2908 Greenbriar Dr., Ste A, Springfield, IL 62704

Phone: (217) 726-7980 Fax: (217) 726-7989

LAB-NIOM

Program Evaluation Document

Satellite Site

I. Program Overview

Date Application Submitted:		
Primary Hospital/Institution and Department Name:		
Address:		
City:	State:	Zip:
Satellite Site Name and Address:		

Name/Title Person Completing This Form:	
Phone:	E-mail Address:
Medical Director:	
Phone:	E-mail Address:
Technical Director of NIOM services:	
Phone:	E-mail Address:
Administrator/Title:	
Phone:	E-mail Address:
Name/Title of Contact Person for LAB-NIOM:	
Phone:	E-mail Address:

II.

II.

Hospital Information

A. Number of beds		
B. Joint Commission certified (For no responses, provide explanation)	Yes ☐	No ☐

C. Type of Hospital:	Yes	No
Academic	☐	☐
Private Tertiary Care	☐	☐
Community	☐	☐
Veterans	☐	☐

Other:	☐	☐

D. Surgical Subspecialties:	Yes	No
Neuro	☐	☐
Ortho	☐	☐
Vascular	☐	☐
ENT	☐	☐
Cardiothoriacic	☐	☐
Other:	☐	☐

III. Technical Director – If different from Primary Application

A. Name:		
B. Is the Technical Director full time? If not, what other responsibilities does the Technical Director have?	Yes ☐	No ☐
C. Is the Technical Director a credentialed technologist?	Yes ☐	No ☐
D. What percentage of time does the Technical Director give to leadership of the program?	% hrs/week	
E. How long has the Technical Director been in the current position?	Years	Months

F. How long has the Technical Director been in the NIOM field?	Years	Months
G. Provide a brief description of the responsibilities of the Technical Director.		

H. Complete CV form for Technical Director and label as Appendix S-1.

IV. Technologists

A. List only technologists that are fully trained in NIOM (include Technical Director if he/she performs NIOM) if not listed in the primary application.

B. Provide a plan for each technologist not having a current CNIM credential.

Name(s) (add lines if necessary)	Degree/ Credential	Perform NIOM at other hospitals		Hrs/week devoted to NIOM	Years of experience in NIOM	Number of cases monitored in last year	Employee or contracted worker
		Yes ☐	No ☐				
		Yes ☐	No ☐				
		Yes ☐	No ☐				
		Yes ☐	No ☐				

C. Complete a CV form in Appendix S-2 for each technologist not included in the primary application.

V. Other Monitoring Personnel

A. Other than interpreting physicians and technologists are there other personnel involved in NIOM?	Yes ☐	No ☐

B. List those individuals who qualify as “other monitoring personnel”.

Name(s) (add lines if necessary)	Degree(s)/ Credential (s)	Perform NIOM at other hospitals		Hrs/week devoted to NIOM	Years of experience in NIOM	Employee or contracted worker	Number of cases monitored in last year
		Yes ☐	No ☐				
		Yes ☐	No ☐				
		Yes ☐	No ☐				
		Yes ☐	No ☐				

C. Complete a CV form in Appendix S-3 for each other monitoring personnel not listed in primary application.

D. For each of the individuals listed in VIII.B, provide a narrative of their responsibilities.

E. How are the qualifications of other monitoring personnel established and monitored?

F. Do the other monitoring personnel get continuing education? If so, how many hours or activities per year and where are they typically obtained? If not, how is continuing education ensured?	Yes ☐	No ☐
G. Who supervises these individuals?		

VI. Facility

A. Describe the NIOM laboratory space.

B. Indicate if the following resources are available in the NIOM laboratory or hospital.

	Yes	No
Is there an office for the Medical Director?	☐	☐
Is there work space for interpreting physicians?	☐	☐
Is there an office for the Technical Director?	☐	☐
Is there work space for the technologists?	☐	☐
Is there an office for the Administrator?	☐	☐

Is there internet access to relevant textbooks and journals?	☐	☐
Is internet access available to all staff?	☐	☐
Are there resources for making slides, presentations, etc.?	☐	☐
Is secretarial support available?	☐	☐
Is there a conference room?	☐	☐
Is there a break room for staff?	☐	☐

For each "No" answer, provide explanation.

C. Indicate the following information about NOIM equipment used in patient care (add rows if necessary).

No.	Type of equipment	Manufacturer	Number of channels	Modalities monitored	Date of purchase (month/ year)	BME Maintenance Schedule	Date of last BME inspection	Remote access
1								
2								
3								
4								
5								

D. Describe how patient records are stored.

VII. Case Load

A. Indicate if the modalities listed below are performed. If they are, complete the information about each modality.

Modality	Performed Yes	Performed No	Stimulating montage	Recording montage	Filter settings	No. of responses averaged	Criteria for raising alert
SEP Upper	☐	☐					
SEP Lower	☐	☐					
MEP	☐	☐				XXXXXXXXXX	
BAEP	☐	☐					
EEG	☐	☐	XXXXXXXXXXX			XXXXXXXXXX	
Nerve to nerve	☐	☐					
Facial nerve EMG	☐	☐				XXXXXXXXXX	
Limb EMG	☐	☐				XXXXXXXXXX	
Corticography	☐	☐				XXXXXXXXXX	
Other (specify)	☐	☐					

If additional explanation is needed, provide it here.

B. If cranial nerve monitoring (other than BAEP) is performed, describe which nerves are monitored, number of procedures performed in the last year, and how the monitoring is performed.
C. If brain mapping is performed, describe the technique used and number of procedures performed in the last year.

D. If movement disorder surgery is performed, describe it here. Include number of procedures performed as well as technique and interpretation criteria.

E. Indicate if the following types of surgery are performed.

Type of surgery	NIOM Performed		Number monitored in last year
	Yes	No	
Vertebral column surgery	☐	☐	
Spinal cord surgery	☐	☐	
Spinal dysraphism surgery	☐	☐	
Selective dorsal rhizotomy	☐	☐	
DREZ and other pain procedures	☐	☐	
CPA surgery (tumor/MVD)	☐	☐	
Brainstem surgery	☐	☐	
Cerebral AVM surgery	☐	☐	
Epilepsy surgery	☐	☐	
Functional cortical localization	☐	☐	
Other cerebral hemisphere surgery	☐	☐	
Carotid artery surgery	☐	☐	
Aortic surgery (including endovascular)	☐	☐	

Cardiac surgery	☐	☐	
Peripheral nerve and plexus surgery	☐	☐	
Movement disorder surgery	☐	☐	
ENT surgery	☐	☐	
Cerebral/spinal endovascular surgery	☐	☐	
Other	☐	☐	

VIII. Interpretation

A. Are all NIOM cases interpreted by a physician interpreter? If not, provide explanation.
B. When does the interpreting physician interpret a NIOM case?
C. How does the interpreting physician review the NIOM data?
D. If an alert is noted, how is it communicated to the surgeon?
E. How many NIOM cases can the physician interpreter be involved with simultaneously? What happens if more than this number of cases is on-going simultaneously?
F. Are all local Medicare rules and regulations regarding NIOM interpretations followed? If no, provide explanation.

IX. Documentation

A. Discuss the process by which NIOM reports are created and posted on the patient's chart.
B. How quickly are reports made available on the patient's chart?
C. Are the number of hours of physician and technologist involvement in the NIOM case noted on the reports? If not, provide an explanation.
D. What information is kept in the NIOM case event log?

X. Policies and Procedures

A. Does the NIOM service have a Policy and Procedures Manual? If no, provide explanation.
B. How often is the Policies and Procedures Manual reviewed and updated?
C. Is there a current quality improvement project? If so, describe a quality improvement project completed in the last three years that resulted in improved patient care.
D. When a new NIOM technique is instituted how are staff trained?
E. When new NIOM equipment is purchased how is the relevant training provided and documented?

F. Provide a copy of the table of contents of the Policies and Procedures Manual in Appendix S-4.

Do not include the entire manual.

G. In Appendix S-5 provide copies of the following policies:

a. Staffing policies

b. Interpretation policy (include information on who interprets, when they interpret, and on report generation)

c. Infection control

d. Electrical safety

e. Quality improvement

f. Continuing education requirement for staff

g. Training for new equipment

h. Training for new types of surgeries/types of monitoring

i. Emergency coverage

j. Policy on record retention

XI. Plans for Program Development and Improvement

A. Discuss short and long term plans on improving the NIOM service.
B. Discuss anticipated changes in management, personnel, equipment, and facility in the next three years.

XII. Signature Page

Information provided by:

_____	_____	_____
Name (print)	Signature	Date

We have read the above application and the accompanying instructions manual. We verify that the information contained herein is accurate.

Verified by:

Medical Director

_____	_____	_____
Name (print)	Signature	Date

Administrator

_____	_____	_____
Name (print)	Signature	Date

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LAB-NIOM

APPENDICES

Satellite Application

Appendix S-1

Curriculum Vitae(s)

Technical Director

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG T.	YES NO	Date: Certificate number: Expiration:
ABRET R. EP T.	YES NO	Date: Certificate number: Expiration:
ABRET CNIM	YES NO	Date: Certificate number: Expiration:
ABRET CLTM	YES NO	Date: Certificate number: Expiration:

AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Name:		
Other:	YES NO	Date: Certificate number: Expiration:
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

In the space below list the most recent continuing education credits earned in the field of NIOM. Please do not include courses not related directly to NIOM, such as sleep and CPR courses.

Appendix S-2
Curriculum Vitae(s)

Technologists

(reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG T.	YES NO	Date: Certificate number: Expiration:
ABRET R. EP T.	YES NO	Date: Certificate number: Expiration:
ABRET CNIM	YES NO	Date: Certificate number: Expiration:
ABRET CLTM	YES NO	Date: Certificate number: Expiration:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Name:		
Other:	YES NO	Date: Certificate number: Expiration:
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

In the space below list the most recent continuing education credits earned in the field of NIOM. Please do not include courses not related directly to NIOM, such as sleep and CPR courses.

Appendix S-3
Curriculum Vitae(s)

Other Monitoring Personnel

(reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG T.	YES NO	Date: Certificate number: Expiration:
ABRET R. EP T.	YES NO	Date: Certificate number: Expiration:
ABRET CNIM	YES NO	Date: Certificate number: Expiration:
ABRET CLTM	YES NO	Date: Certificate number: Expiration:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Other	YES NO	Date: Certificate number: Expiration:
Name:		
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

In the space below list the most recent continuing education credits earned in the field of NIOM. Please do not include courses not related directly to NIOM, such as sleep and CPR courses.

In the space below list the most recent publications and presentations (maximum 10). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

Appendix S-4

Table of Contents of Policy and Procedure Manual

Appendix S-5

Copies of selected policies