



International Accreditation Standards Manual

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*American Association for Accreditation of Ambulatory Surgery Facilities
International Version 3.1*

Survey Instructions:

Please complete the Standards Manual for the facility by assessing compliance with the Core Standards section of this book as well as the Surgical Standards section or Dental Standards section of this book. All surveys require completion of the Core Section of standards however, the Surgical or Dental Section must be completed only according to the services provided in the facility.

Please complete and submit the Score Sheet form found in the back of this manual.

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The Accreditation Program

The American Association for Accreditation of Ambulatory Surgery Facilities, (AAAASF) conducts an accreditation program that certifies that an accredited facility meets internationally recognized standards. AAAASF strives for the highest standards of excellence for its facilities by regularly revising its requirements for patient safety and quality of care.

Important Notice

Maximal patient safety has always been our guiding concern. We are proud our standards may be considered the most stringent 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 ever changing legislative guidelines.

The AAAASFI accreditation program requires 100% compliance with each standard to become and remain accredited. There are no exceptions. However, when a standard refers to "appropriate", "proper" or "adequate", reasonable flexibility and room for consideration by the surveyor is permitted as long as patient and staff safety remain uncompromised.

Standards Development

1. AAAASFI standards are updated on a 3 year cycle based on:
 - a. Outcome data from the AAAASF incident reporting system is evaluated and statistically analyzed to determine areas where standards can be revised or created to improve patient safety and outcomes.
 - b. Standards are updated to conform with the most recent revision of AAAASF standards as updated by the standards committee representing authoritative specialists in all areas of ambulatory medical care.
 - c. At least every three years AAAASFI standards are compared to other organizations' standards and recommendations such as those of a professional society or ministry, to identify implementation of new standards and minimize duplication.
 - d. The 3 year cycle is defined as:
 - 1) Year one: Staff collects updates from other organizations standards and guidelines.
 - 2) Year two: The standards committee revises standards based upon data collected in year one.
 - 3) Year three: The updated standards are presented to the Board of Directors for consideration and approval.
2. Standards recommendations utilize research-based evidence collected from the AAAASF outcome reporting system and from other sources of safety data including surgical, anesthesia, and nursing organizations.
3. During the board approval process, all standards are submitted to a medical editor for editing and clarification of wording.
4. Standard development includes pilot testing and evaluation at each level of development.

5. Process of adopting Standards:
 - a. Data used in the development of standards is gathered by staff.
 - b. The Standards Committee evaluates data and establishes new standards.
 - c. New standards are approved by the standards committee and forwarded to the Board of Directors.
 - d. The Board of Directors evaluates proposed standards and approves or disapproves standards.
 - e. As new standards are introduced they are advertised in AAAASF newsletters and incorporated into surveyor training programs.
 - f. AAAASF utilizes a data review process to obtain and analyze citations and surveyor findings from previous assessments and use them to improve standards.

Surveyor Assessment

1. The AAAASF Quality Assurance committee assesses surveyor performance to drive individual surveyor improvement and overall program enhancement.
2. Surveyor performance is analyzed using performance metrics to identify opportunities for improvement relative to specific surveys.
3. Surveyor performance is analyzed using performance metrics to identify opportunities for improvement relative to trend analysis to capture more subtle, long-term performance concerns. The metrics evolve over time.
4. The Surveyor Performance Evaluation contains 3 sections:
 - a. Section 1: The surveyor's depth and quality of familiarity with standards are scored using a 1-5 scale.
 - b. Section 2: The surveyor's performance of the essential basic functions of a survey are scored on a "Y/N" (Yes/No) basis.
 - c. Section 3: The surveyor's time spent onsite and narrative feedback provided by the facility are noted.
5. Scores may initiate a more detailed examination and do not automatically result in any action against a surveyor.
6. Surveyor violations can include:
 - a. If any particular survey violates a single established scoring metric, the QA Committee examines the surveyor for a trend of violations over subsequent periods.
 - b. If a survey violates more than 1 established scoring metric, the QA Committee initiates a review of the surveyor's performance which may include document review, interviews with the surveyor or other team members and may result in remedial action or removal from the program.

The AAAASF Board of Directors and all committees are comprised of Anesthesia Providers, Nurses, Podiatrists, Physicians, Surgeons, and Dentistal Specialist from several countries. This group of expert clinicians derives standards and makes recommendations on the status of surveyors and facilities based on their years of experience practicing in the outpatient setting. This program is Peer Based, designed and administered by medical and dental professionals.

Definition

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

Definitions of Facility Classes

Class A:

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

1. Topical anesthesia
2. 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, ventilation and cardiovascular functions are unaffected.

Class B:

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

1. Topical anesthesia
2. Local anesthesia
3. Parenteral sedation
4. Field and peripheral nerve blocks
5. Dissociative drugs (excluding propofol).

Methods 3 through 5 may only be administered by one of the following:

- 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 (such as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA)) under direct supervision of an anesthesiologist
- Registered nurse, only under the direct 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.

Class C-M:

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

1. Topical anesthesia
2. Local anesthesia
3. Parenteral sedation
4. Field and peripheral nerve blocks
5. Dissociative drugs (including propofol)
6. Spinal anesthesia
7. Epidural anesthesia

Methods 3 through 5 may only be administered by one of the following:

- Physician
- CRNA under physician supervision if required by state or federal law, or by policy adopted by the facility
- Anesthesia assistant (such 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 must 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 (such 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.

Class C:

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

1. Topical anesthesia
2. Local anesthesia
3. Parenteral sedation
4. Field and peripheral nerve blocks
5. Dissociative drugs (including propofol)
6. Spinal anesthesia
7. Epidural anesthesia
8. General anesthesia (with or without endotracheal intubation or laryngeal mask airway anesthesia)

Methods 3 through 5 must be administered only by a/an:

- Physician
- CRNA under physician supervision if required by state or federal law, or by policy adopted by the facility
- Anesthesia assistant (such 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 (such 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.

The facility director must attest that the facility meets all local, provincial, and national regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies.

NOTES:



The Facility/Medical Director must attest that the facility meets all local, provincial, and federal regulations, since such governmental regulations may supersede AAAASFI Standards. Please note, however, that the stricter regulation always applies.

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

FACILITY/MEDICAL DIRECTOR'S ATTESTATION

As Director of the (name of facility) _____,
located at _____, I attest that
this facility meets all applicable local, state/province, and national zoning and construction codes
and regulations as mandated. I further acknowledge that wherever governmental regulations or
codes supersede AAAASFI Standards, the stricter rule is applicable, whether it is the local,
state/province, national regulation or code or AAAASFI Standard.

Facility/Medical Director

Date

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.00 Basic Mandates

- 100.000.010** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility has defined a mission statement that reflects the population it serves and the services it provides.
-
- 100.000.011** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility has provided a set of organizational values which guide daily operations, are familiar to all staff, and are available to the public.
-
- 100.000.012** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All personnel are provided with a code of ethics or behavior which governs their conduct when communicating with fellow staff or the public.
-
- 100.000.013** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility's leadership reviews and updates strategic objectives annually.
-
- 100.000.014** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility must inform the public of the services.
-
- 100.000.015** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility must ensure that no marketing and advertising regarding the competence and capabilities concerning the organization is misleading or implies that it provides care or services that it is not capable of providing.
-
- 100.000.016** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The process for entry or admission to the facility for a procedure must be coordinated and defined in a policy.
-

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.000.017 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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.

100.000.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.010 General Environment

100.010.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The facility displays a professional appearance that is in keeping with a medical facility designed to carry out surgical / dental procedures.

100.010.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
There is a separate Waiting Room.

100.010.021 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The Waiting Room is adequately sized.

100.010.022 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The Waiting Room is adequately lighted.

100.010.023 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The Waiting Room is clean, maintained and free of clutter and litter.

100.010.030 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
There is designated area for administrative activities.

100.010.031 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The area for administrative activities provides adequate work space.

100.010.032 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The area for administrative activities provides sufficient space and storage for supplies and equipment.

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.010.033 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The area for administrative activities is appropriately lighted.

100.010.034 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The area for administrative activities is properly ventilated and temperature controlled for personnel comfort.

100.010.035 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The area for administrative activities is properly cleaned and maintained.

100.010.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is adequate storage space for supplies.

100.010.042 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The storage space is organized for easy access and inventory of supplies.

100.010.043 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medical / Dental supplies and equipment are stored in a safe manner to both maintain their cleanliness, or sterility, and functionality, and prevent injury to patients and personnel.

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.010.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is at least one examination room.

100.010.052 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The examination room is properly ventilated and temperature controlled for patient comfort.

100.010.053 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The examination room is appropriately lighted.

100.010.054 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The examination room is appropriately equipped.

100.010.055 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The examination room is properly maintained and free of litter or clutter.

100.010.062 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The lavatory facilities are sufficient to accommodate patients and staff needs.

AAAASFI Core Standards 3.1

100 GENERAL ENVIRONMENT

100.010.063 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The lavatory facilities are regularly cleaned and maintained.

100.010.070 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The facility is adequately ventilated and temperature controlled.

100.010.080 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
There is appropriate lighting in the facility.

100.010.090 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The entire facility (including corridors) is adequately maintained and cleaned.

100.010.100 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Smoking is prohibited in all patient care and hazardous areas.

100.010.110 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The staff presents a professional appearance of competence and a genuine caring concern for the comfort and welfare of the patients, their family and friends.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.010 Operating Room(s)

200.010.010 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The Operating Suite is physically and distinctly separate and segregated from the General Office Area (waiting room, exam room, administrative area, physician / dentist office, staff lounges, etc.)

200.010.021 Surgical: A; Dental: A ___Compliant ___Deficient ___NA

There may be an Exam Room which functions as a procedure/surgery room.

200.010.040 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

All major surgery is done in the separate and distinct Operating Room(s).

200.010.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Operating Room(s) is adequately ventilated and temperature controlled.

200.010.061 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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.

200.010.062 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The Operating Room storage space provides easy access for identification and inventory of supplies.

200.010.063 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Operating Room storage space is properly cleaned, maintained and free of litter and clutter.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.010.070 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
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/provincial, or national requirement.

200.010.072 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Each Operating Room has wiring that complies with original manufacturer's specifications as demonstrated by no overloaded wall plugs or extensions, no altered grounding plugs and wires not being broken, worn or unshielded.

200.010.073 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Each Operating Room has appropriate lighting.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.020 Sterilization

200.020.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The facility has at least one autoclave which utilizes high pressure steam and heat.

200.020.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

Additional methods can be chemical autoclave (chemclave) or gas (ethylene oxide) sterilizer.

200.020.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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

200.020.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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.

200.020.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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

200.020.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

If spore test is positive, there is a protocol for appropriate remedial action.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.020.060 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.

200.020.070 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
If a sterilizer produces monitoring records, they are reviewed by appropriate personnel and stored for a minimum of three years.

200.020.080 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Sterile supplies are stored in closed cabinets/drawers or if not, away from heavy traffic areas.

200.020.081 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Sterile supplies are stored away from potential contamination hazards.

200.020.090 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Sterile supplies are appropriately labeled indicating sterility.

200.020.091 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Sterile supplies are appropriately packaged to prevent accidental opening.

200.020.092 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Supplies are sealed with autoclave tape.

200.020.093 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Each individual sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date, so as to determine which supplies are to be re-sterilized in case of a spore test failure and to identify supplies that were sterilized first and are therefore to be used first. When more than one autoclave is available, each pack must additionally be labeled so as to identify in which autoclave it was sterilized.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.030 Asepsis

200.030.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Instrument handling and sterilizing areas are cleaned and properly maintained.

200.030.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is strict segregation of dirty surgical equipment and instruments from those which have been cleaned and are in the preparation and assembly area.

200.030.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The instrument preparation and assembly area (clean utility area) is separated by walls or adequate 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.

200.030.040 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Between cases, the Operating Room(s) is cleaned with medical grade disinfectants indicated as virucidal, bactericidal, tuberculocidal and fungicidal.

200.030.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Aseptic techniques are maintained during procedures and between cases.

200.030.060 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Dedicated scrub suits, caps or hair covers, gloves, operative gowns, masks and eye protection are used for all appropriate surgery.

200.030.070 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A sterile field is routinely used during all surgery.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.030.082 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Surgical scrub soap and/or alcohol cleansers are provided for the surgical room staff with current World Health Organization guidelines for hand hygiene.

200.030.090 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
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.

200.040 Maintenance and Cleaning

200.040.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The Operating Room and the entire Operating Room Suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination.

200.040.030 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All blood and body fluids are cleaned using medical grade germicides indicated as virucidal, bactericidal, tuberculocidal and fungicidal.

200.040.040 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
A written protocol has been developed for use by housekeeping and other personnel for the proper cleaning of floors, tables, walls, ceilings, counters, furniture and fixtures of the Surgical/Dental Suite.

200.040.050 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.050 Surfaces

200.050.010 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA

The Operating Room ceiling surface or drop-in tiles are smooth, washable and free of particulate matter that can contaminate the Operating/Procedure Room.

200.050.020 Surgical: A,B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA

The walls and counter tops are covered with smooth, and easy to clean material which is free from tears, breaks or cracks.

200.050.030 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA

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.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.060 Equipment

200.060.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A biomedical technician annually inspects all equipment (including electrical outlets, breaker/fuse boxes, autoclave, and emergency light and power supplies) and medical equipment used during patient care (e.g. blood pressure monitor, defibrillator, Automated External Defibrillator, and operating room table) 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.

200.060.015 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility has a preventive maintenance program to ensure that all essential mechanical, electric and patient-care equipment is maintained in safe operating condition and is replaced no less frequently than according to a schedule.

200.060.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Only properly inspected equipment is used in the Operating Room.

200.060.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The equipment manufacturer's specifications and requirements are kept in an organized file and followed.

200.060.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All equipment not requiring a biomedical technician inspection is on a preventative maintenance schedule with appropriate records kept for a minimum of 3 years (examples include manual wheelchair, manual stretcher).

200.060.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All equipment repairs and changes are done by a bio-medical technician or equivalent with appropriate records kept for a minimum of 3 years.

200.060.060 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is an adequate Operating Room table or chair.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.060.070 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Operating Room is provided with adequate general lighting in the ceiling.

200.060.080 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Operating Room is equipped with adequate surgical lights or spotlights.

200.061 The following equipment is available in the operative suite:

200.061.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
EKG monitor with pulse read-out is available in the Operative Suite.

200.061.011 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Pulse oximeters are in both the Operating Room and Recovery Room for simultaneous use, if applicable.

200.061.012 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Blood pressure monitoring equipment is available in the Operative Suite.

200.061.013 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A standard defibrillator or an automated external defibrillator (AED) unit is present, which is checked at least weekly and every surgical day for operability, and the test results are kept for a minimum of 3 years.

200.061.015 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Oral airways for each size of patient treated in your facility (adult and pediatric) are present.

200.061.016 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Nasopharyngeal airways and laryngeal mask airways in your facility (adult and pediatric) are present.

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200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.061.017 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Laryngoscopes with blades of various sizes for each patient are present.

200.061.018 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Endotracheal tubes of various sizes for each patient are present.

200.061.019 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Endotracheal stylet is present.

200.061.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Positive Pressure ventilation device (e.g. Ambu™ bag) is present.

AAAASFI Core Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.061.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Source of oxygen is present with appropriate delivery devices (e.g. nasal cannula, face mask).

200.061.022 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Source of suction is present with appropriate suction device (e.g. tubing, suction tip).

200.061.025 Surgical: C; Dental: C ___Compliant ___Deficient ___NA
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.

200.061.026 Surgical: C; Dental: C ___Compliant ___Deficient ___NA
An inspired gas oxygen monitor on the anesthesia machine is present if inhalational anesthesia is used.

200.061.027 Surgical: C; Dental: C ___Compliant ___Deficient ___NA
A carbon dioxide monitor is present and used on all deep sedation/general anesthesia cases.

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200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.070 Emergency Power

200.070.010 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
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.

200.070.020 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
This emergency power source is able to begin generating ample power to operate all the essential electrical equipment being used in the Surgery Room within 30 seconds in case of a power failure.

200.070.030 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
The emergency power equipment is checked monthly to insure proper function. All test results are filed and kept for a period of three years.

200.080 Medical Hazardous Waste

200.080.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All medical hazardous wastes are stored in appropriate containers, and separated from general refuse for special collection and handling.

200.080.011 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All medical hazardous wastes are disposed of in sealed, labeled containers in compliance with local, state/provincial, and national guidelines.

200.080.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical.

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200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.080.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a written policy for cleaning of spills, especially blood borne pathogens.

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300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES

300.010 Recovery Room(s)

300.010.015 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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

300.010.020 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

All recovering patients must remain under direct observation and supervision by appropriate medical personnel who are trained in assessment of patient vital signs, post-operative care, and safety matters until discharged from monitored patient care.

300.010.030 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

A physician / dentist, or health care practitioner who is qualified in advanced cardio-pulmonary resuscitation is immediately available until all patients have met the criteria for discharge from the Surgical / Dental Facility.

300.010.050 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

A separate pulse oximeter is available for each patient being recovered.

300.010.060 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

There is a Recovery Room Record (which may be a continuation of the OR record) maintained which includes vital signs, sensorium, medications, nurse's notes, etc.

300.020 Discharge

300.020.005 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The facility must have a policy for discharge from the recovery area with approved and standardized discharge criteria.

300.020.010 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Facility documents that post-operative discharge instructions were given to the patient and responsible adult along with name and signature of the responsible adult.

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300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES

300.020.011 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Patient should be supervised in the immediate post discharge period by a responsible adult for at least 24 hours depending on the procedure and anesthesia used.

300.020.015 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

A physician / dentist determines that the patient meets discharge criteria based upon input from the Post Anesthesia Care Unit / Recovery staff (including vital signs and level of consciousness), and that physician's / dentist's name and signature must be noted on the record.

300.020.020 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Patients are required to meet established written and recorded criteria for physiological stability before discharge including vital signs and sensorium.

300.020.030 Surgical: B,C-M,C; Dental B,C ___Compliant ___Deficient ___NA

Personnel assist with discharge from the Recovery Area.

300.020.031 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Patients are transported from the facility by wheelchair or gurney to a waiting vehicle or to another facility with a responsible adult.

300.020.040 Surgical: B,C-M,C; Dental B,C ___Compliant ___Deficient ___NA

The patient is transported in a suitable vehicle with a responsible adult.

300.020.041 Surgical: A,B,C-M,C; Dental A,B,C ___Compliant ___Deficient ___NA

Patients receiving only local anesthesia without sedation may transport themselves.

300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES

300.030 Extended Stays

300.030.010 Surgical: B,C-M,C; Dental B,C ___ Compliant ___ Deficient ___ NA

If overnight stays are permitted, the facility is in compliance with all pertinent local and state/provincial laws and national laws and regulations.

300.040 Recovery Hotels

300.040.010 Surgical: B,C-M,C; Dental B,C ___ Compliant ___ Deficient ___ NA

If the facility discharges patients to a recovery Hotel following full recovery from anesthesia the facility has in place a protocol that identifies that the Hotel being used for extended recovery of the patient:

- Is less than 30 minutes from a Hospital where the physician has admitting privileges.
 - Has a trained nurse in BLS on duty at all times there is a patient present in the hotel.
 - Has the ability to meet all special diet provisions of the patient.
 - Has defibrillator or AED equipment.
 - Has first aid equipment.
 - Has an agreement for transportation to the hospital in an emergency as well as how an admission would be handled.
-

AAAASFI Core Standards 3.1

400 GENERAL SAFETY IN THE FACILITY

400.010 General

400.010.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a Facility Safety Manual.

400.010.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Safety Manual is in accordance with other national and state/provincial regulations.

400.010.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Safety Manual provides employees with information relative to all hazardous chemicals used and methods to minimize exposure to personnel.

400.010.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a written "Exposure Control Plan" on file that is reviewed and updated at least annually.

400.010.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a written "Chemical Hazard Communication Program" on file that is reviewed and updated at least annually.

400.010.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
If a laser is used, appropriate safety measures are taken to protect patients and staff from injury.

400.010.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
If X-Ray equipment is used, appropriate safety measures are taken to protect patients and staff from injury.

400.010.051 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
If laser and x-ray equipment are used, appropriate warnings and signage exists to warn those whose health may be affected.

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400 GENERAL SAFETY IN THE FACILITY

400.010.052 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Staff maintains appropriate dosimetry badges and records are maintained (if applicable).

400.020 **Emergency Protocols**

400.020.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The clinical staff and governing body of the facility coordinates, develops, and revises the organization's policies and procedures to specify the types of emergency equipment required for use in the organization's operating room.

1. Emergency equipment must be immediately available for the use in emergency situations.
 2. Emergency equipment must be appropriate for the facility's patient population.
 3. Emergency equipment must be maintained by appropriate personnel.
-

400.020.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for Security emergencies (such as an intruder in the facility, an unruly patient or visitor, a threat to the staff or patients, etc.).

400.020.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for fire and fire drills.

400.020.012 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
There must be a written protocol for calling appropriate personnel for unplanned or emergency return of patient to the Operating Room.

400.020.013 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
There must be a written protocol for immediate or timely return to the Operating Room for patient emergencies.

400.020.014 Surgical: C-M,C; Dental: C ___Compliant ___Deficient ___NA
There must be a written protocol for malignant hyperthermia (MH) when agents are administered that are known to trigger malignant hyperthermia.

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400 GENERAL SAFETY IN THE FACILITY

400.020.015 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
There must be a written protocol for cardiopulmonary resuscitation (CPR).

400.020.016 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for a situation in which the surgeon/dentist becomes incapacitated.

400.020.017 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
There must be a written protocol for a situation in which the anesthesia provider becomes incapacitated.

400.020.018 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for a response to power failure emergencies.

400.020.019 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for transferring patients in an emergency.

400.020.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There must be a written protocol for a plan for emergency evacuation of facility.

400.020.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a written protocol for a disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the facility.

400.020.055 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility must have written isolation procedures.

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400 GENERAL SAFETY IN THE FACILITY

400.030 Hazardous Agents

400.030.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to state/provincial, local or national laws and regulations.

400.030.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

Compressed gas cylinders are stored and handled in a safe manner according to local, state/provincial, or national laws and regulations.

400.030.030 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

Hazardous chemicals are labeled.

400.040 Fire Controls

400.040.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

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

400.040.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

An adequate number and variety of fire extinguishers are available.

400.040.021 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

Fire extinguishers are regularly inspected and conform to local fire codes throughout the facility.

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400 GENERAL SAFETY IN THE FACILITY

400.050 Exits

400.050.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Fire exit signs are posted and illuminated per local, state/provincial, or national laws and regulations.

400.050.020 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
There are sufficient emergency lights in case of a power failure for exit routes and patient care areas.

400.050.030 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Hallways, stairways, and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.

400.050.040 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
If a stairway is present, it is sufficiently wide enough to allow emergency evacuation of a patient by emergency personnel (including their equipment).

400.050.050 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
If an elevator is present, it is large enough to allow emergency evacuation of a patient by emergency personnel (including their equipment).

400.050.060 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
If requested, the facility's personnel can demonstrate the evacuation of a patient.

AAAASFI Core Standards 3.1

500 IV FLUIDS AND MEDICATIONS

500.010 Blood & Substitutes

500.010.011 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Intravenous fluids such as Lactated Ringer's and Normal Saline are available in the facility.

500.010.012 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Appropriate intravenous set-up including appropriate hardware and fluids must be readily available to the operator/procedure and recovery area.

500.020 Medications

500.020.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Emergency medications are readily available and Operating Room Personnel know their location.

500.020.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
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 / provincial and national law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.

500.020.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The inventory of narcotics is checked and verified at least weekly and on any day that narcotics are administered by two qualified members of the Operating Room Team.

500.020.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All narcotics and controlled substances are adequately secured and locked, not portable, and under supervised access.

500.020.050 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medications are routinely reviewed to remove and replace outdated drugs.

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500 IV FLUIDS AND MEDICATIONS

500.020.051 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Routine medications are stored in a specific area.

500.020.055 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All drugs and biologicals given to patients must be approved by the physician / dentist with a signed order.

500.020.090 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.

500.021 **Emergency Medications**

500.021.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
All medications necessary to perform advanced cardio-pulmonary resuscitation or to treat malignant hyperthermia are stored in a specific area.

500.021.011 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Epinephrine is stored and available in the facility at all times.

500.021.012 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Lidocaine (plain) is stored and available in the facility at all times.

500.021.013 Surgical: A,B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
Vasopressors other than Epinephrine (e.g. Ephedrine) are stored and available in the facility at all times.

500.021.014 Surgical: B,C-M,C; Dental: B,C ___ Compliant ___ Deficient ___ NA
If narcotics are maintained in the facility, narcotic antagonist (e.g. Narcan) is stored and available in the facility at all times.

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500 IV FLUIDS AND MEDICATIONS

500.021.019 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Seizure arresting medication (a benzodiazepine, e.g. Midazolam) are stored and available in the facility at all times.

500.021.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Bronchospasm arresting medication (inhaled beta agonist, e.g. Albuterol) is stored and available in the facility at all times.

500.021.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Intravenous corticosteroids (e.g. Dexamethasone) are stored and available in the facility at all times.

500.021.022 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
IV Antihistamines (e.g. Diphenhydramine) are stored and available in the facility at all times.

500.021.023 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Short-acting beta-blocker (e.g. Esmolol, Labetalol, or Propranolol) are stored and available in the facility at all times.

500.021.024 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Atropine is stored and available in the facility at all times.

500.021.025 Surgical: C-M,C; Dental: C ___Compliant ___Deficient ___NA
Neuromuscular blocking agents (including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine) are stored and available in the facility at all times.

500.021.026 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Benzodiazepine reversing agent (e.g. Mazicon, Flumazenil) is stored and available in the facility at all times.

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500 IV FLUIDS AND MEDICATIONS

500.022 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. The Malignant Hyperthermia Association of the United States provides information that would help achieve compliance.

500.022.001 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

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.

500.022.002 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

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.

500.022.003 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

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.

500.022.004 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

The medical director 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.

500.022.015 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

A minimum of 1000cc (IV bag or similar container) of preservative free H₂O (water) diluent for Dantrolene is stored and available in the facility at all times.

500.022.016 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

A minimum of four (4) 50cc ampules of NaHCO₃ (Sodium Bicarbonate) is stored and available in the facility at all times.

500.022.017 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

A minimum of twelve (12) vials of Dantrolene are stored and available in the facility at all times.

500.022.018 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

The necessary additional 24 vials of Dantrolene and required diluent are stored in the facility or the facility has a written agreement with another source that can and will provide those additional 24 vials of Dantrolene and required diluent on a STAT basis within 15 minutes.

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500 IV FLUIDS AND MEDICATIONS

500.022.050 Surgical: C; Dental: C ___ Compliant ___ Deficient ___ NA

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

500.022.055 Surgical: C; Dental: C ___ Compliant ___ Deficient ___ NA

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.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.010 General

600.010.001 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medical / Dental records must be legible, documented and completed accurately and in a timely manner.

600.010.002 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medical / Dental records must be retained the number of years as required by state/provincial, and/or national law.

600.010.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medical / Dental records are filed for easy accessibility, and must be maintained in the facility regardless of the location of the Operating Surgeon's/Dentist's office.

600.010.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Appropriate patient information is easily identifiable in the medical / dental records.

600.010.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Medical / Dental records must be kept secure and confidential.

600.010.022 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Only recognized abbreviations are allowed to be used in the medical records.

600.010.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
An appropriate medical history and physical examination is recorded in the medical records on all patients for major surgery and those patients for minor surgery whose age, medical condition and complexity of procedure so merit.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.010.031 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The history and physical examination is recorded in the medical / dental records and should cover appropriate organ and systems commensurate with the procedure.

600.010.032 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Each time IV or general anesthetic is used, an anesthesia record of same must be included in the Patient Chart.

600.011 Pre-Operative Medical/Dental Records

600.011.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A pregnancy testing policy must be in place that requires a discussion and documentation of this issue with each female patient.

600.011.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Drug allergies/sensitivities are recorded in the medical / dental records.

600.011.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Current medications are recorded in the medical / dental records.

600.011.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Previous serious illness is recorded in the medical / dental records.

600.011.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Current and chronic illness is recorded in the medical / dental records.

600.011.014 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Previous surgery is recorded in the medical / dental records.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.011.015 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Bleeding tendencies are recorded in the medical / dental records.

600.011.016 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Anesthesia history and physical and risk assessment (e.g. anesthesia classification) is recorded in the medical / dental records.

600.011.017 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Baseline vital signs including blood pressure, pulse, respirations, and temperature are recorded in the medical / dental records.

600.012 Advisability and Procedures

600.012.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Treating physicians / dentist's or appropriate consultants are contacted as to the advisability of office surgery in cases wherein the history and physical examination so warrant.

600.012.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Appropriate laboratory procedures are performed where indicated.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.020 Informed Consent Forms

600.020.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Informed Consent is always obtained which authorizes the surgeon / dentist, by name, to perform surgery and names or describes the operative procedure. It is incorporated into the medical / dental record prior to the procedure.

600.020.011 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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

600.020.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The Informed Consent Form provides consent for administration of anesthesia or sedatives under the direction of the surgeon / dentist, or anesthesia provider.

600.020.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The patient signs a Consent Form, if research protocols, videography or photography are to take place.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.030 Laboratory, Pathology, X-Ray, Consultation and Treating Physician / Dentist Reports

600.030.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Printed or written copies of the Laboratory, Pathology, X-Ray, Consultation and Treating Physician / Dentist reports are kept in the medical record.

600.030.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
All laboratory results must be reviewed and acknowledge by the ordering health care provider.

600.030.030 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
All other reports such as Pathology Reports and Medical Clearance Reports must be reviewed and acknowledged by the ordering health care provider.

600.030.040 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
The name of the health care provider appears on the reports.

600.030.050 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
If tests/studies are done in the facility, the laboratory meets applicable licensure, standards and state/provincial, and/or national laws and regulations.

600.030.051 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Outside clinical laboratory procedures must be performed by a duly licensed and accredited facility. The name of the pathologist should be noted on all Pathology Reports.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.040 O.R. Records (Major Cases)

600.040.001 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Surgical Log/Operating Room Records of major cases is maintained, either in a tamper proof log with sequentially numbered pages, or in a secured computer log. Procedures done solely under local anesthesia are not required to be recorded in this log.

600.040.002 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include either consecutive numbering from the first case carried out in the facility, or consecutive numbers starting each year.

600.040.003 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include the date of surgery/procedure.

600.040.004 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include patient's name and/or identification number.

600.040.005 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include procedure(s).

600.040.006 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include the surgeon's / dentist's name.

600.040.007 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include Type of Anesthesia used.

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

- 600.040.008** Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include name of person(s) administering anesthesia.
-
- 600.040.009** Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A Surgical Log/Operating Room Records must include the name of person(s) assisting surgeon / dentist, and their title (physician / dentist, nurse, scrub tech, circulating nurse, physician assistant, etc.).
-
- 600.040.010** Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Anesthesia Record is maintained.
-
- 600.040.011** Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Anesthesia Record is maintained in which vital signs are recorded during surgery and are maintained in the Surgical / Operating Room Records.
-
- 600.040.012** Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Anesthesia Record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.
-
- 600.040.013** Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Anesthesia Record is maintained in which all intravenous and subcutaneous fluids given pre-operatively, intra-operatively, and post-operatively are recorded.
-
- 600.040.020** Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A separate Anesthesia Record is maintained in which Post-Operative vital signs are recorded until the patient is discharged from the facility.
-

AAAASFI Core Standards 3.1

600 MEDICAL / DENTAL RECORDS

600.040.030 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
There is an Operative / Procedure Report that is recorded which includes operative/procedure technique, findings, unusual findings and unanticipated sequelae.

600.040.040 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Post-Operative progress notes are recorded in the Operating Room Records and may include procedure summary, complications, and status of patient at discharge.

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.010 Quality Improvement

700.010.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The facility has a written Quality Improvement Program in place which should include pertinent surveys or projects.

700.010.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Quality Improvement Program should monitor and evaluate the quality of patient care.

700.010.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Quality Improvement Program should include evaluation methods to improve patient care.

700.010.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Quality Improvement Program should identify and correct deficiencies within the facility and carry out an ongoing, comprehensive, self-assessment of the quality of care provided.

700.010.014 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The Quality Improvement Program should alert the Facility Director to identify, track, trend and evaluate recurring problems.

700.010.015 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The facility must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

700.010.016 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The program will demonstrate measurable improvement in patient health outcomes by focusing on high risk, high volume, and problem-prone areas.

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

- 700.010.017** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The program will improve patient safety by using quality indicators or performance measure(s) by focusing on incidence, prevalence and severity of problems identified.
-
- 700.010.018** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The program will implement a process to identify and reduce medical errors.
-
- 700.010.019** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The surgical should identify the specific committee or individual(s) responsible for development, implementation and oversight of the program
-
- 700.010.020** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Quality Improvement Program should include patient/service user satisfaction assessment and other performance measures.
-
- 700.010.030** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.
-
- 700.010.035** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility has a written quality improvement program implemented which should include surveys of projects that include documentation of quarterly peer review meetings for the prior 3 years, which should be available for the surveyor
-
- 700.010.040** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the facility's services and operations.
-
- 700.010.061** Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body must ensure that the QAPI program is defined, implemented, and maintained by the facility.
-

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.050 Patient's Rights

700.050.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A Patient's Bill of Rights is prominently displayed and a copy is provided to each patient.

700.050.015 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The language of the Patient's Bill of Rights should be written for the majority and substantial minority of the patient population of the community.

700.050.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Patient's Bill of Rights is adhered to by the facility personnel.

700.050.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All new staff should have training regarding the Patient Bill of Rights including concerns and complaints from family members / adult escorts and the various religious and ethnic concerns of the usual patient population.

700.050.022 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Any issues judged significant related to the Patient's Bill of Rights should be brought to the attention of administration in a timely fashion.

700.050.025 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A system is in effect for recording and reporting any negative issues, especially patient and family complaints, to be formally addressed at Quality Improvement meetings. The complaints must be addressed by appropriate staff with the patient/family even if no immediate resolution is available.

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

- 700.050.030** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The patient procedural pre-operative checklist should include questioning special needs such as physical impairments, disabilities, religious and/or ethnic concerns.
-
- 700.050.045** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The facility should have the patient acknowledge that the Bill of Rights has been reviewed and understood by the patient/legal representative.
-
- 700.050.050** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
Facilities should provide patient privacy including gender specific dressing and lavatory areas, if available. This may include gender specific dressing and lavatory areas as well as dietary provisions if provided by the facility.
-
- 700.050.051** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The patient has a right to: Personal Privacy
-
- 700.050.052** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The patient has a right to: Receive care in a safe setting.
-
- 700.050.053** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The patient has a right to: Be free from all forms of abuse or harassment.
-
- 700.050.054** Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA
The patient has a right to: refuse treatment.
-

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.060 Risk Management Policies

700.060.005 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

As part of an ongoing risk management program, the facility must conduct a risk assessment of its operational activities at least annually. The assessment should study the risks presented to patients and staff by medication management, fall hazards, infection control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The results of the Risk Assessment should be prioritized for risk mitigation, risk management, and QA/PI projects.

700.060.010 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

The facility must develop and maintain a program of risk management, appropriate to the organization. This may be carried out in conjunction with the Quality Assessment/Quality Improvement program (QA/QP).

700.060.011 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

The governing body of the organization is responsible for overseeing the program of risk management.

700.060.012 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

The facility will designate a person or committee responsible for implementation and ongoing management of the risk management program.

700.060.013 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

A definition of an adverse incident must be defined including near miss events.

700.060.014 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

Near-miss events should be reported.

700.060.015 Surgical: A,B,C-M,C; Dental: A,B,C ___ Compliant ___ Deficient ___ NA

The facility has processes that report and investigate safety incidents, complaints, adverse events and near misses for patients and staff on a defined basis. The results of these investigations of adverse events are reported in the Quality Improvement/Quality Assessment meetings.

AAAASFI Core Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.060.016 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Adverse events must be tracked and trended on a defined basis.

700.060.017 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
All staff must be educated in risk management activities on commencement of employment and annually thereafter, and when there is an identified need.

700.060.018 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility should have a process to monitor patient satisfaction (e.g. surveys or assessments).

700.060.019 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility must conduct an ongoing review of patient complaints and grievances that includes defined response times.

700.060.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A system is in place for leadership to receive and resolve in a timely manner any ethical dilemmas such as decisions not to treat, to discontinue treatment, or treat against the patient's wishes.

700.060.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
A policy should document competencies of persons handling specialized equipment.

700.060.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Policy and practices exist to prevent and control infections such as: proper use of antibiotics, hand washing, prevention of site infection, and infection event reporting.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.000 Facility Director

800.000.004 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director must be actively involved in the direction and management of the facility.

800.000.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director must be involved in the organization's direction, objectives and policy development and implementation.

800.000.006 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director must be involved in planning and budgeting for the facility's range of services.

800.000.007 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director signs an Attestation that the direction and management of the facility is under his/her management.

800.000.008 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director shall document the strategic plan for the facility.

800.000.009 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director monitors medical and facility staff for compliance with facility policies and procedures.

800.000.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director must ensure that the facility meets all local, regional and country regulations including those relating to employment health and safety, building, environmental protection, reportable diseases, and waste management.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.000.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director should document the staffing levels and what qualifications are required for each position based on the services offered at the facility.

800.000.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director should review credentialing and performance for all practitioners, staff and volunteers annually.

800.000.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The Facility Director should review and maintain a record of the performance of all practitioners, staff and volunteers at least annually. This should include record of corrective actions and educational activities.

800.020 Staff, Physicians, Dentists or Podiatrists

800.020.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Where staff cannot demonstrate competency, training, or experience in the safe operation of equipment, the facility provides and documents training or arranges training through an external provider.

800.020.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Members of the clinical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The clinic grants privileges in accordance with recommendations from qualified medical / dental personnel.

800.020.012 Surgical: C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A designated anesthesia provider must be responsible for the administration of intravenous sedation or general anesthesia and monitoring of all life support systems.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.020.016 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Any changes in the professional staff must be reported in writing to the AAAASF office within thirty days of such changes.

800.020.019 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Any legal or regulatory action affecting the ability to practice medicine / surgery / or dentistry of any licensed facility staff must be reported in writing to the AAAASF office within ten business days of such action.

800.020.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Health care professionals providing dental, surgical, and anesthesia services are prepared to respond to medical emergencies that may occur in conjunction with services provided.

800.030 **O.R. Personnel**

800.030.010 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
All Operating Suite Personnel are under the immediate supervision of a physician / dentist or nurse.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.040 Personnel Manual

800.040.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a manual outlining Personnel Policies.

800.040.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The manual contains Personnel Policies and Records.

800.041 Personnel Records

800.041.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The personnel record contains 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. All employees must submit proof of an Employee Health Examination verifying that they have no communicable diseases. Employee must undergo an annual Employee Health Examination. A copy of this examination is to be retained upon hire and updated annually and must be signed by the physician / dentist.

800.041.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
Personnel Record contains resume of training and experience.

800.041.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains current certification or license if required by the state, province, region or country.

800.041.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains Date of Employment.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.041.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains Description of Duties.

800.041.014 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains Record of Continuing Education. AAAASFI highly recommends continuing education for all professional staff. Wherever the licensing body requires continuing education, a record of this education must be included in the personnel file.

800.041.015 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains Inoculation or Refusals.

800.050 Knowledge, Skill & CME Training

800.050.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
The Operating Room Personnel have adequate knowledge of Malignant Hyperthermia, perform advanced cardiopulmonary resuscitation, and treat cardiopulmonary and anaphylactic emergencies.

800.050.020 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
The Operating Room Personnel are familiar with the equipment and procedures utilized in the treatment of the above emergencies.

AAAASFI Core Standards 3.1

800 PERSONNEL

800.060 Personnel Safety

800.060.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The record contains other safety training such as operation of a fire extinguisher.

800.060.020 Surgical: C; Dental: C ___Compliant ___Deficient ___NA
Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

800.060.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is a written policy for what is considered to be appropriate personal protective equipment for specific tasks in the facility (e.g., instrument cleaning, disposal of biological waste, surgery, etc.).

800.060.035 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility staff must have knowledge of the facility's infection control program.

AAAASFI Core Standards 3.1

900 Governing Body

900.010 General

900.010.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body must assure that all outside services are provided in a safe and effective manner

900.010.010 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing its total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, develops and maintains a disaster preparedness plan.

900.010.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body: Sets policy on how individual staff deal with each other and external parties.

900.010.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body: Sets policy on staff's role in properly dealing with patients.

900.010.013 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body is responsible for the operation and performance of the facility including: Determining the mission and goals of the facility, including the types of services provided and for determining, implementing, and monitoring policies governing the facility's total operation.

900.010.020 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The facility's policies and services are developed with the advice of a group of professional personnel that includes one or more physicians / dentists, one or more physician assistants / nurse practitioners / mid-level clinical personnel, and at least one community member that is not a member of the clinic staff.

900.010.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The policies, procedures, and processes adopted by the governing body are reviewed and revised at least annually and in accordance with any implementation timelines adopted by the governing body.

900.010.040 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The governing body must document the content of any policies, procedures, or processes implemented in key functional areas of the facility and additionally must document its approval of the policies, procedures, or processes.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.005 Delivery of Anesthetics

1000.005.005 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The qualified individual who is responsible for supervising the administration of anesthesia must have knowledge in anesthetics and resuscitative techniques appropriate for the type of anesthesia being administered.

1000.010 Pre-Anesthesia Care

1000.010.005 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

A physician / dentist is responsible for determining the medical status of the patient and must examine the patient immediately before surgery and review if there were any changes to the patient's health status including, but not limited to past medical history, surgical history, allergies and medications.

1000.010.011 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

A physician / dentist must verify that an anesthesia care plan has been appropriately developed and documented in the medical record as discussed with the patient/legal representative and accepted.

1000.010.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

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

1000.010.021 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The anesthetic care plan is based on a review of the medical record available.

1000.010.022 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The anesthetic care plan is based on medical history.

1000.010.023 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

The anesthetic care plan is based on prior anesthetic experiences.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.010.024 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The anesthetic care plan is based on drug therapies and allergy history.

1000.010.025 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The anesthetic care plan is based on medical examination and assessment of any physical conditions that might affect the decision about the preoperative risk management.

1000.010.026 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The anesthetic care plan is based on a review of the medical tests and consultations that might reflect on the anesthesia administration.

1000.010.027 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The anesthetic care plan is based on a determination relative to the appropriate preoperative medications needed for the conduct of anesthesia.

1000.010.028 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The anesthetic care plan is based on providing appropriate preoperative instructions and other preparation as needed.

1000.010.030 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
The operating surgeon / dentist reviews the anesthesia plan and acknowledges agreement in the medical record.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.020 Anesthetic Monitoring

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

1000.020.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

If responsible for supervising the administration of anesthesia or providing anesthesia, the qualified individual must be physically present in the Operating Suite throughout the conduct of all anesthetics.

1000.020.002 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Patient monitoring during anesthesia will consist of: Assessed by oxygen analyzer if an anesthesia machine is used during general anesthesia which also includes an alarm for low oxygen concentration.

1000.020.003 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Patient monitoring during anesthesia will consist of: Pulse oximetry.

1000.020.004 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Patient monitoring during anesthesia will consist of: Adequate illumination is available to assess patient color.

1000.020.005 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Ventilation is noted by: Chest excursion.

1000.020.006 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Ventilation is noted by: Breathing bag reservoir, if applicable.

1000.020.007 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Ventilation is noted by: Auscultation of breath sounds.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.020.008 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Ventilation is noted by: Monitoring of end tidal expired CO₂ (carbon dioxide) including volume, Capnography/Capnometry or mass spectroscopy.

1000.020.009 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Ventilation is noted by: Proper position of the endotracheal tube or laryngeal mask.

1000.021 Ventilation

1000.021.001 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

Ventilation is noted by: The mechanical ventilator should have a continuous use device which indicates a disconnect via an audible signal.

1000.021.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Ventilation is noted by: Clinical signs are evaluated by continual observation during regional/sedation analgesic.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.022 Circulation

1000.022.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Circulation must be monitored by continuous EKG during procedure.

1000.022.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Circulation must be monitored by arterial blood pressure every 5 minutes (minimum).

1000.022.003 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Circulation may be monitored by heart rate every 5 minutes (minimum).

1000.022.004 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Circulation may be monitored by pulse oximetry.

1000.022.005 Surgical: C-M,C; Dental: C ___Compliant ___Deficient ___NA
Circulation may be monitored by heart auscultation.

1000.022.007 Surgical: C-M,C; Dental: C ___Compliant ___Deficient ___NA
Circulation may be monitored by ultrasound peripheral pulse monitors pulse plethysmography or oximetry.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.023 Temperature

1000.023.011 Surgical: C-M,C; Dental: C ___Compliant ___Deficient ___NA

Temperature should be monitored when clinically significant changes in body temperature are intended, suspected or anticipated, and “forced air warmers”, blanket warmers, or other similar devices or other appropriate techniques are utilized, if applicable, to maintain patient temperature.

1000.025 Evaluation in the Post Anesthesia Care Unit

1000.025.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Evaluation in the PACU will include: assessment and evaluation of the patient by the anesthesia recovery staff, as well as a responsible physician / dentist.

1000.025.006 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Evaluation of Post-Anesthetic care will include: A member of the anesthesia care team remains in the post anesthesia care area until the post-anesthesia care staff accepts responsibility for the patient through discharge.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.026 Continued evaluation in the PACU

1000.026.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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

1000.026.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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

1000.026.003 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Continued evaluation in the PACU will consist of: a written, accurate post anesthetic care report is maintained.

1000.026.004 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Continued evaluation in the PACU will consist of: at least one staff member who is fully qualified to perform advanced cardio-pulmonary resuscitation must be present in the facility until all patients recovering from anesthesia have met the criteria for discharge from the facility.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.027 Discharge from the Post Anesthesia Care Unit

1000.027.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
A physician / dentist is responsible for discharge from the PACU and should be immediately available.

1000.027.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Approved and standardized discharge criteria are used.

1000.029 Equipment and supplies for anesthesia

1000.029.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Equipment and supplies for anesthesia should include: a reliable source of oxygen, adequate for the length of the procedure (back up should consist of at least one full E cylinder).

1000.029.002 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
If a central source of piped oxygen is used, the system must meet all applicable codes.

1000.029.003 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Equipment and supplies for anesthesia should include: sufficient space to accommodate the necessary personnel, equipment and monitoring devices is available.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.029.004 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA
There is an adequate and reliable source of suction with appropriate suction device (e.g. tubing, suction tip).

1000.029.005 Surgical: C; Dental: C ___Compliant ___Deficient ___NA
An adequate and reliable waste anesthetic scavenging system exists if inhalation anesthetics are used.

1000.029.006 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Self inflating bags, if used, are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.

1000.029.008 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Sufficient electrical outlets are available, labeled and properly grounded to suite the location (e.g. wet locations, cystoscopy-arthroscopy) and connected to emergency power supplies.

1000.029.009 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Adequate illumination for patients, machines and monitoring equipment includes battery powered illuminating systems or processes.

1000.029.010 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA
Emergency Cart is available with defibrillator / Automated External Defibrillator, necessary drugs and other equipment needed for cardio- pulmonary resuscitation for the patient population being treated.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.029.011 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

There is a reliable means of two-way communication to necessary personnel in other facility locations.

1000.029.012 Surgical: A,B,C-M,C; Dental: A,B,C ___Compliant ___Deficient ___NA

Appropriate testing as per manufacturer specifications are regularly performed and records of that testing are maintained within the facility.

1000.029.013 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Equipment and supplies for anesthesia should include: Sufficient backup power to last at least 120 minutes.

1000.029.014 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Appropriately sized pediatric medical equipment is available if services are provided to infants/children.

1000.029.015 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility.

1000.029.016 Surgical: C; Dental: C ___Compliant ___Deficient ___NA

An anesthesia machine is not required, if no inhalation agents, volatile or nitrous oxide agents are used or if total intravenous anesthesia (TIVA), spinal or epidural anesthesia are used exclusively.

AAAASFI Core Standards 3.1

1000 ANESTHESIA

1000.030 Quality of Care

1000.030.001 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

The surgeon /dentist and the licensed or qualified anesthesia provider concur on the appropriateness of the procedures performed at the facility based on the medical status of the patients and qualifications of the providers and the facility resources.

1000.030.002 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Procedures should be of a duration and degree to permit necessary recovery and discharge from the facility.

1000.030.003 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

A patient who by reason of pre-existing or other medical condition is at undue risk should be referred to alternative facilities that are more appropriate.

1000.031 Transfers/Emergencies

1000.031.001 Surgical: A,B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

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

1000.031.002 Surgical: B,C-M,C; Dental: B,C ___Compliant ___Deficient ___NA

Anesthesia Personnel should be appropriately trained and knowledgeable about the facility's protocols for a safe and timely transfer of a patient to a pre-specified alternative care facility when extended or emergency services are required for the well-being of the patient.

AAAASFI Surgical Standards 3.1

100 GENERAL ENVIRONMENT

100.000 BASIC MANDATES

100.000.008 A,B,C-M,C ___Compliant ___Deficient ___NA

Surgical and related services provided or made available meet the Standards contained in AAAASFI Core Standards and AAAASFI Surgical Standards.

100.010 General Environment

100.010.005 B,C-M,C ___Compliant ___Deficient ___NA

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.

100.010.051 A,B,C-M,C ___Compliant ___Deficient ___NA

The examination room is separate and distinct from the operating room.

AAAASFI Surgical Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.010 Operating Room(s)

200.010.005 B,C-M,C ___ Compliant ___ Deficient ___ NA

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

200.010.011 B,C-M,C ___ Compliant ___ Deficient ___ NA

The Operating Suite includes operating room, a prep/scrub room, a clean area and/or dirty area, and a post-anesthesia care unit.

200.010.020 B,C-M,C ___ Compliant ___ Deficient ___ NA

There is a room which functions only as an Operating Room.

200.010.030 B,C-M,C ___ Compliant ___ Deficient ___ NA

There is an Operating Room(s) whose function is separate and distinct as an Operating Room.

200.010.051 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

The Operating Room(s) is temperature controlled between 20 and 22.2 degrees Celsius (68 and 72 degrees Fahrenheit).

AAAASFI Surgical Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.010.071 A,B,C-M,C ___Compliant ___Deficient ___NA

All facilities must have a minimum of 1.2 m / 121.9 cm (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.

200.010.080 A,B,C-M,C ___Compliant ___Deficient ___NA

Unauthorized lay individuals are deterred from entering the Operating Room Suite either by locks, alarms, or facility personnel.

200.020 Sterilization

200.020.012 A,B,C-M,C ___Compliant ___Deficient ___NA

Gas sterilizers must be vented if appropriate for the specific sterilizer.

200.020.015 B,C-M,C ___Compliant ___Deficient ___NA

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

200.030 Asepsis

200.030.080 A,B,C-M,C ___Compliant ___Deficient ___NA

Appropriate scrub facilities are provided for the Operating Room Staff.

200.030.081 B,C-M,C ___Compliant ___Deficient ___NA

The scrub facility's ceiling surface or drop-in tiles are smooth, washable and free of particulate matter that can contaminate the scrub area.

200.030.100 B,C-M,C ___Compliant ___Deficient ___NA

If a pre-existing sink is present in the operating room, it must be disconnected from the water source. The sink must be removed when remodeling is done.

AAAASFI Surgical Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.061 The following equipment is available in the operative suite:

200.061.014 B,C-M,C ___Compliant ___Deficient ___NA

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

200.061.023 A,B,C-M,C ___Compliant ___Deficient ___NA

Source of cautery is present in the Operative Suite

200.061.024 B,C-M,C ___Compliant ___Deficient ___NA

Electrocautery with appropriate grounding plate or disposable pad is available in the Operative Suite.

AAAASFI Surgical Standards 3.1

300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES

300.010 Recovery Room(s)

300.010.010 B,C-M,C ___ Compliant ___ Deficient ___ NA

There is a separate and adequate Recovery Area within the Operating Suite.

300.010.011 B,C-M,C ___ Compliant ___ Deficient ___ NA

The Recovery Room is adequately sized.

300.010.012 B,C-M,C ___ Compliant ___ Deficient ___ NA

The Recovery Room is appropriately equipped and readily accessible to handle emergencies.

300.010.013 B,C-M,C ___ Compliant ___ Deficient ___ NA

The Recovery Room is maintained, clean and free of clutter.

300.030 Extended Stays

300.030.020 B,C-M,C ___ Compliant ___ Deficient ___ NA

If 23 hour stays are permitted, the facility is in compliance with all pertinent local, state/provincial, and national laws and regulations.

AAAASFI Surgical Standards 3.1

400 GENERAL SAFETY IN THE FACILITY

400.021 Written Transfer Agreement

400.021.020 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

There is a written transfer agreement with a local accredited or licensed acute care hospital which is approved by the facility's medical staff or the surgeon has privileges to admit patients to such a hospital after having surgery in the facility.

AAAASFI Surgical Standards 3.1

500 IV FLUIDS AND MEDICATIONS

500.010 Blood & Substitutes

500.010.010 A,B,C-M,C ___Compliant ___Deficient ___NA

The facility has the means for obtaining and administering blood or blood substitutes such as Dextran, if necessary.

500.010.020 A,B,C-M,C ___Compliant ___Deficient ___NA

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

AAAASFI Surgical Standards 3.1

600 MEDICAL RECORDS

600 MEDICAL RECORDS

600.011 Pre-Operative Medical Records

600.011.001 B,C-M,C ___Compliant ___Deficient ___NA

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.

600.040 O.R. Records (Major Cases)

600.040.014 B,C-M,C ___Compliant ___Deficient ___NA

A separate Anesthesia Record is maintained in which the duration of the procedure is recorded.

AAAASFI Surgical Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.020 Peer Review

Note: To be compliant, a copy of a 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 ___ Compliant ___ Deficient ___ NA

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 ___ Compliant ___ Deficient ___ NA

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

700.020.020 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

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

AAAASFI Surgical Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.030 Random Case Review

700.030.010 A,B,C-M,C ___Compliant ___Deficient ___NA

A minimum of six cases per surgeon utilizing the facility in a group practice are reviewed every six months.

These cases include random cases and unanticipated operative sequelae. 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 six cases. If a surgeon has done less than six cases during a reporting period that must be reported to the Central Office and all of that surgeon's cases during that period must be reported.

700.030.015 A,B,C-M,C ___Compliant ___Deficient ___NA

Adequacy and legibility of history and physical exam are assessed in the Random Case Reviews.

700.030.020 A,B,C-M,C ___Compliant ___Deficient ___NA

Adequacy and appropriateness of surgical consent are assessed in the Random Case Reviews.

700.030.025 A,B,C-M,C ___Compliant ___Deficient ___NA

Presence of appropriate Laboratory, EKG and Radiographic Reports are assessed in the Random Case Reviews.

700.030.030 A,B,C-M,C ___Compliant ___Deficient ___NA

Presence of a dictated or written Operative Report or its equivalent is assessed in the Random Case Reviews.

700.030.035 B,C-M,C ___Compliant ___Deficient ___NA

Anesthesia Record and recovery record (with IV sedation or general) is assessed in the Random Case Reviews.

AAAASFI Surgical Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.030.040 A,B,C-M,C ___Compliant ___Deficient ___NA
Presence of instructions for post-operative and follow-up care are assessed in the Random Case Reviews.

700.030.045 B,C-M,C ___Compliant ___Deficient ___NA
Documentation of complications is assessed in the Random Case Reviews.

700.040 **Unanticipated Operative Sequelae**

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

700.040.010 A,B,C-M,C ___Compliant ___Deficient ___NA
Unplanned hospital admission is reported as an Unanticipated Operative Sequelae.

700.040.015 A,B,C-M,C ___Compliant ___Deficient ___NA
Unscheduled return to the operating room for complication of a previous procedure is reported as an Unanticipated Operative Sequelae.

700.040.020 A,B,C-M,C ___Compliant ___Deficient ___NA
Untoward result of procedure such as infection, bleeding, wound dehiscence, or inadvertent injury to other body structure is reported as an Unanticipated Operative Sequelae.

700.040.025 A,B,C-M,C ___Compliant ___Deficient ___NA
Cardiac or respiratory problems during stay at facility or within 48 hours of discharge are reported as an Unanticipated Operative Sequelae

700.040.030 A,B,C-M,C ___Compliant ___Deficient ___NA
Allergic reaction to medication is reported as an Unanticipated Operative Sequelae.

AAAASFI Surgical Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.040.035 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Incorrect needle or sponge count is reported as an Unanticipated Operative Sequelae.

700.040.040 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Patient or family complaint is reported as an Unanticipated Operative Sequelae.

700.040.045 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Equipment malfunction leading to injury or potential injury to patient is reported as an Unanticipated Operative Sequelae.

700.040.050 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
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

700.040.052 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Each Unanticipated Operative Sequelae chart review includes the operative procedure performed.

700.040.055 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Identification of the problem is included in each Unanticipated Operative Sequelae.

700.040.060 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Immediate treatment or disposition of the case is included in each Unanticipated Operative Sequelae.

700.040.065 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Outcome is included in each Unanticipated Operative Sequelae.

AAAASFI Surgical Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.040.070 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Analysis of reason for problem is included in each Unanticipated Operative Sequelae.

700.040.075 A,B,C-M,C ___ Compliant ___ Deficient ___ NA
Assessment of efficacy of treatment is included in each Unanticipated Operative Sequelae.

AAAASFI Surgical Standards 3.1

800 PERSONNEL

800.020 Staff, Physicians, or Podiatrists

800.020.017 A,B,C-M,C ___Compliant ___Deficient ___NA

The practitioners shall be required to show evidence of hospital privileges including scope of practice relevant to the procedures performed in the facility.

800.020.018 B,C-M,C ___Compliant ___Deficient ___NA

The practitioners shall document an appropriate level of Continuing Medical Education (CME) and follow nationally accepted evidence based protocols where they exist.

800.030 O.R. Personnel

800.030.020 B,C-M,C ___Compliant ___Deficient ___NA

There is a regularly employed Nurse or Physician other than the Operating Surgeon, designated as the person responsible for patient care in the facility.

800.030.021 B,C-M,C ___Compliant ___Deficient ___NA

There is a regularly employed Nurse or Physician other than the Operating Surgeon who is responsible for the operation of the entire Operating Room Suite and all Patient Care Areas.

AAAASFI Surgical Standards 3.1

800 PERSONNEL

800.050 Knowledge, Skill & CME Training

800.050.015 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

Personnel are thoroughly familiar with the operating instructions for any sterilizer equipment being used.

800.060 Personnel Safety

800.060.010 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

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

AAAASFI Surgical Standards 3.1

1000 ANESTHESIA

1000.005 Delivery of Anesthetics

1000.005.006 A,B,C-M,C ___Compliant ___Deficient ___NA

Anesthesia provided or made available meets the Standards contained in AAAASFI Core Standards and Surgical 1000 Anesthesia Standards.

1000.022 Circulation monitoring

1000.022.006 C-M,C ___Compliant ___Deficient ___NA

Circulation may be monitored by intra-arterial pressure.

1000.024 Post-Anesthetic Care

1000.024.001 B,C-M,C ___Compliant ___Deficient ___NA

A post anesthetic care unit (PACU) or recovery room/area is available to recover all patients after anesthesia administration.

1000.024.002 B,C-M,C ___Compliant ___Deficient ___NA

If a patient is not sent to PACU there is a specific order for the variance that is documented on the record.

1000.024.003 B,C-M,C ___Compliant ___Deficient ___NA

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

1000.024.004 B,C-M,C ___Compliant ___Deficient ___NA

Patients transferred to the PACU will be continually evaluated and treated as needed during the transport with appropriate monitoring.

AAAASFI Surgical Standards 3.1

1000 ANESTHESIA

1000.025 Evaluation in the Post Anesthesia Care (PACU) Unit

1000.025.001 B,C-M,C ___ Compliant ___ Deficient ___ NA

Evaluation in the PACU will include: documentation of time of arrival.

1000.025.003 B,C-M,C ___ Compliant ___ Deficient ___ NA

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

1000.025.004 B,C-M,C ___ Compliant ___ Deficient ___ NA

Evaluation in the PACU will include: transference of any pertinent information concerning the pre-op condition or surgery/anesthesia course.

1000.025.005 B,C-M,C ___ Compliant ___ Deficient ___ NA

A member of the anesthesia care team remains in the post anesthesia care area until the post anesthesia care nurse accepts responsibility for the case being transferred.

1000.025.007 B,C-M,C ___ Compliant ___ Deficient ___ NA

There is a written policy that a physician is immediately available until the patient is discharged from the PACU/recovery area.

1000.027 Discharge from the Post Anesthesia Care Unit

1000.027.003 B,C-M,C ___ Compliant ___ Deficient ___ NA

A physician must determine that the patient meets discharge criteria based upon input from recovery staff, and record the physician's name, discharge date and time.

1000.030 Quality of Care

1000.030.008 A,B,C-M,C ___ Compliant ___ Deficient ___ NA

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

AAAASFI Dental Standards 3.1

100 GENERAL ENVIRONMENT

100.000 BASIC MANDATES

100.000.009 A,B,C ___ Compliant ___ Deficient ___ NA

Surgical and related services provided or made available meet the Standards contained in AAAASFI Core Standards and AAAASFI Dental Standards.

AAAASFI Dental Standards 3.1

200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

200.010 Operating Room(s)

200.010.004 A,B,C ___ Compliant ___ Deficient ___ NA

Immediately prior to beginning tooth extractions or similar procedures, the operating team verifies the patient's identification, intended procedure including correct teeth / site and that all equipment routinely necessary for performing the procedure along with any implantable devices to be used, are immediately available in the operating / procedure room.

AAAASFI Dental Standards 3.1

600 DENTAL RECORDS

600.010 General

600.010.003 A,B,C ___Compliant ___Deficient ___NA

An appropriate medical history and oral exam is conducted and periodically updated, which includes an assessment of the hard and soft tissues of the mouth.

AAAASFI Dental Standards 3.1

700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT

700.020 Risk Management Policies

700.020.001 A,B,C ___ Compliant ___ Deficient ___ NA

The dental facility should develop and maintain a risk management program, appropriate to the organization that may be carried out in conjunction with the Quality Assessment / Quality Improvement program.

700.020.002 A,B,C ___ Compliant ___ Deficient ___ NA

Adverse events and near misses should be defined.

700.040 Unanticipated Operative Sequelae

700.040.026 A,B,C ___ Compliant ___ Deficient ___ NA

Unanticipated operative sequelae which occur within 30 days of surgery are reviewed and analyzed, including but not limited to infection, bleeding, wound dehiscence, dental implant failure, inadvertent injury to other body structure, or allergic reaction.

AAAASFI Dental Standards 3.1

800 PERSONNEL

800.050 Knowledge, Skill & CME Training

800.050.030 A,B,C ___ Compliant ___ Deficient ___ NA

Dental procedures are performed only by dental health professionals who have been granted privileges to perform those procedures by the governing body of the organization.

800.050.040 A,B,C ___ Compliant ___ Deficient ___ NA

Personnel assisting in the provision of dental services are appropriately qualified and available in sufficient numbers for the dental procedures provided.

800.050.050 A,B,C ___ Compliant ___ Deficient ___ NA

All clinical support staff with direct patient contact maintain at a minimum skills in basic life support (BLS).

AAAASFI Dental Standards 3.1

1000 ANESTHESIA

1000.005 Delivery of Anesthetics

1000.005.007 A,B,C ___ Compliant ___ Deficient ___ NA

Anesthesia provided or made available meets the Standards contained in AAAASFI Core Standards and Dental 1000 Anesthesia Standards.

1000.020 Anesthetic Monitoring

1000.020.010 B,C ___ Compliant ___ Deficient ___ NA

A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, staffed with supervised assistant/dental hygienist personnel capable of reasonably handling procedures, problems, and emergencies.

1000.020.011 B,C ___ Compliant ___ Deficient ___ NA

Administration of general anesthesia or deep sedation requires at least three individuals, each appropriately trained: the operating dentist, a person responsible for monitoring the patient, and a person to assist the operating dentist.

1000.020.012 B ___ Compliant ___ Deficient ___ NA

Administration of conscious sedation requires at least 2 individuals: a dentist and an auxiliary person trained in basic life support (BLS).

1000.024 Post-Anesthetic Care

1000.024.005 B,C ___ Compliant ___ Deficient ___ NA

A recovery area is available to recover all patients after anesthesia which may be the same location as the procedure / surgery if the recovering patient meets all discharge criteria prior to beginning the next procedure, or if there is another operating room available for the next procedure.

AAAASFI Core Standards V3.1

200.60 Equipment

200.060.010 __ Complaint __ Deficient __ N/A
200.060.015 __ Complaint __ Deficient __ N/A
200.060.020 __ Complaint __ Deficient __ N/A
200.060.030 __ Complaint __ Deficient __ N/A
200.060.040 __ Complaint __ Deficient __ N/A
200.060.050 __ Complaint __ Deficient __ N/A
200.060.060 __ Complaint __ Deficient __ N/A
200.060.070 __ Complaint __ Deficient __ N/A
200.060.080 __ Complaint __ Deficient __ N/A

200.61 Equipment in Operative Suite

200.061.010 __ Complaint __ Deficient __ N/A
200.061.011 __ Complaint __ Deficient __ N/A
200.061.012 __ Complaint __ Deficient __ N/A
200.061.013 __ Complaint __ Deficient __ N/A
200.061.015 __ Complaint __ Deficient __ N/A
200.061.016 __ Complaint __ Deficient __ N/A
200.061.017 __ Complaint __ Deficient __ N/A
200.061.018 __ Complaint __ Deficient __ N/A
200.061.019 __ Complaint __ Deficient __ N/A
200.061.020 __ Complaint __ Deficient __ N/A
200.061.021 __ Complaint __ Deficient __ N/A
200.061.022 __ Complaint __ Deficient __ N/A
200.061.025 __ Complaint __ Deficient __ N/A
200.061.026 __ Complaint __ Deficient __ N/A
200.061.027 __ Complaint __ Deficient __ N/A

200.70 Emergency Power

200.070.010 __ Complaint __ Deficient __ N/A
200.070.020 __ Complaint __ Deficient __ N/A
200.070.030 __ Complaint __ Deficient __ N/A

200.80 Medical Hazardous Waste

200.080.010 __ Complaint __ Deficient __ N/A
200.080.011 __ Complaint __ Deficient __ N/A
200.080.020 __ Complaint __ Deficient __ N/A
200.080.030 __ Complaint __ Deficient __ N/A

300.10 Recovery Room(s)

300.010.015 __ Complaint __ Deficient __ N/A
300.010.020 __ Complaint __ Deficient __ N/A
300.010.030 __ Complaint __ Deficient __ N/A
300.010.050 __ Complaint __ Deficient __ N/A
300.010.060 __ Complaint __ Deficient __ N/A

300.20 Discharge

300.020.005 __ Complaint __ Deficient __ N/A
300.020.010 __ Complaint __ Deficient __ N/A
300.020.011 __ Complaint __ Deficient __ N/A
300.020.015 __ Complaint __ Deficient __ N/A
300.020.020 __ Complaint __ Deficient __ N/A
300.020.030 __ Complaint __ Deficient __ N/A
300.020.031 __ Complaint __ Deficient __ N/A
300.020.040 __ Complaint __ Deficient __ N/A
300.020.041 __ Complaint __ Deficient __ N/A

300.30 Extended Stay

300.030.010 __ Complaint __ Deficient __ N/A

300.40 Recovery Hotels

300.040.010 __ Complaint __ Deficient __ N/A

400.10 General

400.010.010 __ Complaint __ Deficient __ N/A
400.010.012 __ Complaint __ Deficient __ N/A
400.010.013 __ Complaint __ Deficient __ N/A
400.010.020 __ Complaint __ Deficient __ N/A
400.010.030 __ Complaint __ Deficient __ N/A
400.010.040 __ Complaint __ Deficient __ N/A
400.010.050 __ Complaint __ Deficient __ N/A
400.010.051 __ Complaint __ Deficient __ N/A
400.010.052 __ Complaint __ Deficient __ N/A

400.20 Emergency Protocols

400.020.005 __ Complaint __ Deficient __ N/A
400.020.010 __ Complaint __ Deficient __ N/A
400.020.011 __ Complaint __ Deficient __ N/A
400.020.012 __ Complaint __ Deficient __ N/A
400.020.013 __ Complaint __ Deficient __ N/A
400.020.014 __ Complaint __ Deficient __ N/A
400.020.015 __ Complaint __ Deficient __ N/A
400.020.016 __ Complaint __ Deficient __ N/A
400.020.017 __ Complaint __ Deficient __ N/A
400.020.018 __ Complaint __ Deficient __ N/A
400.020.019 __ Complaint __ Deficient __ N/A
400.020.020 __ Complaint __ Deficient __ N/A
400.020.021 __ Complaint __ Deficient __ N/A
400.020.055 __ Complaint __ Deficient __ N/A

AAAASFI Core Standards V3.1

400.30 Hazardous Agents

400.030.010 __Complaint __Deficient __N/A
400.030.020 __Complaint __Deficient __N/A
400.030.030 __Complaint __Deficient __N/A

400.40 Fire Controls

400.040.010 __Complaint __Deficient __N/A
400.040.020 __Complaint __Deficient __N/A
400.040.021 __Complaint __Deficient __N/A

400.50 Exits

400.050.010 __Complaint __Deficient __N/A
400.050.020 __Complaint __Deficient __N/A
400.050.030 __Complaint __Deficient __N/A
400.050.040 __Complaint __Deficient __N/A
400.050.050 __Complaint __Deficient __N/A
400.050.060 __Complaint __Deficient __N/A

500.10 Blood & Substitutes

500.010.011 __Complaint __Deficient __N/A
500.010.012 __Complaint __Deficient __N/A

500.20 Medications

500.020.010 __Complaint __Deficient __N/A
500.020.020 __Complaint __Deficient __N/A
500.020.030 __Complaint __Deficient __N/A
500.020.040 __Complaint __Deficient __N/A
500.020.050 __Complaint __Deficient __N/A
500.020.051 __Complaint __Deficient __N/A
500.020.055 __Complaint __Deficient __N/A
500.020.090 __Complaint __Deficient __N/A

500.21 Emergency Medications

500.021.010 __Complaint __Deficient __N/A
500.021.011 __Complaint __Deficient __N/A
500.021.012 __Complaint __Deficient __N/A
500.021.013 __Complaint __Deficient __N/A
500.021.014 __Complaint __Deficient __N/A
500.021.019 __Complaint __Deficient __N/A
500.021.020 __Complaint __Deficient __N/A
500.021.021 __Complaint __Deficient __N/A
500.021.022 __Complaint __Deficient __N/A
500.021.023 __Complaint __Deficient __N/A
500.021.024 __Complaint __Deficient __N/A
500.021.025 __Complaint __Deficient __N/A
500.021.026 __Complaint __Deficient __N/A

500.22 Malignant Hyperthermia

500.022.001 __Complaint __Deficient __N/A
500.022.002 __Complaint __Deficient __N/A
500.022.003 __Complaint __Deficient __N/A
500.022.004 __Complaint __Deficient __N/A
500.022.015 __Complaint __Deficient __N/A
500.022.016 __Complaint __Deficient __N/A
500.022.017 __Complaint __Deficient __N/A
500.022.018 __Complaint __Deficient __N/A
500.022.050 __Complaint __Deficient __N/A
500.022.055 __Complaint __Deficient __N/A

600.10 General

600.010.001 __Complaint __Deficient __N/A
600.010.002 __Complaint __Deficient __N/A
600.010.010 __Complaint __Deficient __N/A
600.010.020 __Complaint __Deficient __N/A
600.010.021 __Complaint __Deficient __N/A
600.010.022 __Complaint __Deficient __N/A
600.010.030 __Complaint __Deficient __N/A
600.010.031 __Complaint __Deficient __N/A
600.010.032 __Complaint __Deficient __N/A

AAAASFI Core Standards V3.1

600.11 Pre-Operative Records

600.011.005 __ Complaint __ Deficient __ N/A
600.011.010 __ Complaint __ Deficient __ N/A
600.011.011 __ Complaint __ Deficient __ N/A
600.011.012 __ Complaint __ Deficient __ N/A
600.011.013 __ Complaint __ Deficient __ N/A
600.011.014 __ Complaint __ Deficient __ N/A
600.011.015 __ Complaint __ Deficient __ N/A
600.011.016 __ Complaint __ Deficient __ N/A
600.011.017 __ Complaint __ Deficient __ N/A

600.12 Advisability and Procedures

600.012.010 __ Complaint __ Deficient __ N/A
600.012.020 __ Complaint __ Deficient __ N/A

600.20 Informed Consent Forms

600.020.010 __ Complaint __ Deficient __ N/A
600.020.011 __ Complaint __ Deficient __ N/A
600.020.020 __ Complaint __ Deficient __ N/A
600.020.030 __ Complaint __ Deficient __ N/A

600.30 Laboratory, Pathology, X-ray Consultation & Treating Reports

600.030.010 __ Complaint __ Deficient __ N/A
600.030.020 __ Complaint __ Deficient __ N/A
600.030.030 __ Complaint __ Deficient __ N/A
600.030.040 __ Complaint __ Deficient __ N/A
600.030.050 __ Complaint __ Deficient __ N/A
600.030.051 __ Complaint __ Deficient __ N/A

600.40 O.R. Records (Major Cases)

600.040.001 __ Complaint __ Deficient __ N/A
600.040.002 __ Complaint __ Deficient __ N/A
600.040.003 __ Complaint __ Deficient __ N/A
600.040.004 __ Complaint __ Deficient __ N/A
600.040.005 __ Complaint __ Deficient __ N/A
600.040.006 __ Complaint __ Deficient __ N/A
600.040.007 __ Complaint __ Deficient __ N/A
600.040.008 __ Complaint __ Deficient __ N/A
600.040.009 __ Complaint __ Deficient __ N/A
600.040.010 __ Complaint __ Deficient __ N/A
600.040.011 __ Complaint __ Deficient __ N/A
600.040.012 __ Complaint __ Deficient __ N/A
600.040.013 __ Complaint __ Deficient __ N/A
600.040.020 __ Complaint __ Deficient __ N/A
600.040.030 __ Complaint __ Deficient __ N/A
600.040.040 __ Complaint __ Deficient __ N/A

700.10 Quality Improvement

700.010.010 __ Complaint __ Deficient __ N/A
700.010.011 __ Complaint __ Deficient __ N/A
700.010.012 __ Complaint __ Deficient __ N/A
700.010.013 __ Complaint __ Deficient __ N/A
700.010.014 __ Complaint __ Deficient __ N/A
700.010.015 __ Complaint __ Deficient __ N/A
700.010.016 __ Complaint __ Deficient __ N/A
700.010.017 __ Complaint __ Deficient __ N/A
700.010.018 __ Complaint __ Deficient __ N/A
700.010.019 __ Complaint __ Deficient __ N/A
700.010.020 __ Complaint __ Deficient __ N/A
700.010.030 __ Complaint __ Deficient __ N/A
700.010.035 __ Complaint __ Deficient __ N/A
700.010.040 __ Complaint __ Deficient __ N/A
700.010.061 __ Complaint __ Deficient __ N/A

AAAASFI Core Standards V3.1

700.50 Patient's Rights

700.050.010 __ Complaint __ Deficient __ N/A
700.050.015 __ Complaint __ Deficient __ N/A
700.050.020 __ Complaint __ Deficient __ N/A
700.050.021 __ Complaint __ Deficient __ N/A
700.050.022 __ Complaint __ Deficient __ N/A
700.050.025 __ Complaint __ Deficient __ N/A
700.050.030 __ Complaint __ Deficient __ N/A
700.050.045 __ Complaint __ Deficient __ N/A
700.050.050 __ Complaint __ Deficient __ N/A
700.050.051 __ Complaint __ Deficient __ N/A
700.050.052 __ Complaint __ Deficient __ N/A
700.050.053 __ Complaint __ Deficient __ N/A
700.050.054 __ Complaint __ Deficient __ N/A

700.60 Risk Management Policies

700.060.005 __ Complaint __ Deficient __ N/A
700.060.010 __ Complaint __ Deficient __ N/A
700.060.011 __ Complaint __ Deficient __ N/A
700.060.012 __ Complaint __ Deficient __ N/A
700.060.013 __ Complaint __ Deficient __ N/A
700.060.014 __ Complaint __ Deficient __ N/A
700.060.015 __ Complaint __ Deficient __ N/A
700.060.016 __ Complaint __ Deficient __ N/A
700.060.017 __ Complaint __ Deficient __ N/A
700.060.018 __ Complaint __ Deficient __ N/A
700.060.019 __ Complaint __ Deficient __ N/A
700.060.020 __ Complaint __ Deficient __ N/A
700.060.030 __ Complaint __ Deficient __ N/A
700.060.040 __ Complaint __ Deficient __ N/A

800.00 Facility Director

800.000.004 __ Complaint __ Deficient __ N/A
800.000.005 __ Complaint __ Deficient __ N/A
800.000.006 __ Complaint __ Deficient __ N/A
800.000.007 __ Complaint __ Deficient __ N/A
800.000.008 __ Complaint __ Deficient __ N/A
800.000.009 __ Complaint __ Deficient __ N/A
800.000.010 __ Complaint __ Deficient __ N/A
800.000.011 __ Complaint __ Deficient __ N/A
800.000.012 __ Complaint __ Deficient __ N/A
800.000.013 __ Complaint __ Deficient __ N/A

800.20 Staff, Physicians, Dentists or Podiatrists

800.020.005 __ Complaint __ Deficient __ N/A
800.020.010 __ Complaint __ Deficient __ N/A
800.020.012 __ Complaint __ Deficient __ N/A
800.020.016 __ Complaint __ Deficient __ N/A
800.020.019 __ Complaint __ Deficient __ N/A
800.020.020 __ Complaint __ Deficient __ N/A

800.30 O.R. Personnel

800.3030.010 __ Complaint __ Deficient __ N/A

800.40 Personnel Manual

800.040.010 __ Complaint __ Deficient __ N/A
800.040.011 __ Complaint __ Deficient __ N/A

800.41 Personnel Records

800.041.005 __ Complaint __ Deficient __ N/A
800.041.010 __ Complaint __ Deficient __ N/A
800.041.011 __ Complaint __ Deficient __ N/A
800.041.012 __ Complaint __ Deficient __ N/A
800.041.013 __ Complaint __ Deficient __ N/A
800.041.014 __ Complaint __ Deficient __ N/A
800.041.015 __ Complaint __ Deficient __ N/A

800.50 Knowledge, Skill & CME Training

800.050.010 __ Complaint __ Deficient __ N/A
800.050.020 __ Complaint __ Deficient __ N/A

800.60 Personnel Safety

800.060.013 __ Complaint __ Deficient __ N/A
800.060.020 __ Complaint __ Deficient __ N/A
800.060.030 __ Complaint __ Deficient __ N/A
800.060.035 __ Complaint __ Deficient __ N/A

900.10 General

900.010.005 __ Complaint __ Deficient __ N/A
900.010.010 __ Complaint __ Deficient __ N/A
900.010.011 __ Complaint __ Deficient __ N/A
900.010.012 __ Complaint __ Deficient __ N/A
900.010.013 __ Complaint __ Deficient __ N/A
900.010.020 __ Complaint __ Deficient __ N/A
900.010.030 __ Complaint __ Deficient __ N/A
900.010.040 __ Complaint __ Deficient __ N/A

AAAASFI Core Standards V3.1

1000.005 Delivery of Anesthetics

1000.005.005 __ Complaint __ Deficient __ N/A

1000.10 Pre-Anesthesia Care

1000.010.005 __ Complaint __ Deficient __ N/A

1000.010.011 __ Complaint __ Deficient __ N/A

1000.010.012 __ Complaint __ Deficient __ N/A

1000.010.021 __ Complaint __ Deficient __ N/A

1000.010.022 __ Complaint __ Deficient __ N/A

1000.010.023 __ Complaint __ Deficient __ N/A

1000.010.024 __ Complaint __ Deficient __ N/A

1000.010.025 __ Complaint __ Deficient __ N/A

1000.010.026 __ Complaint __ Deficient __ N/A

1000.010.027 __ Complaint __ Deficient __ N/A

1000.010.028 __ Complaint __ Deficient __ N/A

1000.010.030 __ Complaint __ Deficient __ N/A

1000.20 Anesthetic Monitoring

1000.020.001 __ Complaint __ Deficient __ N/A

1000.020.002 __ Complaint __ Deficient __ N/A

1000.020.003 __ Complaint __ Deficient __ N/A

1000.020.004 __ Complaint __ Deficient __ N/A

1000.020.005 __ Complaint __ Deficient __ N/A

1000.020.006 __ Complaint __ Deficient __ N/A

1000.020.007 __ Complaint __ Deficient __ N/A

1000.020.008 __ Complaint __ Deficient __ N/A

1000.020.009 __ Complaint __ Deficient __ N/A

1000.21 Ventilation

1000.021.001 __ Complaint __ Deficient __ N/A

1000.021.002 __ Complaint __ Deficient __ N/A

1000.22 Circulation

1000.022.001 __ Complaint __ Deficient __ N/A

1000.022.002 __ Complaint __ Deficient __ N/A

1000.022.003 __ Complaint __ Deficient __ N/A

1000.022.004 __ Complaint __ Deficient __ N/A

1000.022.005 __ Complaint __ Deficient __ N/A

1000.022.007 __ Complaint __ Deficient __ N/A

1000.23 Temperature

1000.023.011 __ Complaint __ Deficient __ N/A

1000.25 Evaluation in Post Anesthesia Care Unit

1000.025.002 __ Complaint __ Deficient __ N/A

1000.025.006 __ Complaint __ Deficient __ N/A

1000.26 Continued Evaluation in PACU

1000.026.001 __ Complaint __ Deficient __ N/A

1000.026.002 __ Complaint __ Deficient __ N/A

1000.026.003 __ Complaint __ Deficient __ N/A

1000.026.004 __ Complaint __ Deficient __ N/A

1000.27 Discharge from Post Anesthesia Care Unit

1000.027.001 __ Complaint __ Deficient __ N/A

1000.027.002 __ Complaint __ Deficient __ N/A

1000.29 Equipment & Supplies for Anesthesia

1000.029.001 __ Complaint __ Deficient __ N/A

1000.029.002 __ Complaint __ Deficient __ N/A

1000.029.003 __ Complaint __ Deficient __ N/A

1000.029.004 __ Complaint __ Deficient __ N/A

1000.029.005 __ Complaint __ Deficient __ N/A

1000.029.006 __ Complaint __ Deficient __ N/A

1000.029.008 __ Complaint __ Deficient __ N/A

1000.029.009 __ Complaint __ Deficient __ N/A

1000.029.010 __ Complaint __ Deficient __ N/A

1000.029.011 __ Complaint __ Deficient __ N/A

1000.029.012 __ Complaint __ Deficient __ N/A

1000.029.013 __ Complaint __ Deficient __ N/A

1000.029.014 __ Complaint __ Deficient __ N/A

1000.029.015 __ Complaint __ Deficient __ N/A

1000.029.016 __ Complaint __ Deficient __ N/A

1000.30 Quality of Care

1000.030.001 __ Complaint __ Deficient __ N/A

1000.030.002 __ Complaint __ Deficient __ N/A

1000.030.003 __ Complaint __ Deficient __ N/A

1000.10 Pre-Anesthesia Care

1000.031.001 __ Complaint __ Deficient __ N/A

1000.031.002 __ Complaint __ Deficient __ N/A

AAAASFI Surgical Standards V3.1

100.00 Basic Mandates

100.000.008 __Complaint __Deficient __N/A

100.10 General Environment

100.010.005 __Complaint __Deficient __N/A

100.010.051 __Complaint __Deficient __N/A

200.10 Operating Room(s)

200.010.005 __Complaint __Deficient __N/A

200.010.011 __Complaint __Deficient __N/A

200.010.020 __Complaint __Deficient __N/A

200.010.030 __Complaint __Deficient __N/A

200.010.051 __Complaint __Deficient __N/A

200.010.071 __Complaint __Deficient __N/A

200.010.080 __Complaint __Deficient __N/A

200.20 Sterilization

200.020.012 __Complaint __Deficient __N/A

200.020.015 __Complaint __Deficient __N/A

200.30 Asepsis

200.030.080 __Complaint __Deficient __N/A

200.030.081 __Complaint __Deficient __N/A

200.030.100 __Complaint __Deficient __N/A

200.61 Equipment in Operative Suite

200.061.014 __Complaint __Deficient __N/A

200.061.023 __Complaint __Deficient __N/A

200.061.024 __Complaint __Deficient __N/A

300.10 Recovery Room(s)

300.010.010 __Complaint __Deficient __N/A

300.010.011 __Complaint __Deficient __N/A

300.010.012 __Complaint __Deficient __N/A

300.010.013 __Complaint __Deficient __N/A

300.30 Extended Stays

300.030.020 __Complaint __Deficient __N/A

400.21 Written Transfer Agreement

400.021.020 __Complaint __Deficient __N/A

500.10 Blood & Substitutes

500.010.010 __Complaint __Deficient __N/A

500.010.020 __Complaint __Deficient __N/A

600.11 Pre-Operative Medical Records

600.011.001 __Complaint __Deficient __N/A

600.40 O.R. Records (Major Cases)

600.040.014 __Complaint __Deficient __N/A

700.20 Peer Review

700.020.010 __Complaint __Deficient __N/A

700.020.015 __Complaint __Deficient __N/A

700.020.020 __Complaint __Deficient __N/A

700.30 Random Case Review

700.030.010 __Complaint __Deficient __N/A

700.030.015 __Complaint __Deficient __N/A

700.030.020 __Complaint __Deficient __N/A

700.030.025 __Complaint __Deficient __N/A

700.030.030 __Complaint __Deficient __N/A

700.030.035 __Complaint __Deficient __N/A

700.030.040 __Complaint __Deficient __N/A

700.030.045 __Complaint __Deficient __N/A

700.40 Unanticipated Operative Sequelae

700.040.010 __Complaint __Deficient __N/A

700.040.015 __Complaint __Deficient __N/A

700.040.020 __Complaint __Deficient __N/A

700.040.025 __Complaint __Deficient __N/A

700.040.030 __Complaint __Deficient __N/A

700.040.035 __Complaint __Deficient __N/A

700.040.040 __Complaint __Deficient __N/A

700.040.045 __Complaint __Deficient __N/A

700.040.050 __Complaint __Deficient __N/A

700.040.052 __Complaint __Deficient __N/A

700.040.055 __Complaint __Deficient __N/A

700.040.060 __Complaint __Deficient __N/A

700.040.065 __Complaint __Deficient __N/A

700.040.070 __Complaint __Deficient __N/A

700.040.075 __Complaint __Deficient __N/A

AAAASFI Surgical Standards V3.1

800.20 Staff, Physicians, or Podiatrists

800.020.017 __Complaint __Deficient __N/A

800.020.018 __Complaint __Deficient __N/A

800.30 O.R. Personnel

800.030.020 __Complaint __Deficient __N/A

800.030.021 __Complaint __Deficient __N/A

800.50 Knowledge, Skill & CME Training

800.050.015 __Complaint __Deficient __N/A

800.60 Personnel Safety

800.060.010 __Complaint __Deficient __N/A

1000.005 Delivery of Anesthetics

1000.005.006 __Complaint __Deficient __N/A

1000.22 Circulation monitoring

1000.022.006 __Complaint __Deficient __N/A

1000.24 Post-Anesthetic Care

1000.024.001 __Complaint __Deficient __N/A

1000.024.002 __Complaint __Deficient __N/A

1000.024.003 __Complaint __Deficient __N/A

1000.024.004 __Complaint __Deficient __N/A

1000.25 Evaluation in Post Anesthesia Care Unit

1000.025.001 __Complaint __Deficient __N/A

1000.025.003 __Complaint __Deficient __N/A

1000.025.004 __Complaint __Deficient __N/A

1000.025.005 __Complaint __Deficient __N/A

1000.025.007 __Complaint __Deficient __N/A

1000.27 Discharge from Post Anesthesia Care Unit

1000.027.003 __Complaint __Deficient __N/A

1000.30 Quality of Care

1000.030.008 __Complaint __Deficient __N/A

AAAASFI Dental Standards V3.1

100.00 Basic Mandates

100.000.009 __Complaint __Deficient __N/A

200.10 Operating Room(s)

200.010.004 __Complaint __Deficient __N/A

600.10 General

600.010.003 __Complaint __Deficient __N/A

700.20 Risk Management Policies

700.020.001 __Complaint __Deficient __N/A

700.020.002 __Complaint __Deficient __N/A

700.40 Unanticipated Operative Sequelae

700.040.026 __Complaint __Deficient __N/A

800.50 Knowledge, Skill & CME Training

800.050.030 __Complaint __Deficient __N/A

800.050.040 __Complaint __Deficient __N/A

800.050.050 __Complaint __Deficient __N/A

1000.005 Delivery of Anesthetics

1000.005.007 __Complaint __Deficient __N/A

1000.20 Anesthetic Monitoring

1000.020.010 __Complaint __Deficient __N/A

1000.020.011 __Complaint __Deficient __N/A

1000.020.012 __Complaint __Deficient __N/A

1000.24 Post-Anesthetic Care

1000.024.005 __Complaint __Deficient __N/A



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