

13506 Summerport Village Pkwy.

Box 253

Windermere, FL 34786

Phone 407-376-3110

Fax 863-496-5601

www.AIMIS.org

**General Surgery Center of Excellence “Accreditation” Application**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**

**Hospital / Institute Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext:\_\_\_\_\_\_\_\_\_**

**COO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext:\_\_\_\_\_\_\_\_**

**Contact Representative (person completing application):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Describe:\_\_\_\_\_\_\_\_\_\_\_**

**Academic Affiliation(s):**

**Medical School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many medical students?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a Residency?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, which specialties?:**

**Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your Hospital?:**

**Choose all that apply:**

**\_\_\_\_\_ Community Based (Corporate Chain)**

**\_\_\_\_\_ Community Base (Locally Owned)**

**\_\_\_\_\_ Private Academic**

**\_\_\_\_\_ County**

**\_\_\_\_\_ City**

**\_\_\_\_\_ University / State Owned Academic**

**\_\_\_\_\_ For profit**

**\_\_\_\_\_ Non-profit**

**\_\_\_\_\_ Other, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital-Based General Surgeries:**

**These are Surgeon-Based codes**

|  |  |
| --- | --- |
| **\*\*Procedure (CPT-Codes)** | **Completed in 2018** |
| **Cholecystectomy** **All Codes Total** | **Laparoscopic =****Robot =** |
| **Appendectomy** **All Codes Total** | **Laparoscopic =****Robot =** |
| **Small Bowel Resection****All Codes Total**  | **Laparoscopic =****Robot =** |
| **Colon** **All Codes Total** | **Laparoscopic =****Robot =** |
| **Nissen Fundoplication** **All Codes Total** | **Laparoscopic =****Robot =** |
| **Ventral Hernia Repair** **All Codes Total** | **Laparoscopic =****Robot =** |
| **Inguinal Hernia Repair** **All Codes Total** | **Laparoscopic =****Robot =** |

**Hospital Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of 2019**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lap/Robot Cholecystectomy  | Lap/Robot Appendectomy  | Lap/Robot Small Bowel Resection  | Lap/Robot Nissen Fundoplication  | LapRobot Colon  | Lap/Robot Ventral Hernia Repair  | Lap/Robot Inguinal Hernia Repair  |
| # of Cases |  |  |  |  |  |  |  |
| Converted to Open:ICD9 Code V64.41 |  |  |  |  |  |  |  |
| Re-Admission |  |  |  |  |  |  |  |
| Pelvic Abscess 614.4, 998.59 |  |  |  |  |  |  |  |
| Hematoma 665.70 |  |  |  |  |  |  |  |
| Hemorrhage 998.11 |  |  |  |  |  |  |  |
| Post Op Infection/Cystitis998.51, 998.59 |  |  |  |  |  |  |  |
| Puncture/LacerationUreter 998.2 |  |  |  |  |  |  |  |
| Puncture/LacerationBladder 998.2 |  |  |  |  |  |  |  |
| Puncture/LacerationBowel 998.2 |  |  |  |  |  |  |  |
| Dehiscence 998.32 |  |  |  |  |  |  |  |
| **TOTAL COMPLICATIONS:** |  |  |  |  |  |  |  |

**Instructions:** Please complete the above data collection for AIMIS review. We would like to collect the following: Total number of procedures, conversions to open, readmissions (note this will be first admits for same day surgery) and complications. As you can see, some of the complication data collection has been streamlined utilizing ICD 998 codes. Please detail what injury was obtained when utilizing 998.2 code since this code convers three complications we are looking for. Please report robotics procedures separately if possible.

***GENERAL SURGERY- MEMBERSHIP LEVELS***

**1. COE (Center of Excellence) – Physician/Hospital** – Once an accredited AIMIS surgeon and hospital (or surgical center) has combined efforts and meets MIS standards, the center is recognized as a COE. The COE will have international recognition. Health plans provide unique financial rewards.

 Member in “Good Standing”

 Laparoscopic Designated Operating Room(s)

 MEC to uphold designated surgeon minimum standards

 Technology: Meets AI-MIS standards

 Patient Care: Meets AI-MIS standards

 Code of Conduct: Adheres to AI-MIS policies

**Authorization**

I understand that this information will be maintained for internal review purposes and will not be shares outside of the AIMIS organization without written authorization from the applicant, except to officers, directors, agents, attorneys, accountants, financial partners and lenders of AIMIS, to third parties who must gain access to such information in order to assist AIMIS in the conduct of its business (provided, however, such third parties acknowledge and agree to maintain the confidentiality of such information), and in order for AIMIS to comply with legal proceedings or court process. With my signature, I proclaim that all the information provided is accurate to the best of my knowledge. This application is valid for 12 months from date of receipt and with the option to renew membership.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMIS Representative: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_**



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Membership Checklist and Institution Needs

1.\_\_\_\_\_Membership Application

2.\_\_\_\_\_Current MIS Delineation of Privileges (if available)

3.\_\_\_\_\_Hospital Biography

4.\_\_\_\_\_Last Joint Commission Certification, Month\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_

5.\_\_\_\_\_Payment $7,500

6.\_\_\_\_\_\_Options to submit application:

* Scan & Email to phyllislynam@aimis.org
* Mail: 13506 Summerport Village Pkwy, Box 253, Windermere, FL 34786

Website link information and contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_