IUA - COMMISSION FOR ACCREDITATION OF VASCULAR CENTRES

APPLICATION FOR ACCREDITATION FORM

Mr. President and Mr. Secretary General of the International Union of Angiology

Mr. Chairman, Mr. CoChairman and Mr. Secretary of the European Commission for Accreditation of VCs c/o

Administrative Secretariat e-mail**: secretary@angiology.org -**

Hospital.....

Address..... Zip code.....

Region / State ..... Country.....

General Manager..... Address.....

phone..... fax..... e-mail.....

Vascular Medicine Dpt. / Service

Head..... phone..... fax.....

e-mail.....

Title and Qualifications (please provide brief CV).....

.....

Medical Staff.....

Ward, dedicated yes/no n. of beds No ward Outpatients only

Vascular Surgery Dpt. / Service

Head..... phone..... fax.....

e-mail.....

Title and Qualifications (please provide brief CV).....

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Surgical Staff.....

Ward, dedicated yes/no n. of beds Intensive Care Unit (internal) yes/no n. of beds **Endovascular Activity**

Who is providing it ? (Please specify).....

Main Responsible Professional.....

phone..... fax..... e-mail.....

Title and Qualifications (please provide brief CV).....

.....

Staff (Radiological, Surgical, Medical, other : please specify).....

Ward (if separate from Medical/Surgical) yes/no n. of beds

Vascular Laboratory

Who is directing it ?.....

Title and Qualification (please provide brief CV).....

phone..... fax ..... e-mail.....

Who is providing activity ? (please specify - Vascular physicians, V. Surgeons, Radiologists, others)

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Who is performing the examinations: doctors / technicians.....

What is the professional qualification of the operators? (please specify).....

Is this Laboratory serving the entire Hospital?.....

Is it an outpatient service?.....

Urgent and Emergency service is provided 24h 365d on an on call basis?.....

Equipment and Instruments (please give details: type, number, year of fabrication etc).....

.....

Ward / s

Medical - Surgical - Common (please specify).....

Total number of beds.....

Are all of them located in the same floor of the Hospital ?.....

same floor as the Surgical Theatre?..... same floor as the Endovascular Unit?.....
same floor as the Intensive Therapy Unit ?..... same floor as the High Dependency Unit ?.....

Dedicated Vascular Operating Theatre yes / no

common use with other speciality? (please specify)..... *

C-arm angiographic equipment (type, company, year).....

operated by Radiologist / Technician.....

* cell-saver etc.....

* organ perfusion equipment.....

* LH shunt and extracorporeal circulation equipment..... Please specify common use with Cardiac Surgery ?

How many days a week is it operative for Elective Vascular Surgery? How many hours?

Is *it promtly available for emergencies 24hrs 365days with adequate and complete personnel?* (please specify) .....

Endovascular Unit

Is it independent yes / no is it part of the Radiology Dpt./Service - other.....

Is it dedicated only to vascular procedure? yes/no if not, what else?.....

Is it promptly available for emergencies 24hrs 365days with adequate and complete personnel? (please specify).....

Who is responsible for this unit? Please specify: name, title, qualifications etc.

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Equipment: (please provide adequate description).....

.....

Hybrid Radio-Surgical Unit (please describe giving details) see Vascular Surgical Theatre.....

.....

Intensive Therapy Unit

Dedicated to Vascular patients? ..... common with Cardiac Surgery?..... with others?.....(please specify)

Is it centralized for the entire Hospital?.....

Who is responsible for this unit? (please give name, title, position, qualifications etc).....

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High Dependency Unit idem (please specify)

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Outpatients Clinic/s

Independent clinic and facility or mixed with other specialities outpatien clinics? (please specify).....

.....

Is it moncentric or multicentric with clinics in adjacent hospitals or institutions? (please specify).....

.....

Who is managing the outpatient clinic ? : Vascular Medicine.....

Vascular Surgery.....

Both of them.....

Other.....

Day care facility and Organisation

Does the Hospital provide such service in general ?.....

There is a separate facility/organisation for vascular patients?.....

What kind of treatments are provided under day care? medical treatment - endovascular - day surgery?

where are they provided ? (please specify).....

.....

Emergency Service for Diagnosis and Treatment

Is it provided 24h 365d ?.....On call rota (personnel and organisation) ? (please specify).....

.....

Who provides first approach to the patients on emergency ? Vascular Surgery.....

Vascular Medicine.....

Others.....

Rotation.....

Who is / are responsible for the emergency service ? (please specify).....

.....

Are there already established shared guidelines and clinical pathways ?.....

.....

Who makes the final decision on indications ?.....

.....

Is the *Vascular Laboratory* readily available on emergency - on call basis ?.....

Are *CT and other Radiological investigations* readily available on emergency - on call basis ?.....

.....(please specify)

Is the *Endovascular Unit* readily available on emergency with personnel and technician - on call basis ?

.....

Where is the *deposit of endovascular materials*, devices, stents and endografts ?.....

.....

Who is *responsible for the endovascular materials* etc. ?.....

.....

What's the purchasing process ?.....

Who selects materials, stents, endografts etc. ?.....

Who provides endovascular treatment on emercency ? (please specify).....

.....

Cooperation, elective and on emergency

List promptly available cooperations Cardiology..... Diabetology.....

Nephrology..... Neurology..... Internal Medicine.....

Cardiac Surgery..... General Surgery.....

Orthopaedics and Traumatology.....

Others.....

Clinical Workload for Conservative, Endovascular and Open Surgical Treatment

(please refer to one year - jan. 1st / dec. 31st - as close as possible) *Clinical*

series should be certified by the appropriate authority

Database - Record keeping - Quality control - Audit of results

(Please specify means and procedures)

Training Centre

If the applying Vascular Centre is the site of one or more training centres (speciality schools) please specify for what speciality/ies, number of trainees, faculty, authority etc.

Publications

Please list the papers or books etc. published by the VC during the last five years

Signatures **Date**

Head Vascular Physician

Head Vascular Surgeon

Responsible for endovascular procedures

Administrative Director of the Hospital