

Hospital Facilities

Please contact the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) staff prior to completing this application.

Medical directors requesting the addition/expansion of services must submit an application to the NHMSFAP Committee for review.

Purpose: The application is structured to guide medical directors to ensure all information that may change or impact the delivery of patient care is provided to support the request for the addition/expansion of services.

Please be advised that the addition or expansion of services may impact a facility's NHMSFAP facility class and the corresponding NHMSFAP annual fee.

BACKGROUND

The NHMSFAP Committee has developed a multi-criteria decision framework to guide the medical director when making recommendations for the addition/expansion of services. The application must demonstrate that there is sufficient clinical evidence to provide a safe environment to ensure quality patient outcomes.

The NHMSFAP committee's review of the application is to ensure that when a facility progressively advances in the complexity of procedures and/or number of programs offered to its patients there is sufficient evaluation of facility resources to support the additional services.

When planning for additional services the medical director must conduct a thorough clinical evaluation of the equipment, physical space, practitioner competencies and support services. Evaluation includes all aspects of clinical care and processes. Examples of services include, but are not limited to:

1. Addition of a medical, surgical or anesthesia procedure or program that is not currently performed at the facility
2. Addition of a medical, surgical or anesthesia procedure not currently listed on the NHMSFAP appropriate procedure list and/or not currently performed in a public hospital
3. Expansion of an existing program (e.g. ophthalmology, endoscopy, higher level of anesthesia)
4. Expansion of advanced technology applications to already approved procedures (e.g. radiofrequency, robotics, medical devices)
5. Addition of a contract with a health authority or other third party
6. Significant increase in the volume of existing procedures expected to require additional equipment, space, staffing and training
7. Addition of overnight stay at a facility previously performing ambulatory daycare procedures only

Note: Only facilities with a four-year term of accreditation are eligible to make application to add or expand a medical, surgical or anesthesia procedure or program. Facilities that do not hold a four-year term of accreditation will only be considered under special circumstances and pre-authorization to submit an application must be granted by the committee.

FACILITY INFORMATION

Facility name: _____ NHID: _____

PROPOSED SERVICE

Please provide an overview describing the proposed service.

IMPLEMENTATION CRITERIA

1. Funding model

Indicate the funding model e.g. private case, health authority contract or third party contract, and any other factors you feel may be relevant for implementation.

2. Projected case volume

Outline proposed case volume at initiation, as well as one and three-year projections related to the service.

Initiation:

One-year:

Three-year:

3. Patient care algorithm

Provide care algorithms, pathways, procedures and any relevant processes that describe patient care delivery for the following areas. This may be described below or attached as supplementary documents.

- Patient selection criteria
- Admission
- Intra-operative
- Post-anesthetic
- Overnight stay
- Discharge
- Transfer of care (e.g. emergent transfer and non-emergent transfer)
- Post-discharge follow-up

4. Physician privileging and credentialing

Provide a list of the names of the physician(s) who plan to make application for privileges for the service; however, do not include the physicians' Application for Appointment to a Non-Hospital Medical and Surgical Facility with this application. NHMSFAP staff will notify the medical director when physician applications for privileges should be submitted.

5. Nursing staff

The introduction of a service may require review of current nursing staff qualifications, experience and competency to meet the needs of the service. Describe any changes, education, orientation or new hires anticipated for the implementation of the new service(s). Include any additional specialized training for staff.

8. Infrastructure

Every service needs to be evaluated to ensure sufficient infrastructure is in place to support patient care delivery. This includes evaluation of clinical space and equipment.

	Current number	Number needed for proposed service
Admission bays/rooms		
Operating rooms/procedure rooms of correct size and configuration		
PACU bays		
ONS bays/rooms		
Medical device reprocessing areas		
Clean/sterile storage area		

Equipment

	Current number	Type/number needed for proposed service
Surgery (e.g. instrument sets, anesthesia, equipment, ancillary equipment)		
MDR (e.g. ultrasound, sterilizer, etc.)		
Stretchers and/or beds		
Other (e.g. radiology, laser equipment)		

ORGANIZATIONAL CHART

Provide a copy of the facility's organizational chart, as well as a copy of a modified chart showing the organization of the requested clinical/surgical program or services.

Organizational chart is attached.

EVALUATION

Describe how the service will be evaluated for quality outcomes, patient satisfaction and effectiveness.

ADDITIONAL COMMENTS

MEDICAL DIRECTOR

COLLEGE USE ONLY

Application received: _____ NHMSFAP Committee meeting date: _____

- NHMSFAP Committee decision:
- Denied _____
 - Provisional approval _____
 - Additional information requested _____
 - Approval _____

If you have any questions about the collection or use of this information, please contact the Non-Hospital Medical and Surgical Facilities Accreditation Program at the College of Physicians and Surgeons of British Columbia at 300 -669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).