

**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)