



International Surgical & Dental Accreditation Standards Manual

Version 4.2, Effective February 1, 2023

QUAD A

QUAD A International Standards [Version 4.2]

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Facility ID:

Survey Dates:

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Facility ID:

Survey Dates:

Surveyor:

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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.

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Standards Book Layout

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

- ID:** This column contains the alphanumeric 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.

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NOTES:

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SECTION 1: BASIC MANDATES

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: ANESTHESIA OPTIONS					
1-A-1	<p>In this facility, operations may be performed under: Local Anesthesia, which may be administered by any of the following:</p> <ul style="list-style-type: none"> - 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. 	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-A-2	<p>In this facility, operations may be performed under: Topical Anesthesia, which may be administered by any of the following:</p> <ul style="list-style-type: none"> -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 	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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	Surgical Dental	C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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.	Surgical	C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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	Surgical	C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

SUB-SECTION B: BASIC MANDATES

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ID	Standard	Service	Class	Score	Findings/Comments
1-B-3	The facility has defined a mission statement that reflects the population it serves and the services it provides.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-B-4	The facility has provided a set of organizational values which guide daily operations, are familiar to all staff, and are available to the public.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-B-5	The facility must inform the public of the services.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-B-6	The facility must ensure that no marketing and advertising regarding the competence and capabilities concerning the organization is misleading or implies that it provides care or services that it is not capable of providing.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-B-7	Only recognized abbreviations are allowed to be used in the medical records.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
1-B-8	<p>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:</p> <ol style="list-style-type: none"> 1. A completed Self-Survey checklist 2. 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 standards 4. 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. 	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-C-3	The process for entry or admission to the facility for a procedure must be coordinated and defined in a policy.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-18	The patient has a right to personal privacy.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-19	The patient has a right to receive care in a safe setting.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-20	The patient has a right to be free from all forms of abuse or harassment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-22	The patient has a right to refuse treatment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-23	All new staff should have training regarding the Patient Bill of Rights including concerns and complaints from family members / adult escorts and the various religious and ethnic concerns of the usual patient population.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
1-D-24	Any issues judged significant related to the Patient's Bill of Rights should be brought to the attention of administration in a timely fashion.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-25	The facility should have the patient acknowledge that the Bill of Rights has been reviewed and understood by the patient/legal representative.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-26	Facilities should provide patient privacy including gender specific dressing and lavatory areas, if available. This may include gender specific dressing and lavatory areas as well as dietary provisions if provided by the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-27	The staff presents a professional appearance of competence and a genuine caring concern for the comfort and welfare of the patients, their family and friends.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-D-28	The language of the Patients' Bill of Rights should be written for the majority and substantial minority of the patient population of the community.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 Central Office within thirty (30) days of the change.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
1-E-2	Any change in the physician's staff must be reported in writing to the QUAD A Central 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 Central Office.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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 Central Office within ten (10) days of the time the Facility Director becomes aware of such action.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 an QUAD A-accredited facility, an unannounced survey may be performed by a senior surveyor.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-E-5	Each personnel file has evidence of general facility-specific orientation and training related to the individual's job duties.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: PATIENT SAFETY DATA REPORTING					

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ID	Standard	Service	Class	Score	Findings/Comments
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.QUAD A.org .	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-F-9	Reportable adverse events include, but are not limited to: Any allergic reactions	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
1-F-12	Reportable adverse events include, but are not limited to: Any Equipment malfunction leading to injury or potential injury to the patient	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-F-15	Each adverse event submission must include: The immediate treatment or disposition of the case	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-F-16	Each adverse event submission must include: The outcome	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
1-F-18	Each adverse event submission must include: An assessment of the efficacy of treatment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
1-F-19	Reportable adverse events include, but are not limited to: Dental implant failure	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 2: FACILITY LAYOUT & ENVIRONMENT

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: LAYOUT					
2-A-1	The Operating Suite is physically and distinctly separate and segregated from the General Office Area (waiting room, exam room(s), administrative area, physician office, staff lounge, etc.)	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-2	The Operating Suite includes the Operating Room, Prep/Scrub area, Clean and/or Dirty Room, and Post-Anesthesia Care Unit (PACU).	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-5	An exam room may function as an operating room.	Surgical Dental	A	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
2-A-7	All major surgery is done in the separate and distinct operating room(s).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-9	There is a separate waiting room which is adequately sized and adequately lighted.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-10	There is designated area for administrative activities.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-11	There is at least one examination room.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-A-12	This examination room is separate and distinct from the operating room.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: FACILITY ENVIRONMENT					

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-4	The walls and countertops are covered with smooth and easy-to-clean material that is free from tears, breaks, or cracks.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-8	The waiting room is clean, maintained and free of clutter and litter.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
2-B-9	There administrative area is appropriately lighted, properly ventilated, and temperature controlled for personnel comfort.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-10	The administrative area provides adequate work space and provides sufficient space and storage for supplies and equipment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-11	The area for administrative activities is properly cleaned and maintained.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-12	Each examination room is appropriately lighted, properly ventilated, and temperature controlled for patient comfort.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-13	This examination room is appropriately equipped and properly maintained and free of litter or clutter.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-14	The lavatory facilities are sufficient to accommodate patients and staff needs.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
2-B-15	The lavatory facilities are regularly cleaned and maintained.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-16	The facility is adequately ventilated and temperature controlled.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-17	There is appropriate lighting in the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-18	The entire facility (including corridors) is adequately maintained and cleaned.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-19	Smoking is prohibited in all patient care and hazardous areas.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-B-20	The scrub area's ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that can contaminate the scrub area.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

SUB-SECTION C: OPERATING ROOM ENVIRONMENT

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-C-3	Each operating room is adequately ventilated and temperature controlled.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-C-7	The operating room ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that could contaminate the operating room.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
2-C-8	If a pre-existing sink is present in the operating room, it must be disconnected from the water source. The sink must be removed when remodeling is done.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-C-9	The operating room(s) are temperature controlled between 22-22.2 degrees Celsius (68-72 degrees Fahrenheit).	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: POST-ANESTHESIA CARE UNIT (PACU) ENVIRONMENT					
2-D-1	The PACU is maintained, clean and free of litter.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
2-E-3	There is adequate storage space for supplies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-E-4	The storage space is organized for easy access and inventory of supplies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
2-E-5	Medical/Dental supplies and equipment are stored in a safe manner to both maintain their cleanliness, or sterility, and functionality, and prevent injury to patients and personnel.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 3: SAFETY

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: General Safety					
3-A-2	There is a reliable means of two-way communication to necessary personnel in other facility locations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
3-B-6	There is a written chemical hazard communication program, which is reviewed and updated annually.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Hazardous Agents					
3-C-2	All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to state/provincial, local or national laws and regulations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
3-C-4	Compressed gas cylinders are stored and handled in a safe manner according to local, state/provincial, or national laws and regulations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
3-C-5	Hazardous chemicals are labeled as hazardous.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Medical Hazardous Waste					
3-D-2	All medical hazardous wastes are stored in appropriate containers and separated from general refuse for special collection and handling.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
3-D-3	All medical hazardous wastes are disposed of in sealed, labeled containers in compliance with local, state/provincial, and national guidelines.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
3-E-2	An adequate number of fire extinguishers are available.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Exits					
3-F-2	Fire exit signs are posted and illuminated per local, state/provincial, or national laws and regulations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
3-F-3	There are sufficient emergency lights for exit routes and patient care areas in case of power failure.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 (eg, instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
3-H-3	Warnings and signage exist to warn those whose health may be affected by x-rays.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 4: EQUIPMENT

ID	Standard	Service	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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-A-2	Appropriately sized pediatric medical equipment is available if services are provided to infants/children.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-B-2	There is an adequate operating room table or chair.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
4-B-4	Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-B-6	Sequential compressive devices (SCD) are employed for operations lasting one (1) hour or longer, except for operations carried out solely under local or topical anesthesia.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-B-9	Source of cautery is present in the operating suite.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Anesthesia Equipment					

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ID	Standard	Service	Class	Score	Findings/Comments
4-C-1	The operating room is equipped with an EKG monitor with pulse read-out.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-C-2	The operating room is equipped with a pulse oximeter.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
4-C-7	The operating room is equipped with a comprehensive assortment of endotracheal tubes to cover full range of patients being treated.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-C-8	The operating room is equipped with endotracheal stylet(s).	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 (eg, Ambu® bag, bag valve mask).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
4-C-13	The operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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) Alarms 2) Gas scavenging 3) Color coding of tanks, knobs, and hoses 4) Diameter index safety system for non-interchangeable connection of gases - pin index safety system 5) Oxygen fail-safe system and oxygen flush capacity 6) Quick connection for positive-pressure oxygen delivery 7) Emergency air inlet 8) Reservoir bag 9) Storage in secured area	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-C-18	An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no inhalation agents (volatile or nitrous oxide) are available, an anesthesia machine is not required.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-C-19	Self inflating bags, if used, are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-C-20	An adequate and reliable waste anesthetic scavenging system exists if inhalation anesthetics are used.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
4-D-2	A separate pulse oximeter is available for each patient in the PACU.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-E-3	The facility has a preventive maintenance program to ensure that all essential mechanical, electric and patient-care equipment is maintained in safe operating condition and is replaced no less frequently than according to a schedule.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-E-4	All equipment repairs and changes are done by a bio-medical technician with records kept for a minimum of three (3) years.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
4-E-6	The emergency power equipment is checked monthly to insure proper function, and the test results are filed and kept for a period of three (3) years.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-E-10	Appropriate testing as per manufacturer specifications are regularly performed and records of that testing are maintained within the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
4-E-11	All equipment not requiring a biomedical technician inspection is on a preventative maintenance schedule with appropriate records kept for a minimum of 3 years (examples include manual wheelchair, manual stretcher, etc.).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 5: IN CASE OF EMERGENCY

ID	Standard	Service	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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-A-5	The emergency equipment must be immediately available for the use of emergency situations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-A-6	The emergency equipment must be appropriate for the facility's patient population.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-A-7	The emergency equipment must be maintained by appropriate personnel.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
5-A-8	The clinical staff and governing body of the facility coordinates, develops, and revises the organization's policies and procedures to specify the types of emergency equipment required for use in the organization's operating room.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 room within thirty (30) seconds of a power failure.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-B-2	The operating room has 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 two (2) hours. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for each operating room.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
5-C-3	There must be a written protocol for fires and fire drills.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-C-5	There must be a written protocol for malignant hyperthermia (MH).	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-C-6	There must be a written protocol for cardiopulmonary resuscitation (CPR).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
5-C-9	There must be a written protocol for response to power failure emergencies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-C-11	There must be a written protocol for isolation procedures.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-C-12	There must be a written protocol for calling appropriate personnel for unplanned or emergency return of patient to the operating room.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-C-13	If requested, the facility's personnel can demonstrate the evacuation of a patient.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Disaster Preparedness Plan					

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ID	Standard	Service	Class	Score	Findings/Comments
5-F-1	There is a written protocol for a disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
5-F-2	Facilities must conduct a biennial review and test of its disaster preparedness plan.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 6: MEDICATIONS

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: Medications					
6-A-1	The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
6-A-5	Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
6-A-6	Routine medications are stored in a specific area.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>6-A-7</u>	All drugs and biologicals given to patients must be approved by the physician/dentist with a signed order.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
6-B-2	Appropriate intravenous set-up including appropriate hardware and fluids must be readily available to the operating and recovery areas.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Blood and Blood Substitutes					
6-C-1	If blood were to be used, there is a protocol for it to be typed, cross- matched, checked, and verified.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
6-C-3	The facility has the means for obtaining and administering blood or blood substitutes such as Dextran, if necessary. Governing Body must specify the emergency medical equipment and supplies that should be available in the operating room.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: ACLS/PALS Algorithm					
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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 (eg, dexamethasone).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 (eg, esmolol or labetalol).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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).	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
6-F-6	The following medication must be available in the facility at all times: Vasopressors other than epinephrine (e.g. Ephedrine).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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:	Surgical Dental	---	---	Enter observations of non-compliance, comments or notes here.
6-G-1	<p>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.</p> <p>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.</p>	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 .	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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®).	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
6-G-7	A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO ₃).	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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)	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
6-G-12	The malignant hyperthermia algorithms must be available on the emergency cart.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 7: INFECTION CONTROL

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: Infection Control					
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-A-5	A sterile field is used during all operations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-A-12	The facility staff must have knowledge of infection control techniques.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-A-14	Policy and practices exist to prevent and control infections such as: proper use of antibiotics, hand washing, prevention of site infection, and infection event reporting.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-A-15	Aseptic techniques are maintained during procedures and between cases.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Hand Hygiene					

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ID	Standard	Service	Class	Score	Findings/Comments
7-B-3	Appropriate scrub facilities are provided for the operating room staff.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Instrument Processing					
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-C-3	The instrument preparation and assembly area (clean utility area) is separated by walls or space from the instrument cleaning area (dirty utility area) or, there is a policy to clean and disinfect the dirty utility area before preparing and assembling packs for sterilization.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-D-3	Additional methods in use can be chemical autoclave (Chemclave©) or gas (ethylene oxide/EO) sterilizer.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-D-5	Each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
7-F-2	Between cases, the operating room(s) is cleaned with at least intermediate-level, medical-grade disinfectants.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
7-F-6	Instrument handling and reprocessing areas are cleaned and maintained.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 8: CLINICAL RECORDS

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: General Clinical Records					
8-A-5	Clinical records must be kept secure and confidential, consistent with national patient privacy regulations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-A-8</u>	Clinical records for each patient must be accurate, legible, and promptly completed.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-A-11	Medical/Dental records must be retained the number of years as required by state/provincial, and/or national law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Pre-Operative Documentation					
<u>8-B-1</u>	Clinical records must contain appropriate patient identification.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-9	The patient procedural pre-operative checklist should include questioning special needs such as physical impairments, disabilities, religious and/or ethnic concerns.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-10	The pre-operative clinical record includes blood pressure, pulse, respiration and temperature as taken prior to the operation.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-B-14	The pre-operative medical record includes responses regarding current medications.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-17	The pre-operative medical record includes responses regarding previous operations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-23	The pre-operative clinical record includes a written screening protocol for venous thromboembolism (VTE) risk. This protocol and assessment tool is to be placed in the facility manual for reference.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-29	Anesthesia history and physical and risk assessment (e.g. anesthesia classification) is recorded in the medical/dental records.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-B-30	An appropriate medical history and oral exam is conducted and periodically updated, which includes an assessment of the hard and soft tissues of the mouth.	Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-31	The operating surgeon/dentist reviews the anesthesia plan and acknowledges agreement in the medical record.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-B-32	<p>The facility must implement a policy related to patient health needs that are noted during the health assessment conducted preoperatively. The policy must include providing and documenting relevant patient education related to identified areas of need as applicable, such as:</p> <ol style="list-style-type: none"> 1. Smoking cessation; 2. Importance of good nutrition; 3. Importance of exercise; and 4. Substance abuse resources in the medical record. 	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-C-3	The informed consent provides consent for administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-C-4	The patient signs a separate consent form if research protocols, videography, or photography are to take place.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-E-5	The name of the health care provider appears on the reports.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-E-10	All laboratory results must be reviewed and acknowledged by the ordering health care provider.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-E-11	All other reports, such as pathology reports and medical clearance reports, must be reviewed and acknowledged by the ordering health care provider.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-E-12	If tests/studies are done in the facility, the laboratory meets applicable licensure, standards, and state/provincial/national laws and regulations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-F-5	The anesthesia care plan is based on medical history.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-F-6	The anesthesia care plan is based on prior anesthetic experiences.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-F-7	The anesthesia care plan is based on drug therapies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
<u>8-F-11</u>	The anesthesia care plan is based on providing pre-operative instructions.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-F-12</u>	The anesthesia care plan is based on allergy history.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION G: Intra-Operative Documentation					

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ID	Standard	Service	Class	Score	Findings/Comments
<u>8-G-1</u>	<p>A “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every operation.</p> <p>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.</p> <p>Missing information or discrepancies must be addressed in the chart at this time.</p> <p>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.</p> <p>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.</p> <p>Procedures done in non–operating room settings must include site marking for any procedures involving laterality, or multiple structures.</p>	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-G-2</u>	<p>Immediately prior to beginning tooth extractions or similar procedures, the operating team verifies the patient's identification, intended procedure including correct teeth/site and that all equipment routinely necessary for performing the procedure along with any implantable devices to be used, are immediately available in the operating room.</p>	Dental	A, B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION H: Intra-Operative Anesthetic Monitoring and Documentation					
<u>8-H-2</u>	Clinical record must contain evidence of circulation monitored by continuous EKG during procedures.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-3</u>	Clinical record must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-4</u>	Clinical record must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-5</u>	Clinical record must contain evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used.	Surgical Dental	A, B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-6</u>	Clinical record may contain evidence of circulation monitored by heart auscultation.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-7</u>	Clinical record may contain evidence of circulation monitored by arterial blood pressure every 5 minutes (minimum). Circulation may be monitored by intra-arterial pressure.	Surgical	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
<u>8-H-8</u>	Clinical record may contain evidence of circulation monitored by ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-9</u>	Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-10</u>	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.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-11</u>	<p>Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO₂) sampling used on all sedation or general anesthetics.</p> <p>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.</p>	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-H-12	<p>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.</p> <p>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.</p>	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-H-14	Patient monitoring during anesthesia will consist of adequate illumination is available to assess patient color.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-H-15</u>	An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-H-16	An anesthesia record is maintained in which all intravenous and subcutaneous fluids given intra-operatively are recorded.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-H-17	An anesthesia record is maintained in which the duration of the procedure is recorded.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-H-18	An anesthesia record is maintained for each case in which IV or general anesthesia is used.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-H-19	Ventilation is noted by: Clinical signs are evaluated by continual observation during regional/sedation analgesic.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-I-3	Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-I-8	The PACU is available to recover all patients after anesthesia administration.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-I-9	If a patient is not sent to PACU, there is a specific order for the variance that is documented on the record.	Surgical	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

SUB-SECTION J: Post-Anesthesia Care Unit (PACU) Documentation

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ID	Standard	Service	Class	Score	Findings/Comments
8-J-1	PACU documentation includes patient's time of arrival.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-J-8	Evaluation in the PACU will include continuous pulse oximetry.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-J-9</u>	Post-operative progress notes are recorded.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-J-10</u>	There is a procedure report which includes procedure technique and findings.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>8-J-11</u>	A written, accurate post-anesthetic care report is maintained.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION K: Discharge					
<u>8-K-4</u>	Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score).	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-K-12	Personnel assist with discharge from the recovery area.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-K-14	The patient is transported in a suitable vehicle with a responsible adult.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-K-15	Patients receiving only local anesthesia without sedation may transport themselves.	Surgical Dental	A B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-K-16	The facility must have a policy for discharge from the recovery area with approved and standardized discharge criteria.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-L-3	An operative log must include date of procedure.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
8-L-4	An operative log must include patient's name and/or identification number.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
8-L-6	An operative log must include the surgeon/proceduralist's name.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 9: GOVERNING BODY

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: Governing Body					
9-A-1	The facility has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing facility's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-10	The governing body: Sets policy on how individual staff deal with each other and external parties.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-11	The governing body: Sets policy on staff's role in properly dealing with patients.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-12	The governing body is responsible for the operation and performance of the facility including: Determining the mission and goals of the facility, including the types of services provided and for determining, implementing, and monitoring policies governing the facility's total operation.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
9-A-17	The governing body must assure that all outside services are provided in a safe and effective manner.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-20	The facility's policies and services are developed with the advice of a group of professional personnel that includes one or more physicians / dentists, one or more physician assistants / nurse practitioners / mid-level clinical personnel, and at least one community member that is not a member of the clinic staff.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-21	The policies, procedures, and processes adopted by the governing body are reviewed and revised at least annually and in accordance with any implementation timelines adopted by the governing body.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-22	The governing body must document the content of any policies, procedures, or processes implemented in key functional areas of the facility and additionally must document its approval of the policies, procedures, or processes.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-23	The facility's leadership reviews and updates strategic objectives annually.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
9-A-26	The governing body is responsible for overseeing the program of risk management.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-A-27	The governing body will designate a person or committee responsible for implementation and ongoing management of the risk management program.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Extended Stays					

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ID	Standard	Service	Class	Score	Findings/Comments
9-C-3	<p>If the facility discharges patients to a recovery hotel following full recovery from anesthesia the facility has in place a protocol that identifies that the hotel being used for extended recovery of the patient:</p> <ul style="list-style-type: none"> -Is less than thirty (30) minutes from a hospital where the physician has admitting privileges. -Has a trained nurse in BLS on duty at all times there is a patient present in the hotel. -Has the ability to meet all special diet provisions of the patient. -Has defibrillator or AED equipment. -Has first aid equipment. -Has an agreement for transportation to the hospital in an emergency as well as how an admission would be handled. 	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-C-4	If overnight stays are permitted, the facility is in compliance with all applicable local, state/provincial, and national laws and regulations.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
9-C-5	If 23 hour stays are permitted, the facility is in compliance with all applicable local, state/provincial, and national laws and regulations.	Surgical	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 10: QUALITY ASSESSMENT / QUALITY IMPROVEMENT / RISK MANAGEMENT

ID	Standard	Service	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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-A-2	The governing body must identify the specific committee or individual(s) responsible for development, implementation, and oversight of the program.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Quality Improvement Program					
10-B-1	The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-2	The facility has a written quality improvement program implemented which includes surveys or projects that monitor and evaluate patient care.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-19	The governing body must ensure that the QAPI program is defined, implemented, and maintained by the ASC.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-24	The quality improvement program will demonstrate measurable improvement in patient health outcomes by focusing on high risk, high volume, and problem-prone areas.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
10-B-25	The quality improvement program will improve patient safety by using quality indicators or performance measure(s) by focusing on incidence, prevalence and severity of problems identified.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-26	The quality improvement program will implement a process to identify and reduce medical errors.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-27	The quality improvement program should include patient/service user satisfaction assessment and other performance measures.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-28	The number and scope of distinct quality improvement projects conducted annually must reflect the scope and complexity of the facility's services and operations.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-B-29	Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Risk Management					

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ID	Standard	Service	Class	Score	Findings/Comments
10-C-1	As part of an ongoing risk management program, the facility must conduct a risk assessment of its operational activities at least annually. The assessment should study the risks presented to patients and staff by medication management, fall hazards, infection control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The results of the Risk Assessment should be prioritized for risk mitigation, risk management, and QA/PI projects.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-2	The facility must develop and maintain a program of risk management, appropriate to the organization. This may be carried out in conjunction with the Quality Assessment/Quality Improvement program (QA/QP).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-3	Near-miss events should be reported.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-4	A definition of an adverse incident must be defined including near miss events.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-5	The facility has processes that report and investigate safety incidents, complaints, adverse events and near misses for patients and staff on a defined basis. The results of these investigations of adverse events are reported in the Quality Improvement/Quality Assessment meetings.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
10-C-6	Adverse events must be tracked and trended on a defined basis.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-7	All staff must be educated in risk management activities on commencement of employment and annually thereafter, and when there is an identified need.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-8	The facility should have a process to monitor patient satisfaction (e.g. surveys or assessments).	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-9	The facility must conduct an ongoing review of patient complaints and grievances that includes defined response times.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-10	A system is in place for leadership to receive and resolve in a timely manner any ethical dilemmas such as decisions not to treat, to discontinue treatment, or treat against the patient's wishes.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-11	A policy should document competencies of persons handling specialized equipment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
10-C-12	A system is in effect for recording and reporting any negative issues, especially patient and family complaints, to be formally addressed at Quality Improvement meetings. The complaints must be addressed by appropriate staff with the patient/family even if no immediate resolution is available.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-C-13	The facility must have a written policy to make their complaint process publicly available, via posting within the facility, on the website, by distribution to patients, or through other means that eliminates barriers to patient awareness of such process.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Peer Review					
---	<i>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.</i>	Surgical Dental	---	---	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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
10-D-5	Peer review must include at a minimum: Record of the adequacy and legibility of history and physical exam	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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).	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
10-D-11	Peer review must include at a minimum: Documentation of the discussion of any complications	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-D-12	To be compliant, a copy of a Business Agreement must be signed by each physician working outside the facility participating in peer review, and a copy must be retained on file in the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-D-13	If peer review sources external to the facility are used to evaluate delivery of medical care, an agreement to conduct peer review is so written as to waive confidentiality of the clinical records.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
10-D-14	Peer review may be done by a recognized peer review organization or a physician, podiatrist, or oral and maxillofacial surgeon other than the operating surgeon.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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SECTION 11: PERSONNEL

ID	Standard	Service	Class	Score	Findings/Comments
SUB-SECTION A: Personnel					
11-A-2	All personnel are provided with a code of ethics or behavior which governs their conduct when communicating with fellow staff or the public.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Medical Director & Facility Director					
11-B-7	The Facility Director must be actively involved in the direction and management of the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-10	The Medical Director must be involved in planning and budgeting for the facility's range of services.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
11-B-11	The Medical Director signs an Attestation that the direction and management of the facility is under his/her management.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-12	The Medical Director must ensure that the facility meets all local, regional and country regulations including those relating to employment health and safety, building, environmental protection, reportable diseases, and waste management.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-13	The Medical Director shall document the strategic plan for the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-14	The Medical Director should document the staffing levels and what qualifications are required for each position based on the services offered at the facility.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-15	The Medical Director should review credentialing and performance for all practitioners, staff and volunteers annually.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-B-16	The Medical Director should review and maintain a record of the performance of all practitioners, staff and volunteers at least annually. This should include record of corrective actions and educational activities.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
11-B-17	Each personnel file has evidence of general facility-specific orientation and training related to the individual's job duties.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Surgeons / Proceduralists / Etc.					
<u>11-C-6</u>	Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The clinic grants privileges in accordance with recommendations from qualified medical/dental personnel.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-C-17</u>	Dental procedures are performed only by dental health professionals who have been granted privileges to perform those procedures by the governing body of the organization.	Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-C-18</u>	Personnel assisting in the provision of dental services are appropriately qualified and available in sufficient numbers for the dental procedures provided.	Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-C-19</u>	The practitioners shall be required to show evidence of hospital privileges including scope of practice relevant to the procedures performed in the facility.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Anesthesia Providers					

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-D-19	Administration of general anesthesia or deep sedation requires at least three individuals, each appropriately trained: the operating dentist, a person responsible for monitoring the patient, and a person to assist the operating dentist.	Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-D-20	Administration of conscious sedation requires at least 2 individuals: a dentist and an auxiliary person trained in basic life support (BLS).	Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-D-21	The qualified individual who is responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques appropriate for the type of anesthesia being administered.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: Facility Staffing					

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ID	Standard	Service	Class	Score	Findings/Comments
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 (ie, operating room, operating suite, and all patient care areas), in accordance with state/local law.	Surgical Dental	B, C-M, C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-E-7	A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, staffed with supervised assistant/dental hygienist personnel capable of reasonably handling procedures, problems, and emergencies.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-G-7	All recovering patients must remain under direct observation and supervision by appropriate medical personnel who are trained in assessment of patient vital signs, post-operative care, and safety matters until discharged from monitored patient care.	Surgical Dental	B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION H: Personnel Records					
11-H-2	There is a manual outlining personnel policies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-H-4</u>	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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-H-5</u>	Each personnel record contains resume of training and experience.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
<u>11-H-7</u>	Each personnel record contains date of employment.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
11-H-8	Each personnel record contains description of duties.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-H-9	Each personnel record contains on-going record of continuing education.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-H-12	Each personnel record contains current certification or license if required by the state, province, region, or country.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-H-13	The practitioners shall document an appropriate level of Continuing Medical Education (CME) and follow national accepted evidence-based protocols where they exist.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
SUB-SECTION I: Personnel Training					
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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-I-13	Where staff cannot demonstrate competency, training, or experience in the safe operation of equipment, the facility provides and documents training or arranges training through an external provider.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-I-14	Personnel are thoroughly familiar with the operating instructions for any sterilizer equipment being used.	Surgical	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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ID	Standard	Service	Class	Score	Findings/Comments
11-I-15	Operating room personnel have adequate knowledge to treat malignant hyperthermia, cardiopulmonary resuscitation, and anaphylactic emergencies.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.
11-I-16	Health care professionals providing dental, surgical, and anesthesia services are prepared to respond to medical emergencies that may occur in conjunction with services provided.	Surgical Dental	A B C-M C	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite	Enter observations of non-compliance, comments or notes here.

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GLOSSARY

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

Appropriate/appropriately means especially suitable or compatible; or fitting.

Examples:

- Administrative and patient care areas must have lighting to see all tasks fully. (2-B-9 and 2-B-12)
- Laryngoscopes are cleaned according to manufacturer's recommendations, though sterilization is preferred. (4-C-6)
- Oxygen delivery should be tailored to the appropriate delivery method based on patient need and type/location of procedure. (4-C-10)

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.”

A **log** is a written record of performance, events, or day-to-day activities. A log is similar to a **register** which is a written record containing regular entries of items or details.

Examples:

- On any day that controlled substances are administered, the controlled substance inventory and control record (log/register) must be updated as appropriate to reflect controlled substances administered, received, wasted, and currently stored by two licensed healthcare professionals. (6-D-2)
- A written record (log/register) of all operative cases is maintained by the facility. (8-L-1)

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

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Professional appearance relates to both the appearance of people and the appearance of the facility.

A healthcare provider's personal appearance must project professionalism and competence to engender trust in patients. A provider also conveys professionalism in how they communicate, how they express courtesy, body language, and what they wear.

E.g., as professional healthcare providers, facility staff should appear clean and well dressed.

The facility should appear clean, neat, and furnished for patient, staff, and visitor comfort.

Examples:

- As professional healthcare providers, facility staff should appear clean and well dressed. When interacting with patients and patient families, the facility staff should be friendly, knowledgeable, and culturally sensitive. (1-D-27)
- The facility should appear clean, neat, and furnished for patient, staff, and visitor comfort. (2-B-3)

A **random sample** is meant to be an unbiased representation of a group.

Example:

- For PSDR reporting, QUAD A recommends entering the first case as performed each month to obtain a random sample of cases entered into the quarterly reporting system. If no cases are performed in a given month, any other case can be selected at random from the period. (1-F-2)

Significant means having or likely to have influence or effect; or of a noticeably or measurably large amount.

Examples:

- As determined by both the surgeon/proceduralist and anesthesia provider, the patient and procedural risk must be assessed pre-operatively. If this risk level is above a facility's defined threshold, then the patient should be referred to an alternative, safer facility for the operation. (1-C-1)
- Current safe levels of ethylene oxide or glutaraldehyde exposure must be identified. Badge testing to maintain exposure under the threshold must be performed and monitored. (3-G-1)

Sufficient/sufficiently means enough to meet the needs of a situation or a proposed end.

E.g., A hallway would be sufficiently wide if healthcare providers can wheel a patient in a gurney and all necessary medical equipment with the gurney in case of emergency.

Example:

- A hallway would be sufficiently wide if healthcare providers can wheel a patient in a gurney and all necessary medical equipment with the gurney in case of emergency. (3-F-4)

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To **track**, as in keep track of, is to follow specific record(s) or specific types of information over a defined period. To **trend** means to follow the general movement over time of a statistically detectable change. Tracking and trending are commonly used together which means a trail of data is followed to identify changes in outcomes over time.

Examples:

- Each facility's written QI program must follow identified records or types of information over a lengthy period of time to identify changes. Based on those changes, or lack thereof, the facility must evaluate and resolve problems, then adjust the identified records or types of information as appropriate. (10-B-5)
- Each facility's risk management program must perform an annual risk assessment. This assessment should cover risks as related to patients and staff by medication management, fall hazards, infection control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The trends of these risks across the years should be noted. (10-C-1 & 10-C-2)
- Adverse events are to be noted and discussed during periodic peer review meetings. All adverse events should be looked at cumulatively to note changes, commonalities, or other trends over time. (10-C-6)

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QUAD A

600 Central Avenue, Suite 265

Highland Park, IL 60035, USA

Toll-Free: +1-888-545-5222

Phone: +1-847-775-1970

Fax: +1-847-775-1985

Email: info@QUAD A.org