

Non-Hospital Medical/Surgical Facility Annual Report

The annual report is to be completed and forwarded to the Deputy Registrar by _____ of each year. This report is required to assure ongoing maintenance of accreditation by The College of Physicians & Surgeons of Manitoba.

The following information is required.

1. Type of Anesthesia

| Type | Procedure(s) Provided | Number of Procedures per Year | | |
|----------------------|-----------------------|-------------------------------|---------------------------|--------------------------|
| | | Adults | Pediatric (under 2 years) | Pediatric (over 2 years) |
| General Anesthesia | | | | |
| Sedation | | | | |
| Major Regional Block | | | | |
| Retrobulbar Block | | | | |
| Other (Please State) | | | | |

2. Surgical Procedures

| Type | Procedure(s) Provided | Number of Procedures per Year | | |
|------------------------------|-----------------------|-------------------------------|---------------------------|--------------------------|
| | | Adults | Pediatric (under 2 years) | Pediatric (over 2 years) |
| Dermatology | | | | |
| General Surgery | | | | |
| Gynecology | | | | |
| Ophthalmology | | | | |
| Oral & Maxillofacial Surgery | | | | |
| Orthopaedic Surgery | | | | |
| Otolaryngology | | | | |
| Plastic Surgery | | | | |
| Urology | | | | |
| Other (please state) | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Physicians with privileges

| Name of Physician | Type & Number of Procedures Performed by Physician | Hospital Affiliation | ACLS Certification Date |
|--------------------------|---|-----------------------------|--------------------------------|
| | | | |
| | | | |
| | | | |

4. Physicians whose privileges were not renewed or were reduced & the reason for same.

| Name of Physician | Reason |
|--------------------------|---------------|
| | |

5. Append copies of the following:

- Infection Audit
- Complications Audit
- Adverse Events Audit (not including Reportable Adverse Events)