Medical Corporation Professional Liability Supplemental Application

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Completion of this supplemental application is required as a participant in the Ob-Gyn Risk Alliance program. Please be advised all information disclosed on this form is subject to the anti-fraud statement contained on your initial application.

Physician Name: ______________________________

Are you currently a ProAssurance insured? Yes ☐ No ☐ Policy Number: ______________________

1. Hospital Information

Answer the following questions for each hospital listed on your initial application:

A. Are fetal monitoring strips stored digitally? Yes ☐ No ☐

If no, how are they stored?

Hospital 1: ______________________________

Hospital 2: ______________________________

Hospital 3: ______________________________

Hospital 4: ______________________________

B. Do any of these hospitals use laborists? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

C. Can the physician(s) remotely view the hospitals' electronic fetal monitoring (EFM) strips? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

D. Does the hospital require physicians to have EFM interpretation certification to grant Ob privileges? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

E. Does each of the hospital(s) where the physicians deliver require specialty specific certification for their perinatal nurses? Examples include: the Neonatal Resuscitation Program (NRP), the Association for Women's Health, Obstetric and Neonatal Nursing (AWOHNN certification), fetal monitoring, or the Advanced Practice Strategies fetal monitoring course. Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

F. Do physicians and nurses have regularly scheduled case study discussions or training opportunities? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

G. Are debriefings performed when unanticipated clinical outcomes occur? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

H. Have any of the hospital(s) where the physician(s) deliver adopted Institute of Healthcare Improvement's (IHI's) Elective Induction Safety Bundle? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

I. Have any of the hospitals where the physicians deliver adopted IHI's Elective Augmentation Safety Bundle? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

J. What is the maximum amount of time it takes to perform an emergency C-section once it is determined that one is necessary?

Hospital 1: __________ minutes

Hospital 2: __________ minutes

Hospital 3: __________ minutes

Hospital 4: __________ minutes

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K. Please answer the following question regarding access to a C-section/Anesthesia team:

Hospital 1: Is there a C-section/Anesthesia team onsite? Yes ☐ No ☐
If no, indicate the team's response time when called: ______________________

Hospital 2: Is there a C-section/Anesthesia team onsite? Yes ☐ No ☐
If no, indicate the team's response time when called: ______________________

Hospital 3: Is there a C-section/Anesthesia team onsite? Yes ☐ No ☐
If no, indicate the team's response time when called: ______________________

Hospital 4: Is there a C-section/Anesthesia team onsite? Yes ☐ No ☐
If no, indicate the team's response time when called: ______________________

L. Do(es) the hospital(s) routinely schedule the following obstetrical emergency drills? Yes ☐ No ☐

If yes, which hospital (s)?

Dystocia Drills	1	2	3	4
Maternal CPR	1	2	3	4
Clinical Simulation Training	1	2	3	4

M. Is EFM performed on active labor patients? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

N. Are placentas maintained for at least seven days post-delivery? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

O. Is structured communication (e.g. SBAR) used between physicians and nursing staff to relay patient information? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

2. Mid-Level Provider Information – CNM, CRNP, CRNA

A. Are all employed mid-level provider(s) currently certified and licensed through recognized accrediting/licensing agencies? Yes ☐ No ☐

B. Are employed mid-level provider(s) clinical competency validated by the physician(s)? Yes ☐ No ☐

C. Do(es) the physician(s) regularly review medical records and cases with employed mid-level provider(s)? Yes ☐ No ☐

D. Do(es) any employed mid-level provider(s) follow alternative birthing plan? Yes ☐ No ☐

If yes, please describe: ______________________

E. Are nurse midwives employed? Yes ☐ No ☐

If yes, please answer the following questions:

1. Do midwives perform deliveries? Yes ☐ No ☐
   If yes, how many deliveries do they perform annually? ______________
2. Do midwives perform inductions/augmentation? Yes ☐ No ☐
3. Do midwives perform assisted vaginal deliveries? Yes ☐ No ☐
   If yes, is the physician present? Yes ☐ No ☐
4. Do midwives perform VBAC deliveries? Yes ☐ No ☐
   If yes, is the physician present? Yes ☐ No ☐
5. Do midwives perform underwater births? Yes ☐ No ☐
6. Do the nurse midwives perform home or birthing center deliveries? Yes ☐ No ☐

F. Do(es) the mid-level provider(s) perform any procedures? Yes ☐ No ☐

If yes, please list the procedures, (e.g. Botox, derma fillers, laser hair removal) and also note where the procedures are performed (office/hospital/surgery center).

Procedure: ______________ Location: ______________

Procedure: ______________ Location: ______________

Procedure: ______________ Location: ______________

Procedure: ______________ Location: ______________

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3. Office Practice Information

A. Do(es) the physician(s) provide laborist services to the hospital(s)? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

B. Is the practice able to interface with the hospital's electronic health record (EHR) system? Yes ☐ No ☐

If yes, which hospital(s)? 1 2 3 4

C. Are any of the following Ob-Gyn office procedures performed? Yes ☐ No ☐

If yes, please check to indicate which office procedures are performed:

☐ Colposcopy	☐ Biopsy	☐ LEEP
☐ Cryosurgery	☐ IUD	☐ Non-Invasive Permanent Birth Control
☐ Subdermal Contraceptive	☐ Bio-Identical Hormone Replacement Therapy	☐ Ablation
☐ Fertility Treatment	☐ Non-stress Testing	☐ Urodynamic Testing
☐ Pain Management	☐ Weight Loss Management/Treatment	☐ Amniocentesis

☐ Other (please list): ______________________________

____

D. Do(es) the physician(s) or mid-level provider(s) address patient birthing plans? Yes ☐ No ☐

E. Do(es) the practice have an EHR? Yes ☐ No ☐

If yes, what is the name of the EHR system? ______________________________

Applicant's Signature: ______________________________ Date: ______________

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Risk Management Agreement

I agree that my office staff and I will comply with all Ob-Gyn Risk Alliance risk management programs administered by ProAssurance companies. Our compliance includes cooperating with ProAssurance and its employees and independent contractors in all risk management assessments and recommendations, participating in educational programming, and committing to work with the Ob-Gyn Risk Alliance to improve patient care and thus reduce losses.

I agree to ensure that my staff will work to further such risk management collaboration and comply with all educational and risk management improvement recommendations.

I understand that compliance with this statement is necessary for membership in the Ob-Gyn Risk Alliance Purchasing Group, and failure to comply may jeopardize further participation in the program.

Applicant's Signature: ____

Date: ________________________