Procedural Standards and Checklist
Accreditation of Ambulatory Facilities

AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.
WWW.AAAASF.ORG

AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

Procedural Standards and Checklist for Accreditation of Ambulatory Surgery Facilities
Version 4.3 ● February 2019

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AAAASF FACILITY IDENTIFICATION FORM

7500 Grand Avenue,
Suite 200
Gurnee, IL 60031

___No Information Changes **___Information Changes Noted Below**

Facility Class: __CLASS A __CLASS B ___CLASS C-M __CLASS C

Facility Identification Number ***(Check one)***

Name of Facility

Name of Facility Director (must be M.D. or D.O.)

Name of Office Manager or Head Nurse

Address **Suite**

City **State** **Zip**

Phone **Fax**

Website **Email**

Name of Facility Owner, Controlling Stockholder and/or Beneficial Ownership *(List additional names on separate sheet)*

Facility Licensure **Date**

☐ **Not Previously Accredited by Other Accrediting Organization**
☐ **Previously Accredited by Other Accrediting Organization**

Name(s) of Other Organization:

Initial survey Date **Class** **Last**

Re- survey Date **Class**

X

Facility Director's Signature **Date**

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AAAASF **CURRENT STAFF IDENTIFICATION FORM** **2011**

7500 Grand Avenue
Suite 200
Gurnee, IL 60031

Please list all practitioners performing any procedures in the facility

---

Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)

State Medical License # **Specialty(s)**

ABMS/AOABOS Certifying Board **Year Certified or Year Eligible**

Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges

Department or Section

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?

☐ NO
☐ YES

List Hospital(s)

Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)

State Medical License # **Specialty(s)**

ABMS/AOABOS Certifying Board **Year Certified or Year Eligible**

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Department or Section

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☐ NO
☐ YES

List Hospital(s)

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The AAAASF Procedural Facility Accreditation Program

The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) conducts a procedural facility accreditation program that verifies that a facility meets nationally recognized safety standards. The procedural facility accreditation program is conducted by physicians and nurses who determine the standards under the direction of a Board of Directors. The procedural facility accreditation is intended for ambulatory facilities performing procedures under sedation in which therapeutic and diagnostic procedures are carried out, which would include gastroenterologists, urologists, gynecologists (including abortions and IVF), pain management, vascular access, radiology and nephrology physicians. These procedures may include minimally invasive procedures and minor surgical procedures. (e.g. Intra-oral maxillo-facial procedures, minor urological procedures to include circumcisions, vasectomies, etc.) The AAAASF strives for the highest standards of excellence for its facilities by regularly revising and updating its requirements for patient safety and quality of care. Both procedural and surgical standard facilities are accredited in classes (A-C) determined by anesthesia criteria.

Basic Mandates

- Patients receiving anesthetic agents other than topical or local anesthesia should be supervised in the immediate post discharge period by a responsible adult for at least 12-24 hours, depending on the procedure and anesthesia used.
- Changes in facility ownership must be reported to the AAAASF Office within thirty (30) days of the change.
- Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a procedure performed in an accredited facility, must be reported to the AAAASF office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must also be reported as an unanticipated procedure sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of a procedure done in an AAAASF accredited facility, an unannounced survey may be done by a senior inspector.
- The facility director is responsible for establishing and enforcing policies that protect patients. The director monitors all members of the medical and facility staff for compliance with this policy.
- AAAASF Patient'sBill of Rights should be posted, followed and promoted.
- All individuals using the facility must meet one of the following criteria (throughout this document the terms physician, medicine and medical apply to both M.D. and D.O. degrees):

  1. A physician certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).
  2. A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

- All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility. A physician must be present when anesthesia other than strictly local is being administered in Class B, Class C-M or Class C accredited facilities.
- If pediatric patients are treated in the facility, a minimum of one staff member who is PALS certified (Pediatric Advanced Life Support Course), must be present in the facility until all pediatric patients recovering from anesthesia have met criteria for discharge from the facility.
- Failure to adhere to the basic mandates of AAAASF will result in referral to the Investigations Committee. Sanctions by the Board of Directors may result in emergency suspension and revocation.

Pain Medicine (PM) is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary sub-specialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who sub-specialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine. (Reprinted from the 2009 American Board of Anesthesiology website.)

Practitioners of Pain Management would be required to meet all of the following criteria:

1. Have an M.D. or D.O. degree
2. Appropriate fellowship training in pain management
3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology
4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS
5. All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital in the area of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within theAAAASF accredited facility.

Onsite survey

A facility is inspected every three years. The facility inspector will review any deficiencies with the facility director and forward the Standards and Checklist answer sheet to the AAAASF Central Office. To be accredited by AAAASF, a facility must meet every standard for its Class (A, B, C-M or C).

Onsite survey Privacy Policy

Onsite AAAASF surveys typically involve the attention of the facility Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The survey process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's announced or unannounced surveys. Accreditation consultants may be present during the surveys; however AAAASF asks that consultants remain silent during the survey process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

Self-Evaluation survey

A facility is evaluated by the facility director each year between surveys, and the Standards and Checklist answer sheet is sent to the AAAASF Office. A facility's AAAASF accreditation remains valid if it continues to meet every standard for its Class (A, B, C-M or C). Otherwise, accreditation is revoked.

Denial or Loss of Accreditation

The AAAASF will deny or revoke accreditation of a facility if the facility fails to satisfy every standard for its Class (A, B, C-M or C), or if any physician performing procedures at the facility that:

- Has had their privileges to perform procedures restricted or limited by any hospital at which the physician has privileges, related to lack of clinical competence, ethical issues, or professional problems other than economic competition.
- Has been found to be in violation of the Code of Ethics of any professional medical society or association of which they are a member.
- Has had their right to practice medicine limited, suspended, terminated or otherwise affected by any state, province, or country, or if they have been disciplined by any medical licensing authority.
- Non-reporting of any of the above to the AAAASF.

Hearing

Any facility whose accreditation has been revoked or denied by the AAAASF has the right to a Hearing at which it may present such information as it deems advisable to show that it has satisfied the requirements for accreditation. The Hearing process is described in the AAAASF Bylaws available from the AAAASF Central Office.

Emergency Suspension or Emergency Probation

The AAAASF may place a facility on Emergency Suspension or Emergency Probation status upon receiving information that a state medical or osteopathic board has taken action, or begun formal proceedings which may result in it taking action against a license held by a physician practicing at the facility, or the Board of Directors determining that the facility may no longer meet AAAASF standards for accreditation. A facility that has been placed on Emergency Suspension or Emergency Probation status will remain in such status pending an investigation and possible Hearing, conducted in accordance with AAAASF procedures that are available from the AAAASF Central Office.

Important Notice

Maximal patient safety has always been our guiding concern. We are proud that our Standards may be considered the strongest of any agency that accredits ambulatory surgery facilities, and that many consider them to be the *Gold Standard*. We recognize, however, that they need to be part of a living document, and we continually re-evaluate and revise these Standards in the light of medical advances and changing legislative guidelines.

The AAAASF Accreditation Program requires 100% compliance with each Standard to become and remain accredited. There are no exceptions. However, when a Standard refers to appropriate or proper or adequate, reasonable flexibility and room for individual consideration by the inspector is permitted as long as patient and staff safety remain uncompromised.

Definition

Adequate – is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

The facility director must attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, local, or AAAASF standard.

Please complete and sign the following Facility Director's Attestation document and return it to the AAAASF office.

Facility Director's Attestation

The Facility Director must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the AAAASF standard.

Please complete and sign the following document and return to the AAAASF office:

FACILITY DIRECTOR'S ATTESTATION

As Director of the (name of facility)_____,

located at_____, I attest that this facility meets all applicable local, state, and federal zoning and construction codes and regulations, including Certificate of Need requirements, as mandated. I further acknowledge that wherever governmental regulations or codes supersede AAAASF Standards, the stricter rule is applicable, whether it is the local, state, federal regulation or code or AAAASF Standard. Furthermore, I authorize AAAASF to release accreditation reports and corrective action plans to the state Board or Federal government upon request.

_____ _____

Facility Director Date

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AAAASF
7500 Grand Avenue
Suite 200
Gurnee, IL 60031-2986

Toll-free: 888-545-5222
Phone: 847-775-1970
Fax: 847-775-1985
www.aaaasf.org

When using this manual to prepare for a survey, or conducting a self-survey, every Standard should include a response.

If a standard for the Class (A, B, C-M or C) does not apply to the situation in this facility, indicate such by marking N/A on the answer sheet.

Each numbered Standard question in this booklet must have a response. If a Standard for a facility does not apply to the situation in the facility, the inspector must indicate such by marking N/A on the answer sheet. For every N/A, there must be an explanation noted by the inspector on the answer sheet to justify that response. All NO answers should be discussed with the facility director or appropriate staff, and the inspector should make recommendations as to how the deficiencies should be corrected.

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100 Basic Mandates

100.10 Basic Mandates and Facility Classifications

100.10.10 B,C-M,C

The facility should have a scheduling policy that includes only those procedures and/or combination of procedures of duration and degree that permit safe recovery and discharge from the facility.

100.10.15 B,C-M,C

Patients receiving anesthetic agents other than topical or local anesthesia should be supervised in the immediate post discharge period by a responsible adult for at least 12-24 hours, depending on the procedure and anesthesia used.

100.10.20 A,B,C-M,C

Changes in facility ownership must be reported to the AAAASF office within thirty (30) days of the change.

100.10.25 A,B,C-M,C

Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a procedure performed in an accredited facility, must be reported to the AAAASF office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must also be reported as an unanticipated procedure sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of a procedure done in an AAAASF accredited facility, an unannounced survey may be done by a senior inspector unless waived by the Investigative Committee.

100.10.30 A,B,C-M,C

All practitioners using the facility must meet one of the following criteria (throughout this document the terms physician, medicine and medical apply to both M.D. and D.O.):

- A physician certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).
- A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

100 Basic Mandates

100.10.32 A,B,C-M,C

The facility director is responsible for establishing and enforcing policies that protect patients. The director monitors all members of the medical and facility staff for compliance with this policy.

100.10.35 A,B,C-M,C

All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at the nearest accredited and/or licensed acute care hospital in the area of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility. A physician must be present when anesthesia other than strictly local is being administered in Class B, Class C-M or Class C accredited facilities.

100.10.40 A,B,C-M,C

Onsite AAAASF surveys typically involve the attention of the facility Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The survey process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF‟s announced or unannounced surveys/surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the survey process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

100 Basic Mandates

100.10.45 A

Class A:

In a Class A facility, all surgical, endoscopic, and/or pain management procedures may be performed under the following anesthesia:

- Topical anesthesia
- Local anesthesia

If oral medications are used, only minimal and moderate sedation levels are permitted in Class A facilities.

In a Class A facility, no more than 500cc's of aspirate should be removed when performing liposuction.

Class A facilities must meet all Class A standards.

Minimal sedation (anxiolysis) − a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected.

100 Basic Mandates

100.10.50 B

Class B:

In a Class B facility, all endoscopic, and/or pain management procedures may be performed under the following moderate anesthesia:

- Topical anesthesia
- Local anesthesia
- Parenteral sedation
- Regional
- Field and peripheral nerve blocks
- Dissociative drugs (excluding Propofol).

Agents 3 through 5 may be administered by a/an:

- Physician
- Certified registered nurse anesthetist (CRNA) under physician supervision if required by state or federal law, or by policy adopted by the facility
- Anesthesia assistant (as certified by the National Commission for the Certification
- of Anesthesiologist Assistants (NCCAA)) under direct supervision of an anesthesiologist.
- Registered nurse, only under the supervision of a qualified physician

The use of Propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (including nitrous oxide) is prohibited in a Class B facility.

In a Class B facility, no more than 5000cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

Class B facilities must meet all Class A and Class B standards.

Moderate Sedation - an induced state of sedation characterized by a minimally depressed consciousness such that the patient is able to continuously and independently maintain a patent airway, retain protective reflexes, and remain responsive to verbal commands and physical stimulation.

100 Basic Mandates

100.10.55 C-M

Class C-M:

In a Class C-M facility, all surgical, endoscopic, and/or pain management procedures may be performed under the following anesthesia:

- Topical anesthesia
- Local anesthesia
- Parenteral sedation
- Regional
- Field and peripheral nerve blocks
- Dissociative drugs (including Propofol)
- Spinal anesthesia
- Epidural anesthesia

Agents 3 through 5 may be administered by a/an

- Physician
- CRNA under physician supervision if required by state or federal law, or by policy adopted by the facility
- Anesthesia assistant (as certified by the NCCAA) under direct supervision of an anesthesiologist
- Registered nurse, only under the supervision of a qualified physician (excluding Propofol)

Propofol, spinal anesthesia, and epidural anesthesia may be administered only by a/an:

- CRNA (under physician supervision if required by state or federal law or by policy adopted by the facility)
- Anesthesia assistant (as certified by the NCCAA) under direct supervision of an anesthesiologist
- Anesthesiologist

The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (including nitrous oxide) is prohibited in a Class C -M facility.

In a Class C-M facility, no more than 5000cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

Class C-M facilities must meet all Class A, Class B, and Class C-M standards.

Deep sedation−an induced state of sedation characterized by depressed consciousness such that the patient is unable to continuously and independently maintain a patent airway and experiences a partial loss of protective reflexes and ability to respond to verbal commands or physical stimulation.

100 Basic Mandates

100.10.60 C

Class C:

In a Class C facility, all surgical, endoscopic, and/or pain management procedures may be performed under the following anesthesia

- Topical anesthesia
- Local anesthesia
- Parenteral sedation
- Regional
- Field and peripheral nerve blocks
- Dissociative drugs (including Propofol)
- Epidural anesthesia
- Spinal anesthesia
- General anesthesia (with or without endotracheal intubation or laryngeal mask airway anesthesia)

Agents 3 through 5 may be administered by a/an:

- Physician
- CRNA under physician supervision if required by state or federal law, or by policy adopted by the facility
- Anesthesia assistant (as certified by the NCCAA) under direct supervision of an anesthesiologist
- Registered nurse, only under the supervision of a qualified physician (excluding Propofol)

Propofol and agents 6 through 8 may be administered only by a/an:

- CRNA (under physician supervision if required by state or federal law or by policy adopted by the facility)
- Anesthesia assistant (as certified by the NCCAA) under direct supervision of an anesthesiologist
- Anesthesiologist

In a Class C facility, no more than 5000cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

Class C facilities must meet all Class A, Class B, Class C -M, and Class C standards.

Deep sedation– an induced state of sedation characterized by depressed consciousness such that the patient is unable to continuously and independently maintain a patent airway and experiences a partial loss of protective reflexes and ability to respond to verbal commands or physical stimulation.

100 Basic Mandates

100.10.65 A,B,C-M,C

ABMS certified or eligible medical specialists who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their ABMS board certification and/or covered by AMA Core Principle #7. AOA certified or eligible physicians who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their AOA Board Certification and/or covered by AMA Core Principle #7. Podiatrists certified or eligible for certification who perform surgical procedures with accredited facility may perform only those surgical procedures delineated in their ABPS Board Certification and/or covered by AMA Core Principle #7.

The AMA Core Principle #7 (from AMA Resolution dated April 2003):

"AMA Core Principal #7 - Physicians performing office-based surgery must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board. The surgery must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care."

The physician's hospital has the right to limit the type of procedures the physician may perform within the specified scope of practice. This limitation will apply to the AAAASF certified facility as well.

Granting of hospital privileges outside the scope of training and practice recognized by the individual practitioner certifying board will not apply to the AAAASF accredited facility.

100.10.70 A,B,C-M,C

Practitioners of Pain Management would be required to meet all the following criteria:

1. Have an M.D. or D.O. degree
2. Appropriate fellowship training in pain management
3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology
4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS
5. All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital in the area of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility.

100 Basic Mandates

100.10.75 A,B,C-M,C

Practitioners of Interventional Radiology would be required to meet all the following criteria:

1. M.D. or D.O.
2. Board certification by the American Board of Radiology
3. Fellowship training as approved by the American Board of Radiology
4. Current certificate of added qualifications in Interventional/Vascular Radiology
5. All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital in the area of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility.

100.10.85 B,C-M,C

The surgeon and the licensed anesthesia provider should concur on the appropriateness of procedures performed at the facility. This is based on the medical status of the patients, the qualifications of the providers, and the facility resources.

200 Procedure Room Policy, Environment, and Procedures

200.10 Written Policies

200.10.10 A,B,C-M,C

A policy for a 'procedure pause' or a 'time out' protocol is in place and practiced prior to every procedure.

This protocol should include a pre-operative verification process to include medical records, imaging studies, and any implants identified and reviewed by the operating room team. Missing information or discrepancies must be addressed in the chart at this time.

Marking the procedure site where appropriate –
Procedures must include site marking for any procedure that involves laterality, or multiple structures (ovaries, eyes,

fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking.

'Time Out' immediately before starting the procedure, conduct a final verification by at least two (2) members of the procedure team confirming the correct patient, procedure, site marking(s) and, as applicable, special equipment or requirements. As a 'fail-safe' measure, the procedure is not started until any and all questions or concerns are resolved.

Procedures done in non-operating-room settings include site marking for any procedures involving laterality, or multiple structures.

200.20 Environment

200.20.5 A,B,C-M,C

The facility displays a professional appearance in keeping with a medical facility designed to carry out procedures. The facility must be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more dedicated exam rooms must be available that provide for privacy and treatment in a sanitary, orderly environment.

200.20.7 B,C-M,C

The operating suite includes operating room(s), a prep/scrub area, a clean area and/or dirty area, and a post - anesthesia care unit.

200 Procedure Room Policy, Environment, and Procedures

200.20.10 B,C-M,C

There is a room dedicated for use as a procedure room.

200.20.15 A

An exam room may function as a procedure room.

200.20.20 A,B,C-M,C

The procedure room(s) is adequately ventilated and temperature controlled.

200.20.35 A,B,C-M,C

The procedure room(s) is properly cleaned, maintained and free of litter and clutter.

200.20.40 A,B,C-M,C

Each procedure room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the procedures, and must comply with applicable local, state or federal requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency, and permit the safe transfer of the patient to a gurney for transport.

-or-

Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the procedure room space available.

200.20.45 A,B,C-M,C

There are no overloaded wall plugs or extension cords in use, no altered grounding plugs in use, and wires are not broken, worn or unshielded.

200.20.50 B,C-M,C

Unauthorized individuals are deterred from entering the procedure room by locks, alarms, or facility personnel.

200 Procedure Room Policy, Environment, and Procedures

200.20.60 A,B,C-M,C

Sterile supplies are labeled to indicate sterility, and are packaged and sealed to prevent accidental opening.

200.20.65 A,B,C-M,C

Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date. When more than one autoclave is available, each pack must be labeled to identify in which autoclave it was sterilized.

200.20.70 B,C-M,C

If one sink is used both for dirty instruments and to scrub for procedures, there is a written policy to clean and disinfect the sink prior to scrubbing hands.

200.25 Storage

200.20.25 A,B,C-M,C

There is adequate procedure room storage space to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the procedure room for frequently used supplies, equipment and/or medications.

200.20.30 A,B,C-M,C

Storage space provides easy access for identification and inventory of supplies.

200.20.55 A,B,C-M,C

Sterile supplies are stored away from potential contamination in closed cabinets/drawers or if not, away from heavy traffic areas.

200 Procedure Room Policy, Environment, and Procedures

200.30 Procedures - Sterilization

200.30.10 A,B,C-M,C

The facility has at least one autoclave which uses high pressure steam and heat, or all sterile items are single use disposable.

200.30.15 A,B,C-M,C

Gas sterilizers and automated endoscope re-processors (AER) must be vented as per manufacturer's specifications.

200.30.20 A,B,C-M,C

All instruments used in patient care are sterilized, where applicable.

200.30.25 A,B,C-M,C

A room with acceptable ventilation and space that is separate from the procedure room is required for reprocessing of scopes. If the facility is unable to use two separate rooms they must be able to document that they are using a closed reprocessing system with ventilation that exchanges the room air 10 -12 times per hour or an active charcoal filtration system is in place. All situations must meet requisite standards (OSHA, CDC, Federal, State, etc.) for air exchange ratios and vapor particle standards.

200 Procedure Room Policy, Environment, and Procedures

200.30.26 A,B,C-M,C

A written protocol is in place and followed that specifically addresses and requires enumerated steps to accomplish the below goals:

- The cleaning of the scope. The location of the manual rinsing and cleaning of endoscopes prior to HLD may be carried out in the procedure room away from the patient. Specific steps must be in place to minimize spraying and aerosolizing of the bio-burden.
- Processing of the scopes must be in the location that meets requisite standards of air exchange ratios and vapor particle standards. For example, a room that is separate from the procedure room is required for manual HLD reprocessing of endoscopes. This room must be adequate sized and segregated from patient and staff. Necessary protective equipment for personnel performing this function must be included in the protocol as well as readily available.
- Scope cleaning functions should be limited to properly trained personnel.
- If there is not a separate room (see previous standard) being utilized for processing of the scopes, then the protocol must include steps that directs that the contaminated equipment will be cleaned and placed in the re-processor prior to bringing the next patient into the room. In addition, the clean scope coming out of the re-processor is to be removed only when the room is clean and free of dirty instruments.
- Cross contamination should be avoided no matter where cleaning and processing takes place. There must always be some distinct type of separation of clean and dirty areas in any location.
- Clean (reprocessed) endoscopes should be stored in a closed cabinet exclusively dedicated for scope storage to avoid contamination prior to use.

200.30.30 A,B,C-M,C

High-level disinfection is used only for non-autoclavable endoscopic equipment, and in areas that are categorized as semi-critical where contact will be made with mucus membrane or other body surfaces that are not sterile. At all times the manufacturer's recommendations for usage should be followed.

200.30.35 A,B,C-M,C

Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.

200 Procedure Room Policy, Environment, and Procedures

200.30.40 A,B,C-M,C

A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years. The sterility of each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.

200.30.45 A,B,C-M,C

If a spore test is positive, there is a protocol for remedial action to correct the sterilization process.

200.35.29 A,B,C-M,C

Endoscopes are processed in accordance with protocol based on national standards. These standards address how scopes are cleaned, reprocessed, and stored and documents training for personnel who do the reprocessing.

200.40 Asepsis

200.40.10 A,B,C-M,C

Instrument handling and reprocessing areas are cleaned and maintained.

200.40.15 A,B,C-M,C

There is strict segregation of dirty procedure equipment and instruments that have been cleaned and are in the preparation and assembly area.

200.40.25 A,B,C-M,C

A written protocol is present for the reprocessing all instruments and equipment used in patient care.

200.40.30 B,C-M,C

Between cases, the procedure room(s) is cleaned with disinfectants.

200 Procedure Room Policy, Environment, and Procedures

200.40.35 B,C-M,C

Personal protective equipment is available for all appropriate procedures.

200.40.40 A,B,C-M,C

Hand hygiene is performed in accordance with current CDC guidelines.

200.40.45 A,B,C-M,C

The facility policy manual should include infection control policies and procedures that are consistent with current CDC guidelines.

200.40.50 A,B,C-M,C

Reuse of single-use disposable biopsy forceps is strictly prohibited. Purchase records must be retained for 3 years and available for comparison to procedural and pathology specimen logs.

200.50 Maintenance and Cleaning

200.50.10 B,C-M,C

The entire procedure room suite is cleaned and disinfected according to an established schedule adequate to prevent cross-contamination.

200.50.15 B,C-M,C

All blood and body fluid spills are cleaned using germicides that are viricidal, bactericidal, tuberculocidal and fungicidal.

200.50.20 A,B,C-M,C

A written protocol has been developed for use by housekeeping personnel for cleaning of floors, tables, walls, ceilings, counters, furniture and fixtures of the procedure suite.

200 Procedure Room Policy, Environment, and Procedures

200.50.25 A,B,C-M,C

All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.

200.60 Surfaces

200.60.10 A,B,C-M,C

The floors are covered with an easily cleaned material which is smooth and free from breaks or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone.

200.70 Equipment

200.70.10 A,B,C-M,C

A bio-medical technician annually inspects all equipment (including electrical outlets, breaker/ fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer's specifications.

200.70.15 A,B,C-M,C

Only inspected equipment is used in the procedure room.

200.70.20 A,B,C-M,C

The equipment's specifications are kept in an organized file.

200.70.35 A,B,C-M,C

There is an adequate procedure room table or chair.

200.70.40 A,B,C-M,C

The procedure room is provided with adequate lighting in the ceiling.

200 Procedure Room Policy, Environment, and Procedures

200.71 Operating Room Equipment List

200.71.85 C

An anesthesia machine with a purge system to extract exhaled gaseous air to out -of-doors or to a neutralizing system is present. If inhalation anesthesia is used, a carbon –dioxide-neutralizing system is required when using an anesthesia machine.

An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no inhalation agents (volatile or nitrous oxide) are available, an anesthesia machine is not required. If nitrous oxide alone is used, then an appropriate delivery system that prevents hypoxic mixture is employed.

200.71.90 C

An inspired gas oxygen monitor on the anesthesia machine is present if inhalational anesthesia is used.

200.71.95 C-M,C

A carbon dioxide monitor is present and used on all moderate sedation, deep sedation and general anesthesia cases.

200.80 Procedure Room Equipment List

200.80.10 A,B,C-M,C

Self-inflating (Ambu©) bags, if used, are capable of delivering positive pressure ventilation with oxygen.

200.80.15 A,B,C-M,C

A reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder). Back up oxygen source should have a regulator on it and be ready to use.

200 Procedure Room Policy, Environment, and Procedures

200.80.16 C

An adequate and reliable anesthetic scavenging system exists, if inhalation anesthetics are used.

200.80.20 A,B,C-M,C

If a central source of piped oxygen is used, the system must meet all applicable codes.

200.80.25 A,B,C-M,C

Sufficient space to accommodate the necessary personnel, equipment and monitoring devices is available.

200.80.30 A,B,C-M,C

There is an adequate and reliable source of suction.

200.80.35 B,C-M,C

An EKG monitor with pulse read-out is present.

200.80.40 B,C-M,C

Pulse oximeters must be present in both the procedure room and recovery area if both rooms are being used simultaneously.

200.80.45 A,B,C-M,C

Blood pressure monitoring equipment is present.

200.80.50 A,B,C-M,C

A standard defibrillator, or an Automated External Defibrillator unit (AED), is present which is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years.

200 Procedure Room Policy, Environment, and Procedures

200.80.55 B,C-M,C

Oral and nasopharyngeal airways for each size of patient treated in the facility are present.

200.80.60 B,C-M,C

Nasopharyngeal airways are present.

200.80.65 B,C-M,C

Laryngoscope is present.

200.80.70 B,C-M,C

Endotracheal tubes are present.

200.80.75 B,C-M,C

Endotracheal stylet is present.

200.80.80 C

If present, mechanical ventilator should have a continuous use device which indicates a disconnect from the O2 source via an audible signal.

200.80.85 A,B,C-M,C

When uni-polar electrocautery is used, a single use disposable grounding pad is used.

200.90 Medical Hazardous Waste

200.90.10 A,B,C-M,C

All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.

200 Procedure Room Policy, Environment, and Procedures

200.90.15 A,B,C-M,C

Used disposable sharp items are placed in puncture-resistant containers located close to the area in which they are used.

200.90.20 A,B,C-M,C

There is a written policy for cleaning of spills which may contain blood borne pathogens.

200.95 Emergency Power

200.95.10 B,C-M,C

The procedure room has an emergency power source, (e.g., a generator or battery powered inverter), with capacity to operate adequate monitoring, anesthesia, procedure equipment, cautery and lighting for a minimum of thirty (30) minutes. If two or more procedure rooms are used simultaneously, an adequate emergency power source must be available for each procedure room. (OR in case of a power failure, the facility has back-up power on all monitoring equipment.)

200.95.15 B,C-M,C

The emergency power source is able to begin generating ample power to operate essential electrical equipment used in the procedure room within thirty (30) seconds of a power failure.

200.95.20 B,C-M,C

The emergency power equipment is checked monthly to insure proper function, and the test results are filed and kept for a period of three (3) years.

300 Post-Anesthetic Procedure Recovery Area

300.10 Post-Anesthetic Recovery Area

300.10.5 B,C-M,C

Continued evaluation in the PACU will consist of:
Observation and monitoring by methods appropriate to the patient's condition (oxygen saturation ventilation, circulation and temperature).

300.10.10 B,C-M,C

There is a separate and adequately sized PACU within the procedure suite.

300.10.12 B,C-M,C

Continued evaluation in the PACU will consist of:
Continuous pulse oximetry.

300.10.15 B,C-M,C

The recovery area is equipped and readily accessible to handle emergencies.

300.10.20 B,C-M,C

Continued evaluation in the PACU will consist of:
All recovering patients must be observed and supervised by trained medical personnel in the recovery area. A physician, CRNA, PA, or RN currently licensed and certified in advanced cardiac life support (ACLS) is immediately available until the patient has met PACU discharge criteria for discharge from the surgical facility. Local mandates and stricter standards may apply.

300.10.25 B,C-M,C

A separate pulse oximeter is available for each patient in the recovery area.

300.10.30 B,C-M,C

There is a recovery record that includes vital signs, level of consciousness, medications and nurse’s notes.

300 Post-Anesthetic Procedure Recovery Area

300.10.35 B,C-M,C

The procedure room may be used for patient recovery if only one procedure is scheduled that day, or if the recovering patient meets all discharge criteria prior to beginning the next procedure, or if there is another procedure room available for the next procedure.

300.10.40 B,C-M,C

Patients transferred to the post-anesthetic recovery area are accompanied by a member of the anesthesia team who is knowledgeable about the patient.

300.10.45 B,C-M,C

Patients transferred to the post-anesthetic recovery area will be continually evaluated and monitored as needed during transport.

300.20 Evaluation in the recovery area following an anesthetic procedure will include:

300.20.10 B,C-M,C

Documentation of patient's time of arrival.

300.20.15 B,C-M,C

Assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.

300.20.20 B,C-M,C

Transmission of a verbal report on the patient to the recovery staff from a member of the anesthesia team who accompanies the patient.

300.20.25 B,C-M,C

Transfer of information concerning the pre-procedure condition of the patient and the procedure anesthesia course.

300 Post-Anesthetic Procedure Recovery Area

300.20.30 B,C-M,C

A member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.

300.20.35 B,C-M,C

A minimum of one ACLS certified staff member must be present in the facility until all patients recovering from anesthesia have met criteria for discharge from the facility.

300.20.40 A,B,C-M,C

Discharge instructions require that a responsible adult verifies that post -op care instructions were given and verified with time and the signature of a person responsible for patient.

300.30 Discharge from the post-anesthetic procedure recovery area

300.30.10 B,C-M,C

There is a written policy that whenever parenteral sedation, dissociative drugs, epidural, spinal or general anesthesia is administered, a physician is immediately available until the patient is discharged from the recovery area.

300.30.15 B,C-M,C

Approved and standardized discharge criteria are used.

300.30.20 B,C-M,C

A physician determines that the patient meets discharge criteria based upon input from the post-anesthetic procedure recovery staff. That physician's name and signature must be noted on the record.

300.30.25 B,C-M,C

Written post-operative instructions, including procedures for emergency situations, are given to an adult who is responsible for the patient's care and transportation and documentation is made that the patient or responsible adult received the instructions.

300 Post-Anesthetic Procedure Recovery Area

300.30.30 B,C-M,C

Unless a patient is having only local anesthesia, they must be discharged from the facility in the company of a responsible adult.

300.30.35 B,C-M,C

Personnel assist with discharge from the recovery area.

300.30.40 B,C-M,C

Patients are required to meet criteria for physiological stability before discharge, including vital signs and level of consciousness.

300.40 Procedure Room Equipment List

300.40.15 A,B,C-M,C

Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations, cystoscopy-arthroscopy) and connected to emergency power supplies where appropriate.

300.40.20 A,B,C-M,C

Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.

300.40.25 A,B,C-M,C

Emergency cart is available with defibrillator, necessary drugs and other CPR equipment.

300.50 Quality of Care

300.50.10 B,C-M,C

A licensed or qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility.

300 Post-Anesthetic Procedure Recovery Area

300.50.15 B,C-M,C

The physician and the anesthesia provider should concur on the appropriateness of procedures performed at the facility. This is based on the medical status of the patients and qualifications of providers and facility resources.

300.50.20 A,B,C-M,C

A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient procedure in this facility should be referred to alternative facilities.

400 General Safety in the Facility

AAASF is committed to establishing minimum guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the AAAASF Standard or local, state, or federal law).

400.10 General

There is a Facility Safety Manual.

400.10.10 A,B,C-M,C

The Facility Safety Manual contains all applicable requirements of OSHA.

400.10.15 A,B,C-M,C

The Facility Safety Manual is in accordance with other federal and state regulations.

400.10.20 A,B,C-M,C

The Facility Safety Manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.

400.10.25 A,B,C-M,C

There is a written exposure control plan which is reviewed and updated at least annually.

400.10.30 A,B,C-M,C

There is a written chemical hazard communication program which is reviewed and updated annually.

400.10.35 A,B,C-M,C

If a laser is used, safety measures are taken to protect patients and staff from injury.

400 General Safety in the Facility

400.10.40 A,B,C-M,C

If x-ray equipment is used, safety measures are taken to protect patients and staff from injury.

400.10.45 A,B,C-M,C

Warnings and signs exist to warn patients and staff when x-ray or laser equipment is in use.

400.10.50 A,B,C-M,C

Staff maintains dosimetry badges and records, if applicable, for at least three (3) years.

400.10.55 A,B,C-M,C

Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross-contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007)

400.20 Emergency Protocols

400.20.10 A,B,C-M,C

There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, a threat to the staff or patients.

400.20.15 A,B,C-M,C

There must be a written protocol for fires and fire drills.

400.20.20 A,B,C-M,C

There must be a written protocol for the return to the procedure room for patient emergencies.

400.20.25 A,B,C-M,C

There must be a written protocol for Cardiopulmonary resuscitation.

400 General Safety in the Facility

400.20.30 A,B,C-M,C

There must be a written protocol for a situation in which the physician becomes incapacitated.

400.20.35 B,C-M,C

There must be a written protocol for a situation in which the person administering anesthesia becomes incapacitated.

400.20.40 A,B,C-M,C

There must be a written protocol for response to power failure emergencies.

400.20.45 A,B,C-M,C

There must be a written protocol for transferring patients in an emergency.

400.20.50 A,B,C-M,C

There must be a written protocol for a plan for emergency evacuation of the facility.

400.21 Transfer Agreement

400.21.10 A,B,C-M,C

There is a written transfer agreement with a local accredited or licensed acute care hospital within 30 minutes driving time and is approved by the facility's medical staff, or the physician has privileges to admit patients to such a hospital.

400.30 Hazardous Agents

400.30.10 A,B,C-M,C

All explosive and combustible materials are stored and handled in a safe manner according to state, local and/or National Fire Protection Association (NFPA) codes.

400 General Safety in the Facility

400.30.15 A,B,C-M,C

Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes.

400.30.20 A,B,C-M,C

Hazardous chemicals are labeled as hazardous.

400.40 Fire Controls

400.40.10 A,B,C-M,C

The facility is equipped with heat sensors and/or smoke detectors.

400.40.15 A,B,C-M,C

An adequate number of fire extinguishers are available.

400.40.20 A,B,C-M,C

Fire extinguishers are inspected annually and conform to local fire codes.

400.50 Exits

400.50.10 A,B,C-M,C

Fire exit signs are posted and illuminated consistent with state, local and/or the NFPA codes and OSHA codes.

400.50.15 A,B,C-M,C

There are sufficient emergency lights for exit routes and patient care areas in case of power failure.

400 General Safety in the Facility

400.50.20 A,B,C-M,C

Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.

400.50.25 A,B,C-M,C

If requested, the facility's personnel can demonstrate safe evacuation of a patient.

500 IV Fluids & Medications

500.10 Intravenous Fluids

500.10.10 A,B,C-M,C

Intravenous fluids such as Lactated Ringer's solution and normal saline are available in the facility.

500.20 Medications

500.20.10 A,B,C-M,C

Emergency Drug Box - all emergency medications as noted in the following standards must be available in the facility at all times. Licensed personnel in the facility must know their location.

500.20.15 A,B,C-M,C

There is a dated controlled substance inventory and control record which includes the use of controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered bound journal from which pages may not be removed, or in a tamper-proof and secured computer record, consistent with state and federal law. A loose-leaf notebook does not fulfill this regulation. This log must be kept in the facility.

500.20.19 A,B,C-M,C

Adenosine as required by current ACLS algorithms.

500.20.20 A,B,C-M,C

The inventory of controlled substances is verified by two licensed members of the procedure room team on any day that controlled substances are administered, and according to state regulations.

500.20.25 A,B,C-M,C

All narcotics and controlled substances are secured and locked under supervised access.

500.20.30 A,B,C-M,C

Outdated medications are removed.

500 IV Fluids & Medications

500.30 ACLS Algorithm

500.30.10 A,B,C-M,C

A copy of the current ACLS Algorithm must be available on the emergency cart.

The following medications must be available in the facility at all times as required by current ACLS Algorithms:

500.30.15 A,B,C-M,C

Epinephrine

500.30.20 A,B,C-M,C

Lidocaine – plain

500.30.30 B,C-M,C

Narcotic antagonist (e.g. Narcan®)

500.30.35 A,B,C-M,C

Seizure arresting medication (a benzodiazepine; example - Midazolam)

500.30.40 A,B,C-M,C

Bronchospasm arresting medication (inhaled beta agonist; example - Albuterol)

500.30.45 A,B,C-M,C

Intravenous corticosteroids (example - Dexamethasone)

500.30.60 A,B,C-M,C

Oral Nitroglycerine

500 IV Fluids & Medications

500.40 Other drugs

500.40.10 A,B,C-M,C

IV Antihistamines (example- Diphenhydramine)

500.40.15 A,B,C-M,C

Short-acting beta-blocker (example - Esmolol or Labetalol)

500.40.20 C-M, C

Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine

500.40.25 B,C-M,C

Benzodiazepine reversing agent (e.g. Mazicon®, Flumaz, Cenil®)

500.40.30 A,B,C-M,C

Atropine

500.50 Malignant Hyperthermia

The MHAUS malignant hyperthermia algorithm must be available on the emergency cart. If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine, are ever used, or are present in the facility, the following requirements apply:

500.50.5 C-M,C

If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use.

500 IV Fluids & Medications

500.50.8 C-M,C

The MHAUS malignant hyperthermia algorithms must be available on the emergency cart.

500.50.10 C-M,C

A minimum of 1000 ml (IV bag or similar container) of preservative free H2O diluent for dantrolene.

500.50.15 C-M,C

A minimum of four (4) 50cc ampules of NaHCO3

500.50.20 C-M,C

A minimum of twelve (12) vials of dantrolene

500.50.25 C-M,C

An additional twenty-four (24) vials of dantrolene and diluent are stored in the facility, or the facility has a written agreement with another source that will provide those twenty-four (24) vials of dantrolene and diluent on a STAT basis within fifteen (15) minutes.

500.50.30 C-M,C

There must be adequate screening for MH risk that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise.

500.50.35 C-M,C

The facility director and all physicians and anesthesiology providers should be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting procedures to take place in the facility.

500 IV Fluids & Medications

500.50.40 C-M,C

The medical director should be able to demonstrate that all physicians and anesthesia providers have familiarity with the early recognition of impending MH crisis as defined by MHAUS.

500.50.45 C-M,C

The medical director will insure that all staff are trained, and annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required.

500.50.50 C-M,C

Flow sheets for any MH intervention, as well as forms to rapidly communicate progress of intervention with receiving facilities, are on the emergency cart and all facilities must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia." This documentation must be transportable with the patient when transferred to a receiving facility.

500.50.55 C-M,C

Facilities should establish the best destination as a transfer standard, which means the facility director has pre-planned for MH transfer and established the capabilities of a facility within a reasonable distance (e.g. a tertiary care center that is further away may be better than community-type emergency room that is closer). The facility must make advanced arrangements with an emergency medical service (EMS) provider to accommodate the facility's MH transfer plan. The facility's medical director must also ensure the ability of the receiving transport team to continue the MHAUS protocol.

600 Medical Records

600.10 General

600.10.5 A,B,C-M,C

Electronic medical records (EMR) must comply with security and privacy obligations under HIPAA regulations.

600.10.10 A,B,C-M,C

Medical records must be legible, documented and completed accurately.

600.10.15 A,B,C-M,C

Medical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the AAAASF three-year survey cycle.

600.10.20 A,B,C-M,C

Medical records are filed for easy accessibility and must be maintained in the procedural facility regardless of the location of the physician's office.

600.10.25 A,B,C-M,C

Medical records must be kept secure and confidential, consistent with HIPAA regulations.

600.10.30 A,B,C-M,C

Medical clearance should be recorded, if applicable. A current history and physical examination by the physician, anesthesia provider, or the patient's personal physician is recorded within 30 days of procedures on all patients for major procedures, and for those patients for minor procedures who require a physical exam. The medical record must contain a current medical history taken on the same day as the procedure and recorded by the physician or anesthesia provider prior to the administration of anesthesia.

600.10.35 A,B,C-M,C

The history and physical examination should cover the organs and systems commensurate with the procedure(s).

600 Medical Records

The pre-procedure medical record includes the following information:

600.10.37 A,B,C-M,C

A pregnancy testing policy must be in place that requires a discussion and documentation of this issue with each patient.

600.10.40 A,B,C-M,C

Drug allergies/sensitivities.

600.10.45 A,B,C-M,C

Current medications.

600.10.50 A,B,C-M,C

Previous serious illness.

600.10.55 A,B,C-M,C

Current and chronic illness.

600.10.60 A,B,C-M,C

Previous surgery.

600.10.65 A,B,C-M,C

Bleeding tendencies.

600.10.70 A,B,C-M,C

Treating physicians or consultants are contacted in cases where the history and physical examination warrant.

600 Medical Records

600.10.75 A,B,C-M,C

Appropriate laboratory procedures are performed where indicated.

600.20 Informed Consent Forms

600.20.10 A,B,C-M,C

An informed consent is always obtained which authorizes the physician by name to perform the procedure(s) and describes the procedure(s).

600.20.15 A,B,C-M,C

Expectations, alternatives, risks and complications are discussed with the patient, and these are documented.

600.20.20 A,B,C-M,C

The informed consent provides consent for administration of anesthesia or sedatives under the direction of the physician, or CRNA.

600.30 Laboratory, Pathology, X-Ray, Consultation and Treating Physician Reports

600.30.10 A,B,C-M,C

Printed or written copies of these reports are kept in the medical record.

600.30.15 A,B,C-M,C

All laboratory results must be reviewed by the registered nurse or physician. All abnormal results must be reviewed and initialed by the physician within one (1) week of receipt of results.

600.30.20 A,B,C-M,C

All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the physician.

600 Medical Records

600.30.25 A,B,C-M,C

Outside clinical laboratory procedures must be performed by a licensed and accredited facility.

600.30.30 A,B,C-M,C

The name of the pathologist must be on all pathology reports.

600.40 Procedure Room Records (Major Cases)

600.40.10 B,C-M,C

A separate procedure log of major cases is maintained, either in a hard copy bound log with sequentially numbered pages, or in a secured computer log. Procedures done solely under local anesthesia are not required to be recorded in this log.

600.40.15 B,C-M,C

A procedure log must include:
Sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year.

600.40.20 B,C-M,C

A procedure log must include:
Date of procedure.

600.40.25 B,C-M,C

A procedure log must include:
Patient's name and/or identification number.

600.40.30 B,C-M,C

A procedure log must include:
Procedure(s).

600 Medical Records

600.40.35 B,C-M,C

A procedure log must include:
Physician's name.

600.40.40 B,C-M,C

A procedure log must include:
Type of anesthesia.

600.40.45 B,C-M,C

A procedure log must include:
Name of person(s) administering anesthesia.

600.40.50 B,C-M,C

A procedure log must include:
Name of person(s) assisting physician, (M.D., registered nurse, scrub tech/circulating registered nurse, physician's assistant).

600.40.55 B,C-M,C

A separate anesthesia record is maintained in which:
Vital signs are recorded during procedures.

600.40.60 B,C-M,C

A separate anesthesia record is maintained in which:
All medications given to a patient are recorded including date, time, amount and route of administration.

600.40.65 B,C-M,C

A separate anesthesia record is maintained in which:
All intravenous and subcutaneous fluids given pre-procedurally, intra-procedurally, and post-procedurally are recorded.

600 Medical Records

600.40.70 B,C-M,C

A separate anesthesia record is maintained in which:
Post-procedure vital signs are recorded until the patient is discharged from the facility.

600.40.75 B,C-M,C

A separate anesthesia record is maintained in which:
There is a procedure report which includes procedure technique and findings.

600.40.80 B,C-M,C

A separate anesthesia record is maintained in which:
Post-procedure progress notes are recorded.

700 Quality Assessment/Quality Improvement

700.10 Quality Improvement

The facility has a written quality improvement program in place which should include surveys or projects which:

700.10.15 A,B,C-M,C

Monitor and evaluate patient care.

700.10.20 A,B,C-M,C

Evaluate methods to improve patient care.

700.10.25 A,B,C-M,C

Identify and correct deficiencies within the facility.

700.10.30 A,B,C-M,C

Alert the Medical Director to identify and resolve problems.

700.20 Peer Review

Note: To be HIPAA compliant, a copy of the Business Associates Agreement must be signed by each physician participating in Peer Review, and a copy retained on file in the facility. For an example of a generic HIPAA Business Associates Agreement, contact the AAAASF Central Office.

700.20.10 A,B,C-M,C

Peer review is performed at least every six (6) months (biannually) and includes reviews of both random cases and unanticipated sequelae using the AAAASF forms and reporting format. Peer Review must be reported on line at www.aaaasf.org, or submitted to AAAASF in hard copy for AAAASF staff to manually enter on line for an additional processing fee. A random sample of the cases for each physician must include the first case done by each physician each month during the reporting period for a total of six (6) cases. If a physician using the facility has done less than six (6) cases during a reporting period, all of that physician's cases during that period must be reviewed.

700 Quality Assessment/Quality Improvement

700.20.15 A,B,C-M,C

If peer review sources external to the facility are used to evaluate delivery of medical care, the Business Associates Agreement is so written as to waive confidentiality of the medical records.

700.20.20 A,B,C-M,C

Peer review may be done by a recognized peer review organization or a physician, other than the physician doing the procedure.

700.30 Random Case Review

700.30.10 A,B,C-M,C

A minimum of six (6) cases per physician utilizing the facility are reviewed every six months. If a physician does less than six cases for that period, then all of that physician's cases must be reviewed.

700.30.15 A,B,C-M,C

Random case reviews must include at a minimum:
Adequacy and legibility of history and physical exam.

700.30.20 A,B,C-M,C

Random case reviews must include at a minimum:
Adequacy of consent.

700.30.25 A,B,C-M,C

Random case reviews must include at a minimum:
Presence of laboratory, EKG and radiographic reports.

700.30.30 A,B,C-M,C

Random case reviews must include at a minimum:
Presence of a written procedure report.

700 Quality Assessment/Quality Improvement

700.30.35 B,C-M,C

Random case reviews must include at a minimum:
Anesthesia and recovery record (with IV sedation or general anesthesia).

700.30.40 A,B,C-M,C

Random case reviews must include at a minimum:
Presence of instructions for post-procedure care.

700.30.45 A,B,C-M,C

Random case reviews must include at a minimum:
Documentation of complications.

700.40 Unanticipated Procedure Sequelae

All unanticipated procedure sequelae which occur within thirty (30) days of procedures are reviewed, including but not limited to:

700.40.10 A,B,C-M,C

Unplanned hospital admission.

700.40.15 A,B,C-M,C

Unscheduled return to the procedure room for a complication of a procedure.

700.40.20 A,B,C-M,C

Complications such as infection, bleeding, or injury to other body structure.

700.40.25 A,B,C-M,C

Cardiac or respiratory problems during stay at facility or within forty-eight (48) hours of discharge.

700 Quality Assessment/Quality Improvement

700.40.30 A,B,C-M,C

Allergic reactions.

700.40.35 A,B,C-M,C

Patient or family complaint.

700.40.37 A,B,C-M,C

Incorrect needle or sponge count.

700.40.40 A,B,C-M,C

Equipment malfunction leading to injury or potential injury to patient.

700.40.45 A,B,C-M,C

Death occurring within 30 days of a procedure done in an AAAASF accredited facility and must be reported to the AAAASF office within 5 days of notification of the death.

Each Unanticipated Operative Sequelae chart review must include the following information, in addition to the procedure performed:

700.40.50 A,B,C-M,C

Identification of the problem.

700.40.55 A,B,C-M,C

Immediate treatment or disposition of the case.

700.40.60 A,B,C-M,C

Outcome.

700 Quality Assessment/Quality Improvement

700.40.65 A,B,C-M,C

Reason for problem.

700.40.70 A,B,C-M,C

Assessment of efficacy of treatment.

700.50 Patient's Bill of Rights

700.50.10 A,B,C-M,C

A copy of the "Patient's Bill of Rights" is prominently displayed, or a copy is provided to each patient. The "Patient's Bill of Rights" content is also adhered to by facility personnel.

800 Personnel

800.5 Medical Director

The Medical Director must have an M.D. or D.O. degree.

800.5.10 A,B,C-M,C

The Medical Director must be a physician currently licensed by the state in which the facility is located.

800.5.15 A,B,C-M,C

The Medical Director must be a physician certified or eligible for certification by either an American Board of Medical Specialties (ABMS medical specialty certifying boards), or by The American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

800.5.20 A,B,C-M,C

The Medical Director must be actively involved in the direction and management of the facility.

800.10 Staff Physicians

800.10.10 A,B,C-M,C

Each physician using the facility is credentialed and qualified for the procedures they perform.

800.10.15 A,B,C-M,C

Each physician using the facility has core privileges in their specialty at a licensed acute care hospital.

800 Personnel

800.10.20 A,B,C-M,C

Physicians who perform procedures in facilities accredited by AAAASF must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital. Only procedures included within those hospital privileges may be performed within the AAAASF accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a physician to be credentialed for a specific procedure, the physician may provide alternative evidence of training and competence in that procedure. Individual consideration will be given if the physician no longer possesses or cannot obtain such privileges, and can demonstrate that loss of, or inability to obtain such privileges was not related to lack of clinical competence, ethical issues, or problems other than economic competition.

800.10.25 A,B,C-M,C

If the physician does not hold admitting privileges at the nearest acute care hospital, there must be a signed and dated document from a person in the same specialty who has admitting privileges in the nearest acute care hospital that indicates their willingness to admit the patient to the hospital.

800.10.30 A,B,C-M,C

All individuals using the facility must meet one of the following criteria:

- A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties. (ABMS).
- A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

ABMS certified or eligible medical specialists who perform procedures within the accredited facility may perform only those procedures delineated in their ABMS board certification and/or covered by AMA Core Principle #7. AOA certified or eligible physicians who perform procedures within the accredited facility may perform only those procedures delineated in their AOA Board Certification and/or covered by AMA Core Principle #7.

The AMA Core Principle #7 (from AMA Resolution dated April 2003):

“AMA Core Principal #7 - Physicians performing office-based procedures must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association Bureau of Osteopathic Specialists, or a board with equivalent standards approved by the state medical board. The procedure must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.”

800 Personnel

800.10.35 A,B,C-M,C

Each physician must currently be licensed by the state in which they practice. A copy of each physician's current license must be maintained on file in the facility.

800.10.40 A,B,C-M,C

Any change in the physician's staff must be reported in writing to the AAAASF Central Office within thirty days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the AAAASF Central Office.

800.10.45 A,B,C-M,C

Any action affecting the current professional license of the facility director, a member of the medical staff, a member of the physician's pain management staff or other licensed facility staff must be reported in writing to the AAAASF Central Office within ten days of the time the facility director becomes aware of such action.

800.20 Anesthesiologist/CRNA

800.20.10 B,C-M,C

If anesthesiologists and/or CRNA"s participate in patient care at the facility, they are qualified for the procedures they perform, and their credentials have been verified.

800.20.15 B,C-M,C

Must be licensed or accredited by the state in which they practice.

800.20.20 C-M,C

Must be responsible for the administration of dissociative anesthesia with Propofol, spinal or epidural blocks, or general anesthesia and monitoring of all life support systems.

800 Personnel

800.20.25 B,C-M,C

Ensure that all anesthesia equipment is in proper working order.

800.20.30 B,C-M,C

Cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure.

800.30 Procedure Room Personnel

800.30.10 B,C-M,C

All procedure suite personnel are under the immediate supervision of a physician, registered nurse or physician's assistant.

800.30.15 B,C-M,C

Must meet acceptable standards as defined by their professional governing bodies, where applicable.

800.30.20 B,C-M,C

When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the AAAASF definition of Class A, there is a regularly employed and licensed registered nurse, physician other than the operating surgeon, or physician's assistant designated as the person responsible for patient care in all areas of the facility (i.e., procedure room and patient care areas), in accordance with state law.

800 Personnel

800.40 Personnel Records

IMPORTANT: Individual or personal information such as previous employment, health information (except state required immunization and tests), disabilities, performance reviews and employment are protected and of no interest to the AAAASF inspector. However, the inspector does need to confirm that an adequate file is kept on each employee relating to the items listed below. Please have only this data available for each employee, separate from employee files.

800.40.10 A,B,C-M,C

There is a manual outlining personnel policies.

800.40.15 A,B,C-M,C

The manual contains personnel policies and records which are maintained according to OSHA and HIPAA guidelines.

IMPORTANT: Employee information must remain strictly confidential.

Personnel records should contain the following:

800.40.20 A,B,C-M,C

Any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed.

800.40.25 A,B,C-M,C

Resume of training and experience.

800.40.30 A,B,C-M,C

Current certification or license if required by the state.

800.40.35 A,B,C-M,C

Date of employment.

800 Personnel

800.40.40 A,B,C-M,C

Description of duties.

800.40.45 A,B,C-M,C

Record of continuing education.

800.40.50 A,B,C-M,C

Inoculations or refusals.

800.41 Personnel records document training in the following

800.41.10 A,B,C-M,C

Hazard safety training.

800.41.15 A,B,C-M,C

Blood borne pathogens.

800.41.20 A,B,C-M,C

Universal precautions.

800.41.25 A,B,C-M,C

Other safety training (such as the operation of a fire extinguisher).

800.41.30 A,B,C-M,C

At least Basic Cardiopulmonary Life Support (BCLS) certification, but preferably Advanced Cardiac Life Support (ACLS) for each procedure room and recovery team member.

800 Personnel

800.41.40 A,B,C-M,C

Record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk.

800.50 Knowledge, Skill & CME Training

800.50.10 A,B,C-M,C

The procedure room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the procedure room team, preferably the physician or the anesthesia care giver, holds current ACLS certification.

800.50.15 A,B,C-M,C

The procedure room personnel are familiar with equipment and procedures utilized in the treatment of the above emergencies.

800.50.20 A,B,C-M,C

If a gas sterilizer or AER is used, personnel are thoroughly familiar with the operating instructions.

800.60 Personnel Safety

800.60.10 A,B,C-M,C

If an ethylene oxide gas sterilizer or AER is used, appropriate personnel are badge-tested to ensure that there is no significant ethylene oxide or glutaraldehyde exposure.

800.60.15 C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

800 Personnel

800.60.20 A,B,C-M,C

There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (e.g., instrument cleaning, disposal of biological waste, procedures, etc.).

900 Anesthesia

900.10 Delivery of Anesthesia

900.10.10 B,C-M,C

All anesthetics other than topical or local anesthetic agents are delivered by either an anesthesiologist or by a CRNA (under physician supervision if required by state or federal law or by a policy adopted by the facility), or by an anesthesiology assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an anesthesiologist. Parenteral sedation, other than Propofol, may be administered by a registered nurse under the supervision of a qualified physician.

900.10.15 B,C-M,C

The physician responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques.

The following anesthesia standards apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life-threatening circumstances, these standards may be modified, and all such circumstances should be documented in the patient's record.

900.20 Pre-Anesthesia Care

If children are operated upon in the facility, there should be a written policy defining the unique and peri-procedure care of pediatric patients. This is based upon considerations of age, risk categories, procedure, and facility equipment and capability.

900.20.10 A,B,C-M,C

Written policy for pediatric patients is available and current.

900.20.15 A,B,C-M,C

A physician is responsible for determining the medical status of the patient and must examine the patient immediately before procedures.

900.20.20 A,B,C-M,C

A physician must verify that an anesthesia care plan has been developed and documented.

900 Anesthesia

900.20.25 A,B,C-M,C

A physician must verify that the patient or a responsible adult has been informed about the anesthesia care plan.

900.20.30 B,C-M,C

A physician must be present when any anesthetic agent, other than topical or local anesthesia, is administered.

900.20.35 A,B,C-M,C

The anesthesia care plan is based on:
A review of the medical record.

900.20.40 A,B,C-M,C

The anesthesia care plan is based on:
Medical history.

900.20.45 A,B,C-M,C

The anesthesia care plan is based on:
Prior anesthetic experiences.

900.20.50 A,B,C-M,C

The anesthesia care plan is based on:
Drug therapies.

900.20.55 A,B,C-M,C

The anesthesia care plan is based on:
Medical examination and assessment of any conditions that might affect the pre-procedure risk.

900 Anesthesia

900.20.60 A,B,C-M,C

The anesthesia care plan is based on:
A review of the medical tests and consultations.

900.20.65 A,B,C-M,C

The anesthesia care plan is based on:
A determination of pre-procedure medications needed for anesthesia.

900.20.70 A,B,C-M,C

The anesthesia care plan is based on:
Providing pre-procedure instructions.

900.21 Oxygenation

900.21.16 B,C-M,C

Patient monitoring during anesthesia consists of end tidal carbon dioxide sampling on all moderate sedation, deep sedation and general anesthetics.

Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.

Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the anesthesiologist or the anesthesia care team personnel.

900 Anesthesia

900.23 Ventilation

900.23.5 C

Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidates by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.

900.23.10 C

When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the anesthesiologist or the anesthesia care team personnel.

900.23.15 C

When ventilation is controlled by a mechanical ventilator, there shall be in continuous use a device that is capable of detecting the disconnection of any of the breathing system’s components. The device must give an audible signal when its alarm threshold is exceeded.

900.30 Anesthetic Monitoring

Continual is defined as "repeated regularly and frequently in steady, rapid succession", whereas continuous means "prolonged without interruption at any time."

900.30.10 B,C-M,C

If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the procedure suite throughout the anesthetic.

900 Anesthesia

Patient monitoring during anesthesia will consist of:
Oxygenation

900.30.15 C-M, C

Assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration.

900.30.20 B,C-M,C

Pulse oximetry.

900.40 Circulation Monitoring

Circulation may be monitored by one or several of the following:

900.40.10 B,C-M,C

Continuous EKG during procedures.

900.40.15 B,C-M,C

Arterial blood pressure.

900.40.20 B,C-M,C

Heart rate every five (5) minutes (minimum).

900.40.30 C-M,C

Heart auscultation.

900.40.35 C-M,C

Temperature should be monitored when clinically significant changes in body temperature are expected.

900 Anesthesia

900.40.37 C-M,C

"Forced air warmers," blanket warmers, or other devices are used to maintain the patient's temperature for procedures greater than one hour.

900.40.40 C-M,C

Ultrasound peripheral pulse monitor, pulse plethysmography or oximetry.

900.50 Transfers/Emergencies

900.50.10 A,B,C-M,C

Anesthesia personnel should review and be familiar with the facility's emergency protocol for cardio-pulmonary emergencies and other internal and external disasters.

900.50.15 C-M,C

Anesthesia personnel should be trained and knowledgeable about the facility's protocols for safe and timely transfer of a patient to an alternative care facility when extended or emergency services are required.

AAAASF Procedural – Version 4.3

Please fill out the attached score sheets as part of your 2nd Year or 3rd Year Self-Survey.

Once completed, fill in the Facility ID and Facility name. Also, have the Director fill in his/her name, sign, and date.

Note: You will be responsible for any updates to the Standards during your 2nd and 3rd Year Self Surveys.

Facility ID: _____

Facility Name: _____

Director Name: _____

Director Signature: _____ Date: _____

100.10 Basic Mandates and Facility Classifications

100.10.10 ___Compliant ___Deficient ___N/A
100.10.15 ___Compliant ___Deficient ___N/A
100.10.20 ___Compliant ___Deficient ___N/A
100.10.25 ___Compliant ___Deficient ___N/A
100.10.30 ___Compliant ___Deficient ___N/A
100.10.32 ___Compliant ___Deficient ___N/A
100.10.35 ___Compliant ___Deficient ___N/A
100.10.40 ___Compliant ___Deficient ___N/A
100.10.45 ___Compliant ___Deficient ___N/A
100.10.50 ___Compliant ___Deficient ___N/A
100.10.55 ___Compliant ___Deficient ___N/A
100.10.60 ___Compliant ___Deficient ___N/A
100.10.65 ___Compliant ___Deficient ___N/A
100.10.70 ___Compliant ___Deficient ___N/A
100.10.75 ___Compliant ___Deficient ___N/A
100.10.85 ___Compliant ___Deficient ___N/A

200.10 Written Policies

200.10.10 ___Compliant ___Deficient ___N/A

200.20 Environment

200.20.5 ___Compliant ___Deficient ___N/A
200.20.7 ___Compliant ___Deficient ___N/A
200.20.10 ___Compliant ___Deficient ___N/A
200.20.15 ___Compliant ___Deficient ___N/A
200.20.20 ___Compliant ___Deficient ___N/A
200.20.35 ___Compliant ___Deficient ___N/A
200.20.40 ___Compliant ___Deficient ___N/A
200.20.45 ___Compliant ___Deficient ___N/A
200.20.50 ___Compliant ___Deficient ___N/A
200.20.60 ___Compliant ___Deficient ___N/A
200.20.65 ___Compliant ___Deficient ___N/A
200.20.70 ___Compliant ___Deficient ___N/A

200.25 Storage

200.20.25 ___Compliant ___Deficient ___N/A
200.20.30 ___Compliant ___Deficient ___N/A
200.20.55 ___Compliant ___Deficient ___N/A

200.30 Procedures – Sterilization

200.30.10 ___Compliant ___Deficient ___N/A
200.30.15 ___Compliant ___Deficient ___N/A
200.30.20 ___Compliant ___Deficient ___N/A
200.30.25 ___Compliant ___Deficient ___N/A
200.30.26 ___Compliant ___Deficient ___N/A
200.30.30 ___Compliant ___Deficient ___N/A
200.30.35 ___Compliant ___Deficient ___N/A
200.30.40 ___Compliant ___Deficient ___N/A
200.30.45 ___Compliant ___Deficient ___N/A
200.35.29 ___Compliant ___Deficient ___N/A

200.40 Asepsis

200.40.10 ___Compliant ___Deficient ___N/A
200.40.15 ___Compliant ___Deficient ___N/A
200.40.25 ___Compliant ___Deficient ___N/A
200.40.30 ___Compliant ___Deficient ___N/A
200.40.35 ___Compliant ___Deficient ___N/A
200.40.40 ___Compliant ___Deficient ___N/A
200.40.45 ___Compliant ___Deficient ___N/A
200.40.50 ___Compliant ___Deficient ___N/A

200.50 Maintenance and Cleaning

200.50.10 ___Compliant ___Deficient ___N/A
200.50.15 ___Compliant ___Deficient ___N/A
200.50.20 ___Compliant ___Deficient ___N/A
200.50.25 ___Compliant ___Deficient ___N/A

200.60 Surfaces

200.60.10 ___Compliant ___Deficient ___N/A

200.70 Equipment

200.70.10 ___Compliant ___Deficient ___N/A
200.70.15 ___Compliant ___Deficient ___N/A
200.70.20 ___Compliant ___Deficient ___N/A
200.70.35 ___Compliant ___Deficient ___N/A
200.70.40 ___Compliant ___Deficient ___N/A

200.71 Operating Room Equipment List

200.71.85 ___Compliant ___Deficient ___N/A
200.71.90 ___Compliant ___Deficient ___N/A
200.71.95 ___Compliant ___Deficient ___N/A

200.80 Procedure Room Equipment List

200.80.10 ___Compliant ___Deficient ___N/A
200.80.15 ___Compliant ___Deficient ___N/A
200.80.16 ___Compliant ___Deficient ___N/A
200.80.20 ___Compliant ___Deficient ___N/A
200.80.25 ___Compliant ___Deficient ___N/A
200.80.30 ___Compliant ___Deficient ___N/A
200.80.35 ___Compliant ___Deficient ___N/A
200.80.40 ___Compliant ___Deficient ___N/A
200.80.45 ___Compliant ___Deficient ___N/A
200.80.50 ___Compliant ___Deficient ___N/A
200.80.55 ___Compliant ___Deficient ___N/A
200.80.60 ___Compliant ___Deficient ___N/A
200.80.65 ___Compliant ___Deficient ___N/A
200.80.70 ___Compliant ___Deficient ___N/A
200.80.75 ___Compliant ___Deficient ___N/A
200.80.80 ___Compliant ___Deficient ___N/A
200.80.85 ___Compliant ___Deficient ___N/A

200.90 Medical Hazardous Waste

200.90.10 ___Compliant ___Deficient ___N/A
200.90.15 ___Compliant ___Deficient ___N/A
200.90.20 ___Compliant ___Deficient ___N/A

200.95 Emergency Power

200.95.10 ___Compliant ___Deficient ___N/A
200.95.15 ___Compliant ___Deficient ___N/A
200.95.20 ___Compliant ___Deficient ___N/A

300.10 Post-Anesthetic Recovery Area

300.10.5 ___Compliant ___Deficient ___N/A
300.10.10 ___Compliant ___Deficient ___N/A
300.10.12 ___Compliant ___Deficient ___N/A
300.10.15 ___Compliant ___Deficient ___N/A
300.10.20 ___Compliant ___Deficient ___N/A
300.10.25 ___Compliant ___Deficient ___N/A
300.10.30 ___Compliant ___Deficient ___N/A
300.10.35 ___Compliant ___Deficient ___N/A
300.10.40 ___Compliant ___Deficient ___N/A
300.10.45 ___Compliant ___Deficient ___N/A

300.20 Evaluation in the Recovery Area following an Anesthetic Procedure will include:

300.20.10 ___Compliant ___Deficient ___N/A
300.20.15 ___Compliant ___Deficient ___N/A
300.20.20 ___Compliant ___Deficient ___N/A
300.20.25 ___Compliant ___Deficient ___N/A
300.20.30 ___Compliant ___Deficient ___N/A
300.20.35 ___Compliant ___Deficient ___N/A
300.20.40 ___Compliant ___Deficient ___N/A

300.30 Discharge from the Post-Anesthetic Procedure Recovery Area

300.30.10 ___Compliant ___Deficient ___N/A
300.30.15 ___Compliant ___Deficient ___N/A
300.30.20 ___Compliant ___Deficient ___N/A
300.30.25 ___Compliant ___Deficient ___N/A
300.30.30 ___Compliant ___Deficient ___N/A
300.30.35 ___Compliant ___Deficient ___N/A
300.30.40 ___Compliant ___Deficient ___N/A

300.40 Procedure Room Equipment List

300.40.15 ___Compliant ___Deficient ___N/A
300.40.20 ___Compliant ___Deficient ___N/A
300.40.25 ___Compliant ___Deficient ___N/A

300.50 Quality of Care

300.50.10 ___Compliant ___Deficient ___N/A
300.50.15 ___Compliant ___Deficient ___N/A
300.50.20 ___Compliant ___Deficient ___N/A

400.10 General

400.10.10 ___Compliant ___Deficient ___N/A
400.10.15 ___Compliant ___Deficient ___N/A
400.10.20 ___Compliant ___Deficient ___N/A
400.10.25 ___Compliant ___Deficient ___N/A
400.10.30 ___Compliant ___Deficient ___N/A
400.10.35 ___Compliant ___Deficient ___N/A
400.10.40 ___Compliant ___Deficient ___N/A
400.10.45 ___Compliant ___Deficient ___N/A
400.10.50 ___Compliant ___Deficient ___N/A
400.10.55 ___Compliant ___Deficient ___N/A

400.20 Emergency Protocols

400.20.10 ___Compliant ___Deficient ___N/A
400.20.15 ___Compliant ___Deficient ___N/A
400.20.20 ___Compliant ___Deficient ___N/A
400.20.25 ___Compliant ___Deficient ___N/A
400.20.30 ___Compliant ___Deficient ___N/A
400.20.35 ___Compliant ___Deficient ___N/A
400.20.40 ___Compliant ___Deficient ___N/A
400.20.45 ___Compliant ___Deficient ___N/A
400.20.50 ___Compliant ___Deficient ___N/A

400.21 Transfer Agreement

400.21.10 ___Compliant ___Deficient ___N/A

400.30 Hazardous Agents

400.30.10 ___Compliant ___Deficient ___N/A
400.30.15 ___Compliant ___Deficient ___N/A
400.30.20 ___Compliant ___Deficient ___N/A

400.40 Fire Controls

400.40.10 ___Compliant ___Deficient ___N/A
400.40.15 ___Compliant ___Deficient ___N/A
400.40.20 ___Compliant ___Deficient ___N/A

400.50 Exits

400.50.10 ___Compliant ___Deficient ___N/A
400.50.15 ___Compliant ___Deficient ___N/A
400.50.20 ___Compliant ___Deficient ___N/A
400.50.25 ___Compliant ___Deficient ___N/A

500.10 Intravenous Fluids

500.10.10 ___Compliant ___Deficient ___N/A

500.20 Medications

500.20.10 ___Compliant ___Deficient ___N/A
500.20.15 ___Compliant ___Deficient ___N/A
500.20.19 ___Compliant ___Deficient ___N/A
500.20.20 ___Compliant ___Deficient ___N/A
500.20.25 ___Compliant ___Deficient ___N/A
500.20.30 ___Compliant ___Deficient ___N/A

500.30 ACLS Algorithm

500.30.10 ___Compliant ___Deficient ___N/A
500.30.15 ___Compliant ___Deficient ___N/A
500.30.20 ___Compliant ___Deficient ___N/A
500.30.30 ___Compliant ___Deficient ___N/A
500.30.35 ___Compliant ___Deficient ___N/A
500.30.40 ___Compliant ___Deficient ___N/A
500.30.45 ___Compliant ___Deficient ___N/A
500.30.60 ___Compliant ___Deficient ___N/A

500.40 Other drugs

500.40.10 ___Compliant ___Deficient ___N/A
500.40.15 ___Compliant ___Deficient ___N/A
500.40.20 ___Compliant ___Deficient ___N/A
500.40.25 ___Compliant ___Deficient ___N/A
500.40.30 ___Compliant ___Deficient ___N/A

500.50 Malignant Hyperthermia

500.50.5 ___Compliant ___Deficient ___N/A
500.50.8 ___Compliant ___Deficient ___N/A
500.50.10 ___Compliant ___Deficient ___N/A
500.50.15 ___Compliant ___Deficient ___N/A
500.50.20 ___Compliant ___Deficient ___N/A
500.50.25 ___Compliant ___Deficient ___N/A
500.50.30 ___Compliant ___Deficient ___N/A
500.50.35 ___Compliant ___Deficient ___N/A
500.50.40 ___Compliant ___Deficient ___N/A
500.50.45 ___Compliant ___Deficient ___N/A
500.50.50 ___Compliant ___Deficient ___N/A
500.50.55 ___Compliant ___Deficient ___N/A

600.10 General

600.10.5 ___Compliant ___Deficient ___N/A
600.10.10 ___Compliant ___Deficient ___N/A
600.10.15 ___Compliant ___Deficient ___N/A
600.10.20 ___Compliant ___Deficient ___N/A
600.10.25 ___Compliant ___Deficient ___N/A
600.10.30 ___Compliant ___Deficient ___N/A
600.10.35 ___Compliant ___Deficient ___N/A
600.10.37 ___Compliant ___Deficient ___N/A
600.10.40 ___Compliant ___Deficient ___N/A
600.10.45 ___Compliant ___Deficient ___N/A
600.10.50 ___Compliant ___Deficient ___N/A
600.10.55 ___Compliant ___Deficient ___N/A
600.10.60 ___Compliant ___Deficient ___N/A
600.10.65 ___Compliant ___Deficient ___N/A
600.10.70 ___Compliant ___Deficient ___N/A
600.10.75 ___Compliant ___Deficient ___N/A

600.20 Informed Consent Forms

600.20.10 ___Compliant ___Deficient ___N/A
600.20.15 ___Compliant ___Deficient ___N/A
600.20.20 ___Compliant ___Deficient ___N/A

600.30 Laboratory, Pathology, X-Ray, Consultation and Treating Physician Reports

600.30.10 ___Compliant ___Deficient ___N/A
600.30.15 ___Compliant ___Deficient ___N/A
600.30.20 ___Compliant ___Deficient ___N/A
600.30.25 ___Compliant ___Deficient ___N/A
600.30.30 ___Compliant ___Deficient ___N/A

600.40 Procedure Room Records (Major Cases)

600.40.10 ___Compliant ___Deficient ___N/A
600.40.15 ___Compliant ___Deficient ___N/A
600.40.20 ___Compliant ___Deficient ___N/A
600.40.25 ___Compliant ___Deficient ___N/A
600.40.30 ___Compliant ___Deficient ___N/A
600.40.35 ___Compliant ___Deficient ___N/A
600.40.40 ___Compliant ___Deficient ___N/A
600.40.45 ___Compliant ___Deficient ___N/A
600.40.50 ___Compliant ___Deficient ___N/A
600.40.55 ___Compliant ___Deficient ___N/A
600.40.60 ___Compliant ___Deficient ___N/A
600.40.65 ___Compliant ___Deficient ___N/A
600.40.70 ___Compliant ___Deficient ___N/A
600.40.75 ___Compliant ___Deficient ___N/A
600.40.80 ___Compliant ___Deficient ___N/A

700.10 Quality Improvement

700.10.15 ___Compliant ___Deficient ___N/A
700.10.20 ___Compliant ___Deficient ___N/A
700.10.25 ___Compliant ___Deficient ___N/A
700.10.30 ___Compliant ___Deficient ___N/A

700.20 Peer Review

700.20.10 ___Compliant ___Deficient ___N/A
700.20.15 ___Compliant ___Deficient ___N/A
700.20.20 ___Compliant ___Deficient ___N/A

700.30 Random Case Review

700.30.10 ___Compliant ___Deficient ___N/A
700.30.15 ___Compliant ___Deficient ___N/A
700.30.20 ___Compliant ___Deficient ___N/A
700.30.25 ___Compliant ___Deficient ___N/A
700.30.30 ___Compliant ___Deficient ___N/A
700.30.35 ___Compliant ___Deficient ___N/A
700.30.40 ___Compliant ___Deficient ___N/A
700.30.45 ___Compliant ___Deficient ___N/A

700.40 Unanticipated Procedure Sequelae

700.40.10 ___Compliant ___Deficient ___N/A
700.40.15 ___Compliant ___Deficient ___N/A
700.40.20 ___Compliant ___Deficient ___N/A
700.40.25 ___Compliant ___Deficient ___N/A
700.40.30 ___Compliant ___Deficient ___N/A
700.40.35 ___Compliant ___Deficient ___N/A
700.40.37 ___Compliant ___Deficient ___N/A
700.40.40 ___Compliant ___Deficient ___N/A
700.40.45 ___Compliant ___Deficient ___N/A
700.40.50 ___Compliant ___Deficient ___N/A
700.40.55 ___Compliant ___Deficient ___N/A
700.40.60 ___Compliant ___Deficient ___N/A
700.40.65 ___Compliant ___Deficient ___N/A
700.40.70 ___Compliant ___Deficient ___N/A

700.50 Patient's Bill of Rights

700.50.10 ___Compliant ___Deficient ___N/A

800.5 Medical Director

800.5.10 ___Compliant ___Deficient ___N/A
800.5.15 ___Compliant ___Deficient ___N/A
800.5.20 ___Compliant ___Deficient ___N/A

800.10 Staff Physicians

800.10.10 ___Compliant ___Deficient ___N/A
800.10.15 ___Compliant ___Deficient ___N/A
800.10.20 ___Compliant ___Deficient ___N/A
800.10.25 ___Compliant ___Deficient ___N/A
800.10.30 ___Compliant ___Deficient ___N/A
800.10.35 ___Compliant ___Deficient ___N/A
800.10.40 ___Compliant ___Deficient ___N/A
800.10.45 ___Compliant ___Deficient ___N/A

800.20 Anesthesiologist/CRNA

800.20.10 ___Compliant ___Deficient ___N/A
800.20.15 ___Compliant ___Deficient ___N/A
800.20.20 ___Compliant ___Deficient ___N/A
800.20.25 ___Compliant ___Deficient ___N/A
800.20.30 ___Compliant ___Deficient ___N/A

800.30 Procedure Room Personnel

800.30.10 ___Compliant ___Deficient ___N/A
800.30.15 ___Compliant ___Deficient ___N/A
800.30.20 ___Compliant ___Deficient ___N/A

800.40 Personnel Records

800.40.10 ___Compliant ___Deficient ___N/A
800.40.15 ___Compliant ___Deficient ___N/A
800.40.20 ___Compliant ___Deficient ___N/A
800.40.25 ___Compliant ___Deficient ___N/A
800.40.30 ___Compliant ___Deficient ___N/A
800.40.35 ___Compliant ___Deficient ___N/A
800.40.40 ___Compliant ___Deficient ___N/A
800.40.45 ___Compliant ___Deficient ___N/A
800.40.50 ___Compliant ___Deficient ___N/A

800.41 Personnel records document training in the following:

800.41.10 ___Compliant ___Deficient ___N/A
800.41.15 ___Compliant ___Deficient ___N/A
800.41.20 ___Compliant ___Deficient ___N/A
800.41.25 ___Compliant ___Deficient ___N/A
800.41.30 ___Compliant ___Deficient ___N/A
800.41.40 ___Compliant ___Deficient ___N/A

800.50 Knowledge, Skill & CME Training

800.50.10 ___Compliant ___Deficient ___N/A
800.50.15 ___Compliant ___Deficient ___N/A
800.50.20 ___Compliant ___Deficient ___N/A

800.60 Personnel Safety

800.60.10 ___Compliant ___Deficient ___N/A
800.60.15 ___Compliant ___Deficient ___N/A
800.60.20 ___Compliant ___Deficient ___N/A

900.10 Delivery of Anesthesia

900.10.10 ___Compliant ___Deficient ___N/A
900.10.15 ___Compliant ___Deficient ___N/A

900.20 Pre-Anesthesia Care

900.20.10 ___Compliant ___Deficient ___N/A
900.20.15 ___Compliant ___Deficient ___N/A
900.20.20 ___Compliant ___Deficient ___N/A
900.20.25 ___Compliant ___Deficient ___N/A
900.20.30 ___Compliant ___Deficient ___N/A
900.20.35 ___Compliant ___Deficient ___N/A
900.20.40 ___Compliant ___Deficient ___N/A
900.20.45 ___Compliant ___Deficient ___N/A
900.20.50 ___Compliant ___Deficient ___N/A
900.20.55 ___Compliant ___Deficient ___N/A
900.20.60 ___Compliant ___Deficient ___N/A
900.20.65 ___Compliant ___Deficient ___N/A
900.20.70 ___Compliant ___Deficient ___N/A

900.21 Oxygenation

900.21.16 ___Compliant ___Deficient ___N/A

900.23 Ventilation

900.23.5 ___Compliant ___Deficient ___N/A
900.23.10 ___Compliant ___Deficient ___N/A
900.23.15 ___Compliant ___Deficient ___N/A

900.30 Anesthetic Monitoring

900.30.10 ___Compliant ___Deficient ___N/A
900.30.15 ___Compliant ___Deficient ___N/A
900.30.20 ___Compliant ___Deficient ___N/A

900.40 Circulation Monitoring

900.40.10 ___Compliant ___Deficient ___N/A

900.40.15 ___Compliant ___Deficient ___N/A

900.40.20 ___Compliant ___Deficient ___N/A

900.40.30 ___Compliant ___Deficient ___N/A

900.40.35 ___Compliant ___Deficient ___N/A

900.40.37 ___Compliant ___Deficient ___N/A

900.40.40 ___Compliant ___Deficient ___N/A

900.50 Transfers/Emergencies

900.50.10 ___Compliant ___Deficient ___N/A

900.50.15 ___Compliant ___Deficient ___N/A

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