video walk-through
- Copy of most recent Patient & Family Experience Survey tool (if used)

9. Attestation & Signature

I certify that all information provided in this application is accurate and complete to the best of my knowledge. I understand that recognition is valid for 3 years (subject to annual updates and virtual review) and that CDHi may request additional documentation or a virtual validation session.

Printed Name of Authorized Representative: _____

Title: _____

Signature: _____ **Date:** _____

Submission Instructions Please compile this completed form + all required uploads into a single ZIP folder or shared secure link and email to: research@cdhi.org. Subject line: **CDH-CR Application – [Hospital Name]**

Once received, our team will review your submission and contact you within 10 business days to schedule a 1–2 hour virtual validation session (Zoom screen-share and brief interview).

Questions? Contact research@cdhi.org or visit the CDH Center Recognition portal (coming soon).

Thank you for your commitment to advancing Congenital Diaphragmatic Hernia care worldwide!