



451 Hills St, Suite B • Richland, WA 99354  
P (509) 371-1107 • F (509) 371-1316

## Program Application

Please complete the following application as thoroughly as possible and send to [programoffice@signfracturecare.org](mailto:programoffice@signfracturecare.org). Include any other information that you believe to be important or appropriate about you or your hospital.

### Contact Information

Hospital Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Webpage Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of person completing application \_\_\_\_\_

Email address \_\_\_\_\_

### Program Manger Information

***The Program Manager is the main contact between SIGN and the hospital. He/she is responsible for coordinating proper training of the SIGN Technique and other orthopaedic training provided by SIGN. They will act as the coordinator of SIGN volunteer consultants, and be responsible for the timely reporting of cases onto the Surgical Database. Reliable access to the internet and a digital camera are required.***

Reporting cases performed with SIGN Implants is a requirement. The Program Manager is responsible to ensure that all cases are reported to the Surgical Database on a weekly basis. We review each surgical report posted on the database. Your input will help SIGN improve our products and techniques. We will read and consider all comments and suggestions you send to us. The benefits of reporting include:

- a) SIGN Implants and certain SIGN Instruments are replaced after 20 cases have been reported onto the Surgical Database. Preliminary and postoperative x-rays, as well as a minimum of 30% follow up to healing, are required to be eligible for replacement. Follow ups must include a follow-up x-ray and clinical photo of squat and smile to qualify.

- b) Participating in an international orthopaedic dialogue. This is done through comments on the Surgical Database, emails, and our annual international conference.

Name of surgeon who will be serving as SIGN Program Manager \_\_\_\_\_

Email address \_\_\_\_\_

### Orthopaedic Information

1. Please indicate the type of services your hospital provides:

Private\_\_\_\_ Charity\_\_\_\_ Both\_\_\_\_

2. What percentage of your patients are charity cases? %\_\_\_\_

3. Please describe how your hospital defines charitable patients:

\_\_\_\_\_

\_\_\_\_\_

4. What percentage of your patients are treated free of charge? %\_\_\_\_

5. How many orthopaedic beds are in your hospital? #\_\_\_\_

6. How many total beds are in your hospital? #\_\_\_\_

7. How many of the following fracture types does your hospital treat per year by surgery:

a. Tibia: #\_\_\_\_

b. Femur: #\_\_\_\_

c. Humerus: #\_\_\_\_

8. What percentage of these is treated best with IM nail? %\_\_\_\_

9. What are the usual lengths and widths of your patients' tibias?

a. Length: \_\_\_\_\_

b. Width: \_\_\_\_\_

10. What are the usual lengths and widths of your patients' femurs?

a. Length: \_\_\_\_\_

b. Width: \_\_\_\_\_

11. How many surgeries per week does the orthopaedic department perform? #\_\_\_\_

12. How many operating rooms per day are available for trauma surgery? #\_\_\_\_

13. Is there an operating room attached to the emergency room? Yes\_\_\_\_ No\_\_\_\_

14. Do you have a functioning C-arm in your operating room? Yes\_\_\_ No\_\_\_

15. Have you had experience in IM nailing? Yes\_\_\_ No\_\_\_

a. If yes, please explain your experience.

---



---

b. How many IM nailings have you done? #\_\_\_

c. Do you have experience with SIGN Nailing? Yes\_\_\_ No\_\_\_

d. If yes, at what hospital(s) and with which surgeon(s)?

---

e. If no, are you willing to travel to learn the SIGN Technique? Yes\_\_\_ No\_\_\_

16. How many surgeons in your department plan to perform SIGN Surgery? #\_\_\_

Please provide their names and email addresses:

---



---



---

17. Our ultimate goal is for the local physicians to do the surgery. However, would a visiting SIGN consultant be permitted in your operating rooms to perform and assist using SIGN Nail and other orthopaedic products provided by SIGN? Yes\_\_\_ No\_\_\_

18. Does your hospital train orthopaedic surgeons? Yes\_\_\_ No\_\_\_

19. What is your hospital's orthopaedic infection rate? %\_\_\_

20. Please put an "X" next to the equipment your hospital currently has:

Bone Clamps \_\_\_

Cautery \_\_\_

Curved Awl \_\_\_

Drill \_\_\_

Fracture Table \_\_\_

Mallet \_\_\_

Periosteal Elevator \_\_\_

Retractors \_\_\_

Suction \_\_\_

21. How did you learn about SIGN? \_\_\_\_\_

---

### Hospital Administration and Logistics

22. SIGN will ship products directly to your hospital. SIGN Fracture Care International does not pay custom duties nor do we have personnel in your country that will process your shipments through customs. Please describe how your administration will process the shipments through customs:

---



---

23. **Medical Liability:** Do you agree that the outcome of the surgery and the well-being of the patient is the responsibility of the hospital and/or surgeon and not SIGN? Yes\_\_\_ No\_\_\_
24. How much does your hospital charge a patient to have surgery, without considering the cost of an implant: \$\_\_\_\_\_

*SIGN Programs are established in hospitals where the hospital administration, the head of the department and the surgeons agree that the SIGN Implants are to be used without charge for the poor. We ask that your administration and orthopaedic leadership read the agreements on the following page. Please return this application after the agreements have been signed.*

### Additional Comments

Please tell us any additional information that will help the Program Committee consider your hospital for a SIGN Program.

---



---

**Processing your application:** *Thank you for submitting your application. It will be reviewed by the Program Selection Committee for acceptance. If your hospital is accepted, you will become part of the SIGN Family. This family includes SIGN Staff at headquarters, North American and European volunteer consultants and more than 5000 SIGN Surgeons throughout the developing world. Together we will work to create equality of fracture care throughout the world.*

### **Agreements**

Before we begin the process of evaluating a hospital for a SIGN Program, we request that the hospital administrator and surgeon sign the following agreements and forward to SIGN:

#### **Agreement by the Administration**

The undersigned agrees that the SIGN Instruments and Implants will only be used to treat the poor and the hospital will not charge the poor for the instruments, implants and other materials donated by SIGN Fracture Care International. Failure to comply with this requirement could result in the termination of the SIGN Program at the hospital named above. Hospital fees will be affordable to the poor patients and their families. If, for any reason, the SIGN Program is terminated, the Instruments and Implants will be returned to SIGN Headquarters or sent to another hospital determined by SIGN Fracture Care International.

Recipients of SIGN Products acknowledge that SIGN Fracture Care International is the exclusive owner of and/or has all rights to the patents, trademarks, trade secrets, copyrights, and any confidential information used in connection with the Products. By accepting SIGN Products, the undersigned agrees they will not reverse engineer, disassemble, reproduce, or otherwise interfere with SIGN's rights to the SIGN Products.

If the undersigned decides to cease using the SIGN Equipment for any reason, SIGN Fracture Care International will receive notice within 30 days of this decision.

\_\_\_\_\_  
Signature of Hospital Administrator

\_\_\_\_\_  
Name and Title of Administrator

### **Agreement by the Orthopaedic Surgeons**

The undersigned agrees that the SIGN Instruments and Implants will only be used to treat the poor and the hospital will not charge the poor for the instruments, implants and other materials donated by SIGN Fracture Care International. Failure to comply with this requirement could result in the termination of the SIGN Program at the hospital named above. Hospital fees will be affordable to the poor patients and their families. If, for any reason, the SIGN Program is terminated, the Instruments and Implants will be returned to SIGN Headquarters or sent to another hospital determined by SIGN Fracture Care International.

The undersigned agrees to the following:

1. Surgeons in the hospital will report each SIGN Surgery to the online Surgical Database.
2. Implants eligible for replacement must include preliminary and postoperative x-rays.
3. Comply with current reporting, follow-up, and instrument replacement policies.

Recipients of SIGN Products acknowledge that SIGN Fracture Care International is the exclusive owner of and/or has all rights to the patents, trademarks, trade secrets, copyrights, and any confidential information used in connection with the Products. By accepting SIGN Products, the undersigned agrees they will not reverse engineer, disassemble, reproduce, or otherwise interfere with SIGN's rights to the SIGN Products.

*Note: Reporting cases onto the online Surgical Database includes filling in drop down boxes, sending digital images of pre and postoperative x-rays and follow-up x-rays. We will respond to questions or comments you pose in the comments section. You may access your data at any time using your username and password.*

\_\_\_\_\_  
Signature of Program Manager  
*on behalf of the surgeons who will report*

\_\_\_\_\_  
Signature of Chief of Orthopaedics  
*on behalf of the surgeons who will report*

\_\_\_\_\_  
Name and Title of Program Manager

\_\_\_\_\_  
Name and Title of Chief of Orthopaedics

## Reporting Policy

Your hospital must adhere to the following expectations:

1. Report each SIGN Surgery on the Surgical Database including preliminary and postoperative x-rays within 1 week of the surgery date. If reports are added more than 6 weeks after the surgery date, a follow-up report must be included with a follow-up x-ray and a clinical photo of squat and smile.
2. Upload legible preliminary, postoperative, and follow-up x-rays that can be viewed by SIGN Fracture Care International in order to evaluate the surgery and patient healing.
3. Contact SIGN Fracture Care International if instruments are broken or lost. The hospital must give details as to how the instruments were damaged or worn for consideration of replacement.
4. Respond to email communication from SIGN Fracture Care International within 3 days. Program Manager will notify SIGN Staff of any contact information changes for the hospital within 30 days of a change. (This includes a new Program Manager assignment or email address change.)
5. Notify SIGN within 30 days if the hospital must stop surgeries for an extended period of time for any reason.

**If these expectations are NOT met, SIGN Fracture Care International reserves the right to do the following:**

1. Stop supply of SIGN Implants and Instruments until proper reporting is resumed.
2. Require the Program to obtain a sponsor for replacement implants if follow-up is below 10% by February 28<sup>th</sup>, and 30% after April 30<sup>th</sup>. (*Special consideration is given to new hospitals within 6 months of receiving supplies*)
3. Request a set transfer to a hospital of SIGN's choosing if reporting stops for 2 months.
4. Request that the hospital obtain a sponsor for replacement implants to "restart" the SIGN Program if the hospital experiences inventory loss.

---

Please initial below showing you have read and understand the terms listed above and accept responsibility for regularly uploading SIGN Surgery information to the Surgical Database. If any of the above guidelines are not met, it may result in the removal of donated SIGN Equipment from the hospital named above.

\_\_\_\_\_  
Initial (Program Manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial (Hospital Administrator)

\_\_\_\_\_  
Date