



LITHOTRIPSY 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/or 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.

1. **Name of Applicant:** _____

2. Services

Services	# of patients
Conservative treatments (e.g. dietary modifications, high fluid intake, medications)	
Chemolysis	
Extracorporeal Shock Wave Lithotripsy (ESWL) or (SWL) – focused shock wave sources	
Genito-Urinary Endoscopic Lithotripsy – Unfocused shock wave sources	
Stone Retrieval and Manipulation	
Stent Insertion	
Percutaneous Nephrostolithotomy	
Ureterolithotomy - Open Surgery	
Nephrolithotomy – Open Surgery	
Pyelolithotomy - Open Surgery	
Laser Lithotripsy	

3. Anesthesia Equipment/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 incubation or inhalation general anesthesia (including nitrous oxide).
- Level C – *Levels listed above plus* and/or surgical procedures with epidural anesthesia, endotracheal or laryngeal mask incubation or inhalation anesthesia, spinal or epidural.
- b. Is a physician, CRNA, and/or RN with Advanced Cardiac Life Support (ACLS) certification immediately available until all patients have met documented discharge criteria? yes no
- c. Monitors include: pulse oximeter electrocardiogram blood pressure monitor
- d. Is there available a minimum of two oxygen sources with regulators attached? yes no
- e. Are there positive pressure ventilation sources including an ambu bag and mouth-to-mouth mask? yes no
- f. Does the facility maintain a defibrillator which is tested at least weekly? yes no
- g. Does the facility maintain suction machines and associated supplies? yes no

h. 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. _____

Are the following items available as an integral part of the anesthesia machine:

- | | | |
|--|--|---|
| <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 | |

4. Biomedical/Surgical/Anesthesia Equipment

- 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? yes no NA
- c. Are user manuals available in-house for every piece of medical equipment? yes no

5. Instrument Sterilization

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

6. Emergency Preparedness

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

7. Policies and Procedures

- a. Have all 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



8. 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

9. Credentialing & Privileging

- a. Are all licensed professionals and independent practitioners credentialed? yes no
- b. Are clinical privileges awarded based on training and peer review for all licensed professionals? yes no
- c. Is new technology included in the delineation of privileges? yes no

10. 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 the organization, whose licensed has been suspended, revoked or voluntarily surrendered? yes no
- c. Has there been any physician/practitioner with privileges in the organization, whose DEA licensed 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. Has 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" please explain: _____

AUTHORIZATION

Signature in full

Date

Name - please print

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