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*This Specialty PRQ is to be completed by the surgeon serving as the specialty or division Chair/Chief for this surgical specialty:*

	<i>(e.g., General Surgery)</i>

*1. List clinical areas/surgical subspecialties included within your area:*

*2. Including you, how many surgeons are privileged to perform procedures in your specialty-area (please include all surgeons regardless of employment status or surgical group affiliation)?*



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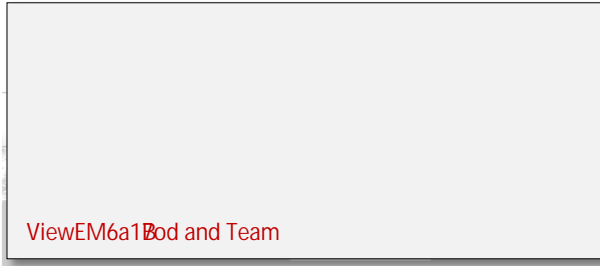
3. Is there an a priori mechanism or forum for



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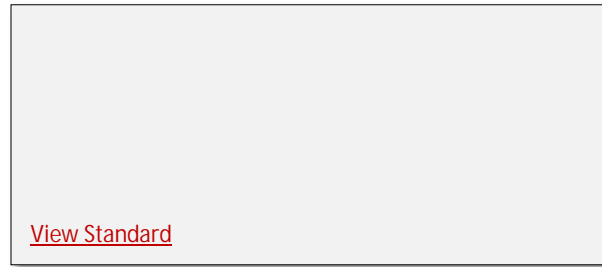
*PASSIVE: Adverse events are expected or unavoidable.*  
*REACTIVE: Able to fix problems whenever they occur,*





15. Complete the **template** by including any standardized protocols your specialty uses in the listed phases of care.

16. **Upload** specialty-specific protocols.



17. Do you participate in any external accreditation/verification/certification programs that address disease-based management (e.g., ACS Trauma Verification, CoC Accreditation, Joint Commission Spine Surgery Certification, etc.)?

If yes, list program names:

18. Do you have any multidisciplinary conferences that address disease-based management of particular conditions? (e.g., tumor board conferences, transplant conferences, etc.)

If yes, list conferences:

19. Do you measure compliance to established clinical guidelines?

If yes, describe:



21. Are data shared with all surgeons within your area?

20. List all sources of data used within your specialty:

Data Source	Data Type	Who Inputs Data	Data Shared Routinely
(e.g., NSQIP, VQI, STS, etc.)	<p>Incident/Serious Safety Event Reporting System</p> <p>Other reporting mechanism to track (near misses and good catches)</p> <p>Administrative claims data (e.g. billing, EHR data, Vizient, Premier)</p> <p>Local, clinically relevant data capture (e.g. Redcap, homegrown registry)</p> <p>External, multi-hospital clinical data registry (e.g. ACS NSQIP, SVS VQI, STS National Database, etc.)</p> <p>Electronic health record associated data (e.g. EPIC SlicerDicer)</p> <p>Risk Adjusted</p> <p>Regional Benchmark Data</p> <p>National Benchmark Data</p> <p>Other</p>	<p>Hospital Staff</p> <p>Patients/Caregivers Surgeon</p> <p>Data Abstractor</p> <p>Automated from EHR</p>	<p>Hospital Leadership (i.e. CMO, quality dept leadership)</p> <p>Surgeon Leadership (i.e. chair, SQO)</p> <p>Specialty Leadership (i.e. thoracic surgery chief)</p> <p>Frontline Surgeons</p> <p>Frontline Care Providers</p>



22. Is there a specialty-level Morbidity & Mortality (M&M) Conference?

23. Is there a process for retrospective case review, separate from M&M, within your specialty?

If yes, how many cases were reviewed over the last 12 months (include cases that have begun review and are still in process)?

24. What are the criteria used for case selection for the case review process?

100% of cases are reviewed

Randomized review (check all that apply):

Random case selection





[View Standard](#)

**30.** Does your specialty department have input and sign-off on specific privileging requirements?

*If yes, explain how this is done:*

**31.** Do you have a specialty-specific onboarding process for all surgeons new to the hospital?

*If yes, does the onboarding process include:*

*Review of initial cases?*

*If yes, how many?*

*Backup call available during initial cases?*

*If yes, how many?*

*Proctoring of initial cases?*

*If yes, how many?*

*Review of volume in historical case logs before privileging?*

*Is there a case volume requirement?*

