

## Small, Rural and Critical Access Hospital Addendum (Hospitals with 50 beds or less)

AIG Healthcare has prepared this addendum for Small, Rural and Critical Access Hospitals (hospitals with 50 beds or less). This form must be completed for all applicable areas. We recommend that a designated individual take responsibility for coordinating the completion of the form. However, it may be most efficient to send the specific sections (e.g., ED) to individuals most familiar with the area and who probably have the information requested readily available.

**This addendum is supplemental to the general application incorporated by reference and with this policy issued in reliance therein.**

### S1 - Demographic Information

**Q1.1 - Facility Name:**

\_\_\_\_\_

**Q1.2 - Corporate Name:**

\_\_\_\_\_ v

Not Applicable

**Q1.3 - City:**

\_\_\_\_\_

**Q1.4 - State:**

\_\_\_\_\_

### S2 - Risk Management

**Q2.1 - Is there an individual designated to fill the role of hospital Risk Manager?**

Yes

No

**Q2.2 - If yes to Q2.1, what is the primary role/title of this individual (please select one)? If no to Q2.1, select not applicable.**

Hospital Administrator

Administrative Assistant

Director of Nursing

Nursing supervisor, manager, or staff nurse

Director of Human Resources

Facility or Safety Director

Director of Quality

Risk Manager (dedicated)

Other clinical person

Other non-clinical person

Not Applicable

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**Q2.3 - If yes to Q2.1, what activities does this individual perform on a regular basis (select all that apply)? If no to Q2.1, select not applicable.**

- Collect incident reports
- Follow-up on each incident report
- Aggregate data on incident reports
- Manage hospital claims
- Prepare reports for the Board
- Deliver reports to the Board
- Conduct root cause analysis
- Lead risk management/risk reduction projects
- Lead patient safety projects
- Act as patient advocate
- Act as patient liaison
- Manage patient complaints
- Not Applicable

**Q2.4 - Is your facility "Accredited" by the Joint Commission?**

**Guidance:**

"Accredited" means the organization is in compliance with all standards at the time of the onsite survey or has successfully addressed requirements for improvement in an Evidence of Standards Compliance (ESC) within 45 days following the survey.

- Yes
- No

**Q2.5 - Are Laboratory services accredited by (please select one):**

- College of American Pathologists (CAP)
- Joint Commission
- None of the above

**Q2.6 - Do you participate in any voluntary (i.e., other than CMS/Hospital Quality Alliance [HQA] program) national, state, or regional benchmarking or patient safety indicator programs to which you contribute data?**

- Yes
- No

**If yes, please describe the program:**

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**Q2.7 - Does your pharmacy prepare admixtures for all medications in non-emergency situations except where prepared admixtures are available?**

- Yes
- No

### S3 - Medical Staff

**Q3.1 - Does your organization use a credentials verification organization (CVO) to obtain primary source verifications?**

- Yes
- No

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**Q3.2 - If no to Q3.1, do you utilize/subscribe to the American Medical Association (AMA) profile for physician credentialing? If yes to Q3.1, select not applicable.**

- Yes
- No
- Not Applicable

**Q3.3 - If no to Q3.1 AND Q3.2, do you perform primary source verification for credentialing and recredentialing for the following (select all that apply)? If yes to Q3.1 OR Q3.2, select not applicable.**

- Medical school
- Internship/residency
- Specialty board certification
- Work history
- Experience
- State licensure
- Sanctions/limitations on licensure
- Medical malpractice insurance coverage
- National Practitioners Data Bank
- Drug Enforcement Agency certificate
- CMS sanctions
- Not Applicable

**Q3.4 - What percent of current active medical staff is board certified? Do not include board eligible.**

- 75 percent or more
- Less than 75 percent

### **S3.5 - Locum tenens**

**Q3.5.1 - Does your hospital use locum tenens physicians?**

**If you answer no, please go to S4 – Obstetrics.**

- Yes
- No

**Q3.5.2 - Do locum tenens physicians undergo the same credentialing process as other members of the medical staff?**

- Yes
- No

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### S4 - Obstetrics

#### Q4.1 - Do you provide obstetrical services?

If you answer no, please go to S5 – Emergency Department.

- Yes  
 No

### S4.2 - Metrics

In order to calculate several rates related to your obstetric practice, please provide the following information using data from the past 12 months.

- A. Number of live births: \_\_\_\_\_
- B. Number of total\* cesarean deliveries: \_\_\_\_\_  
\* All cesarean deliveries resulting in a live birth in the past 12 months.
- C. Number of primary\*\* cesarean deliveries: \_\_\_\_\_  
\*\* Total number of primary (first time) cesarean deliveries resulting in a live birth in the past 12 months.
- D. Number of live births excluding births from mothers who have ever had a previous cesarean delivery\*\*\*: \_\_\_\_\_  
\*\*\* This number will be used to calculate your primary cesarean rate; thus the number of live births must be adjusted. Please enter the **SUM** of the number of primary cesarean deliveries and the number of vaginal births in mothers who have not had a previous cesarean.
- E. Number of live births with induction\*\*\*\*: \_\_\_\_\_  
\*\*\*\* Total number of induced deliveries utilizing pharmacologic or nonpharmacologic methods to initiate uterine contractions. Include induced deliveries using pharmacologic (e.g., prostaglandins or other cervical ripening agents or pitocin) or nonpharmacologic methods (e.g., membrane stripping).

### S4.3 - Exclusion or Transfer of Services

#### Q4.3.1 - Please check the appropriate box if there is a written policy for exclusion or transfer of the following patients (select all that apply).

- Gestation less than 36 weeks  
 High-risk pregnancies with select maternal and/or fetal complications

### S4.4 - VBAC Services

#### Q4.4.1 - Do you offer VBAC services?

If you answer no, please go to S4.5 – Emergency Cesarean Deliveries.

- Yes  
 No

#### Q4.4.2 - Select the choice that describes your organization's ability to provide immediate availability of the operative team for all VBAC attempts/deliveries (please select one).

##### Guidance:

All members of the operative team include:

- Obstetric provider
  - Anesthesia provider
  - Operative nursing staff
  - Dedicated provider privileged to resuscitate newborn
- There have been NO INSTANCES IN THE LAST 12 MONTHS when all members of the operative team were not in-house for the duration of the VBAC attempt/delivery.
- There have been ONE OR MORE INSTANCES IN THE LAST 12 MONTHS when all members of the operative team were not in-house for the duration of the VBAC attempt/delivery.
- In-house availability is not required for all members of the operative team.

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### S4.5 - Emergency Cesarean Deliveries

**Q4.5.1 - Select the choice that describes your organization's ability to provide services for emergency cesarean deliveries (please select one).**

- All team members can respond within a timeframe such that there have been NO INSTANCES IN THE LAST 12 MONTHS when an emergency cesarean delivery was not initiated within 30 minutes (decision-to-incision).
- There have been ONE OR MORE INSTANCES IN THE LAST 12 MONTHS when an emergency cesarean delivery was **not** initiated within 30 minutes (decision-to-incision).
- Decision-to-incision time is NOT monitored.

### S4.6 - OB Board Certification

**Q4.6.1 - What percent of OB medical staff is board certified in obstetrics?**

- 60 percent or more
- 21 to 59 percent
- 20 percent or less
- Unknown

### S4.7 - Family Practitioners

**Q4.7.1 - Do Family Practitioners have the following obstetric privileges (select all that apply)? If Family Practitioners do not provide obstetric care, select not applicable.**

- Obstetric privileges
- Cesarean delivery privileges
- VBAC privileges
- Not Applicable

**Q4.7.2 - Does the organization have written requirements for education, training, and experience for Family Practitioners providing obstetric care, including cesarean deliveries, as part of the privileging and credentialing process? If Family Practitioners do not provide obstetric care, select not applicable.**

- Yes
- No
- Not Applicable

### S4.8 - Peer Review

**Q4.8.1 - Do you have a peer review committee or other committee that meets regularly where peer review is conducted?**

- Yes
- No

**Q4.8.2 - Do you have criteria for internal and/or external peer review?**

- Yes
- No

**Q4.8.3 - If yes to Q4.8.2, are the criteria applied in reappointment and privileging? If no to Q4.8.2, select not applicable.**

- Yes
- No
- Not Applicable

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**Q4.8.4 - Which of the following provider-specific performance indicators are used in peer review in obstetrics (select all that apply)?**

- Rate of cesarean delivery
- Rate of births with induction
- Review of all births with injuries or adverse outcomes
- Review of all unattended births
- 3rd or 4th degree perineal tear
- Uterine rupture
- Readmission (mother or baby)
- Maternal admission to ICU
- Blood transfusion
- Return to OR / labor and delivery (mother)

**Q4.8.5 - Is rate of VBAC delivery used in peer review? If VBAC services are not offered, select not applicable.**

- Yes
- No
- Not Applicable

**Q4.8.6 - Is rate of births using forceps or vacuum extraction used in peer review? If mechanical devices are not used, select not applicable.**

- Yes
- No
- Not Applicable

### S4.9 - Electronic Fetal Monitoring

**Q4.9.1 - Do you require nursing staff to successfully complete an initial training course such as the AWHONN EFM course, or an equivalent course?**

- Yes
- No

**Q4.9.2 - Select the choice that describes your organization's ongoing competency training in EFM (please select one).**

- No program for ongoing training with competency
- Training and competency less than annually
- Training and competency annually
- Training and competency more frequently than annually

### S4.10 - Obstetric Drills

**Q4.10.1 - Please check if emergency mock/practice drills are completed AT LEAST ANNUALLY for the following obstetrical emergencies (select all that apply).**

- Shoulder dystocia
- Emergency cesarean delivery
- Neonatal resuscitation
- Maternal resuscitation
- Infant abduction

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### S5 - Emergency Department

**Q5.1 - Are any of the following staff members present and onsite in the emergency department 24 hours per day/7 days per week? If you do not staff the ED 24 hours per day/7 days per week, select "staff on an as needed basis only".**

- **Physician**
- **Registered Nurse**
- **Physician's Assistant or Nurse Practitioner**

#### **Guidance:**

Present and onsite means assigned exclusively to the ED and not simultaneously to another patient care area

- Yes
- No
- Staff on an as needed basis only

**Q5.2 - What percent of physicians working in the ED is board certified in any specialty?**

- 75 percent or more
- Less than 75 percent

**Q5.3 - Do you routinely monitor and review within the ED (select all that apply)?**

- Percent of patients leaving against medical advice
- Percent of patients leaving without being seen

**Q5.4 - Which of the following clinical practice guidelines do you use (select all that apply)?**

- Trauma
- Children with fever
- Chest pain
- Abdominal pain
- Headache/head trauma
- Intoxicated or impaired mental status
- Spinal injury
- Stroke

**Q5.5 - Do you apply any indicators or standard criteria for peer review and privileging for physicians working in the ED?**

- Yes
- No

**Q5.6 - Select the choice that describes your mock labor (OB emergency) drills in the ED.**

- Drill at least annually with structured evaluation of team's performance.
- Drill more frequently than annually with structured evaluation of team's performance.
- No drills or drill less than annually with or without structured evaluation of team's performance.

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### S5.7 - Moderate Sedation

#### Q5.7.1 - Do nurses administer moderate sedation in the ED?

##### Guidance:

A sedative and/or analgesic medication that can allay patient anxiety and control pain during a diagnostic or therapeutic procedure. Such drug-induced depression of a patient's level of consciousness to a 'moderate' level of sedation is intended to facilitate the successful performance of the diagnostic or therapeutic procedure while providing patient comfort and cooperation. Moderate sedation is not expected to induce depths or sedation that would impair the patient's own ability to maintain the integrity of their airway.

**If you answer no, please go to S6 – Surgery and Anesthesia.**

- Yes
- No

#### Q5.7.2 - Is nurse competency in administering moderate sedation evaluated at least annually?

- Yes
- No

### S6 - Surgery and Anesthesia

#### Q6.1 - Do you use an Anesthesiologist for administration of anesthesia/procedural sedation? If you do not use an anesthesiologist, select not applicable.

- Yes
- Not Applicable

#### Q6.2 - Which non-physician anesthesia providers do you use for administration of anesthesia/procedural sedation (select all that apply)?

- CRNA
- Physician Assistant
- Anesthesia Assistant

#### Q6.3 - With respect to the guidelines for the supervision of non-physician anesthesia providers (e.g., CRNA, Physician Assistant, Anesthesia Assistant), select all that apply. If non-physician anesthesia providers are not used, select not applicable.

- There is direct supervision of the non-physician provider with **immediate** availability of the supervising anesthesiologist who is unhindered by the performance of other cases or duties during the time of supervision.
- Non-physician provider scope of practice is clearly defined and in compliance with state law.
- There is peer review of non-physician provider practices including outcomes and quality data.
- Not Applicable

#### Q6.4 - Do you use RNs or LVNs for administration of anesthesia/procedural sedation?

- Yes
- No

#### Q6.5 - When administering procedural sedation, is there an individual practitioner (nurse or physician), *other than* the physician performing the procedure, who is responsible for monitoring the patient?

- Yes
- No

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**Q6.6 - Is the individual's competency to monitor patients receiving procedural sedation monitored and confirmed at least annually?**

Yes

No

Information provided by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date