

**OFFICE-BASED PROCEDURAL (OBP)**

**STANDARDS MANUAL**

Version 5.2, Effective February 1, 2023

**QUAD A**

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SURVEY INSTRUCTIONS

Please complete the Standards Manual for the facility by assessing compliance with the standards contained in this book.

STANDARDS STRUCTURE

Standards found in this book are organized by grouping relevant standards together. These groupings are comprised of “Sections,” “Sub-sections,” and then individual standard numbers. Each main “Section” is identified by a numerical value, “Sub-sections” have been assigned an alphabetical value, and the individual standards under the subsection have also been numbered. Based on this format, each standard has been assigned a unique identifier to include all three elements to indicate its location.

For example: The standard which states, “Each operating room is properly cleaned, maintained and free of litter and clutter” is the fourth standard under Section 2, Sub-section C. Therefore, the unique identifier for this standard is: 2-C-4.

Please note that not all standards are necessarily in continuous sequential order. Some numbers have been reserved for future use and do not appear in the manual. The groupings within the Sections and Sub-sections of this book are intended to separate standards into logical sets of standards. Based on 40 years’ experience, such groups are likely, but not guaranteed, to be found and assessed during the same portion of the survey process.

STANDARDS BOOK LAYOUT

**The standards manual layout consists of five columns. The function of each column are as follows:**

**ID:**

This column contains the alphanumerical identifier for each standard.

**Standard:**

This column contains the text for each standard.

**CMS Ref:**

This column indicates the corresponding CMS regulatory reference, if applicable.

**Class:**

This column indicates the anesthesia classification, based on QUAD A definitions, that is applicable to the standard. Only facilities that provide anesthesia meeting the definition of one or more of the classifications listed in this column are required to comply with that particular standard.

**Score:**

This column is used to document compliance or non-compliance by the surveyor during the survey process; or, by the facility during self-assessment reviews for performance. As stated below, if 100% compliance is not achieved, the standard is marked as “deficient”.

SCORING COMPLIANCE

The QUAD A accreditation program requires 100% compliance with each standard to become and remain accredited. There are no exceptions. If there is even one instance where a surveyor makes an observation of non-compliance, the standard is scored as “Deficient” and the facility will be required to submit a Plan of Correction, as well as evidence of completed corrections. There may be occasion where the surveyor observes non-compliance, but the facility is able to demonstrate that the deficiency has been corrected while the surveyor is still on-site. Applicable standard(s) will be given a score of deficient. To provide full context to QUAD A and CMS, the survey findings should illustrate that non-compliance was corrected in the presence of the survey team.

QUAD A does not confer accreditation until a facility has provided acceptable plans of correction and evidence of corrections for every deficiency cited. 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.

**NOTES:**

SECTION 1: BASIC MANDATES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **SUB-SECTION A: ANESTHESIA OPTIONS** |
| **1-A-1** | In this facility, operations may be performed under:Local Anesthesia, which may be administered by any of the following:- Surgeon/proceduralist- Anesthesiologist- Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law- Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist- Registered nurse under the supervision of a qualified physician. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-2** | In this facility, operations may be performed under:Topical Anesthesia, which may be administered by any of the following:-Surgeon/proceduralist-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist-Registered nurse under the supervision of a qualified physician | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-3** | In Class A cases, a single dose of the same post-operative analgesic prescribed to the patient may be administered to that patient pre-operatively. Any additional doses or agents is considered sedation and must be conducted under Class B, C-M, or C standards. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-A-5** | In this facility, operations may be performed under:Parenteral Sedation, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist-Registered nurse under the supervision of a qualified physician | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-8** | In this facility, operations may be performed under:Field and Peripheral Nerve Blocks, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist-Registered nurse under the supervision of a qualified physician | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-10** | In this facility, operations may be performed under:Dissociative Drugs, excluding Propofol, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist-Registered nurse under the supervision of a qualified physician | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-A-12** | In this facility, operations may be performed under:Nitrous Oxide, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist-Registered nurse under the supervision of a qualified physician | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-14** | The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited. | B | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-15** | In this facility, operations may be performed under:Propofol, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist | C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-17** | The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited. | C-M  | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-A-18** | In this facility, operations may be performed under:Epidural Anesthesia, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist. | C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-19** | In this facility, operations may be performed under:Spinal Anesthesia, which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist | C-M C | [ ] Compliant[ ] Deficient [ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-20** | In this facility, operations may be performed under:General Anesthesia (with or without endotracheal intubation or laryngeal mask airway anesthesia), which may be administered by any of the following:-Anesthesiologist-Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law-Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist" | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-22** | No more than 5000 cc’s of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility. | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **SUB-SECTION B: BASIC MANDATES** |
| **1-B-2** | Onsite QUAD A surveys typically involve the attention of the Medical Director, the Facility Director, an anesthesia provider, and the facility staff working intensely with the QUAD A surveyor(s). The survey process must remain focused, and therefore, QUAD A has directed that equipment representatives not be present during QUAD A's surveys. Accreditation consultants may be present during the surveys; however, QUAD A asks that consultants remain silent during the survey process until it is completed. All QUAD A surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. QUAD A greatly appreciates the cooperation of all concerned parties by complying with this directive. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-B-8** | The facility must perform a self-survey review of compliance with all QUAD A standards annually prior to the expiration date of its accreditation in each of the two years between QUAD A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include:1. A completed Self-Survey checklist2. A Plan of Correction for any standard identified as non-compliant 3. Evidence that each plan of correction has been carried out to establish compliance with standards4. Evidence that findings from the self-survey have been reviewed, included in the facility's Quality Improvement Plan, and discussed in the facility's Quality Improvement meetings. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: PATIENT SELECTION** |
| **1-C-1** | A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient surgery in this facility should be referred to alternative facilities. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-C-2** | The facility should have a scheduling policy that includes only those procedures and/or combination of procedures of duration and degree that permit safe recovery and discharge from the facility. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-C-4** | If children are operated upon in the facility, there should be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current.  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: PATIENTS’ RIGHTS** |
| **1-D-1** | A copy of the QUAD A "Patients' Bill of Rights" is prominently displayed, or a copy is provided to each patient. The QUAD A "Patients' Bill of Rights" is also adhered to by facility personnel. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: QUAD A-MANDATED REPORTING** |
| **1-E-1** | Changes in facility ownership must be reported to the QUAD A office within thirty (30) days of the change. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-E-2** | Any change in the physician’s staff must be reported in writing to the QUAD A office within thirty (30) days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the QUAD A office. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-E-3** | Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician’s pain management staff or other licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the Facility Director becomes aware of such action. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-E-4** | Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the QUAD A office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in a QUAD A-accredited facility, an unannounced survey may be performed by a senior surveyor. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: PATIENT SAFETY DATA REPORTING** |
| **1-F-1** | Online Patient Safety Data Reporting is performed at least every three (3) months in accordance with the due dates established by QUAD A and includes submission of random cases and all adverse events to the QUAD A portal at [www.quada.org](https://www.quada.org/accredited-facilities)/accredited-facilities. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-2** | For each surgeon/proceduralist operating in the facility, the random sample of the cases must include, at a minimum, the first case performed by such surgeon/proceduralist each month during the reporting period for a total of three (3) cases. The facility must submit into the online Patient Safety Data Reporting portal a minimum of three (3) cases, or all cases performed by surgeons who have performed fewer than three (3) in the respective period, every three (3) months. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-F-3** | All adverse events which occur within thirty (30) days of any procedure are submitted contemporaneously with the facility learning of the occurrence of such sequelae to the online Patient Safety Data Reporting portal. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-4** | Reportable adverse events include, but are not limited to:Any unplanned hospital admission | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-5** | Reportable adverse events include, but are not limited to:Any emergency room visit | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-6** | Reportable adverse events include, but are not limited to:Any unscheduled return to the operating room for a complication of a previous surgery | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-7** | Reportable adverse events include, but are not limited to:Any complications such as infection, bleeding, wound dehiscence, or inadvertent injury to another body structure | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-8** | Reportable adverse events include, but are not limited to:Any cardiac or respiratory problems during the patient’s stay at the facility or within 48 hours of discharge | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-F-9** | Reportable adverse events include, but are not limited to:Any allergic reactions | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-10** | Reportable adverse events include, but are not limited to:Any incorrect needle or sponge count | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-11** | Reportable adverse events include, but are not limited to:Any patient or family complaint | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-12** | Reportable adverse events include, but are not limited to:Any Equipment malfunction leading to injury or potential injury to the patient | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-13** | Reportable adverse events include, but are not limited to:Any death occurring within thirty (30) days of a procedure | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-14** | Each adverse event submission must include:The identification of the problem | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **ID** | **Standard** | **Class** | **Score** | **Findings/Comments** |
| **1-F-15** | Each adverse event submission must include:The immediate treatment or disposition of the case | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-16** | Each adverse event submission must include:The outcome | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-17** | Each adverse event submission must include:The reason for the problem | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-18** | Each adverse event submission must include:An assessment of the efficacy of treatment. | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 2: FACILITY LAYOUT & ENVIRONMENT

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: LAYOUT** |
| **2-A-2** | The Operating Suite includes the Operating Room, Prep/Scrub area, Clean and/or Dirty Room, and Post-Anesthesia Care Unit (PACU). |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-3** | There is a separate and adequately sized Post-Anesthesia Care Unit (PACU) within the operating room suite. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-5** | An exam room may function as an operating room. |  | A  | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-6** | There is a room dedicated for use as an operating room. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-8** | Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, or facility personnel. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: FACILITY ENVIRONMENT** |
| **2-B-3** | The facility displays a professional appearance in keeping with a medical facility designed to carry out procedures. The facility must be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more dedicated exam rooms must be available that provide for privacy and treatment in a sanitary, orderly environment. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-5** | 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. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-6** | All openings to outdoor air are effectively protected against the entrance of insects, animals, etc. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-7** | There are no overloaded wall plugs or overloaded extensions in use, no altered grounding plugs in use, and wires are not broken, worn, or unshielded. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: OPERATING ROOM ENVIRONMENT** |
| **2-C-2** | Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the operations, and must comply with applicable local, state/provincial or federal/national requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport. Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the operating room space available. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-3** | Each operating room is adequately ventilated and temperature controlled. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-4** | Each operating room is properly cleaned, maintained and free of litter and clutter. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-5** | There is adequate storage space within the operating room to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the operating room for frequently used supplies, equipment and/or medications. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: STORAGE** |
| **2-E-1** | Sterile supplies are stored away from potential contamination in closed cabinets/drawers; or if not, sterile supplies must be stored away from heavy traffic areas and potential contamination hazards. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-E-2** | Storage space provides easy access for identification and inventory of supplies. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 3: SAFETY

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: General Safety** |
| **3-A-1** | QUAD A is committed to establishing minimum guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the QUAD A Standard or local, state, or federal law). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Facility Safety Manual** |
| **3-B-1** | There is a Facility Safety Manual.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-B-2** | The facility safety manual contains all applicable requirements of OSHA.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-B-3** | The facility safety manual is in accordance with all other federal/national, provincial, state, and local regulations.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-B-4** | The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-B-5** | There is a written exposure control plan, which is reviewed and updated at least annually. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-B-6** | There is a written chemical hazard communication program, which is reviewed and updated annually. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Hazardous Agents** |
| **3-C-1** | All explosive and combustible materials are stored and handled in a safe manner according to state, local, and/or National Fire Protection Association (NFPA) codes.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-C-3** | Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-C-5** | Hazardous chemicals are labeled as hazardous. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Medical Hazardous Waste** |
| **3-D-1** | All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-D-4** | Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Fire Safety** |
| **3-E-1** | The facility is equipped with heat sensors and/or smoke detectors.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-E-2** | An adequate number of fire extinguishers are available. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-E-3** | Fire extinguishers are inspected annually and conform to local fire codes.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Exits** |
| **3-F-1** | Fire exit signs are posted and illuminated consistent with state, local, and/or NFPA codes and OSHA codes.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-F-3** | There are sufficient emergency lights for exit routes and patient care areas in case of power failure.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-F-4** | Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Personnel Safety** |
| **3-G-1** | If an ethylene oxide gas sterilizer or automated endoscope re-processor (AER) is used, appropriate personnel are badge-tested to ensure that there is no significant ethylene oxide or glutaraldehyde exposure. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-G-2** | Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-G-3** | There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (e.g. instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION H: X-Ray and Laser Safety** |
| **3-H-2** | If x-ray equipment is used, safety measures are taken to protect patients and staff from injury. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-H-3** | Warnings and signage exist to warn those whose health may be affected by x-rays. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-H-4** | Staff maintains dosimetry badges and records, if applicable, for at least three (3) years. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **3-H-8** | If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, include appropriate eyewear, covered mirrors, covered windows, signage on the door, etc. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 4: EQUIPMENT

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Facility Equipment** |
| **4-A-1** | If a central source of piped oxygen is used, the system must meet all applicable codes. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Operating Room Equipment** |
| **4-B-1** | Only properly inspected equipment is used in the operating suite. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-2** | There is an adequate operating room table or chair. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-3** | The operating room is provided with adequate general lighting in the ceiling. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-4** | Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-5** | Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g. wet locations) and connected to emergency power supplies where appropriate. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-7** | When unipolar electrocautery is used, a single-use/ disposable grounding pad is used. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-8** | “Forced air warmers,” blanket warmers, or other devices are used to maintain the patient’s temperature. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Anesthesia Equipment** |
| **4-C-1** | The operating room is equipped with an EKG monitor with pulse read-out.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-2** | The operating room is equipped with a pulse oximeter. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-3** | The operating room is equipped with blood pressure monitoring equipment as appropriate for the patient population. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-4** | The operating room is equipped with oral airways for each size of patient treated in the facility. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-5** | The operating room is equipped with nasopharyngeal airways and laryngeal mask airways for each size of patient treated in the facility. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-6** | The operating room is equipped with a laryngoscope, functional. Laryngoscope is cleaned as appropriate, HLD or sterilized. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-7** | The operating room is equipped with a comprehensive assortment of endotracheal tubes to cover full range of patients being treated. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-8** | The operating room is equipped with endotracheal stylet(s). |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-9** | The operating room is equipped with a positive pressure ventilation device (e.g. Ambu® bag, bag valve mask). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-10** | The operating room is equipped with a source of oxygen with appropriate delivery devices (e.g. nasal cannula, face mask). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-11** | The operating room is equipped with a source of adequate and reliable source suction and suction equipment. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-12** | The operating room is equipped with a reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder). Back up oxygen source should have a regulator on it and be ready to use.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-13** | The operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-14** | The operating room is equipped with a carbon dioxide monitor which is used on all sedation and general anesthesia cases.  |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-15** | When ventilation is controlled by a mechanical ventilator, there shall be in continuous use a device that is capable of detecting the disconnection of any of the breathing system’s components. The device must give an audible signal when its alarm threshold is exceeded. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-16** | If nitrous oxide alone is used, then a safe delivery system is used. A safe delivery system meets these criteria:1) Alarms2) Gas scavenging3) Color coding of tanks, knobs, and hoses4) Diameter index safety system for non-interchangeable connection of gases - pin index safety system5) Oxygen fail-safe system and oxygen flush capacity6) Quick connection for positive-pressure oxygen delivery7) Emergency air inlet8) Reservoir bag9) Storage in secured area |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-17** | 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. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-18** | An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no volatile inhalation agents are available, an anesthesia machine is not required. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Post-Anesthesia Care Unit (PACU) Equipment** |
| **4-D-1** | The PACU is equipped and readily accessible to handle emergencies  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-D-2** | A separate pulse oximeter is available for each patient in the PACU. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Maintenance of Equipment** |
| **4-E-1** | A biomedical technician annually inspects all equipment (including electrical outlets, breaker/fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer’s specifications. Stickers may be placed on individual equipment; however, written records must be maintained. All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-5** | The manufacturer’s specifications and requirements are kept in an organized file and followed for each piece of equipment. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-6** | The emergency power equipment is checked monthly to ensure proper function, and the test results are filed and kept for a period of three (3) years. |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 5: IN CASE OF EMERGENCY

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Emergency Equipment** |
| **5-A-1** | Emergency cart is available with defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads, current PALS algorithm and/or ACLS algorithm if appropriate). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-A-2** | The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-A-3** | The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Emergency Power** |
| **5-B-1** | The emergency power source is able to begin generating ample power to operate essential electrical equipment used in the operating suite within thirty (30) seconds of a power failure. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-B-3** | The operating room(s) and recovery room have an emergency power source, (e.g. a generator or battery powered inverter), with capacity to operate adequate lighting, monitoring, anesthesia, and procedure equipment for a minimum of thirty (30) minutes. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Emergency Protocols** |
| **5-C-1** | There must be a written protocol for emergency evacuation of the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-2** | There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-3** | There must be a written protocol for fires and fire drills. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-4** | There must be a written protocol for returning patients to the operating room in the event of patient emergencies. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-6** | There must be a written protocol for cardiopulmonary resuscitation (CPR). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-7** | There must be a written protocol for a situation in which the surgeon becomes incapacitated. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-8** | There must be a written protocol for a situation in which the anesthesiologist or CRNA becomes incapacitated. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-9** | There must be a written protocol for response to power failure emergencies. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-10** | There must be a written protocol for transferring patients to a hospital in an emergency. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 6: MEDICATIONS

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Medications** |
| **6-A-5** | Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Intravenous Fluids** |
| **6-B-1** | Intravenous fluids such as Lactated Ringer’s solution and/or normal saline are available in the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Controlled Substances** |
| **6-D-1** | All controlled substances are secured and locked under supervised access. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-D-2** | There is a dated controlled substance inventory and a control record which includes the use of controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered, bound journal from which pages may not be removed, or in a tamper -proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-D-3** | The inventory of controlled substances is verified by two (2) licensed members of the operating room team on any day that controlled substances are administered, and in compliance with federal/national, provincial, state, and local regulations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: ACLS/PALS Algorithm** |
| **6-E-1** | A complete copy of the current ACLS and/or PALS Algorithm, as appropriate, must be available on the emergency cart. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-2** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Seizure arresting medication (a benzodiazepine, e.g. Midazolam). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-4** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Adenosine |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-5** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Epinephrine. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-6** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Anti-Hypertensives. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-7** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Lidocaine—plain. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-8** | The following medication must be available in the facility at all times as required by current ACLS algorithm:Atropine. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-9** | The following medication must be available in the facility at all times as required by current ACLS algorithm: Nitroglycerin, sublingual or spray. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-10** | The following medication must be available in the facility at all times as required by current ACLS algorithm:If narcotics are used in the facility, a narcotic antagonist (eg, Narcan) should be present. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-11** | The following medication must be available in the facility at all times as required by current ACLS algorithm:Bronchospasm-arresting medication (inhaled beta-agonist, eg albuterol). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-12** | The following medication must be available in the facility at all times as required by current ACLS algorithm:Intravenous corticosteroids (e.g. dexamethasone). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Emergency Medications** |
| **6-F-1** | All emergency medications as noted in the following standards must be available and in the facility at all times. Licensed personnel in the facility must know their location. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-2** | The following medication must be available in the facility at all times:IV Antihistamines (e.g. Diphenhydramine). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-3** | The following medication must be available in the facility at all times:Short-acting beta-blocker (e.g. esmolol or labetalol). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-4** | The following medication must be available in the facility at all times:Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-5** | The following medication must be available in the facility at all times:If Benzodiazepine is used in the facility, a reversing agent must be available (e.g. Mazicon™, Flumazenil). |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Malignant Hyperthermia** |
| **---** | If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility, the following requirements apply: |  | **---** | **---** | Enter observations of non-compliance, comments or notes here. |
| **6-G-1** | 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.In this instance, MH-related components as outlined in standards 6-G-5, 6-G-6, 6-G-7,6-G-8, 6-G-9, and 6-G-10 are **not** required. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-2** | 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. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-3** | All operating surgeons and anesthesiology providers must be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-4** | All operating surgeons and anesthesia providers must be able to demonstrate familiarity with the early recognition of impending MH crisis as defined by [MHAUS](https://www.mhaus.org/mhau001/assets/File/Recommendations/Recommendations%20with%20Table%20of%20Contents.pdf). |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-5** | All staff must be trained: 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. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-6** | A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e. 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®). |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-7** | A minimum of 4 ampoules, 50cc’s each, of sodium bicarbonate (NaHCO3). |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-8** | A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial). |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-9** | An additional\* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional\* dantrolene/Ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode.\*Additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial) |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-10** | 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 receiving facility. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-11** | Facilities must have a policy for MH transfer including EMS transport to a facility capable of ongoing treatment located within a reasonable distance. A healthcare professional with the ability to continue MH treatment must accompany the patient during transport and provide a report to the receiving facility staff. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 7: INFECTION CONTROL

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Infection Control**  |
| **7-A-2** | The facility policy manual should include infection control policies and procedures that are consistent with current CDC guidelines. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-A-3** | Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross- contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007)  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-A-4** | Scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate personal protective equipment is used for all appropriate procedures. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-A-13** | Reuse of single-use disposable biopsy forceps is strictly prohibited. Purchase records must be retained for three (3) years and available for comparison to procedural and pathology specimen logs. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Hand Hygiene** |
| **7-B-2** | Hand hygiene is performed in accordance with current CDC and WHO guidelines. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Instrument Processing** |
| **7-C-1** | A written protocol is present for the reprocessing all instruments and equipment used in patient care. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-C-2** | There is strict segregation of dirty surgical equipment and instruments that have been cleaned and are in the preparation and assembly area. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-C-4** | If one sink is used both for dirty instruments and to hand/arm scrub for procedures, there is a written policy to clean and disinfect the sink prior to hand/arm scrubbing. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Sterilization** |
| **7-D-1** | All instruments used in patient care are sterilized, where applicable. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-2** | The facility has at least one autoclave which uses high pressure steam and heat, or all sterile items are single use disposable.All soiled instruments are to be treated with an enzymatic cleaner if not processed immediately for sterilization. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-4** | Gas sterilizers and automated endoscope re-processors (AER) must be vented as per manufacturer’s specifications. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-6** | Sterile supplies are labeled to indicate sterility; packaged and sealed with autoclave tape to prevent accidental opening. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-7** | Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date. When more than one autoclave is available, each pack must additionally be labeled to identify in which autoclave it was sterilized. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-8** | A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-9** | There is a protocol for corrective action if a spore test is positive.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-10** | Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: High-Level Disinfection (HLD)** |
| **7-E-1** | 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. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-E-3** | A room with acceptable ventilation and space that is separate from the procedure room is required for reprocessing of scopes. If the facility is unable to use two separate rooms they must be able to document that they are using a closed reprocessing system with ventilation that exchanges the room air 10 -12 times per hour or an active charcoal filtration system is in place. All situations must meet requisite standards (OSHA, CDC, Federal, State, etc.) for air exchange ratios and vapor particle standards. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-E-4** | A written protocol is in place and followed that specifically addresses and requires enumerated steps to accomplish the below goals:• The cleaning of the scope. The location of the manual rinsing and cleaning of endoscopes prior to HLD may be carried out in the procedure room away from the patient. Specific steps must be in place to minimize spraying and aerosolizing of the bio-burden.• Processing of the scopes must be in the location that meets requisite standards of air exchange ratios and vapor particle standards. For example, a room that is separate from the procedure room is required for manual HLD reprocessing of endoscopes. This room must be adequate sized and segregated from patient and staff. Necessary protective equipment for personnel performing this function must be included in the protocol as well as readily available.• Scope cleaning functions should be limited to properly trained personnel.• If there is not a separate room (see previous standard) being utilized for processing of the scopes, then the protocol must include steps that directs that the contaminated equipment will be cleaned and placed in the re-processor prior to bringing the next patient into the room. In addition, the clean scope coming out of the re-processor is to be removed only when the room is clean and free of dirty instruments.• Cross contamination should be avoided no matter where cleaning and processing takes place. There must always be some distinct type of separation of clean and dirty areas in any location.• Clean (reprocessed) endoscopes should be stored in a closed cabinet exclusively dedicated for scope storage to avoid contamination prior to use. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Cleaning** |
| **7-F-1** | The entire operating room suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-2** | Between cases, the operating room(s) is cleaned with at least intermediate-level, medical-grade disinfectants. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-3** | There is a written policy for cleaning of spills, especially spills which may contain blood borne pathogens. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-4** | All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-5** | A written protocol has been developed for use by housekeeping personnel for cleaning floors, tables, walls, ceilings, counters, furniture, and fixtures of the operating suite. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-6** | Instrument handling and reprocessing areas are cleaned and maintained. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 8: CLINICAL RECORDS

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: General Clinical Records** |
| **8-A-4** | Clinical records must be kept secure and confidential, consistent with HIPAA regulations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-6** | Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-8** | Clinical records for each patient must be accurate, legible, and promptly completed. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-9** | Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-10** | Clinical records are filed for easy accessibility and must be maintained in the accredited facility regardless of the location of the operating physician's office. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Pre-Operative Documentation** |
| **8-B-4** | The pre-operative clinical record includes a current history and physical examination by the physician, anesthesia provider, or the patient’s personal physician is recorded within 30 days of procedures on all patients for major procedures, and for those patients for minor procedures who require a physical exam. The medical record must contain a current medical history taken on the same day as the procedure and recorded by the physician or anesthesia provider prior to the administration of anesthesia. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-6** | The pre-operative clinical record includes medical clearance, if applicable. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-7** | The pre-operative clinical record includes significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the clinical record prior to the surgical procedure. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-11** | The pre-operative clinical record includes documentation of all pre-operative medications given to a patient. This record includes the date, time, amount, and route of administration. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-12** | The pre-operative clinical record includes documentation of all intravenous and subcutaneous fluids given pre-operatively. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-13** | The pre-operative medical record includes responses regarding any allergies and abnormal drug reactions. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-14** | The pre-operative medical record includes responses regarding current medications. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-15** | The pre-operative medical record includes responses regarding previous serious illness. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-16** | The pre-operative medical record includes responses regarding current and chronic illness. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-17** | The pre-operative medical record includes responses regarding previous operations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-18** | The pre-operative medical record includes responses regarding perioperative bleeding risk including medical conditions and medication taken up to the day of the operation. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-19** | A pregnancy testing policy must be in place that requires a discussion and documentation of the issue with each patient, as appropriate. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-20** | The pre-operative clinical record includes evidence that treating physicians or consultants are contacted in cases where warranted by the history and physical examination. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-21** | The pre-operative clinical record includes documentation of appropriate laboratory procedures performed where indicated. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-24** | The surgeon/proceduralist 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 patient, age and physiological appropriateness of the patient, and qualifications of the providers and the facility resources. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-B-27** | A physician is responsible for determining the medical status of the patient and must examine the patient immediately before procedures. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Informed Consent** |
| **8-C-1** | Properly executed informed consent forms are always obtained, which authorizes the surgeon/proceduralist by name to perform surgery and describes the operative procedure. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-C-2** | Expectations, alternatives, risks, and complications are discussed with the patient, and these are documented. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-C-3** | The informed consent provides consent for administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, Etc.** |
| **8-E-1** | Printed or written copies of these reports are kept in the medical record. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-2** | All laboratory results must be reviewed and initialed by the CRNA, anesthesiologist, registered nurse, or surgeon/proceduralist. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-3** | All abnormal laboratory results must be reviewed and initialed by the surgeon/proceduralist within one (1) week of receipt of results. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-4** | All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the surgeon/proceduralist. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-6** | Outside clinical laboratory procedures must be performed by a licensed and accredited facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-9** | The name of the pathologist must be on all pathology reports. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Anesthesia Care Plan** |
| **8-F-1** | A physician must verify that an anesthesia care plan has been developed and documented. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-2** | A physician must verify that the patient or a responsible adult has been informed about the anesthesia care plan. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-4** | The anesthesia care plan is based on a review of the medical record. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-5** | The anesthesia care plan is based on medical history. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-6** | The anesthesia care plan is based on prior anesthetic experiences. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-7** | The anesthesia care plan is based on drug therapies. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-8** | The anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-9** | The anesthesia care plan is based on a review of the medical tests and consultations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-10** | The anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-F-11** | The anesthesia care plan is based on providing pre-operative instructions. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Intra-Operative Documentation** |
| **8-G-1** | A “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every operation.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.Immediately before starting the surgical procedure, conduct a final verification by at least two (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. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION H: Intra-Operative Anesthetic Monitoring and Documentation** |
| **8-H-2** | Clinical record must contain evidence of circulation monitored by continuous EKG during procedures. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-3** | Clinical record must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-4** | Clinical record must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-5** | Clinical record must contain evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used.  |  | A,B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-6** | Clinical record may contain evidence of circulation monitored by heart auscultation.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-8** | Clinical record may contain evidence of circulation monitored by ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-9** | Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-10** | Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-11** | Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all sedation or general anesthetics.Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-12** | When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-13** | Patient monitoring during anesthesia will consist of oxygenation assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration. |  | C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-15** | An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-16** | An anesthesia record is maintained in which all intravenous and subcutaneous fluids given intra-operatively are recorded. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION I: Transfer to Post-Anesthesia Care Unit (PACU)** |
| **8-I-1** | The operating room may be used for patient recovery if only one operation is scheduled that same day, or if the recovering patient meets all discharge criteria prior to beginning the next operation, or if there is another operating room available for the next operation. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-2** | Patients transferred to the PACU will be continually evaluated and monitored as needed during transport. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-3** | Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-4** | Patient transfer to the PACU will include transmission of a verbal report on the patient to the PACU team from a member of the anesthesia team who accompanies the patient.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-5** | Patient transfer to the PACU will include transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-6** | Patient transfer to the PACU will include a member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION J: Post-Anesthesia Care Unit (PACU) Documentation** |
| **8-J-1** | PACU documentation includes patient's time of arrival.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-3** | PACU documentation includes assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-4** | PACU documentation includes a record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-5** | PACU documentation includes a record in which all intravenous and subcutaneous fluids given post- operatively are recorded. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-6** | PACU documentation includes a record in which post-operative vital signs, level of consciousness, and nurses' notes are recorded until the patient is discharged from the facility. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-7** | Evaluation in the PACU will include observation and monitoring by methods appropriate to the patient’s condition (oxygen saturation, ventilation, circulation, and temperature).  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-8** | Evaluation in the PACU will include continuous pulse oximetry.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-9** | Post-operative progress notes are recorded. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-10** | There is a procedure report which includes procedure technique and findings. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION K: Discharge** |
| **8-K-4** | Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score). |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-6** | A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the PACU staff. That individual’s name must be noted on the record, signed by that individual with the time of discharge. |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-8** | Written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient’s care and transportation following a procedure. A signed copy of the instructions is maintained in the patient’s chart. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-10** | Patients receiving anesthetic agents other than topical or local anesthesia should be supervised in the immediate post-discharge period by a responsible adult for at least 12 to 24 hours, depending on the procedure and the anesthesia used. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-12** | Personnel assist with discharge from the recovery area.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-13** | Unless they are having local anesthesia only, patients are transported from the facility by wheelchair or gurney to a waiting vehicle or to another facility with a responsible adult.  |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION L: Operative Log** |
| **8-L-1** | A separate operative log of all cases is maintained, either in a sequentially numbered, bound journal from which pages may not be removed, or in a tamper-proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-2** | An operative log must include sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-3** | An operative log must include date of procedure. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-4** | An operative log must include patient’s name and/or identification number. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-5** | An operative log must include record of surgery(ies) and other invasive procedures to be conducted during the case. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-6** | An operative log must include the surgeon/proceduralist’s name. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-7** | An operative log must include record of the type of anesthesia used. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-8** | An operative log must include name of person(s) administering anesthesia. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-9** | An operative log must include name of person(s) assisting physician (e.g. additional physician, registered nurse - circulating or scrubbed, scrub tech, physician’s assistant, dental assistant, anesthesia assistant, or other qualified personnel). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 9: GOVERNING BODY

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION B: Transfer Agreement** |
| **9-B-2** | There is a written transfer agreement with a local accredited or licensed acute care hospital within thirty (30) minutes 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. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 10: QUALITY ASSESSMENT / QUALITY IMPROVEMENT / RISK MANAGEMENT

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Quality Assessment / Quality Improvement Program / Risk Management** |
| **10-A-1** | A licensed and qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Quality Improvement Program** |
| **10-B-2** | The facility has a written quality improvement program implemented which includes surveys or projects that monitor and evaluate patient care. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-3** | The facility has a written quality improvement program implemented which includes surveys or projects that evaluate methods to improve patient care. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-4** | The facility has a written quality improvement program implemented which includes surveys or projects that identify and correct deficiencies within the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-5** | The facility has a written quality improvement program implemented which includes surveys or projects that alert the facility’s QI program to identify, track, trend, evaluate, and resolve problems. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-6** | The facility has a written quality improvement program that includes documentation of Peer Review meetings for the prior three (3) years, which must be available for the surveyor. Facilities with a monthly case volume of 50 or fewer cases must conduct peer review meetings no less than twice per year. Facilities with a monthly case volume in excess of 50 cases must conduct peer review meetings no less than quarterly. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Peer Review** |
| **---** | *Quality Assurance/Quality Improvement is comprised of several different processes including but not limited to Peer Review. Peer Review refers to periodic peer review of patient medical records by a peer physician. Additionally, QUAD A seeks to promote the best standards and safest possible practices through its Patient Safety Data Reporting process. Patient Safety Data Reporting falls under the broad umbrella of peer review but is a distinct process from the Peer Review process noted above and consists of the online submission of random cases and all adverse events in accordance with standards.* |  | --- | --- | Enter observations of non-compliance, comments or notes here. |
| **10-D-1** | To be HIPAA compliant, a copy of the HIPAA Business Associates Agreement must be signed by each physician working outside the facility participating in such facility’s Quality Assurance/Quality Improvement process, including but not limited to Peer Review and Patient Safety Data Reporting, and a copy must be retained on file in the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-2** | If peer review sources external to the facility are used to evaluate delivery of medical care, the HIPAA Business Associates Agreement is so written as to waive confidentiality of the clinical records. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-3** | Peer review may be done by a recognized peer review organization or a surgeon/proceduralist other than the operating surgeon/proceduralist, unless otherwise specified by state regulations. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-4** | Peer review and the associated peer review meetings should include at a minimum the same random cases and all adverse events selected for submission to the Patient Safety Data Reporting since the preceding peer review meeting. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-5** | Peer review must include at a minimum:Record of the adequacy and legibility of history and physical exam |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-6** | Peer review must include at a minimum:Record of the adequacy of surgical consent |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-7** | Peer review must include at a minimum:Record of the adequacy of appropriate laboratory, EKG, and radiographic reports. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-8** | Peer review must include at a minimum:Record of the adequacy of a written operative report |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-9** | Peer review must include at a minimum:Record of the adequacy of anesthesia and recovery records (with IV sedation or general anesthesia). |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-10** | Peer review must include at a minimum:Record of the adequacy of instructions for post-operative care |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-11** | Peer review must include at a minimum:Documentation of the discussion of any complications |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

SECTION 11: PERSONNEL

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION B: Medical Director & Facility Director** |
| **11-B-1** | The Medical Director must have an MD, DO, DPM, DMD, or DDS degree.A DPM may serve as the Medical Director only for facilities exclusively practicing podiatry.A DDS or DMD may serve as the Medical Director only for facilities exclusively practicing dentistry or oral maxillofacial surgery. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-2** | The Facility Director must have an MD, DO, DPM, DMD, DDS, or CRNA degree.*One person may fill both the Medical Director and Facility Director roles, or the roles can be filled by two separate people.* |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-3** | The Medical Director and Facility Director must be a provider currently licensed by the state in which the facility is located. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-4** | The Medical Director and Facility Director must be certified or eligible for certification by one of the following boards:- American Board of Medical Specialties (ABMS)- American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS)- American Board of Foot and Ankle Surgery (ABFAS) - American Board of Podiatric Medicine (ABPM)- National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) *(Facility Director only)*- American Board of Pediatric Dentistry (ABPD)- American Board of Oral and Maxillofacial Surgery (ABOMS) |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-7** | The Facility Director must be actively involved in the direction and management of the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-8** | The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors all members of the medical and facility staff for compliance with this policy. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-9** | The Medical Director must be involved in the organization's direction, objectives and policy development and implementation. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Surgeons / Proceduralists / Etc.** |
| **11-C-4** | Each physician using the facility is credentialed and qualified for the procedures they perform. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-5** | Each physician must currently be licensed by the state in which they practice. A copy of each physician’s current license must be maintained on file in the facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-7** | All individuals using the facility must meet one of the following criteria:⦁ A doctor of medicine currently certified, previously certified, or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).⦁ A doctor of osteopathy currently certified, previously certified, or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).⦁ A podiatrist current certified, previously certified, or eligible for certification by the American Board of Foot and Ankle Surgery (ABFAS) or The American Board of Podiatric Medicine (ABPM).• An oral and maxillofacial surgeon currently certified, previously certified, or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS). |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-8** | ABMS-certified or eligible medical specialists who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their ABMS board certification and/or covered by American Medical Association (AMA) Core Principle #7. American Osteopathic Association (AOA) certified or eligible physicians who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their AOA board certification and/or covered by AMA Core Principle #7. Podiatrists certified or eligible for certification who perform surgical procedures with accredited facility may perform only those surgical procedures delineated in their ABFAS board certification and/or covered by AMA Core Principle #7.The AMA Core Principle #7 (from AMA resolution dated April, 2003)AMA Core Principal #7—Physicians performing office-based surgery must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board. The surgery must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.The physician’s hospital has the right to limit the type of procedures the physician may perform within the specified scope of practice. This limitation will apply to the QUAD A-accredited facility as well.Granting of hospital privileges outside the scope of training and practice recognized by the individual practitioner certifying board will not apply to the QUAD A-accredited facility. |   | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-9** | Physicians who perform procedures in facilities accredited by QUAD A must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital. Only procedures included within those hospital privileges may be performed within the QUAD A accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a physician to be credentialed for a specific procedure, the physician may provide alternative evidence of training and competence in that procedure. Individual consideration will be given if the physician no longer possesses or cannot obtain such privileges, and can demonstrate that loss of, or inability to obtain such privileges was not related to lack of clinical competence, ethical issues, or problems other than economic competition.**-OR-**If the physician has never held privileges, or no longer holds privileges, QUAD A will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these physicians who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility’s responsibility to conduct the primary source verification and not the physician's.Required elements of primary source verification are:* Verification of medical education directly from institution (MD, DO, DMD, DDS, or DPM degree)
* Verification of any specialty/subspecialty from sponsoring institution
* Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited)
* Verification of board certification status, if applicable.
* Drug Enforcement Administration (DEA) registration status
* National Practitioner Databank (NPDB)’s Integrated Querying and Reporting Services (IQRS)"
 | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-10** | If the physician does not hold admitting privileges at the nearest acute care hospital, there must be a signed and dated document from a person in the same specialty who has admitting privileges in the nearest acute care hospital that indicates their willingness to admit the patient to the hospital. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-11** | Practitioners of interventional radiology must meet all of the following criteria⦁ MD or DO⦁ Board certification or board eligibility by the American Board of Radiology (ABR)⦁ Fellowship training as approved by the ABR⦁ Current certificate of added qualifications in interventional/vascular radiology⦁ All physicians practicing in an QUAD A-accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the QUAD A-accredited facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-C-12** | Practitioners of Pain Management would be required to meet all of the following criteria:1. Have an MD or DO degree2. Appropriate fellowship training in pain management3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS5. All physicians practicing in a QUAD A accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the QUAD A accredited facility. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Anesthesia Providers** |
| **11-D-1** | If anesthesiologists, CRNAs, and/or anesthesia assistants (as certified by the NCCAA) under direct supervision of the anesthesiologist participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-2** | All anesthesia providers must be licensed or accredited by the state in which they practice. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-3** | All anesthesiologists and CRNAs must be responsible for the administration of dissociative anesthesia with propofol, spinal or epidural blocks, or general anesthesia as well as the monitoring of all life support systems. |  | C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-5** | Podiatrists and Oral Maxillofacial Surgeons working with CRNAs must do so according to state law. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-6** | If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the operating suite throughout the administration of anesthesia. |  | BC-MC | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-7** | A physician must be present when any anesthetic agent, other than topical or local anesthesia, is administered. |  | BC-MC | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-8** | The anesthesia provider(s) cannot function in any other capacity (e.g. procedure assistant or circulating nurse) during the procedure, except for oral and maxillofacial surgery where the operator/anesthetist model has been established utilizing a two-person team for Moderate sedation and a three-person team for Deep sedation. All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Facility Staffing** |
| **11-E-1** | When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the QUAD A definition of Class A, there is a regularly employed and licensed registered nurse, physician other than the operating surgeon, or physician’s assistant designated as the person responsible for patient care in all areas of the facility (i.e. operating room, operating suite, and all patient care areas), in accordance with state/local law. |  | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-E-2** | All operating suite personnel must meet acceptable standards as defined by their professional governing bodies, where applicable. |   | B, C-M, C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Post-Anesthesia Care unit (PACU) Staffing** |
| **11-G-1** | There is a written policy that whenever parenteral sedation, dissociative drugs, epidural, spinal or general anesthesia is administered, a physician is immediately available until the patient is discharged from the PACU. |  | B C-M C  | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-2** | All recovering patients must be observed and supervised by trained medical personnel in the PACU. A physician, CRNA, PA, or RN currently licensed and certified in advanced cardiac life support (ACLS) is immediately available until the patient has met PACU discharge criteria for discharge from the facility. Local mandates and stricter standards may apply. |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-5** | A minimum of one ACLS certified staff member must be present in the facility until all patients recovering from anesthesia have met criteria for discharge from the facility. |  | B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION H: Personnel Records** |
| **11-H-1** | IMPORTANT: Employee information such as previous employment, health information (except specific to QUAD A standards and state required immunizations or tests) disabilities, employment and performance reviews are protected and of no interest to the QUAD A surveyor. However, the surveyor does need to confirm that an adequate file is kept on each employee related to the items listed below. Please have only this data available for each employee, separate from the employee files.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-2** | There is a manual outlining personnel policies. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-3** | The manual contains personnel policies and records which are maintained according to OSHA, HIPAA, and ADA (Americans with Disabilities Act) guidelines. IMPORTANT: Employee information must remain strictly confidential. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-4** | Each 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. To be reviewed and updated annually. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-5** | Each personnel record contains resume of training and experience. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-6** | Each personnel record contains current certification or license if required by the state. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-7** | Each personnel record contains date of employment. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-8** | Each personnel record contains description of duties. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-9** | Each personnel record contains on-going record of continuing education. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-10** | Each personnel record contains on-going record of inoculations or refusals. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-11** | Each personnel record contains record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION I: Personnel Training** |
| **11-I-1** | Each personnel record has evidence of annual hazard safety training. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-2** | Each personnel record has evidence of annual blood borne pathogen training. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-3** | Each personnel record has evidence of annual universal precaution training. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-4** | Each personnel record has evidence of other annual safety training including operative fire safety training and structure fire safety, including operation of a fire extinguisher. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-5** | Each personnel record has evidence of at least Basic Cardiopulmonary Life Support (BLS) certification, but preferably Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) for each operating room and PACU team member, depending on patient population. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-6** | The operating room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or the anesthesia provider, holds current PALS certification and/or ACLS certification, if appropriate. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-8** | Anesthesia personnel should review and be familiar with the facility’s emergency protocol for cardio-pulmonary emergencies and other internal and external disasters. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-9** | Anesthesia personnel should be trained and knowledgeable about the facility's protocols for safe and timely transfer of a patient to an alternative care facility when extended or emergency services are required. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-10** | The operating room personnel are familiar with equipment and procedures utilized in the treatment of emergencies discussed in standards section 5-C. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-11** | If a gas sterilizer or Automated Endoscope Reprocessor (AER) is used, personnel are thoroughly familiar with the operating instructions.  |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-12** | Facility maintains documented training of appropriate personnel related to scope cleaning, reprocessing, and storing, as applicable to individual duties. |  | A B C-M C | [ ] Compliant[ ] Deficient[ ] Not Applicable[ ] Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

GLOSSARY

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

**Clinical Personnel** refers to the entire surgical/procedural clinical team, including, but not limited to, all surgeons/proceduralists, anesthesia providers, nurses, scrub techs, etc. Employment status (owner, employee, contractor, etc.) is not a factor in defining who is included as Clinical Personnel.

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

**Medical Director** is the clinician responsible for overall oversight of the facility.

**QUAD A**

600 Central Avenue, Suite 265

Highland Park, IL 60035

Toll-free +1-888-545-5222

Phone +1-847-775-1970

Fax +1-847-775-1985

Email info@quada.org