**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) \_\_\_\_\_\_\_\_\_

Survey Page Break

**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.