

Surgical/Specialized Services Questionnaire

Instructions:

- This questionnaire must be completed in addition to the Healthcare Facility General Application for Liability Insurance.
- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space for a response, continue in the Comments section of this questionnaire or attach a separate sheet of paper.
- Coverage will not be considered until this questionnaire and the general application are completed and all required documents are provided.

Name of Applicant: _____
 (Whenever used, the term "Applicant" shall include all entities proposed for coverage.)

Indicate the type of service(s) provided by the Applicant and complete the sections as instructed.

TYPE OF SERVICE

- Birthing Center
- Endoscopy Services
- Lithotripsy Services
- Surgery Center
- X-Ray/Imaging Center

QUESTIONNAIRE INSTRUCTIONS

- Complete Sections A and B
- Complete Sections A and D
- Complete Sections A and C
- Complete Sections A, D and E
- Complete Sections A and F

A. General Information

1. Specify where services are provided:

- | | | |
|-------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Office | <input type="checkbox"/> Stand Alone Facility |
| <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Outpatient Facility | <input type="checkbox"/> Inpatient Facility |
| <input type="checkbox"/> Other (specify): _____ | | |

2. Is overnight care provided? Yes No

If yes, provide staffing levels, qualifications and patient to staff ratio:

3. What type of follow-up care is provided to patients? _____

ANESTHESIA SERVICES

1. What is the level of anesthesia provided?

- N/A No anesthesia is used (proceed to the next section)
- Level A Local or topical anesthesia
- Level B Local or topical anesthesia and/or IV or parenteral sedation, regional anesthesia, analgesia or dissociative drugs without the use of endotracheal or laryngeal mask intubation or inhalation general anesthesia (including nitrous oxide)
- Level C Levels listed above and/or surgical procedures with epidural anesthesia, endotracheal or laryngeal mask intubation or inhalation anesthesia, spinal or epidural

3. Is a physician, CRNA or RN with Advanced Cardiac Life Support certification immediately available on the premises until all patients have met documented discharge criteria? Yes No

4. Is Level C anesthesia administered by an anesthesiologist or CRNA? Yes No

If no, explain the qualifications of professionals administering general anesthesia: _____

STERILIZATION OF INSTRUMENTS

1. Are instruments sterilized on site? Yes No
If yes: Steam Sterilization Gas Sterilization
 Chemical Soak Routine Flash Sterilization
2. Are written protocols in place for daily autoclave testing? Yes No
3. Is each sterilized pack marked with the date of sterilization and expiration date? Yes No

MEDICAL EQUIPMENT

1. Are employees properly trained to operate medical equipment? Yes No
2. Is equipment serviced by an in-house employee? Yes No
If yes, is the employee trained to service the equipment? Yes No
3. Is equipment serviced by an outside vendor? Yes No
If yes, does the contract for maintenance include a "Hold Harmless Indemnification" clause? Yes No
Is the vendor required to carry professional liability insurance? Yes No
If yes, specify the minimum limits of liability required: \$ _____
4. Are user manuals available in-house for every piece of medical equipment? Yes No

IN-HOUSE MEDICAL EMERGENCIES

1. Is all clinical staff CPR trained or higher? Yes No
2. Is there documented protocol for handling in-house medical emergencies? Yes No
3. Is there an agreement with a local hospital for emergency transfers? Yes No
If yes, what is the distance and length of travel time between your facility and this hospital? _____
4. Is there an agreement in place with an ambulance company for transportation of emergency cases? Yes No
5. Is emergency equipment tested routinely with documentation? Yes No
- Questions 6, 7 and 8 should be answered if anesthesia is administered.**
6. Are all medications in the ACLS Algorithm available on the emergency cart? Yes No
7. Are malignant hypothermia drugs available? Yes No
8. Is a copy of the ACLS Malignant Hypothermia Algorithm maintained on the cart? Yes No

B. Birthing Center

1. Are birthing services provided in the home? Yes No
2. Are there strict guidelines in place specifying the types of patients accepted for care? Yes No
3. Do all the birth center providers have hospital privileges? Yes No
4. On an annual basis, how many women are transferred to the hospital while in labor? _____
5. What are the most frequent reasons for transfer to a hospital? _____
6. Is there a consultation agreement with an obstetrician? Yes No
7. Is there a consultation agreement with a pediatrician? Yes No

C. Lithotripsy Services

1. Does the Applicant provide any of the following types of services? If yes, indicate the annualized number.
- Ureterolithotomy (Open surgery) Yes No _____ annualized visits
- Nephrolithotomy (Open surgery) Yes No _____ annualized visits
- Pyelolithotomy (Open surgery) Yes No _____ annualized visits
- Any other type of open surgery (Describe in Comments section.): Yes No _____ annualized visits

2. Is lithotripsy performed on children (under age 18)? Yes No

If yes, please answer the following questions.

- a. How many children are treated on an annual basis? _____
- b. Is treatment modified to consider the age of the patient? Yes No

D. Surgery Center (Includes Endoscopy Services)

1. Are patients screened to determine they are low-risk and are able to withstand having a surgical procedure performed on an outpatient basis? Yes No

If yes, who performs the screening _____

2. Does the Applicant provide any of the following types of services? If yes, indicate the annualized number of visits.

- Abortion Yes No _____ annualized visits
- Bariatric Surgery* Yes No _____ annualized visits
- Cardiac Catheterization Yes No _____ annualized visits

*If bariatric surgery is performed, please complete Section E.

3. Specify annual percent of patients for each patient classification:

ASA Physical Status Classification	Annual percent of patients
P1 – Normal healthy patient	%
P2 – Patient with mild systemic disease	%
P3 – Patient with severe systemic disease	%
P4 – Patient with severe systemic disease that is a constant threat to life	%
P5 – Moribund patient who is not expected to survive without the operation	%
P6 – Declared brain-dead patient whose organs are being removed for donor purposes	%

4. Are consent forms used for each type of procedure performed? Yes No

5. Is the surgeon required to discuss the procedure and consent with the patient prior to the procedure? Yes No

E. Bariatric Surgery

Check here if not applicable.

1. Specify the number of procedures performed annually: _____

2. What is the age range of patients undergoing bariatric surgery? _____

3. How long has the Applicant been performing bariatric procedures? _____

4. On average, what percentage of procedures have complications? _____%

5. What percentage of procedures are laparoscopic? _____%

6. Check those organizations whose guidelines you follow:

- American College of Surgeons Society of American Gastrointestinal Endoscopic Surgeons
- American Society of Bariatric Surgery American Society of Bariatric Surgeons
- Other (specify): _____

7. By separate attachment, provide a detailed description of your bariatric guidelines, policies and procedures. Include within the attachment the patient pre-screening/selection process, your post-surgery follow-up procedures and the medical professionals involved in the process, including types and responsibilities.

8. Are the credentialing guidelines of the Society of American Gastrointestinal Endoscopic Surgeons and The American Society of Bariatric Surgery being followed? Yes No

If no, explain in the Comments section.

