Entities Survey: Module 4
Number of questions: 21

This module is relevant for the following entities identified in Module 2:
Health Plan and Other Health Care Entities (e.g., Group Practice, Clinic,
Community Health Center, Urgent Care Facility or Ambulatory Health Care),
and the Other category.

Demographics Related Questions

Q 4.1. Which of the following best characterizes your organization?

> Health Plan
> Group Practice
> Clinic
> Community Health Center
> Urgent Care Facility
> Ambulatory Health Care
> Other (Please Specify) _____

Q 4.2. Is your organization affiliated with a larger enterprise or network that provides employment or credentialing services for practitioners on your behalf?

> Yes
> No
> Other (Please Explain) _____

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Q 4.3. How would you classify the larger enterprise or network that provides your organization with employment or credentialing services (if applicable)?

> Hospital
> Hospital System
> Health Plan
> Credentialing Verification Organization
> Locum Tenens Group
> Other Business Entity (Please Explain) _____
> Not applicable

Q 4.4. Does your organization serve inpatients, outpatients, or both?

> Inpatients
> Outpatients
> Both Inpatients and Outpatients
> Not Applicable (Please Explain) _____

Q 4.5. For the typical year, approximately how many patients does your organization 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) _____
> Not applicable

Q 4.6. For each of the categories listed below, how many health care practitioners serve in your organization? 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) _____

Q 4.7. How many employees in your organization are responsible for hiring and granting privileges to practitioners?
     Type a number: _____
     Do not know (Please Explain) _____

Q 4.8. How often does your organization review the records of practitioners employed on staff or that have been 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) _____

Q 4.9. Which of the following sources does your organization 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 4.10. Has your organization ever taken any NPDB reportable action(s)?

Yes
No ➔ Skip to Q 4.12

Q 4.11. How many NPDB reportable actions has your organization taken in the last 5 years?

Dropdown menu: 1 to 10, more than 10
Do not know (Please Explain)

Q 4.12. In the last 5 years, how many times has your organization 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 4.13. In the last 5 years, how many times does your organization suspend or restrict the clinical privileges / panel membership of practitioners for the following length of time? (Only one answer per row.)

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

Fewer than 31 days
More than 30 days

Q 4.14. Does your organization use a risk management program for reducing medical errors?

Yes
No
Do not know
Other (Please Explain) _____

Q 4.15. How confident are you in your organization'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 4.16. How is your organization insured for medical malpractice?

Self-Insured
Captive Insured → Skip to Q 4.18
Third Party Insured → Skip to Q 4.18
Uninsured → Skip to Q 4.18
Other (Please Explain) _____ → Skip to Q 4.18

Q 4.17. In your organization, who is named in medical malpractice cases?

Health Care Practitioner
Health Care Organization
Both
Other (Please Explain) _____

Q 4.18. For the typical year, to how many health care practitioners does your organization provide medical malpractice insurance?

Type a number: _____
Do not know (Please Explain) _____

      Not applicable (Please Explain) _____
      Other comments (if you have any) _____

Survey Page Break

Q 4.19. Is your organization accredited by a national accreditation organization?

      Yes
      No
      Not Applicable (Please Explain) _____

If "yes", show the next two questions. Otherwise, end this module.

Q 4.20. Which organization has accredited your organization?

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

      Yes
      No

Piping Logic:

Survey will be directed to Module 8 next.