

SECTION 1 - GENERAL FACILITY INFORMATION

Facility Name	
Owner(s)	
Address	
Phone	
Fax	
Email	

Hours of Operation:

What are the routine days and hours of operation?	
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SECTION 2 – PERSONNEL

Contact Information for Medical Director

Name		Registration #
Qualifications		
Address for correspondence		
Phone		
E-mail		

Physicians with Privileges:

Note: An "[Application for Privileges in an Non-Hospital Surgical Facility](#)" must be included with this application for each physician performing procedures in this facility.

Facility Supervisor/Manager

Name	
Qualifications	
Phone	
E-mail	

Assessment Contact

Name	
Phone	
Address (if different from facility)	
E-mail	

Financial Contact

Name	
Phone	
Address (if different from facility)	
E-mail	

List the number of full time equivalents (where applicable):	ACLS*	PALS*	HCP CPR
Operating Room			
Recovery Room			
Management			
Reprocessing/sterilizing Tech**			

* Please provide copies of HCP CPR, ACLS and/or PALS certificates for all nursing staff where appropriate. All ACLS courses MUST include a theory and hands-on training component.

** Please submit copies of practice permit if applicable.

*** Provide training certificate if available.

SECTION 3 – ADDED PROCEDURES

Type of Anesthesia

Note: Anesthesiologists with privileges in a Regional Health Authority need only apply once to the College for approval to provide services in NHSFs in Alberta. If this is not an initial application, Medical Directors must confirm with the College that the anesthesiologist is approved before commencing work in the facility.

	Procedure(s) Requested	Adults	Pediatric (<8 years)
General Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Regional Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrobulbar Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Procedures

Type	Procedure(s) Requested	Adults	Pediatric (<8 years)
Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral & Maxillofacial Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list the procedures you are interested in adding based on the [NHSF Approved Procedures list](#):

SECTION 4 - REQUIRED DOCUMENTATION FOR SUBMISSION

Documentation Required (please contact the CPSA regarding how many copies to submit)

*Please send **COPIES** of all documentation as these will not be returned.

- Letter from Medical Director indicating what the percentage increase will be to current patient volume and that the NHSF is adequate and safe to include these services.
- Application for physician privileges for the added procedure(s).
- Organization structure (e.g. Organization chart).
- Letter from the Safety Code Officer verifying compliance of the non-flammable medical gas piping system (if applicable).
- Report of airflow and quality if added services required renovations to the facility.
- Copies of HCP CPR/ACLS/PALS certificates of all nursing staff and physician staff (if applicable).
- Practice permits for all perioperative patient care non-physician staff (i.e. nurses).
- Training certificate of reprocessing/sterilizing tech (if applicable).
- Training records/certificate s of all participating staff specific to their new responsibilities of the added services specific to the NHSF environment (i.e. perioperative personnel, reprocessing/sterilizing staff, janitorial, etc.).
- Evidence of *medical emergency preparedness* via documentation of added service mock drill(s) (participants must include the added service physicians and applicable facility staff) and signed by the Medical Director.
- **All** facility Policies and Procedures that were **revised or developed to reflect the added procedures**. At a minimum revision/development required for:

Patient Care

- Pre-Operative Evaluation
- Intra-Operative Management: Anesthesia
- Intra-Operative Management: Surgical
- Recovery Room Management
- Discharging the Patient

Infection Prevention and Control

- Occupational Health/Immunization
- General Infection Prevention Measures
- Additional Precautions
- Patient Care Practices
- Reprocessing (Cleaning, Disinfection, and Sterilization)
- Janitorial and Waste Management

Facility

- General/Physical Standards
- Administration Standards
- Operating Room Standards
- Recovery Room Standards

Equipment/Supplies

- Added Service Equipment Operational Manual/Specifications
- Medical Device Training and Use
- OR Pick Lists, Sterile Set Up
- OR IPAC Turn Over

- Anesthetic and Resuscitation Equipment
- Anesthetic Gas Equipment
- Medications
- Blood Product Supplementation (if applicable)
- Cells and Tissues Pathology Management (if applicable)

Documentation/Records

- Personnel Records
- Medical Records
- Incident Reports
- Reportable Incidents
- Storage and Retention
- Report to the College of Physicians & Surgeons of Alberta
- Research/Device of Clinical Trial authorization (if applicable)

Safety Standards

- General Facility and Patient Safety
- Medical emergencies of the procedure and patient demographic
- Medical Compressed Gases

Quality Assurance and Improvement

- Structure
- Process
- Outcome

SECTION 5 – EQUIPMENT – Applicable to new procedures.

Onsite Equipment & Maintenance – please have the calibration records or maintenance records, as applicable, available for the assessment team on the day of the assessment.

Type of Equipment (e.g. medical gas equipment, ECG, monitors)	Year of Manufacture	Serial No.	Date Acquired	Daily Inspection Documented	Regular Maintenance performed by qualified personnel (Indicate name of staff, contractor or N/A)

SECTION 6 - SIGNATURE

I have reviewed and confirm the above facility and assessment information and documentation.

Medical Director/Designate Name (please print): _____

Date: _____

Signature: _____

Please submit completed form, along with required documentation to the College. All documentation must be returned to the College before an assessment date can be scheduled.

Attn: Chelsey Lockrem
Accreditation Department
College of Physicians & Surgeons of Alberta
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Edmonton, Alberta T5J 0N3
Chelsey.Lockrem@cpsa.ab.ca