Entities Survey: Module 3 Number of questions: 28

This module is relevant for the *Hospital and Hospital System* categories, as identified in Module 2.

Demographics Related Questions

Q 3.1. Which of the following two categories best describes your organization?

An independent hospital with its own credentialing → Skip to Q 3.3
A hospital system consisting of two or more hospitals with centralized credentialing
A hospital system consisting of two or more hospitals with decentralized credentialing
Other (please specify) ______

Survey Page Break

Q 3.2. For how many hospitals do your work responsibilities include reviewing health care practitioner records?

Dropdown menu: 2 to 10, 10+

Survey Page Break

Please note that the term, "hospital" in subsequent questions refers to a single hospital or a hospital system for which you have credentialing responsibilities.

Survey Page Break

Q 3.3. For the typical year, how many staffed beds are in your hospital?

Fewer than 100 beds 100 to 399 beds 400 to 999 beds 1000 or more beds Do not know (Please Explain)

Survey Page Break

Q 3.4. For the typical year, approximately how many patients (including inpatients and outpatients) does your hospital serve?

Less than 2,500 patients At least 2,500 patients but less than 5,000 patients

At least 5,000 patients but less than 7,500 patients At least 7,500 patients but less than 10,000 patients At least 10,000 patients or more Do not know (Please Explain)

Q 3.5. How would you characterize your hospital? Select one of the categories below:

Q 3.9. For each of the categories listed below, how many health care practitioners serve in your hospital? Type a number for each category. If you do not know, select "do not know" and explain your response. If the category is not applicable to your organization, select "Not applicable." If your organization does not employ anyone for a particular category, type "0" (zero) for that category. If you are not sure of the exact number for any given category, provide your best estimate. If you have any comments, please enter them in the text box provided below.

	MDs and DOs
	Full-Time
	Part-Time
	Contractors
	Locum tenens
	Do not know (please explain)
	Not applicable
	Dentists
	Full-Time
	Part-Time
	Contractors
	Locum tenens
	Do not know (please explain)
	Not applicable
	Advanced Practice Registered Nurses
	Full-Time
	Part-Time
	Contractors
	Do not know (please explain)
	Not applicable
	Registered Nurses
	Full-Time
	Part-Time
	Contractors
	Do not know (please explain)
	Not applicable
	Physician Assistants
	Full-Time
	Part-Time
	Contractors
	Do not know (please explain)
	Not applicable
	Other Health Care Practitioners
	Full-Time
	Part-Time
	Contractors
	Do not know (please explain)
	Not applicable
	Comments (if you have any)
O 2 10	Have many ampleyage in your beguitel are responsible for hiring and
_	. How many employees in your hospital are responsible for hiring and g privileges to practitioners?
granun	is privileges to practitioners:
	Type a number:
	Comments (if you have any):

Q 3.11. How often does your hospital review the records of practitioners employed on staff or granted privileges at your facility?

Once every 6 months
Once per year
Once every 2 years
Once every 3 years
Once every 4 or more years
Ongoing
Other (Please Explain)

Survey Page Break

Q 3.12. Which of the following sources does your hospital utilize for hiring or granting privileges to a practitioner? (Please select all that apply.)

National Practitioner Data Bank (NPDB)

Practitioner's Self-Queries of the NPDB

Board Action Data Bank of the Federation of State Medical Boards (FSMB) or other national organization(s) of state licensing boards for non-physician practitioners

Licensing board(s) in your state

Licensing board(s) in another state

Practitioner's current medical malpractice/liability insurance carrier(s)

Practitioner's previous medical malpractice/liability insurance carrier(s)

Practitioner's current affiliated health plan(s)

Practitioner's previous affiliated health plan(s)

Other health care entities (other hospitals, HMOs, group practice, etc.)

Professional society(ies) (e.g., AMA, AOA, ANA, etc.).

Medical school(s) or other professional school(s)

Residency program(s)

Speciality certification organizations (e.g., ABMS)

OIG exclusion list

Drug Enforcement Agency exclusion list

Peer or professional references

Other (Please Explain) _____

Please note that the term, "NPDB reportable action(s)" in subsequent questions refers to adverse actions reportable to the NPDB, and **not** medical malpractice payment reports.

Q 3.13. Has your hospital ever taken any NPDB reportable action(s)?

No -	> Sl	kin	to (O	3.1	15
110		11	•	ч	0.1	

\mathbf{Q} 3	3.14. How many	NPDB repor	rtable action:	s has your	hospital	taker	n in the	last 5	years?
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Dropdown menu: 1 to 10, more than 10
Do not know (Please Explain)

Q 3.15. In the last 5 years, how many times has your hospital taken the following actions regarding practitioners? (Only one answer per row.)

Dropdown menu for each item: 1 to 10, more than 10, Do not know

Terminated employment or contract

Action limiting, restricting, or suspending clinical privileges lasting more than 30 days

Action limiting, restricting, or suspending clinical privileges lasting fewer than 31 days

Fine or loss of compensation

Counseling

Continuing medical education

Professional practice evaluation (e.g., ongoing or focused evaluation)

Reprimand

Assignment of a proctor who must attend or approve the practitioner's procedures Assignment of a proctor who is not required to attend or approve the practitioner's procedures

Acceptance of resignations while under investigation

Other (Please Explain) _____

Q 3.16. In the last 5 years, how many times does your hospital suspend or restrict clinical privileges of practitioners for the following lengths of time? (Only one answer per row.)

Dropdown menu for each item: 0 to 10, more than 10, Do not know

Fewer than 31 days More than 30 days

Q 3.17. Does your hospital use a risk management program for reducing medical errors?

Yes

No

Do not know

Other (Please Explain)

Q 3.18. How confident are you in your hospital's risk management program for reducing medical errors?

Rating Scale

Not at all / To a small extent / To some extent / To a moderate extent / To a great extent / To a very great extent

Survey Page Break

Q 3.19. Is your hospital accredited by a national accreditation organization?

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Yes
No → Skip to Q 3.22.
Not Applicable (Please Explain) ____ → Skip to Q 3.22.
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Survey Page Break

Q 3.20. Which organization has accredited your hospital?

Accreditation Association for Ambulatory Health Care (AAAHC)

Accreditation Commission for Health Care, Inc (ACHC)

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

American Osteopathic Association/Healthcare Facilities Accreditation Program (HFAP)

Center for Improvement in Healthcare Quality (CIHQ)

Community Health Accreditation Partner (CHAP)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Council on Accreditation (COA)

DNV GL - Healthcare (DNV GL)

Institute for Medical Quality (IMQ)

National Committee for Quality Assurance (NCQA)

National Dialysis Accreditation Commission (NDAC)

The Compliance Team (TCT)

The Joint Commission (TJC)

Utilization Review Accreditation Commission (URAC)

Other (Please Specify) _____

Q 3.21. Does this accreditation organization require your organization to query the NPDB?

Yes

No

Survey Page Break

Q 3.22. Is your hospital located in a state where the medical board has a monetary penalty (for the hospital) for not reporting clinical privileges actions to the state medical board?



Q 3.23. Has your hospital ever been penalized by the state medical board for not reporting clinical privileges actions to the state medical board?

Yes

No

Do not know

Survey Page Break

Q 3.24. Has your hospital ever received a rating for patient safety and quality of care from the Centers for Medicare & Medicaid Services (CMS)?

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Yes
No → Skip to Q 3.26
Not Applicable (Please Explain) → Skip to Q 3.26
Do not know → Skip to Q 3.26
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Q 3.25. Which of the following rating has your hospital received from the CMS?

One star

Two stars

Three stars

Four stars

Five stars

Do not know

Q 3.26. Has your hospital ever received a rating/grade for patient safety and quality of care from any organization other than the CMS?

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Yes
No → Skip to Module 8
Not Applicable (Please Explain) _____ → Skip to Module 8
Do not know → Skip to Module 8
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- **Q 3.27.** What is the name of the organization that rated/graded your hospital? Textbox
- **Q 3.28.** Which rating/grade did the organization give to your hospital? Textbox

Piping Logic:

Survey will be directed to Module 8 next.