



AMBULATORY SURGERY CENTERS SUPPLEMENTAL APPLICATION

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

Instructions

1. Please read the instructions carefully. Complete and submit all requested information and required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.
4. **Submit your surgery schedule for the past three months with the completed application.**
5. Submit advertising material

Name and Address of Applicant:

1. What medical specialties are provided at the facility(s)?

Services	%	# of Patients Annual Projection
Birthing Centers		
Cardiac catheterization		
Cosmetic		
Endoscopy		
Gastroenterology		
General		
Imaging - venography, fluoroscopy, & ultrasonic needle guidance		
Imaging - noninvasive		
In vitro fertilization		
Lithotripsy		
Ophthalmology/Laser eye		
Ophthalmology/Cataracts		
Oral and maxillofacial		
Orthopedic		
Pain management		
Plastic surgery		
Podiatry		
Radiation oncology/therapy		
Weight reduction		
Laparoscopic – describe types		
Laser procedures – describe types		
Multi-surgery centers – describe types		
Other – describe types		



Overnight recovery beds	%	# of Patients
23 hours or less – if so how many? _____		
24 hours or more – if so, how many? _____		

If overnight beds were listed, describe staffing levels, qualifications and patient/staff ratio.

2. Ancillary Services

- a. Laboratory Services Yes No
 If yes, are tests performed only for SurgiCenter patients? Yes No
 Is the Laboratory CLIA approved? Yes No
- b. Imaging Services Yes No
 If yes, are imaging studies performed only for SurgiCenter patients? Yes No
 Are all imaging staff certified and/or licensed in the imaging specialty? Yes No

3. Accreditations and Licensure (Provide dates of certification if applicable)

a. Licensure/Accreditations/Special Awards/Center of Excellence	Date of Expiration
State Licensure	
Medicare Certification	
AAAASF – Amer. Assoc. for Accreditation of Ambulatory Surgery Facilities	
AAAHC - Accreditation Association for Ambulatory Health Care, Inc.	
HFAP – Amer. Osteopathic. Assoc., Healthcare Facilities Accreditation Program	
JCAHO - Joint Commission of Accreditation of Healthcare Organization	
Other:	

- b. Were any deficiencies cited in the most recent surveys? Yes No
 If yes, explain: _____
- c. If this is a new operation, will accreditation be sought within the next 12 months? Yes No
 If no, explain: _____

Submit a copy of the most recent survey reports with the completed application.

4. Patient Selection

Based on the ASA Physical Status Classification System, what percentage of patients are accepted annually

P1 A normal healthy patient	
P2 A patient with mild systemic disease	
P3 A patient with severe systemic disease	
P4 A patient with severe systemic disease that is a constant threat to life	
P5 A moribund patient who is not expected to survive without the operation	
P6 A declared brain-dead patient whose organs are being removed for donor purposes	



5. Anesthesia Delivery/Monitoring

- a. What is the level of anesthesia provided?
- 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 plus* and/or surgical procedures with epidural anesthesia, endotracheal or laryngeal mask intubation or inhalation anesthesia, spinal or epidural.
- b. 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
- c. Are a minimum of two oxygen sources with regulators attached available? Yes No
- d. Are positive pressure ventilation sources including an ambu bag and a mouth-to-mask unit available? Yes No
- e. Does the facility maintain a defibrillator which is tested at least weekly? Yes No
- f. Does the facility maintain suction machines and associated supplies? Yes No
- g. General Anesthesia: *(complete if applicable)*
- Is Level C anesthesia administered by an anesthesiologist or certified registered nurse anesthetist (CRNA)? Yes No
- If no, explain qualifications of professionals administering general anesthesia.

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- h. Does equipment -meet ASA Basic standards? Yes No
- i. Are non-anesthesiologists administering propofol or deep sedation? Yes No
- j. Are the following items available as an integral component of the anesthesia delivery system?
- | | | |
|--|---|---|
| <input type="checkbox"/> O2 Fail-safe system | <input type="checkbox"/> Oxygen analyzer | <input type="checkbox"/> Waste gas exhaust system |
| <input type="checkbox"/> End-tidal CO2 Analyzer | <input type="checkbox"/> Vaporizers--calibration & exclusion system | |
| <input type="checkbox"/> Alarm system | <input type="checkbox"/> Pulse oximeter | <input type="checkbox"/> Electrocardiogram |
| <input type="checkbox"/> Blood pressure monitors | <input type="checkbox"/> Emergency Back-up power | |

6. Biomedical/Surgical/Anesthesia Equipment Preventative Maintenance

- a. Is equipment Serviced by an in-house certified technician?
 Serviced by an outside vendor?
- b. If the preventative maintenance is provided by an outside vendor does the contract for maintenance include a hold harmless indemnification? NA Yes No
- c. Are user manuals available in-house for every piece of medical equipment? Yes No

7. Instrument Sterilization

- a. Are instruments sterilized on site? Yes No
- If yes: steam sterilization gas sterilization
 chemical soak routine flash sterilization
- b. Are written protocols in place for daily autoclave testing? Yes No
- c. Is each sterilized pack marked with the date of sterilization and expiration dates? Yes No



8. In-house Medical Emergencies

- a. Is there a documented protocol for handling in-house emergencies? Yes No
- b. Is there an agreement with a local hospital for emergency transfers? Yes No
- c. Is emergency equipment tested routinely with documentation? Yes No
- d. Are all medications in the ACLS Algorithm available on the emergency cart? Yes No
- e. Are malignant hyperthermia drugs available? Yes No
- f. Is a copy of the ACLS Malignant Hypothermia Algorithm maintained on the cart? Yes No
- g. Is all clinical staff CPR trained or higher? Yes No
- h. Are mock codes performed on a regular basis? Yes No

9. Emergency/Disaster Preparedness

- a. Is there a documented plan in place for evacuation should the need arise. Yes No

Describe: _____

- b. If patients are receiving Level B or C anesthesia, is life support equipment connected to emergency backup power supply? Yes No NA

10. Policies and Procedure

- a. Have all relevant National Patient Safety Goals been implemented? Yes No
- b. Are all policies and procedures reviewed and authorized in writing by management at least annually? Yes No
- c. Is there a formal written policy and process for tracking diagnostic testing and review by the ordering physician, physician assistant, nurse practitioner, etc. Yes No
- d. Is there a written policy for patient positioning? Yes No
- e. Are written post operative instructions provided to all patients? Yes No
- f. How are patients instructed to seek medical attention after hours?

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- g. Is there a written policy that patient education is documented in the medical record? Yes No

- h. Is there a formal, documented medical device/medical supply/pharmaceutical recall and hazard alert program? Yes No

11. Informed Consent

- a. Are consent forms used for each type of procedure performed? Yes No
- b. Is the physician required to discuss the procedure and consent with the patient prior to performing the procedure? Yes No
- c. Is the surgeon required to sign the consent form? Yes No

12. Credentialing & Privileging

- a. Are all physicians and independent medical contractors board certified in the specialty in which they are practicing? Yes No
- b. Does the Center have a formal credentialing program that includes all physicians and independent medical contractors? Yes No
- c. Are clinical privileges based on training and peer review for all physicians and CRNA's? Yes No
- d. How often do you up-date your list of specific privileges? _____



13. Medical Staff

- a. Has there been any review by a state medical board or other federal, state, or non-governmental oversight entity of any physician/practitioner with privileges at the organization? Yes No
- b. Has there been any physician/practitioner with privileges in your organization, whose license has been suspended, revoked or voluntarily surrendered? Yes No
- c. Any physician/practitioner with privileges in your organization, whose DEA license has been suspended, revoked or voluntarily surrendered? Yes No
- d. Have any limitations or conditions been implemented on any physician / practitioner's privileges? Yes No
- e. Have any federal or state civil or criminal investigations or actions been initiated or filed that directly or indirectly involve the organization and/or the physicians/practitioners with privileges at the organization? Yes No
- f. Have the organization or any of its officers, administrators, or staff been sanctioned or had disciplinary actions brought against them by federal or state authorities, any professional medical society, accreditation agency or other governmental or non-governmental oversight entity? Yes No

IF "YES" RESPONSE TO ANY OF THE ABOVE MEDICAL STAFF QUESTIONS EXPLAIN.

AUTHORIZATION

Signature in full

Date

Name - please print

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies.
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