



REGULAR

Standards and Checklist

for accreditation of ambulatory surgery facilities

**AMERICAN ASSOCIATION FOR
ACCREDITATION OF
AMBULATORY SURGERY FACILITIES, INC.**



Regular Standards and Checklist for Accreditation of Ambulatory Surgery

Facilities Version 14.5 • March 2017

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American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

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AAAASF

7500 Grand Ave
Suite 200
Gurnee, IL 60031

FACILITY IDENTIFICATION FORM

☐ 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 MD or DO)

Name of Office Manager or Head Nurse

Address

Suite

City

State

Zip

Phone

Fax

Website

E-mail

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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7500 Grand Ave
Suite 200
Gurnee, IL 60031

Please list all practitioners performing any procedures in the facility

Name of Practitioner (Please indicate credentials - MD, DO, MD/DDS, DPM)

State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

Does the practitioner currently, or did the practitioner previously, hold 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?

- ☐ None
☐ Previous
☐ Current

Hospital(s): _____

Department or Section: _____

Name of Practitioner (Please indicate credentials - MD, DO, MD/DDS, DPM)

State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

Does the practitioner currently, or did the practitioner previously, hold 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?

- ☐ None
- ☐ Previous
- ☐ Current

Hospital(s): _____

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☐ Previous
☐ Current

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☐ Current

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Department or Section: _____

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State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

Does the practitioner currently, or did the practitioner previously, hold 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?

- ☐ None
- ☐ Previous
- ☐ Current

Hospital(s): _____

Department or Section: _____

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The Accreditation Program

The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) conducts an accreditation program that certifies that an accredited facility meets nationally recognized standards. The accreditation program is conducted by physicians, podiatrists, and oral maxillofacial surgeons who determine the standards under the direction of a board of directors. 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.

Basic Mandates

- If pediatric patients are treated in the facility, a minimum of 1 staff member who is Pediatric Advanced Life Support Course (PALS) certified 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 denial, emergency suspension, or revocation of accreditation.

Onsite Survey

A facility is surveyed every 3 years. The facility surveyor will review any deficiencies with the facility director and forward the Standards Manual 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). The facility director must remain on site or be immediately available in person throughout the survey process, if the facility director does not intend to remain onsite for the exit conference the facility director must explicitly designate a proxy in writing to the surveyor

Self-Evaluation Survey

A facility is evaluated by the facility director each year between surveys and the Standards Manual 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

AAAASF may deny or revoke a facility's accreditation if the facility fails to satisfy every standard for its class (A, B, C-M, or C), or if any surgeon operating at the facility

- Has had their privileges to perform surgery restricted or limited by any hospital at which the surgeon 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, podiatric, or oral and maxillofacial surgical society or association of which they are a member
- Has had their right to practice medicine, podiatry, or oral and maxillofacial surgery 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 AAAASF.

Hearing

Any facility whose accreditation has been revoked or denied by 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

AAAASF may place a facility on emergency suspension or emergency probation status (1) upon receiving information that a state medical, podiatric, or oral and maxillofacial surgery board has taken action or begun formal proceedings which may result in it taking action against a license held by a surgeon, podiatrist, or oral and maxillofacial surgeon operating at the facility, or (2) upon 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 expedited investigation and a possible hearing conducted in accordance with AAAASF procedures 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 surveyor is permitted as long as patient and staff safety remain uncompromised.

Definition

Adequate—is meant to encompass size, space, maintenance, cleanliness, lighting, freeness from clutter, appropriateness of equipment on hand.

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.

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AAAASF

7500 Grand Ave Suite 200

Gurnee, IL 60031-2986

Toll-free: 888-545-5222

Phone: 847-775-1970

Fax: 847-775-1985

Web: www.aaaasf.org

FOR THE SURVEYOR VERSION ONLY

Each standard question must have 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 Standards Manual.

Each numbered standard in this booklet must have a response. If a standard does not apply to the situation in the facility, the surveyor must indicate such by marking N/A in the Standards Manual. For every N/A, there must be an explanation noted by the surveyor in Standards Manual to justify that response. All deficiency citations should be discussed with the facility director or appropriate staff, and the surveyor should make recommendations as to how the deficiencies should be corrected.

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100 **BASIC MANDATES**

100.10 **Basic Mandates**

100.010.005 B,C-M,C

There must be a written screening protocol for venous thromboembolism (VTE) risk placed in the medical record of each surgical patient. This protocol and assessment tool is to be placed in the facility manual for reference.

100.010.010 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.

100.010.011 A,B,C-M,C

A pre-operative surgical safety checklist should be used for each patient and noted in the patient record.

100.010.015 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 to 24 hours, depending on the procedure and the anesthesia used.

100.010.020 A,B,C-M,C

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

100 BASIC MANDATES

100.010.025 A,B,C-M,C

Any death occurring in an accredited facility or any death occurring within 30 days of a surgical procedure performed in an accredited facility must be reported to the AAAASF office within 5 business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be reported as an unanticipated operative sequela in the semiannual peer review report. In the event of a death occurring within 30 days of an operation done in an AAAASF - accredited facility, an unannounced survey will be done by a senior surveyor unless waived by the investigative committee.

100.010.030 A,B,C-M,C

All individuals using the facility must meet one of the following criteria (throughout this document the terms physician, medicine, and medical apply to MD, DO, and DPM degrees)

- 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)
 - A podiatrist certified or eligible for certification by the American Board of Foot and Ankle Surgery (ABFAS) or The American Board of Podiatric Medicine (ABPM)
 - An oral and maxillofacial surgeon certified or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS)
-

100.010.032 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.

100.010.035 A,B,C-M,C

Every physician, podiatrist, and oral and maxillofacial surgeon operating 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 30 minutes of the accredited facility for all operations that they perform within the facility. Only surgical 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 facilities accredited under Class B, Class C -M, or Class C.

100 BASIC MANDATES

100.010.040 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. 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 that any participants leave the survey process if interference becomes a problem. AAAASF greatly appreciates all concerned parties' cooperation in complying with this directive.

100.010.045 A

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 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

100.010.050 B

B

Class B:

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

- Topical anesthesia
- Local anesthesia
- Parenteral sedation
- 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 5000 cc'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**

100.010.055 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
- 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 5000 cc'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

100.010.060 C

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
- 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 5000 cc'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

100.010.065 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 American Medical Association (AMA) Core Principle #7. American Osteopathic Association (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 ABFAS 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.

100.010.070 A,B,C-M,C

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 within 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.
-

100 BASIC MANDATES

100.010.075 A,B,C-M,C

Practitioners of interventional radiology must meet all of the following criteria

- MD or DO
 - Board certification or board eligibility by the American Board of Radiology (ABR)
 - Fellowship training as approved by the ABR
 - Current certificate of added qualifications in interventional/vascular radiology
 - 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 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.
-

100.010.080 B,C-M,C

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

100.010.085 B,C-M,C

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

100.010.090 A,B,C-M,C

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

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.10 Policy

200.010.010 B,C-M,C

B,C-M,C

A “surgical pause” or a “time out” protocol is in place, practiced, and documented prior to every surgical procedure and is documented in the operative chart.

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

Marking the operative site—Surgical procedures calling for right/left distinction; multiple structures (breasts, 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 surgical procedure, conduct a final verification by at least 2 members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail -safe” measure, the surgical procedure is not started until any and all questions or concerns are resolved.

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

200.20 Environment

200.020.005 A,B,C-M,C

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

200.020.010 B,C-M,C

The operating suite is physically separate from the general office.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.020.015 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.

200.020.020 B,C-M,C

There is a room dedicated for use as an operating room.

200.020.025 A

An exam room may function as an operating room.

200.020.030 B,C-M,C

All major surgery is done in the separate and distinct operating room(s).

200.020.035 A,B,C-M,C

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

200.020.050 A,B,C-M,C

The operating room is properly cleaned, maintained and free of litter and clutter.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.020.055 A,B,C-M,C

Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the surgical procedures, and must comply with applicable local, state, or federal requirements. Additionally, all facilities must have a minimum of 4 feet (48 inches) of clear space on each side of the operating 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 surveyor that the emergency criteria as stated above can be met in the operating room space available.

200.020.060 A,B,C-M,C

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

200.020.065 A,B,C-M,C

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

200.020.075 A,B,C-M,C

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

200.020.080 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 additionally be labeled to identify in which autoclave it was sterilized.

200.020.085 A,B,C-M,C

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

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.020.090 B,C-M,C

If a pre-existing sink is present in the operating room, a written policy to prohibit the use of the sink during sterile surgical procedures must be in place. A sink is permissible in an operating room which is exclusively used for endoscopic or urological procedures in accordance with the standards of those professions. Requests for allowance by other specialties will be reviewed on a case -by-case basis.

200.25 Storage

200.025.005 A,B,C-M,C

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

200.025.010 A,B,C-M,C

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

200.025.015 A,B,C-M,C

Sterile supplies are stored away from potential contamination in closed cabinets/drawers or, away from heavy traffic areas.

200.30 Procedures - Sterilization

If exclusively using disposable instruments, mark N/A for the standards in section “200.30 Procedures — Sterilization” and move on to the next section.

200.030.010 A,B,C-M,C

The facility has at least one autoclave that uses high-pressure steam and heat.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.030.015 A,B,C-M,C

Additional methods in use can be chemical autoclave (Chemclave ©) or gas (ethylene oxide) sterilizer.

200.030.025 A,B,C-M,C

Gas sterilizers must be vented.

200.35 High Level Disinfection of Endoscopes

200.035.028 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. The manufacturer's recommendations for usage should be followed at all times.

200.035.029 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 Instrument Processing

200.040.010 A,B,C-M,C

Instrument handling and sterilizing areas are cleaned and maintained.

200.040.015 A,B,C-M,C

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

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.040.020 A,B,C-M,C

The instrument preparation and assembly area (clean utility area) is separated by walls or space from the instrument cleaning area (dirty utility area) or , there is a policy to clean and disinfect the dirty utility area before preparing and assembling packs for sterilization.

200.040.025 A,B,C-M,C

Between cases, the operating room(s) is cleaned with medical grade disinfectants.

200.040.030 A,B,C-M,C

Scrub suits, caps or hair covers, gloves, operative gowns, masks, and eye protection are used for all appropriate surgery.

200.040.035 A,B,C-M,C

A sterile field is routinely used during all operations.

200.040.040 A,B,C-M,C

Surgical scrub soap and/or alcohol cleansers are provided for the surgery room staff consistent with current CDC guidelines for hand hygiene.

200.040.045 A,B,C-M,C

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

200.040.050 A,B,C-M,C

Sterilizer logs/monitoring records are reviewed and stored for a minimum of three (3) years.

200 **OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES**

200.040.055 A,B,C-M,C

A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for 3 years.

200.040.060 A,B,C-M,C

There is a protocol for remedial action to correct the sterilization process if a spore test is positive.

200.50 **Maintenance and Cleaning**

200.050.010 A,B,C-M,C

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

200.050.015 A,B,C-M,C

All blood and body fluid spills are cleaned using medical -grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal.

200.050.020 A,B,C-M,C

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

200.050.025 A,B,C-M,C

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

200.60 **Surfaces**

200 **OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES**

200.060.010 B,C-M,C

The operating room ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that could contaminate the operating room.

200.060.015 A,B,C-M,C

The walls and countertops are covered with smooth and easy-to-clean material that is free from tears, breaks, or cracks.

200.060.020 B,C-M,C

The floors are covered with smooth and easy-to-clean material that is free from breaks, or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.70 Equipment

200.070.010 A,B,C-M,C

A biomedical 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. Stickers may be placed on individual equipment; however, written records must be maintained for 3 years.

200.070.015 A,B,C-M,C

Only surveyed equipment is used in the operating suite.

200.070.020 A,B,C-M,C

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

200.070.035 A,B,C-M,C

There is an adequate operating room table or chair.

200.070.040 A,B,C-M,C

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

200.71 Operating Room Equipment List

200.071.010 B,C-M,C

An EKG monitor with pulse readout is present.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.071.015 B,C-M,C

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

200.071.020 A,B,C-M,C

Blood pressure monitoring equipment is present.

200.071.025 A,B,C-M,C

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

200.071.030 B,C-M,C

Sequential compressive devices (SCD) are employed for surgical procedures of 1 hour or longer, except for procedures carried out under local anesthesia.

200.071.035 A,B,C-M,C

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

200.071.040 B,C-M,C

Nasopharyngeal airways and laryngeal mask airways for each size of patient treated in the facility are present.

200.071.045 B,C-M,C

Laryngoscopes with blades of various sizes for each size of patient are present.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.071.050 B,C-M,C

Endotracheal tubes of various sizes for each patient are present.

200.071.055 B,C-M,C

Endotracheal stylet is present.

200.071.060 A,B,C-M,C

A positive pressure ventilation device (eg, Ambu® bag) is present.

200.071.065 A,B,C-M,C

A source of oxygen is present.

200.071.070 A,B,C-M,C

Source of suction is present.

200.071.075 C

If a mechanical ventilator is present, it should have a continuous use device which indicates a disconnect via an audible signal.

200.071.080 B,C-M,C

Electrocautery with a grounding plate or disposable pad is present.

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.071.085 C

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.

200.071.090 C

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

200.071.095 B,C-M,C

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

200.80 Emergency Power

200.080.010 B,C-M,C

The operating room and recovery room have an emergency power source—such as a generator or battery-powered inverter—with capacity to operate adequate monitoring, anesthesia, surgical equipment, cautery, and lighting for a minimum of 2 hours. If 2 or more operation and recovery rooms are used simultaneously, an adequate emergency power source must be available for each room.

200.080.015 B,C-M,C

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

200

OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.080.020 B,C-M,C

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

200 OPERATING ROOM POLICY, ENVIRONMENT, AND PROCEDURES

200.90 Medical Hazardous Waste

200.090.010 A,B,C-M,C

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

200.090.015 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.

200.090.020 A,B,C-M,C

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

300 **POST-ANESTHETIC CARE UNIT (PACU)**

300.000.015 B,C-M,C

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

300.000.020 B,C-M,C

Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient.

300.000.025 B,C-M,C

Patients transferred to the PACU will be continually evaluated and monitored as needed during transport.

300.5 **Evaluation and Transfer of Care**

300.005.010 B,C-M,C

Evaluation in the PACU will include
Documentation of patient's time of arrival.

300.005.015 B,C-M,C

Evaluation in the PACU will include
Assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.

300.005.020 B,C-M,C

Evaluation in the PACU will include
Transmission of a verbal report on the patient to the PACU team from a member of the anesthesia team who accompanies the patient.

300 **POST-ANESTHETIC CARE UNIT (PACU)**

300.005.025 B,C-M,C

Evaluation in the PACU will include

Transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course.

300.005.030 B,C-M,C

Evaluation in the PACU will include

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

300.6 **Continued Evaluation**

300.006.010 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).

300.006.015 B,C-M,C

Continued evaluation in the PACU will consist of

Continuous pulse oximetry.

300.006.025 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 **POST-ANESTHETIC CARE UNIT (PACU)**

300.006.030 B,C-M,C

Continued evaluation in the PACU will consist of
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 PACU.

300.7 **Discharge from PACU**

300.007.009 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.

300.007.010 B,C-M,C

Approved and standardized discharge criteria are used.

300.007.015 B,C-M,C

A physician determines that the patient meets discharge criteria based upon input from the PACU nurse, and that physician's name and signature must be noted on the record.

300.8 **Equipment and Supplies**

300.008.010 B,C-M,C

Equipment and supplies for anesthesia include
A reliable source of oxygen, adequate for the length of the surgery (backup should consist of at least one full E cylinder).

300 POST-ANESTHETIC CARE UNIT (PACU)

300.008.015 A,B,C-M,C

Equipment and supplies for anesthesia include

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

300.008.020 A,B,C-M,C

Equipment and supplies for anesthesia include

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

300.008.025 A,B,C-M,C

Equipment and supplies for anesthesia include

An adequate and reliable source of suction.

300.008.030 C

Equipment and supplies for anesthesia include

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

300.008.035 A,B,C-M,C

Equipment and supplies for anesthesia include

Self-inflating (Ambu©) bags, if used, are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.

300.008.040 C

Equipment and supplies for anesthesia include

An anesthesia machine is required if volatile agents are available in the facility. If TIVA, spinal, or epidural anesthesia is used exclusively, and no inhalation agents (volatile) are available, an anesthesia machine is not required. If only nitrous oxide is used, an appropriate delivery system is used.

300 **POST-ANESTHETIC CARE UNIT (PACU)**

300.008.045 A,B,C-M,C

Equipment and supplies for anesthesia include

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

300.008.050 A,B,C-M,C

Equipment and supplies for anesthesia include

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

300.008.055 A,B,C-M,C

Equipment and supplies for anesthesia include

An emergency response cart containing standard ACLS equipment is available independent of procedure room equipment with defibrillator, necessary drugs, and other CPR equipment.

300 **POST-ANESTHETIC CARE UNIT (PACU)**

300.10 **PACU Room(s)**

300.010.010 B,C-M,C

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

300.010.015 B,C-M,C

The room is equipped and readily accessible to handle emergencies.

300.010.020 B,C-M,C

All recovering patients must be observed and supervised by trained medical personnel in the recovery area. A physician, CRNA, PA, or RN with ACLS certification, is immediately available until the patient has met PACU discharge criteria for discharge from the surgical facility.

300.010.025 B,C-M,C

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

300.010.030 B,C-M,C

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

300.20 **Discharge**

300.020.010 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 CARE UNIT (PACU)
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300.020.015 B,C-M,C

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

300.020.020 B,C-M,C

Personnel assist with discharge from the recovery area.

300.020.025 B,C-M,C

Unless they are having local anesthesia only, patients are transported from the facility by wheelchair or gurney to a waiting vehicle or to another facility with a responsible adult.

300 **POST-ANESTHETIC CARE UNIT (PACU)**

300.30 **Extended Stays**

300.030.010 B,C-M,C

If overnight stays are permitted, the facility is in compliance with all applicable local and state laws and regulations.

400 **GENERAL SAFETY IN THE FACILITY**

AAAASF is committed to establishing minimum guidelines to provide safe and effective outpatient surgical care. The facility must comply with all applicable OSHA, 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.

400.010.015 A,B,C-M,C

The facility safety manual contains all applicable requirements of OSHA.

400.010.020 A,B,C-M,C

The facility safety manual is in accordance with other federal and state regulations.

400.010.025 A,B,C-M,C

The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.

400.010.030 A,B,C-M,C

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

400.010.035 A,B,C-M,C

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

400.010.040 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**

400.010.045 A,B,C-M,C

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

400.010.050 A,B,C-M,C

Warnings and signage exist to warn those whose health may be affected by x-rays.

400.010.055 A,B,C-M,C

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

400.20 **Emergency Protocols**

400.020.010 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, or a threat to the staff or patients.

400.020.015 A,B,C-M,C

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

400.020.020 A,B,C-M,C

There must be a written protocol for returning patients to the operating room in the event of patient emergencies.

400.020.025 B,C-M,C

There must be a written protocol for malignant hyperthermia (MH).

400 **GENERAL SAFETY IN THE FACILITY**

400.020.030 A,B,C-M,C

There must be a written protocol for cardiopulmonary resuscitation (CPR).

400.020.035 A,B,C-M,C

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

400.020.040 B,C-M,C

There must be a written protocol for a situation in which the anesthesiologist or CRNA becomes incapacitated.

400.020.045 A,B,C-M,C

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

400.020.050 A,B,C-M,C

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

400.020.055 A,B,C-M,C

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

400.21 **Transfer Agreement**

400.021.010 A,B,C-M,C

There is a written transfer agreement with a local accredited or licensed acute care hospital within 30 Minutes which is approved by the facility's medical staff, or the operating surgeon has privileges to admit patients to such a hospital.

400 **GENERAL SAFETY IN THE FACILITY**

400.30 **Hazardous Agents**

400.030.010 A,B,C-M,C

All explosive and combustible materials are stored and handled in a safe manner according to state, local, and/or NFPA codes.

400.030.015 A,B,C-M,C

Compressed gas cylinders are stored and handled according to state, local, and/or NFPA codes.

400.030.020 A,B,C-M,C

Hazardous chemicals are labeled as hazardous.

400.40 **Fire Controls**

400.040.010 A,B,C-M,C

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

400.040.015 A,B,C-M,C

An adequate number of fire extinguishers are available.

400.040.020 A,B,C-M,C

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

400 **GENERAL SAFETY IN THE FACILITY**

400.50 **Exits**

400.050.010 A,B,C-M,C

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

400.050.015 A,B,C-M,C

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

400.050.020 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.

400.050.025 A,B,C-M,C

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

500 **IV FLUIDS AND MEDICATIONS**

500.10 **Blood & Substitutes**

500.010.010 A,B,C-M,C

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

500.010.015 A,B,C-M,C

If blood were to be used, there is a protocol for it to be typed, cross -matched, checked, and verified.

500.20 **Medications**

500.020.010 A,B,C-M,C

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

500.020.015 A,B,C-M,C

There is a dated controlled substance inventory and a 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, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.

500.020.019 A,B,C-M,C

Adenosine as required by current ACLS algorithms.

500.020.020 A,B,C-M,C

The inventory of controlled substances is verified by 2 licensed members of the operating room team on any day that controlled substances are administered, and in compliance with state and federal regulations.

500 **IV FLUIDS AND MEDICATIONS**

500.020.025 A,B,C-M,C

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

500.020.030 A,B,C-M,C

Outdated medications are removed.

500.21 **ACLS Algorithm**

500.021.015 A,B,C-M,C

A transportable “crash” cart or kit is maintained independent of other operating room supplies such that emergency equipment is immediately available. It will contain “first response” essentials of ACLS care, such as suction, positive pressure ventilation, devices for maintaining an airway, intravenous access, and medications.

500.021.019 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Adenosine

500.021.020 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Epinephrine.

500.021.025 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Lidocaine—plain.

500 **IV FLUIDS AND MEDICATIONS**

500.021.026 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Atropine.

500.021.027 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Nitroglycerine (paste or oral)

500.021.035 B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
If narcotics are used in the facility, a narcotic antagonist (eg, Narcan) should be present.

500.021.040 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Anticonvulsant medication.

500.021.045 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms
Bronchospasm-arresting medication (inhaled beta-agonist, eg albuterol).

500 **IV FLUIDS AND MEDICATIONS**

500.021.050 A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS algorithms

Intravenous corticosteroids (eg, dexamethasone).

500.22 **Other drugs:**

500.022.045 A,B,C-M,C

IV antihistamines (eg, diphenhydramine).

500.022.050 A,B,C-M,C

Short-acting beta-blocker (eg, esmolol or labetalol).

500.022.055 C-M,C

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

500.022.060 B,C-M,C

If benzodiazepine is used in the facility, a reversing agent must be available.

500.23 **Malignant Hyperthermia**

This section applies if potential MH triggering agents such as the potent inhalation anesthetics halothane, enflurane, isoflurane, sevoflurane, and desflurane are ever used or are present in the facility.

500 **IV FLUIDS AND MEDICATIONS**

500.023.005 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.

500.023.010 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.

500.023.015 C-M,C

The facility director and all operating surgeons and anesthesiology providers should be aware of genetic and/or caffeine-halothane contracture testing (CHCT) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility.

500.023.020 C-M,C

The medical director should be able to demonstrate that all operating surgeons and anesthesia providers have familiarity with the early recognition of impending MH crisis as defined by the Malignant Hyperthermia Association of the United States (MHAUS).

500.023.025 C-M,C

The medical director will ensure 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.

500.023.030 C-M,C

A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (ie, 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®).

500 IV FLUIDS AND MEDICATIONS

500.023.035 C-M,C

A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO₃).

500.023.040 C-M,C

A minimum supply of dantrolene/ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial)

500.023.045 C-M,C

An additional* supply of dantrolene/ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional* dantrolene/ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode. *additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial)

500.023.050 C-M,C

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

500.023.055 B,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.

500.023.060 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 (eg, a tertiary care center that is further away may be better than a 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**

600.010.005 A,B,C-M,C

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

600.010.010 A,B,C-M,C

Medical records must be legible, documented, and completed accurately.

600.010.015 A,B,C-M,C

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

600.010.020 A,B,C-M,C

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

600.010.025 A,B,C-M,C

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

600.010.030 A,B,C-M,C

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

600 MEDICAL RECORDS

600.010.035 A,B,C-M,C

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

600.11 Pre-operative medical record

600.011.005 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.

600.011.010 A,B,C-M,C

Drug allergies/sensitivities.

600.011.015 A,B,C-M,C

Current medications.

600.011.020 A,B,C-M,C

Previous serious illness.

600.011.025 A,B,C-M,C

Current and chronic illness.

600.011.030 A,B,C-M,C

Previous surgeries.

600 **MEDICAL RECORDS**

600.011.035 A,B,C-M,C

Document perioperative bleeding risk including medical conditions and medication taken up to the day of the procedure.

600.011.040 A,B,C-M,C

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

600.011.045 A,B,C-M,C

Appropriate laboratory procedures are performed where indicated.

600.20 **Informed Consent Forms**

600.020.010 A,B,C-M,C

Informed consent is always obtained, which authorizes the surgeon by name to perform surgery and describes the operative procedure.

600.020.015 A,B,C-M,C

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

600.020.020 A,B,C-M,C

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

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

600 **MEDICAL RECORDS**

600.030.010 A,B,C-M,C

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

600.030.015 A,B,C-M,C

All laboratory results must be reviewed and initialed by the CRNA, anesthesiologist, registered nurse or surgeon.

600.030.016 A,B,C-M,C

All abnormal laboratory results must be reviewed and initialed by the surgeon within 1 week of receipt of results.

600.030.020 A,B,C-M,C

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

600.030.025 A,B,C-M,C

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

600.030.030 A,B,C-M,C

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

600.40 **Operating Room Records (Major Cases)**

600 **MEDICAL RECORDS**

600.040.010 A,B,C-M,C

A separate surgical log of all cases is maintained, either in a tamper proof log with sequentially numbered pages, or in a secured computer log.

600.040.015 A,B,C-M,C

A surgical log must include a numerical listing of patients with either consecutive numbering from the first case carried out in the facility, or consecutive numbers starting each year.

600.040.020 A,B,C-M,C

A surgical log must include the date of surgery.

600.040.025 A,B,C-M,C

A Surgical Log must include:
Patient's name and/or identification number.

600.040.030 A,B,C-M,C

A surgical log must include record of surgery(ies) and other invasive procedures to be conducted during the case.

600.040.035 A,B,C-M,C

A surgical log must include the surgeon's name.

600 **MEDICAL RECORDS**

600.040.040 A,B,C-M,C

A surgical log must include
record of the type of anesthesia used.

600.040.045 B,C-M,C

A Surgical Log must include:
Name of person(s) administering anesthesia.

600.040.050 B,C-M,C

A surgical log must include
the name of the person(s) assisting the surgeon (MD, RN, scrub tech/circulating RN, PA).

600.040.060 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.

600.040.065 B,C-M,C

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

600.040.070 B,C-M,C

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

600	MEDICAL RECORDS
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600.040.075 B,C-M,C

There is an operative report which includes operative technique and findings.

600.040.080 B,C-M,C

Post-operative progress notes are recorded.

600.040.085 B,C-M,C

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

700 **QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

700.10 **Quality Improvement**

700.010.015 A,B,C-M,C

The facility has a written quality improvement program implemented which should include surveys or projects that

Monitor and evaluate patient care

700.010.020 A,B,C-M,C

The facility has a written quality improvement program implemented which should include surveys or projects that

Evaluate methods to improve patient care

700.010.025 A,B,C-M,C

The facility has a written quality improvement program implemented which should include surveys or projects that

Identify and correct deficiencies within the facility

700.010.030 A,B,C-M,C

The facility has a written quality improvement program implemented which should include surveys or projects that

Alert the medical director to identify and resolve problems

700.010.035 A,B,C-M,C

The facility has a written quality improvement program implemented which should include surveys or projects that

Include documentation of quarterly peer review meetings for the prior 3 years, which should be available for the surveyor

700 **QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

700.20 **Peer Review**

Note: To be HIPAA compliant, a copy of the HIPPA Business Agreement must be signed by each physician working outside the facility participating in peer review, and a copy must be retained on file in the facility. For an example of a confidentiality agreement, contact the AAAASF central office.

700.020.010 A,B,C-M,C

Peer review is performed and submitted to the online system or sent to the AAAASF office for upload at least every 6 months and includes reviews of both random cases and unanticipated operative sequelae using the AAAASF forms and reporting format. A random sample of the cases for each surgeon must include the first case done by each surgeon each month during the reporting period for a total of 6 cases. If a surgeon using the facility has done fewer than 6 cases during a reporting period, that must be reported to the AAAASF Central Office and all of that surgeon's cases during that period must be reviewed. The facility must maintain a record of its compliance onsite for a minimum of three years.

700.020.015 A,B,C-M,C

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

700.020.020 A,B,C-M,C

Peer review may be done by a recognized peer review organization or a physician, podiatrist, or oral and maxillofacial surgeon other than the operating surgeon.

700.30 **Random Case Review**

700.030.010 A,B,C-M,C

A minimum of 6 cases for each surgeon operating in the facility are reviewed every 6 months, or all cases performed by surgeons who have fewer than 6 cases completed for the period.

700.030.015 A,B,C-M,C

Random case reviews must include at a minimum record of the Adequacy and legibility of history and physical exam

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.030.020 A,B,C-M,C

Random case reviews must include at a minimum record of the Adequacy of surgical consent

700.030.025 A,B,C-M,C

Random case reviews must include at a minimum record of the Presence of appropriate laboratory, EKG, and radiographic reports

700.030.030 A,B,C-M,C

Random case reviews must include at a minimum record of the Presence of a written operative report

700.030.035 B,C-M,C

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

700.030.040 A,B,C-M,C

Random case reviews must include at a minimum record of the Presence of instructions for post-operative care

700.030.045 A,B,C-M,C

Random case reviews must include at a minimum record of the Documentation of any complications

700.40 Unanticipated Operative Sequelae

All unanticipated operative sequelae which occur within 30 days of surgery are reviewed, including but not limited to:

700 **QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

700.040.010 A,B,C-M,C

Review record of any
Unplanned hospital admission

700.040.015 A,B,C-M,C

Review record of any
Unscheduled return to the operating room for a complication of a previous surgery

700.040.020 A,B,C-M,C

Review record of any
Complications such as infection, bleeding, wound dehiscence, or inadvertent injury to another body structure

700.040.025 A,B,C-M,C

Review record of any
Cardiac or respiratory problems during the patient's stay at the facility or within 48 hours of discharge

700.040.030 A,B,C-M,C

Review record of any
Allergic reactions

700.040.035 A,B,C-M,C

Review record of any
Incorrect needle or sponge count

700 **QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

700.040.040 A,B,C-M,C

Review record of any
Patient or family complaint

700.040.045 A,B,C-M,C

Review record of any
Equipment malfunction leading to injury or potential injury to the patient

700.040.050 A,B,C-M,C

Review record of any
A death occurring within 30 days of a procedure done in an AAAASF -accredited facility must be reported to the AAAASF office within 5 days of notification of the death.

700.040.055 A,B,C-M,C

Each unanticipated operative sequelae chart review must include the following information, in addition to the operation performed
Identification of the problem

700.040.060 A,B,C-M,C

Each unanticipated operative sequelae chart review must include the following information, in addition to the operation performed
Immediate treatment or disposition of the case

700.040.065 A,B,C-M,C

Each unanticipated operative sequelae chart review must include the following information, in addition to the operation performed
Outcome

700 **QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

700.040.070 A,B,C-M,C

Each unanticipated operative sequelae chart review must include the following information, in addition to the operation performed
Reason for the problem

700.040.075 A,B,C-M,C

Each unanticipated operative sequelae chart review must include the following information, in addition to the operation performed
Assessment of the efficacy of treatment

700.50 **Patient's Rights**

700.050.010 A,B,C-M,C

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

800 **PERSONNEL**

800.5 **Medical Director**

The medical director must have an MD or DO degree.

800.005.010 A,B,C-M,C

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

800.005.015 A,B,C-M,C

The medical director must be a physician certified or eligible for certification by either an ABMS medical or surgical specialty certifying boards or by the AOABS.

800.005.020 A,B,C-M,C

The medical director must be actively involved in the direction and management of the facility.

800.10 **Staff Physicians, Podiatrists, and Oral Surgeons**

800.010.010 A,B,C-M,C

Each physician, podiatrist, or oral and maxillofacial surgeon using the facility is credentialed and qualified for the surgical procedures they perform.

800.010.015 A,B,C-M,C

Each physician, podiatrist, or oral and maxillofacial surgeon using the facility has core privileges in their specialty at a licensed acute care hospital.

800 PERSONNEL

800.010.020 A,B,C-M,C

Physicians, podiatrists, or oral and maxillofacial surgeons who operate 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 surgical 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, podiatrist, or oral and maxillofacial surgeon to be credentialed for a specific surgery, the physician, podiatrist, or oral and maxillofacial surgeon may provide alternative evidence of training and competence in that surgery. Individual consideration will be given if the physician, podiatrist, or oral and maxillofacial surgeon 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.

800.010.025 A,B,C-M,C

If the physician, podiatrist, or oral and maxillofacial surgeon does not hold admitting privileges at a hospital within 30 minutes of the facility, there must be a signed and dated document from a person in the same specialty who has admitting privileges in a hospital within 30 minutes of the facility that indicates their willingness to admit the patient to the hospital.

800.010.035 A,B,C-M,C

Each physician, podiatrist, or oral and maxillofacial surgeon must currently be licensed by the state in which they practice. Copies of each physician's, podiatrist's, or oral and maxillofacial surgeon's current license must be maintained on file in the facility.

800.010.040 A,B,C-M,C

Any change in the physician, podiatrist, or oral and maxillofacial surgeon staff must be reported in writing to the AAAASF Central Office within 30 days of such changes. Including copies of the following credentials of any new staff

- Current medical license
 - ABMS board certification, AOABS board certification, or other approved board certification, letter of eligibility to any of the listed boards, or equivalent documentation for podiatrists or oral and maxillofacial surgeons
 - Current documentation of hospital privileges or satisfactory explanation for the lack thereof, must also be sent to the AAAASF Central Office.
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800 PERSONNEL

800.010.045 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 pain management staff, or other licensed facility staff must be reported in writing to the AAAASF Central Office within 10 days of the time the facility director becomes aware of such an action.

800.20 Anesthesiologist/CRNA

800.020.050 B,C-M,C

If anesthesiologists, anesthesia assistants (as certified by the NCCAA) under direct supervision of the anesthesiologist and/or CRNAs participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified

800.020.055 B,C-M,C

All anesthesiologists and CRNAs
Must be licensed or accredited by the state in which they practice

800.020.060 C-M,C

All anesthesiologists and CRNAs
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.

800.020.070 B,C-M,C

An anesthesiologist/CRNA cannot function in any other capacity (eg, surgical assistant or circulating nurse) during the surgery.

800 PERSONNEL

800.020.075 A,B,C-M,C

Practitioners of pain management are required to meet all of the following criteria

- Have an MD or DO degree
 - Have appropriate fellowship training in pain management
 - Possess ABMS/AOABOS board certification or board eligibility in one of the following specialties anesthesiology, physical medicine and rehabilitation (PM&R), psychiatry/neurology
 - Possess a sub-specialty certification or eligibility from the American Board of Anesthesiology, the AOABOS, or specifically Pain Medicine sub-specialization in PM&R or Psychiatry/Neurology.
 - Have, or have held, hospital privileges from a hospital located within 30 minutes of the facility, concerning the applicable scope of practice for pain management
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800.30 Operating Room Personnel

800.030.010 B,C-M,C

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

800.030.015 B,C-M,C

All operating suite personnel must meet acceptable standards as defined by their professional governing bodies, where applicable.

800.030.020 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 (ie, operating room and patient care areas), in accordance with state law.

800 PERSONNEL

800.40 Personnel Records

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

800.040.010 A,B,C-M,C

There is a manual outlining personnel policies.

800.040.015 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.

800.41 Individual Personnel Files

800.041.005 A,B,C-M,C

Personnel records should contain

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.

800.041.010 A,B,C-M,C

Personnel records should contain

Resume of training and experience

800.041.015 A,B,C-M,C

Personnel records should contain

Current certification or license if required by the state

800 PERSONNEL

800.041.020 A,B,C-M,C

Personnel records should contain
Date of employment

800.041.025 A,B,C-M,C

Personnel records should contain
Description of duties

800.041.030 A,B,C-M,C

Personnel records should contain
Record of continuing education

800.041.035 A,B,C-M,C

Personnel records should contain
Inoculations or refusals

800.041.040 A,B,C-M,C

Personnel records should contain
Record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk

800.42 Personnel records document training in the following:

800.042.010 A,B,C-M,C

Personnel records should contain training documentation relative to
Hazard safety training

800	PERSONNEL
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800.042.015 A,B,C-M,C

Personnel records should contain training documentation relative to Blood-borne pathogens

800.042.020 A,B,C-M,C

Personnel records should contain training documentation relative to Universal precautions

800.042.025 A,B,C-M,C

Personnel records should contain training documentation relative to Other safety training, such as operation of a fire extinguisher

800.042.030 A,B,C-M,C

Personnel records should contain training documentation relative to At least basic cardiopulmonary life support (BCLS) certification for each operating room and recovery room team member, and ACLS certification for one team member, is required.

800.50 Knowledge, Skill & CME Training

800.050.010 A,B,C-M,C

The operating room personnel have knowledge of MH, cardiopulmonary, and anaphylactic emergencies. At least one member of the operating room team, preferably the surgeon or the anesthesia care giver, holds current ACLS certification

800.050.015 A,B,C-M,C

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

800	PERSONNEL
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800.050.020 A,B,C-M,C

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

800 **PERSONNEL**

800.60 **Personnel Safety**

800.060.010 A,B,C-M,C

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

800.060.015 C

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

800.060.020 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 (eg, instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.).

900

ANESTHESIA

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; all such circumstances should be documented in the patient's record.

900.5 Delivery of Anesthesia

900.005.015 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 certified by the NCCAA (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.

900.005.020 B,C-M,C

The physician responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques. Podiatrists and oral and maxillofacial surgeons must use an anesthesiologist or a supervising physician to administer anesthesia.

900.10 Pre-Anesthesia Care

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

900.010.005 A,B,C-M,C

The written policy for pediatric patients is available and current.

900.010.010 A,B,C-M,C

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

900 **ANESTHESIA**

900.010.012 A,B,C-M,C

A physician or anesthesia provider must verify that all anesthesia equipment is in proper working order.

900.010.015 A,B,C-M,C

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

900.010.020 A,B,C-M,C

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

900.010.025 B,C-M,C

A physician must be present when any anesthesia, other than local anesthesia, is administered.

900.010.030 A,B,C-M,C

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

900.010.035 A,B,C-M,C

The anesthesia care plan is based on
Medical history.

900.010.040 A,B,C-M,C

The anesthesia care plan is based on
Prior anesthetic experiences.

900 **ANESTHESIA**

900.010.045 A,B,C-M,C

The anesthesia care plan is based on
Drug therapies.

900.010.050 A,B,C-M,C

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

900.010.055 A,B,C-M,C

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

900.010.060 A,B,C-M,C

The anesthesia care plan is based on:
A determination of preoperative medications needed for anesthesia.

900.010.065 A,B,C-M,C

The anesthesia care plan is based on
providing preoperative instructions.

900.010.070 A,B,C-M,C

The operating surgeon concurs with the anesthesia plan developed by the anesthesia professional and
documents agreement in the medical record.

900 ANESTHESIA

900.20 Anesthetic Monitoring

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

900.020.005 B,C-M,C

If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the operating suite throughout the administration of anesthesia.

900.21 Oxygenation

900.021.010 C

Patient monitoring during anesthesia consists of
Assessment by oxygen analyzer if an anesthesia machine is used during general anesthesia. The anesthesia machine has an alarm for low oxygen concentration.

900.021.015 B,C-M,C

Patient monitoring during anesthesia consists of
Pulse oximetry.

900.021.016 B,C-M,C

Patient monitoring during anesthesia consists of
end tidal carbon dioxide sampling shall be used on all sedation or general anesthetics

900.22 Circulation Monitoring

Circulation must be monitored by one or several of the following

900 **ANESTHESIA**

900.022.015 B,C-M,C

Circulation must be monitored by
Continuous EKG during surgery.

900.022.020 B,C-M,C

Circulation must be monitored by
Blood pressure.

900.022.025 B,C-M,C

Circulation may be monitored by
Heart rate every 5 minutes (minimum).

900.022.030 B,C-M,C

Circulation may be monitored by
Pulse oximetry.

900.022.035 C-M,C

Circulation may be monitored by
Heart auscultation.

900.022.040 C-M,C

Circulation may be monitored by
Intra-arterial pressure.

900	ANESTHESIA
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900.022.045 C-M,C

Circulation may be monitored by
 Ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.

900.022.050 C-M,C

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

900.022.055 C-M,C

Circulation may be monitored by
 “Forced air warmers,” blanket warmers, or other devices are used to maintain the patient’s temperature.

900.23 Ventilation

900.023.005 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 invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.

900.023.010 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 **ANESTHESIA**

900.023.015 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.

900.31 **Transfers/Emergencies**

900.031.015 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.

AAAASF Surgical Version 14.5

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

Facility ID _____

Facility Name _____

Director (print) _____

Director (signature) _____ **Date** _____

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100.10 Basic Mandates

100.010.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.011	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.032	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.065	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.070	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.075	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.080	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.085	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
100.010.090	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite

200.10 Policy

200.010.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
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200.20 Environment

200.020.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.065	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.075	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.080	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.085	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.020.090	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite

200.25 Storage

200.025.005	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.025.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite
200.025.015	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A	<input type="checkbox"/> Corrected Onsite

200.30 Procedures - Sterilization

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200.030.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.030.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.030.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.35 High Level Disinfection of Endoscopes

200.035.028 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.035.029 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.40 Instrument Processing

200.040.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.030 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.040 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.045 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.050 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.055 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.040.060 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.50 Maintenance and Cleaning

200.050.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.050.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.050.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.050.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.60 Surfaces

200.060.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.060.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.060.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.70 Equipment

200.070.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.070.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.070.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.070.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.070.040 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.71 Operating Room Equipment List

200.071.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.030 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.040 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.045 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.050 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.055 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.060 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

200.071.065 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

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200.071.070 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.071.075 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.071.080 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.071.085 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.071.090 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.071.095 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.80 Emergency Power

200.080.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.080.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.080.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.90 Medical Hazardous Waste

200.090.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.090.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

200.090.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.000.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.000.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.000.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.5 Evaluation and Transfer of Care

300.005.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.005.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.005.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.005.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.005.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.6 Continued Evaluation

300.006.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.006.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.006.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.006.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.7 Discharge from PACU

300.007.009 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.007.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.007.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.8 Equipment and Supplies

300.008.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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300.008.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.008.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.10 PACU Room(s)

300.010.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.010.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.010.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.010.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.20 Discharge

300.020.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.020.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.020.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.020.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

300.30 Extended Stays

300.030.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.10 General

400.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.010.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.20 Emergency Protocols

400.020.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.020.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.21 Transfer Agreement

400.021.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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400.30 Hazardous Agents

400.030.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.030.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.030.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.40 Fire Controls

400.040.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.040.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.040.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.50 Exits

400.050.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.050.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.050.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

400.050.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.10 Blood & Substitutes

500.010.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.20 Medications

500.020.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.020.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.020.019 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.020.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.020.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.020.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.21 ACLS Algorithm

500.021.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.019 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.026 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.027 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

500.021.050 ___Deficient ___N/A ___Corrected Onsite

___Compliant

500.22 Other drugs:

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500.022.045 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.022.050 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.022.055 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.022.060 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.23 Malignant Hyperthermia

500.023.005 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.030 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.040 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.045 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.050 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.055 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

500.023.060 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.10 General

600.010.005 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.030 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.010.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.11 Pre-operative medical record

600.011.005 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.025 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.030 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.035 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.040 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.011.045 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.20 Informed Consent Forms

600.020.010 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.020.015 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.020.020 ___ Compliant ___ Deficient ___ N/A ___ Corrected Onsite

600.30 Laboratory, Pathology, X-Ray,

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Consultation and Treating Physician Reports

600.040.085

___Compliant

___Deficient

___N/A

___Corrected Onsite

600.030.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.030.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.030.016 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.030.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.030.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.030.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.40 Operating Room Records (Major Cases)

600.040.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.060 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.065 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.070 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.075 ___Compliant ___Deficient ___N/A ___Corrected Onsite

600.040.080 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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700.10 Quality Improvement

700.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.010.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.010.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.010.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.010.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.20 Peer Review

700.020.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.020.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.020.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.30 Random Case Review

700.030.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.030.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.40 Unanticipated Operative Sequelae

700.040.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.060 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.065 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.070 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.040.075 ___Compliant ___Deficient ___N/A ___Corrected Onsite

700.50 Patient's Rights

700.050.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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800.5 Medical Director

800.005.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.005.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.005.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.10 Staff Physicians, Podiatrists, and Oral Surgeons

800.010.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.010.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.20 Anesthesiologist/CRNA

800.020.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.020.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.020.060 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.020.070 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.020.075 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.30 Operating Room Personnel

800.030.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.030.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.030.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.40 Personnel Records

800.040.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.040.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.41 Individual Personnel Files

800.041.005 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.041.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.42 Personnel records document training in the following:

800.042.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.042.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.042.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.042.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.042.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.50 Knowledge, Skill & CME Training

800.050.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.050.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.050.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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800.60 Personnel Safety

800.060.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.060.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

800.060.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.5 Delivery of Anesthesia

900.005.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.005.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.10 Pre-Anesthesia Care

900.010.005 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.012 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.015 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.020 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.025 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.030 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.035 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.040 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.045 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.050 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.055 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.060 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.065 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.010.070 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.20 Anesthetic Monitoring

900.020.005 ___Compliant ___Deficient ___N/A ___Corrected Onsite

900.21 Oxygenation

900.021.010 ___Compliant ___Deficient ___N/A ___Corrected Onsite

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900.021.015 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.021.016 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.22 Circulation Monitoring

900.022.015 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.020 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.025 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.030 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.035 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.040 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.045 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.050 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.022.055 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.23 Ventilation

900.023.005 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.023.010 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.023.015 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

900.31 Transfers/Emergencies

900.031.015 ☐ Compliant ☐ Deficient ☐ N/A ☐ Corrected Onsite

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