

# ANNUAL U.S. HLC QUESTIONNAIRE

**Instructions:** Complete and send this form to HIS the first week in January every year. A copy should also be provided to each HLC member. Using the questionnaire at the next HLC meeting, review the HLC activity for the past year, note any changes in the number of cooperative doctors from previous years, and identify the needs and goals of the HLC (for example, increasing the number of cooperative doctors in certain specialties).

- (1) Date:
- (2) Name of Hospital Liaison Committee:
- (3) Number of Hospital Liaison Committee members:
- (4) Number of significant presentations given:
- (5) Number of Patient Visitation Group members:
- (6) Number of hospitals by type:

|                        |                                   |
|------------------------|-----------------------------------|
| Children's hospitals   | Hospitals with pediatrics         |
| Level 1 trauma centers | Specialized care facilities       |
| Level 2 trauma centers | (cancer, heart, orthopedic, etc.) |
| Level 3 trauma centers | University hospitals              |
| Public hospitals       | Other facilities                  |
- (7) Number of cooperative doctors by specialty:

|                                    |                                  |
|------------------------------------|----------------------------------|
| Anesthesiology                     | Otolaryngology                   |
| Burn Care                          | Pediatric Anesthesiology         |
| Cardiothoracic Surgery             | Pediatric Cardiothoracic Surgery |
| Colorectal Surgery (Proctology)    | Pediatric General Surgery        |
| Critical Care/Intensive Care       | Pediatric Hematology             |
| Emergency Medicine                 | Pediatric Neurosurgery           |
| Gastroenterology                   | Pediatric Oncology               |
| General Surgery                    | Pediatric Orthopedic Surgery     |
| Gynecologic Oncology               | Pediatric Scoliosis              |
| Gynecology                         | Pediatric Sickle Cell            |
| Hematology                         | Pulmonology                      |
| High-Risk Pregnancy (Perinatology) | Robotic Surgery                  |
| Hospitalist                        | Transplantation/Heart            |
| Interventional Radiology           | Transplantation/Kidney           |
| Neonatology                        | Transplantation/Liver            |
| Nephrology                         | Transplantation/Lung             |
| Neurosurgery                       | Trauma                           |
| Obstetrics                         | Urology                          |
| Oncology                           | Vascular Surgery                 |
| Oral and Maxillofacial Surgery     | Other (name)                     |
| Orthopedic Surgery                 | Other (name)                     |
- (8) Complete page 2 (if applicable).

## INFORMATION ON HOSPITALS WITH A BMSP

(If additional entries need to be made, this page may be duplicated)

Hospital Name:

Coordinator's Name:

Hospital Address:

Coordinator's Phone:

Witness (Y or N):

BMSP Phone:

Please type in some comments on the following questions:

- Describe the level of commitment from the hospital administration.
- List the specialties represented in the program and describe those that have a high level of experience in a particular type of surgery or medical care.
- How many physicians are participating in the program?

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- Describe the level of commitment from the hospital administration.
- List the specialties represented in the program and describe those that have a high level of experience in a particular type of surgery or medical care.
- How many physicians are participating in the program?