

SUPPLEMENTAL QUESTIONNAIRE FOR OUTPATIENT SURGICAL FACILITY



**OPHTHALMIC MUTUAL
INSURANCE COMPANY**
(A Risk Retention Group)

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The policy to which this application applies is issued by Ophthalmic Mutual Insurance Company (A Risk Retention Group). Risk retention groups may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for risk retention groups.

No coverage exists until Declarations listing the entity as an insured are issued.

Please PRINT or TYPE your answers and personally sign and date the warranty, authorization, membership agreement, and disclosure form. Signature stamps are not acceptable.

Please answer all questions COMPLETELY, including any additional comments required, since incomplete information may delay processing. If a question does not apply, use N/A.

OPERATIONS/ADMINISTRATION

1 Name of surgical facility: _____

2 Is the surgical facility separately incorporated? Yes No

3 A. Mailing Address: _____

City State County Zip code

B. Physical Address (if different): _____

City State County Zip code

C. Phone: () _____ **D.** Fax: () _____

4 A. Contact person's name: _____ **B.** Title: _____

C. Email: _____ **D.** Phone (if different): () _____

5 Date facility incorporated/opened for operation: _____

6 The facility can best be described as:

Ambulatory surgical center Refractive center In-office surgical suite

7 Please list the name, specialty (if physician) or professional designation (if non-physician), and percentage of ownership for each owner of the surgical facility. OMIC insureds, their immediate families, or both, must hold at least 50% of the ownership in the facility. Continue on a separate page, if needed.

Name	Specialty/Designation	Percentage of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Medical Director's name: _____ Specialty: _____

9 What are the facility's hours of operation?

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____
- Saturday _____ to _____
- Sunday _____ to _____

10 On the attached chart, please list all health care providers who utilize the surgical facility (other than ancillary support personnel). For each, indicate their specialty, insurance carrier, and limits of professional liability insurance.

11 Which of the following surgical procedures are performed at the surgical facility?

- | | |
|--|--|
| <input type="checkbox"/> Eyelid surgery (e.g., blepharoplasty, ectropion, ptosis, etc) | <input type="checkbox"/> Retinal laser treatments |
| <input type="checkbox"/> Laser skin resurfacing | <input type="checkbox"/> Strabismus |
| <input type="checkbox"/> Orbital surgery | <input type="checkbox"/> Vitrectomy |
| <input type="checkbox"/> Oculofacial plastic surgery | <input type="checkbox"/> Corneal transplant |
| <input type="checkbox"/> Facelifts | <input type="checkbox"/> Intraocular lens implants |
| <input type="checkbox"/> Liposuction | <input type="checkbox"/> Other intraocular surgery |
| <input type="checkbox"/> Rhinoplasty | <input type="checkbox"/> Refractive lens exchange |
| <input type="checkbox"/> Enucleation/evisceration | <input type="checkbox"/> RK/AK |
| <input type="checkbox"/> Glaucoma laser treatments | <input type="checkbox"/> LASIK/PRK |
| | <input type="checkbox"/> Phakic implants |

Other ophthalmic procedures performed (please list): _____

Non-ophthalmic procedures performed (please list): _____

The following procedures are not permitted at OMIC-insured facilities: abortion, cardiac surgery, gender reassignment surgery, infertility treatment, laminectomy, neurosurgery, obstetrics (caesarian or vaginal delivery), pain management, silicone breast implants, spinal fusion, surgical weight control/obesity, vascular surgery, or any procedures requiring overnight stays except in accredited ambulatory surgery centers specifically approved for overnight stays. Coverage for other non-ophthalmic procedures is subject to underwriting review and approval.

12 Are any "off-label" or "non-approved" laser procedures performed? Yes No

If yes, please explain: _____

13 Please specify the annual volume of surgeries performed at the surgical facility:

	By members of the owning practice	By open-access members	Total
Ophthalmic (excluding refractive surgery):	_____	_____	_____
Refractive Surgery:	_____	_____	_____
Non-Ophthalmic:	_____	_____	_____

14 Do you anticipate a significant change:

A. In the volume of procedures to be performed during the next 12 months?

Increase in volume Decrease in volume No change expected

B. In the types of procedures to be performed during the next 12 months?

No Yes (*please list new procedures*): _____

INSURANCE

15 Does the facility currently maintain professional liability insurance? Yes No

If yes, please attach a copy of the declarations page or certificate of insurance indicating the name of the insurance carrier, policy number, policy effective and expiration dates, retroactive date, and limits of liability carried.

16 What is your requested effective date of coverage? _____

17 What limits of liability do you desire? _____

Note: The facility's liability limits can be no higher than the limits carried by its owners or those providers who utilize the facility. Limits will be "shared" with the owner ophthalmologist/entity unless otherwise specified. "Separate" limits of liability are available only to separately incorporated surgical facilities.

Does the facility want "separate" limits of liability? Yes No

LICENSURE/ACCREDITATION

18 Is the facility licensed or certified by the state in which it operates? Yes No

If yes, provide license/certification number: _____ State: _____

19 Has any investigation, revocation, suspension, restriction, denial, other disciplinary action, or change in status occurred with respect to the facility's license? Yes No

If yes, please explain: _____

20 Is the surgical facility certified by Medicare?
 Yes No Pending (*date certification is expected*: _____)

21 Is the surgical facility accredited (*other than Medicare certification*)?
 Yes No Pending (*date accreditation is expected*: _____)

If yes, by which agency?

AAAHC AAAASF The Joint Commission HFAP

Other (specify): _____

When does your accreditation expire? _____

22 Is the facility approved by AAAHC, AAAASF, The Joint Commission, or HFAP for overnight stays? Yes No

CREDENTIALING

23 Has the facility ever declined a physician's request for privileges or terminated a physician's privileges due to claims history, rate of complications, quality of care concerns, or other issues? Yes No

If so, please briefly describe the circumstances: _____

24 Who reviews the physician's credentials and makes the determination whether to grant privileges?

Medical Director Medical Staff Committee

If other, please explain: _____

RISK MANAGEMENT/QUALITY ASSURANCE

25 Do you have and do you maintain a written risk management program? Yes No

If yes, briefly describe the facility's risk management program: _____

26 As a general rule, peer review is conducted by peers of the same specialty. Does the facility have a structured process of peer review for medical, surgical, and anesthesia services rendered by physicians or other providers at your facility? Yes No

Who performs peer review for ophthalmic surgery? _____

Who performs peer review for anesthesia services? _____

Who performs peer review for non-ophthalmic surgery? _____

Not applicable—non-ophthalmic surgery not performed at facility.

How often does the committee meet? _____

27 Which forms of corrective action, if any, may be utilized by the surgical facility?

counseling education reprimands proctoring
 probation limiting privileges suspending privileges revoking privileges
 summary suspensions

ANESTHESIA/SEDATION

28 How many of each does the surgical facility employ or contract with?

	Employ	Contract
Anesthesiologists	_____	_____
CRNAs	_____	_____

29 Submit a Declarations Page or Certificate of Insurance for each of the above.

30 A. What type(s) of anesthesia/sedation are used on adult patients (age 15 and older)?:

- Topical (non-injection local) Injection local (e.g. retrobulbar, peribulbar, sub-Tenon's)
 Moderate ("conscious") sedation* Regional (e.g. epidural, cervical, etc.) General

B. What type(s) of anesthesia/sedation are used on pediatric patients (up to age 15)? In addition to checking the box, please circle the age group(s) of pediatric patients (N for neonate: 0 to 30 days, I for infant: 31 days to 1 year, and C for child: 2 to 14 years old) for which each type of anesthesia may be used.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Topical (non-injection local) | N | I | C |
| <input type="checkbox"/> Injection local (e.g. retrobulbar, peribulbar, sub-Tenon's) | N | I | C |
| <input type="checkbox"/> Moderate ("conscious") sedation* | N | I | C |
| <input type="checkbox"/> Regional (e.g. epidural, cervical, etc.) | N | I | C |
| <input type="checkbox"/> General | N | I | C |

*The American Society of Anesthesiologists' (ASA) document, "Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia," provides useful guidance on patient safety issues. Per the ASA, sedation and analgesia comprise a continuum of states ranging from minimal sedation (anxiolysis) through general anesthesia.

Minimal sedation includes peripheral nerve blocks, local or topical anesthesia, or a single, ORAL sedative or analgesic medication administered in doses appropriate for the unsupervised treatment of insomnia, anxiety, or pain.

Moderate ("conscious") sedation is a "drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully (NOTE: reflex withdrawal from a painful stimulus is NOT considered a purposeful response) to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained."

NOTE: Due to the increased vulnerability of pediatric patients, OMIC considers any sedation or analgesia administered to pediatric patients to be "moderate sedation."

31 Who conducts the pre-anesthesia/sedation assessment when anesthesia providers are present?

- Surgeon Anesthesiologist/CRNA

If no anesthesia provider is present:

A. Who conducts the pre-anesthesia/sedation assessment? _____

B. Who monitors the patient? _____

MONITORING AND EMERGENCY RESPONSE EQUIPMENT

32 Which of the following monitoring and emergency equipment, if any, is available at the facility?

- Dantrolene (required if general anesthesia is given)
- Medications to treat anesthesia toxicity (diazepam, midazolam, thiopental, etc.)
- Medications to treat hypertension and arrhythmias
- EKG oscilloscope
- Automated external defibrillator (AED)
- Full crash cart
- End-tidal CO₂ detectors (single use/disposable or continuous sampling)
- Laboratory tests (e.g., glucose monitoring)

33 Are any staff ACLS (advanced cardiac life support) or PALS (pediatric advanced life support) certified?

- ACLS PALS No

If no, is moderate sedation administered (including any sedation of pediatric patients)? Yes No

34 Does the facility have a written transfer agreement with the nearest acute care hospital to transfer patients in the event of an emergency? Yes No

If no, explain why not: _____

35 How close is the nearest acute care hospital? _____ miles _____ minutes

36 For emergency situations, how are patients transported to the hospital? _____

UNDERWRITING ISSUES

If you answer "yes" to any of questions 37–40 please provide complete details.

37 Has any medical professional liability insurer canceled, declined coverage, refused renewal, or renewed the facility's coverage under restrictive conditions? Yes No

38 Have any professional liability or premises liability claims or suits ever been brought against the facility? Yes No

39 Have you ever reported any other incidents or potential claims to your present or previous carriers? Yes No

40 Are you aware of any facts or circumstances which may give rise to a claim or suit in the future? Yes No

41 Does the surgical facility advertise? Yes No

"I have read and agree to comply with OMIC's underwriting requirements specific to outpatient surgical facilities, including those outlined on pages 7 through 11 of this application. I agree to notify OMIC prior to implementing any intended changes to my responses above, including any changes in the facility's licensure or accreditation status. I understand that failure to comply with OMIC's underwriting and notification requirements may result in uninsured risk or termination of coverage."

Signature of Authorized Representative
(Please do not use signature stamp.)

Date

Authorized Representative's Name

Title

To be eligible for coverage, an outpatient surgical facility must comply with the following underwriting and risk management requirements, which are arranged in alphabetical order for easy reference. Please initial each item to confirm your understanding and agreement to abide by these requirements.

The requirements outlined in this application are the minimum requirements established by OMIC for underwriting purposes and may not be representative of all requirements applicable to your facility. Outpatient surgical facilities may be subject to more stringent rules as required by law or regulation for such facilities. It is the facility's responsibility to determine whether and which additional rules or restrictions may apply.

ADVERTISING

_____ Advertisements must comply with state law and FDA- and FTC-mandated guidelines. Ads and other patient information materials must not be misleading and must not make statements that guarantee results or cause unrealistic expectations. Similarly, satisfaction guarantees, warranties, and similar contracts are not permitted. Please refer to the attached **Review of Advertisement for Medical Services** form so that you may evaluate and monitor your compliance with OMIC's underwriting requirements with respect to advertising.

ANESTHESIA/SEDATION

_____ **Medications.** Propofol and other similar agents used to induce general anesthesia should only be used by anesthesia personnel. The use of DPT or Lytic cocktails (Demerol, Phenergan, Thorazine) should not be allowed.

_____ **Monitoring.** All patients must be monitored appropriately for their age, type of anesthesia, level of sedation, and type of surgery performed. If anesthesia providers are present, health care providers must have at least Basic Life Support for Healthcare Providers certification; advanced certification is recommended (ACLS, PALS). If no anesthesia providers are present and the patient is receiving moderate sedation (including any pediatric sedation), the physician and monitoring personnel must be ACLS/PALS certified. Personnel skilled in pediatric airway management and cardiopulmonary resuscitation should be present for all procedures performed on children.

_____ **Patient Selection.** The ophthalmologist who performs the operation must evaluate the patient's overall condition and risk and be satisfied that the procedure is within the facility's capabilities and scope of practice and competency of the health care providers. Operations on **adults** (age 15 or older) must be limited to ASA Physical Status Class 1, 2, or 3 patients (see below). Procedures on **pediatric patients** (under age 15) present greater risks depending upon the patient's age and the presence of disease processes or congenital abnormalities. Operations on **infants** (6 months to 1 year) and **children** (1 to 14 years) must be limited to ASA Physical Status Class 1 and 2 patients.

NOTE: Neonates (0 to 30 days), infants under 6 months of age, and ASA PS 3 pediatric patients of any age should receive care **only** in centers specifically designed for patients of this age or complexity and capable of handling all possible complications.

The American Society of Anesthesiologists (ASA) has a **Physical Status Classification System** that assigns a category after the physician completes a history and physical examination:

- P1:** normal, healthy patient
- P2:** mild systemic disease
- P3:** severe systemic disease
- P4:** severe systemic disease that is a constant threat to life
- P5:** a moribund patient who is not expected to survive without the operation
- P6:** a declared brain-dead patient whose organs are being removed for donor purposes

RECOMMENDATIONS ON OFFICE-BASED SURGERY (OBS) FOR ADULTS

OMIC has developed risk management recommendations on written protocols, procedure and patient selection, monitoring, and emergency equipment and response for office-based surgery. See http://www.omic.com/resources/risk_man/forms/medical_office/OfficeBasedSurgery.rtf

CREDENTIALING

_____ Providers who utilize the facility must maintain staff privileges for the same procedures at a local hospital (excluding procedures for which hospital privileges are generally not granted, e.g., laser refractive surgery).

_____ As part of your established credentialing process for granting and removing clinical privileges, you must:

- A.** Review and verify the physician's education, training, and experience. Ideally, the physician's current competence should also be verified.
- B.** Verify the physician's Board certification status.
- C.** Verify the status of the physician's licensure directly with the state medical board.
- D.** Obtain evidence of the physician's insurance coverage.
- E.** Require that the physician maintains professional liability limits at least equal to the liability limits carried by the surgical facility.
- F.** Review the physician's claims experience.

- _____ Privileges must be granted for a period of not longer than two years.
- _____ The doctor's qualifications must be re-evaluated prior to renewing privileges.
- _____ The training, licensure (if applicable), claims experience (if applicable), and current competency of all allied health care personnel (e.g., technicians, first assistants, CRNAs, etc.), whether employees of the facility or not, must be verified initially and on a regular basis.
- _____ All anesthesia providers, including nurse anesthetists, must maintain professional liability limits of at least a) \$1,000,000 per claim if the outpatient surgical facility's limits are \$1,000,000/\$3,000,000 or greater or b) equal to the liability limits carried by the surgical facility if the facility carries limits lower than \$1,000,000/\$3,000,000.

DOCUMENTATION

- _____ Accurate and timely documentation about care rendered at the outpatient surgical facility promotes continuity of care and helps defend the ophthalmologist, staff, and the facility itself in the event of a medical malpractice claim. The patient's medical record must include documentation pertaining to:
 - A.** Verification of patient identity by two methods.
 - B.** Verification that surgeon has obtained informed consent for the procedure.
 - C.** Consent for care provided at the facility.
 - D.** Pre-procedure assessment.
 - E.** Pre-anesthesia or pre-sedation assessment and informed consent for anesthesia care or sedation.
 - F.** Results of "time out" procedure to prevent wrong site/side/implant problems.
 - G.** Monitoring during anesthesia or sedation.
 - H.** Operative report.
 - I.** Post-procedure monitoring.
 - J.** Discharge evaluation and decision.
 - K.** Discharge education and instructions.

INSURANCE/REGULATORY ISSUES

- _____ The facility must maintain general liability insurance in full force and effect.
- _____ The facility must be in compliance with all applicable federal, state, and local laws and regulations (if any) that pertain to surgery centers, laser centers, and/or in-office surgical suites.
- _____ If required by law or regulation, the facility must report adverse events involving moderate or deep sedation, general anesthesia, or anesthetic/surgical complications that require resuscitation or emergency transfer to a hospital, or that result in serious bodily harm or death. Such adverse events should also be reported to the OMIC Claims Department.

LASER EQUIPMENT Section not applicable—facility does not have laser equipment.

- _____ The facility must verify that all those who use or assist those who use laser equipment are appropriately trained in the proper operation of each laser in the facility.
- _____ The facility must ensure that all laser safety precautions as determined by the laser manufacturer and/or state law are followed.
- _____ All laser equipment must be FDA approved and must not be modified.
- _____ The laser equipment must be maintained and serviced as recommended by the manufacturer.

MONITORING AND EMERGENCY RESPONSE

- _____ Each of the following monitoring/emergency response equipment must be available:
 - For outpatient surgical facilities in which 1) the only procedures performed are laser refractive surgery, Intacs, Intracorneal inlays, and/or PTK and 2) only single oral sedation is used:
 - A.** Medications to treat anaphylactic reactions. Consult an anesthesiologist or your local hospital's Pharmacy and Therapeutics Committee about the medications you should have on hand to treat your patient population and procedures.
 - B.** Ambu bag, appropriately sized airway masks, oral or nasal airways, and tongue blades.
 - C.** Blood pressure apparatus.
 - D.** Stethoscope.
 - For all other outpatient surgical facilities:
 - A.** Medications to treat anaphylactic reactions. Consult an anesthesiologist or your local hospital's Pharmacy and Therapeutics Committee about the medications you should have on hand to treat your patient population and procedures.
 - B.** Oxygen, suction, and an emergency cart with ambu bag, appropriately sized airway masks, oral or nasal airways, and tongue blades.
 - C.** Blood pressure apparatus.
 - D.** Stethoscope.
 - E.** Pulse oximeter.
 - F.** Emergency power source. Follow your state licensing department or the accreditation organization's regulations on the duration of the emergency power source.

_____ The following additional equipment must be available at all facilities that administer moderate or deep sedation or general anesthesia:

- A.** Reversal agents, including naloxone hydrochloride (Narcan) and flumazenil (Romazicon).
- B.** Capnography or end-tidal CO₂ detectors (single use/disposable or continuous sampling).
- C.** Cardiac defibrillator or AED (automated external defibrillator).

_____ In general, staff must be certified in age-appropriate BLS (basic life support). Certification in age-appropriate advanced cardiac life support (ACLS) is recommended. If no anesthesia providers are present, and moderate sedation (including any pediatric sedation) is administered, the physician and monitoring personnel must have age-appropriate advanced cardiac life support certification (ACLS or PALS).

NON-OPHTHALMIC PROCEDURES Section not applicable—facility is ophthalmic-exclusive.

_____ **Excluded Procedures.** The following procedures are **not** permitted at OMIC-insured facilities: abortion, cardiac surgery, infertility treatment, laminectomy, neurosurgery, obstetrics (caesarian or vaginal delivery), pain management, gender reassignment surgery, silicone breast implants, spinal fusion, surgical weight control/obesity, vascular surgery, or any procedures requiring overnight stays except in accredited ambulatory surgery centers specifically approved for overnight stays.

_____ **Gastro-Intestinal Procedures.** Gastro-intestinal procedures (including endoscopies) may be performed at OMIC-insured facilities only if the following requirements are met:

- A.** The facility must have separate rooms and equipment that are dedicated for GI surgical/endoscopy procedures. The rooms and equipment that are to be dedicated include instrument and equipment storage rooms; “clean” and “dirty” instrument processing rooms; instrument sterilization equipment (autoclaves, gas sterilization equipment, etc.); PACU’s or recovery rooms, and operating suites. These rooms may not be used for GI surgical/endoscopy cases one day and ophthalmic or other non-GI cases another day. Overlap or joint use of rooms on alternate days or weeks is not permitted. (This requirement does not apply to reception/greeting areas, anesthesia pre-op and surgical holding areas, or areas that are used for “step-down units” for patient discharge.)
- B.** Due to the increased risk of infection, separate and appropriate infection control guidelines must be established for the GI unit and other units.
- C.** All rooms dedicated for GI use and the GI unit must be labeled as such.

_____ **Other Procedures.** Coverage for other non-ophthalmic procedures is subject to underwriting review and approval.

POST-PROCEDURAL CARE

_____ **Minimum Staffing Requirements.** At least two staff members, one of whom must be a licensed health care provider with ACLS certification (e.g., the surgeon or a registered nurse), must be present at all times until all patients have been discharged from the surgical facility. If moderate or deep sedation, or general anesthesia are administered, at least two staff members with ACLS certification must be present at all times until the patient is ready for discharge.

_____ **Choice of Personnel to Monitor the Patient.** If anesthesia other than straight local or peripheral nerve block is used, the patient must be monitored after the procedure/anesthesia and up until discharge by a registered nurse or other licensed health care provider whose scope of practice includes post-anesthesia care for that age group. Not applicable

_____ **Restrictions on Driving.** If anesthesia other than straight local or peripheral nerve blocks is used or if vision is impaired as a result of the surgery or patching, there must be a responsible adult to take the patient home. Not applicable

_____ **Pediatric Patients** (under age 15). After the procedure, children should rest/recover in a quiet monitored area even if they seem completely awake. This is especially important when using medications with long half-lives (such as chloral hydrate, promazine, promethazine, chlorpromazine, phenobarbital). Not applicable

_____ **Monitoring and Discharge Criteria.** The patient must meet all written, age-appropriate discharge criteria prior to discontinuation of monitoring and discharge (e.g., stable and satisfactory cardiovascular function and airway patency with stable vital signs, easily awakened by normally spoken verbal commands with intact protective reflexes, oriented when awake, able to maintain pre-procedure mobility with minimal assistance, and minimal nausea and/or dizziness, etc). All patients who receive oral or IV medications that alter or have the potential to alter the state of alertness of the patient must be discharged in the care of a responsible adult.

_____ **Discharge Decision.** The decision to discharge a patient may be made only by the surgeon, the anesthesiologist/CRNA, or the post-anesthesia care registered nurse. The decision to discharge should be based upon established and pre-written discharge criteria.

_____ **Discharge Education.** Prior to discharge, the patient and the responsible caregiver (if applicable) must be educated about postoperative care and be given a copy of the discharge instructions. The instructions must address pain relief, activity, special diet requirements (if any), wound care, and follow-up care, including the name of the physician providing follow-up care and the date of the appointment. The instructions must also clearly explain the symptoms of complications and instruct the patient when and how to contact the physician if any noted symptoms arise.

RISK MANAGEMENT/QUALITY ASSURANCE

- _____ There must be a written quality assurance program to provide peer review services and evaluate the quality of medical care.
- A.** Cases must be reviewed on both a random and problem-oriented basis.
 - B.** Individual cases must be reviewed.
 - C.** Clinical records must be reviewed.
 - D.** Data must be collected periodically and evaluated to identify unacceptable or unexpected trends or outcomes.
 - E.** The quality assurance program must address clinical and results-of-care issues. Ideally, it should also address administrative and cost-of-care issues.
- _____ This requirement does not apply to in-office surgical suites used exclusively by the owners of the facility and their employees.
- _____ The facility must have a structured process of peer review.
- _____ This requirement does not apply to in-office surgical suites used exclusively by the owners of the facility and their employees.
- _____ At least two physicians must serve on the peer review committee.
- _____ Disciplinary actions, when taken, must be reported to the appropriate federal licensing agency, state licensing agency, and/or state medical board, as required by law.
- _____ Informed consent must be obtained prior to each surgical procedure by the physician who will be performing the procedure and must be documented on an informed consent document.
- _____ The surgical facility must verify that the physician has obtained informed consent from the patient by reviewing a copy of the signed informed consent document before surgery begins.
- _____ The facility must obtain general consent for the care provided at the surgical facility by staff and independent contractors. This is usually done by having the patient sign a form provided by the surgical facility.
- _____ The facility must implement the JCAHO “Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™,” or its equivalent, for all procedures. (Available online at <http://www.jointcommission.org/PatientSafety/UniversalProtocol/>.) **NOTE:** If the anesthesia is administered outside of the operating room, or before all members of the team are assembled, the protocol must be implemented both before anesthesia and again before the procedure starts.

SEDATION ADMINISTERED BY NON-ANESTHESIA PROVIDERS: MODERATE (“CONSCIOUS”) SEDATION FOR ADULTS OR ANY PEDIATRIC SEDATION

All sedation must be administered by a qualified practitioner. Special risk management precautions are required when non-anesthesia personnel (i.e., ophthalmologists, registered nurses, and physician’s assistants) administer and monitor moderate sedation to adults, or any sedation to pediatric patients (children under 15). The American Society of Anesthesiologists’ (ASA) document, “Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia,” provides useful guidance on patient safety issues. Per the ASA, sedation and analgesia comprise a continuum of states ranging from minimal sedation (anxiolysis) through general anesthesia.

Minimal sedation includes peripheral nerve blocks, local or topical anesthesia, or a single, ORAL sedative or analgesic medication administered in doses appropriate for the unsupervised treatment of insomnia, anxiety, or pain.

Moderate (“conscious”) sedation is a “drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully (NOTE: reflex withdrawal from a painful stimulus is NOT considered a purposeful response) to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.”

NOTE: Due to the increased vulnerability of pediatric patients, OMIC considers any sedation or analgesia administered to patients under 15 to be “moderate sedation.”

Section not applicable—facility does not administer sedation as defined above

_____ **Personnel Qualifications.** Non-anesthesia personnel [i.e., ophthalmologists, registered nurses (RN), or physician assistants (PA)] who prescribe, administer, or monitor the effects of moderate sedation (including any pediatric sedation) must: 1) demonstrate an understanding of the pharmacological agents/reversal agents and recognize the associated complications of each, 2) be able to rescue patients who enter a state of deep sedation/analgesia, 3) be capable of establishing an airway and/or provide positive pressure ventilation, and 4) have advanced age-specific cardiopulmonary resuscitation skills (ACLS or PALS).

_____ **Surgeon’s Responsibilities.** The surgeon must determine if the patient is an acceptable candidate for sedation, order the medication and dosage, and obtain and document the patient’s or parent’s informed consent. The surgeon must directly supervise the RN or PA who administers or monitors the patient.

_____ **NPO Period.** To prevent aspiration and regurgitation, patients undergoing sedation may not eat or drink for an age-appropriate interval prior to sedation. The ASA recommended fasting protocols are available in “Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologist” (see below).

_____ **Moderate Sedation of Adults.** In order to respond to emergencies, all adults receiving moderate sedation must have either an IV or IO access (heparin lock).

_____ **Sedation of Pediatric Patients (under age 15).**

- A.** Sedative and anxiolytic medications should only be administered by, and in the presence of, personnel skilled in pediatric airway management and cardiopulmonary resuscitation.
- B.** Sedation should be administered only at the facility where the procedure will be performed.
- C.** All pediatric patients receiving IV sedating medications for a procedure must have an IV or IV access (heparin lock) throughout the procedure and recovery period. Personnel skilled in establishing IV access, as well as appropriate equipment and supplies, must be readily available for all patients receiving sedation by other routes (oral, nasal, rectal). Not applicable
- D.** Pediatrics patients must be monitored 1) with pulse oximetry and 2) by a registered nurse skilled in pediatric airway management and cardiopulmonary resuscitation

_____ **Administration of Medication.** All forms of sedation must be administered by qualified practitioners (a surgeon, RN, or PA). RNs and PAs who administer sedation operate under the direct supervision of the surgeon, must be credentialed in sedation, and have advanced age-appropriate certification (ACLS or PALS).

_____ **Monitoring during Procedure.** The patient must be continuously monitored by someone, other than the surgeon, who is skilled in age-appropriate airway management and cardiopulmonary resuscitation. A nurse may not simultaneously circulate or assist the surgeon and at the same time monitor the patient receiving moderate sedation. The monitoring function must be separate and independent from all other duties.

RESOURCES:

“Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists” is available from the ASA web site at <http://www.asahq.org/publicationsAndServices/sedation1017.pdf>. The ASA web site (www.asahq.org) has many helpful articles.

See also the JCAHO Compliance Toolkit at <http://www.asahq.org/clinical/toolkit/toolkithome.htm> for sample policies and procedures for sedation administered by non-anesthesia personnel to adults and children.

HIPAA DISCLOSURE

Under the HIPAA Privacy Rules, you may disclose protected health information (“PHI”) without patient authorization to medical professional liability insurers in order to obtain or maintain insurance coverage. OMIC will (1) maintain the confidentiality of PHI you provide to us, (2) use it only for purposes for which it was disclosed, and (3) notify you of any breach of confidentiality of PHI. If OMIC insures you, OMIC will become your business associate and will safeguard PHI in accordance with OMIC’s Business Associate Agreement.

ARBITRATION CLAUSE

The OMIC professional and limited office premises liability policy contains an Arbitration Clause. By accepting the policy coverage, you will be bound by the terms of the Arbitration Clause. This Clause states that any dispute you have with OMIC arising out of the policy must be submitted exclusively to final and binding arbitration. Under the Clause, you agree not to proceed against OMIC in state or federal court and specifically acknowledge waiving your right to a jury trial. Any arbitration award rendered will be final and not subject to appeal. Arbitration will take place in any jurisdiction that is convenient to you and agreed to by the parties. Each party pays its own arbitration costs and the fees of its selected arbitrator and they share equally in the fees of the neutral arbitrator and any other arbitration costs. You must keep confidential the nature of the arbitration proceeding and the award.

WARRANTY AND ACCEPTANCE OF POLICY TERMS

I understand that for purposes of obtaining, retaining, and modifying insurance coverage all statements contained in this application and all required supplemental questionnaires are considered material to the issuance of coverage. I warrant that the information furnished as a part of this application is true to the best of my knowledge and is furnished in good faith. I further warrant that I have not withheld information that is likely to influence the judgment of OMIC in evaluating this application.

I agree to update this application while it is pending should there be any change in the information provided that may affect the application or its outcome, and to update such information if and after OMIC extends insurance coverage.

I understand that failure to supply requested information on a timely basis, falsification or omission of information requested, or failure to update such information during the facility’s term of coverage may result in a declination or termination of coverage or denial of coverage for a claim based on the omitted, false, or undisclosed information.

I understand that this application and any other application(s), supplemental questionnaire(s), and any other document(s) submitted to OMIC for the purpose of obtaining, retaining, or modifying insurance coverage with OMIC, together with the policy, the Declarations, and any endorsements, will constitute the contract of insurance between OMIC and the outpatient surgical facility.

I acknowledge that as part of the ongoing underwriting review of the facility’s insurance coverage with OMIC, certain information pertaining to any open or closed claim made under the facility’s OMIC policy may be reviewed in determining whether coverage may be continued, and I consent to the communication of summary information between the claims and underwriting departments.

I understand that coverage does not become effective until this application is approved, the required premium for the insurance has been paid, and the Declarations listing the facility as an insured are issued.

I understand that the facility will become a member and insured of OMIC if this application is approved and the facility pays the required insurance premium, and the facility will then be bound by the terms of the insurance policy issued to it. I have read the policy included in the application materials carefully to determine the facility’s rights and duties. I understand that I should discuss the coverage with my attorney, insurance advisor, or risk management consultant. By my signing this application as the facility’s authorized representative, the facility agrees to be bound by the terms, conditions, exclusions, restrictions, and definitions of the OMIC professional and limited office premises liability insurance policy.

Signature of Authorized Representative
(Please do not use signature stamp.)

Title

Authorized Representative’s Name

Date

AUTHORIZATION TO RELEASE INFORMATION

I consent to the communication of information and documents between OMIC and other insurance companies, credentialing organizations, certification organizations, professional associations, licensing agencies, and other persons who may have information pertaining to this application, the facility's qualifications for insurance, or claims under review.

I release from liability, to the fullest extent allowed by law, OMIC and its agents and representatives for their acts performed in connection with evaluating this application, the facility's qualifications for insurance, or claims under review.

I release from liability, to the fullest extent allowed by law, all individuals and organizations who provide information and documents to OMIC or its agents or representatives concerning this application, the facility's qualifications for insurance, or claims under review.

Signature of Authorized Representative
(Please do not use signature stamp.)

Title

Authorized Representative's Name

Date

MEMBERSHIP APPLICATION AND AGREEMENT—OUTPATIENT SURGICAL FACILITY

For and in consideration of the benefits to be derived therefrom, the Applicant hereby applies for membership in the Ophthalmic Mutual Insurance Company (a Risk Retention Group) ("OMIC"), the principal office being located at 126 College Street, Suite 400, Burlington, Vermont 05401; and the main business office being located at 655 Beach Street, San Francisco, California 94109.

The Applicant hereby acknowledges that:

- 1** The undersigned surgical facility, hereafter referred to as "the Applicant," represents and warrants that the entity's ownership or control consists of at least 50% ophthalmologists who are licensed to practice medicine in each state where they practice and who are members of the American Academy of Ophthalmology.
- 2** The Applicant understands that this membership is subject to acceptance by OMIC.
- 3** Membership begins with the commencement of the policy period of a claims made and reported insurance policy issued by OMIC, and ends upon the cancellation or other termination of that policy. The period of membership shall not include any period of coverage under extended reporting or tail coverage endorsements. After termination of membership, the member shall have no further right to participate in any distribution of savings to members or in any distribution of assets upon the dissolution of OMIC, except for amounts that may be due to the member for loans or surplus contributions under separate instruments issued by OMIC.
- 4** The Applicant, through its authorized representative, has read the Bylaws of OMIC and agrees that if its application for insurance is accepted by OMIC, the Applicant shall at such time become a member of OMIC. Membership shall, among other things, evidence ownership in OMIC to the extent required by Vermont law governing mutual insurance companies and risk retention groups. As a member of OMIC, the Applicant will be bound by the terms and conditions of the Bylaws of OMIC, as such may be amended from time to time.

Signature of Authorized Representative
(Please do not use signature stamp.)

Title

Authorized Representative's Name

Date

IMPORTANT NOTICE TO INSURED

THIS DISCLOSURE FORM IS NOT YOUR POLICY. IT MERELY DESCRIBES SOME OF THE MAJOR FEATURES OF OMIC'S CLAIMS MADE AND REPORTED POLICY. READ YOUR POLICY CAREFULLY TO DETERMINE YOUR RIGHTS AND DUTIES AND WHAT IS AND IS NOT COVERED. ONLY THE PROVISIONS OF YOUR POLICY DETERMINE THE SCOPE OF YOUR INSURANCE PROTECTION.

Your policy is a claims made and reported policy. It applies only to claims made against you and reported to OMIC after the inception date and within five days after the end of the policy period arising from professional services incidents that occur on or after the policy retroactive date. Upon termination of your policy, an extended reporting period may be available.

OCCURRENCE VS. CLAIMS MADE AND REPORTED

"Occurrence" and "claims made and reported" policies generally cover the same kinds of professional services incidents. However, claims for damages may be assigned to different policy periods depending on which policy you have.

In an "occurrence" policy, coverage is provided for liability because of professional services incidents that *occur during the policy period, no matter when the claim is made.*

In your "claims made and reported" policy, coverage is provided for liability because of professional services incidents *if the claim is first made against you and reported to OMIC during the policy period or within five days after the end of the policy period.* The claim must be a written notice or demand that you have received arising from an act, error, or omission in the provision of services. A claim is considered made when it is received by you and reported when it is received by us. A claim may be assigned to an earlier policy period if, for example, another claim based on the same professional services incident has already been made during the earlier policy period.

PRINCIPAL BENEFITS, CONDITIONS, EXCLUSIONS, AND RESTRICTIONS

The policy provides coverage for professional and limited office premises liability up to the maximum dollar limit specified in the policy and the policy Declarations. The principal benefits and coverages are explained in detail in your claims made and reported policy. The policy also contains certain conditions, exclusions, and restrictions. Please read your policy carefully and consult your attorney, insurance advisor, or risk management consultant for any questions you might have.

RENEWALS, RETROACTIVE DATES, AND EXTENDED REPORTING PERIODS

Your claims made and reported policy has some unique features relating to renewal, coverage of incidents with long periods of exposure, and extended reporting periods. These special provisions are described below.

Renewal

Your premium may increase or decrease upon renewal. You will receive notification in accordance with the terms of your policy.

Retroactive Date

When you have a retroactive date entered on the Declarations page, there is no coverage for professional services incidents that occur before the retroactive date, even if the claim is first made and reported during the policy period. If there is no retroactive date entered on the Declarations page, the policy will respond to claims first made during the policy period or within five days after the end of the policy period for covered professional services incident, no matter when the incident occurred.

If there is a retroactive date, it cannot be moved ahead in time except with your written consent and only under certain circumstances, including the following: you have changed insurers; there is a substantial change in your operations that increases your exposure to loss; or you have failed to provide us with information about the nature of your business or premises. It is important to understand how the claims made and reported policy's extended reporting period guarantees continuity of coverage if you are offered a renewal or replacement policy with a later retroactive date than the one in your current policy.

Extended Reporting Periods or "Tails"

If a claim is made and reported more than five days after the termination of your claims made and reported policy, you may not have coverage for that claim. Insured ophthalmologists, slots, and professional entity Policyholders may purchase an extended reporting period or "tail" endorsement, which will be offered with at least the aggregate limit of the Insured's terminated policy and will allow reporting for at least one year after the end of the policy. Carefully review the policy provisions regarding the available extended reporting period and the time during which you must purchase or accept any offered extended reporting period endorsement.

If the coverage under this policy of any Insured non-physician employee or locum tenens terminates, he or she will continue to be covered for claims based on incidents that occurred while the employee or locum tenens was employed by the Insured ophthalmologist or professional entity, even if the claim is not reported until after the employee or locum tenens is no longer employed, so long as the claim is first made and reported to OMIC within the policy period or extended reporting period applicable to the employer Insured. Limits of liability for the claim will be shared with the employer Insured.

If the coverage under this policy of any Insured professional entity that shares limits with another Insured terminates by reason of the dissolution or other termination of activity of the professional entity, the professional entity will continue to be covered for claims based on incidents that occurred while such professional entity was active, even if any such claim is not reported until after the professional entity ceases activity, so long as the claim is first made and reported to OMIC within the policy period or extended reporting period applicable to the Insured with which the professional entity shares limits.

Signature of Authorized Representative
(Please do not use signature stamp.)

Title

Authorized Representative's Name

Date