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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
1-A-1	In this facility, operations may be performed under: Local Anesthesia, which may be administered by any of the following: - Surgeon/proceduralist - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician.	**1-A-1**	The facility practices within the appropriate Anesthesia Class for which it is accredited and in accordance with facility policies and procedures, and industry standards.
1-A-2	In this facility, operations may be performed under: Topical Anesthesia, which may be administered by any of the following: -Surgeon/proceduralist -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist -Registered nurse under the supervision of a qualified physician	**1-A-2**	All care is provided by a credentialed healthcare provider as listed in the Anesthesia Class document and in accordance with facility policies, procedures, and state/provincial and federal law.
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.	**Removed**	Please refer to Anesthesia Class Definitions

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Number	**Language**	**Number**	**Language**
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	**Removed**	Please refer to Anesthesia Class Definitions
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	**Removed**	Please refer to Anesthesia Class Definitions

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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	**Removed**	Please refer to Anesthesia Class Definitions
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	**Removed**	Please refer to Anesthesia Class Definitions
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.	**Removed**	Please refer to Anesthesia Class Definitions

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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	**Removed**	Please refer to Anesthesia Class Definitions
1-A-17	The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.	**Removed**	Please refer to Anesthesia Class Definitions
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.	**Removed**	Please refer to Anesthesia Class Definitions

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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	**Removed**	Please refer to Anesthesia Class Definitions
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"	**Removed**	Please refer to Anesthesia Class Definitions
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.	**1-C-5**	No more than 5000 cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
1-B-2	Onsite QUAD A surveys typically involve the attention of the Medical Director, the Facility Director, an anesthesia provider, and the facility staff working intensely with the QUAD A surveyor(s). The survey process must remain focused, and therefore, QUAD A has directed that equipment representatives not be present during QUAD A's surveys. Accreditation consultants may be present during the surveys; however, QUAD A asks that consultants remain silent during the survey process until it is completed. All QUAD A surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. QUAD A greatly appreciates the cooperation of all concerned parties by complying with this directive.	**Removed**	Please refer to Survey Information
N/A	No current requirement.	**1-B-7**	Only recognized abbreviations are allowed to be used in the clinical record.
1-B-8	The facility must perform a self-survey review of compliance with all QUAD A standards annually prior to the expiration date of its accreditation in each of the two years between QUAD A onsite surveys. The self-survey documentation must be retained for a minimum of 3 years and include: 1. A completed Self-Survey 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.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**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 must be referred to alternative facilities as defined in facility policy. Any surgery for which a patient must be routinely transferred to a hospital after the surgery is not appropriate for an outpatient surgical setting.
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.	**1-C-2**	The facility must have a scheduling policy that includes only those procedures and/or a combination of procedures of duration and degree that permit safe recovery and discharge from the facility consistent with state law.
1-C-4	If children are operated upon in the facility, there should be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current.	**1-C-4**	If pediatric services are provided by the facility, there must be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, BMI or weight, special needs, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current.
N/A	N/A	**1-C-5**	**Moved from 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.
N/A	N/A	**1-C-6**	No more than 500cc's of aspirate should be removed when performing liposuction. The more stringent requirement applies if State law differs.
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.		No Change
1-E-1	Changes in facility ownership must be reported to the QUAD A office within thirty (30) days of the change.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
1-E-2	Any change in the physician's staff must be reported in writing to the QUAD A office within thirty (30) days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the QUAD A office.	**1-E-2**	Any change in the physician staff (physician, surgeon/proceduralist and anesthesiologist) must be reported in writing to the QUAD A office within thirty (30) days of the change. Credentials of new physician staff (medical license, evidence of board certification or eligibility, documentation of current hospital privieleges or explanation for the lack thereof, and delineation of privileges for the facility) must also be sent to the QUAD A Central Office within the same timeframe.
1-E-3	Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician's pain management staff or other licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the Facility Director becomes aware of such action.	**1-E-3**	Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician's pain management staff or other licensed facility staff must be reported in writing to the QUAD A office within ten (10) days of the time the facility becomes aware of such action.
1-E-4	Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the QUAD A office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in a QUAD A-accredited facility, an unannounced survey may be performed by a senior surveyor.		No Change
1-F-1	Online Patient Safety Data Reporting is performed at least every three (3) months in accordance with the due dates established by QUAD A and includes submission of random cases and all adverse events to the QUAD A portal at www.quada.org.	**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 submitting random cases and all adverse events to the QUAD A portal at www.QUAD A.org.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.		No Change
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.	**1-F-3**	All adverse events that 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.
1-F-4	Reportable adverse events include, but are not limited to: Any unplanned hospital admission		No Change
1-F-5	Reportable adverse events include, but are not limited to: Any emergency room visit		No Change
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		No Change
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		No Change
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		No Change
1-F-9	Reportable adverse events include, but are not limited to: Any allergic reactions		No Change
1-F-10	Reportable adverse events include, but are not limited to: Any incorrect needle or sponge count		No Change

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Number	**Language**	**Number**	**Language**
1-F-11	Reportable adverse events include, but are not limited to: Any patient or family complaint		No Change
1-F-12	Reportable adverse events include, but are not limited to: Any Equipment malfunction leading to injury or potential injury to the patient		No Change
1-F-13	Reportable adverse events include, but are not limited to: Any death occurring within thirty (30) days of a procedure		No Change
1-F-14	Each adverse event submission must include: The identification of the problem	**1-F-14**	Reportable adverse events include, but are not limited to: Any iatrogenic dental trauma
1-F-15	Each adverse event submission must include: The immediate treatment or disposition of the case	**1-F-15**	Each adverse event submission must include: The identification of the problem, The immediate treatment or disposition of the case, The outcome, The reason for the problem, and An assessment of the efficacy of treatment.
1-F-16	Each adverse event submission must include: The outcome	**Removed**	Removed
1-F-17	Each adverse event submission must include: The reason for the problem	**Removed**	Removed
1-F-18	Each adverse event submission must include: An assessment of the efficacy of treatment.	**Removed**	Removed
2-A-2	The Operating Suite includes the Operating Room, Prep/Scrub area, Clean and/or Dirty Room, and Post-Anesthesia Care Unit (PACU).		No Change
2-A-3	There is a separate and adequately sized Post-Anesthesia Care Unit (PACU) within the operating room suite.		No Change
2-A-5	An exam room may function as an operating room.	**Removed**	Removed
2-A-6	There is a room dedicated for use as an operating room.	**Removed**	Removed
2-A-8	Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, or facility personnel.	**2-A-8**	Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, signage, or facility personnel.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**2-B-1**	The facility must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.
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.	**2-B-3**	The entire facility must be maintained, equipped, regularly cleaned, sanitary, and free of clutter and litter, consistent with a medical facility designed to perform procedures.
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.	**2-B-5**	Old language combined with 2B4 **New Language (from previous 2C7):** The operating room and scrub area ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that could contaminate the operating room and scrub area.
2-B-6	All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.	**2-B-6**	All openings to outdoor air are effectively protected against the entrance of insects, animals, etc. The facility must have policies and procedures in place and implemented to address these issues.
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.		No Change
N/A	No current requirement.	**2-B-19**	Smoking is prohibited in the entire facility.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**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.
2-C-3	Each operating room is adequately ventilated and temperature controlled.	**2-C-3**	Each operating room is ventilated and temperature controlled. The facility policy defines parameters based on patient populatin, procedure, and frequency of monitoring.
2-C-4	Each operating room is properly cleaned, maintained and free of litter and clutter.	**2-C-4**	The facility must have policies and procedures in place that address operating room cleaning, frequency and type of disinfectants used in accordance with industry standards.
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.	**2-C-5**	There is adequate storage space within the operating room to hold equipment, supplies and medications. Unused equipment, supplies and medications are covered to avoid contamination.
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.	**2-E-1**	Sterile supplies and equipment 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.
2-E-2	Storage space provides easy access for identification and inventory of supplies.	**2-E-2**	Storage space for sterile supplies and equipment is organized in a manner that maintains cleanliness, sterility, and functionality, provides easy access for identification and minimizes the risk of contamination and injury to patients and staff.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**2-E-3**	Outdated medical supplies, instruments, implants, and equipment are removed and destroyed in accordance with federal/national, state, provincial, and local regulations.
3-A-1	QUAD A is committed to establishing minimum guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the QUAD A Standard or local, state, or federal law).	**3-A-1**	QUAD A is committed to establishing minimum guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the applicable stricter regulation (whether it is the QUAD A Standard or local, state, or federal law).
3-B-1	There is a Facility Safety Manual.	**3-B-1**	There is a Facility Safety Manual that is reviewed and updated annually and is in accordance with all other federal/national, provincial, state and local regulations. For international facilities, there must be evidence that specific nationa, provincial and local regulatins are included.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
3-B-2	The facility safety manual contains all applicable requirements of OSHA.	**3-B-2**	The Facility Safety Manual contains all applicable requirements of OSHA, such as: Hazard Communication Bloodborne Pathogen Universal Precautions Ionizing Radiation (if x-ray is present at the facility) Exit Routes Electrical Standard Emergency Actions in the event offire or other emergencies Exposure Control Plan Fire Safety Medical and First Aid dependent upon workplace circumstances Personal Protective Equipment (PPE) Ergonomic Hazards Workplace Violence Slips, Trips, and Falls Influenza Tuberculosis Emergency Response Chemical Hazards Other hazards such as Compressed Gas, Laser Hazards, Latex Allergy
3-B-3	The facility safety manual is in accordance with all other federal/national, provincial, state, and local regulations.	**Removed**	Removed
3-B-4	The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.	**Removed**	Removed
3-B-5	There is a written exposure control plan, which is reviewed and updated at least annually.	**Removed**	Removed
3-B-6	There is a written chemical hazard communication program, which is reviewed and updated annually.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
3-C-1	All explosive and combustible materials are stored and handled in a safe manner according to state, local, and/or National Fire Protection Association (NFPA) codes.	**3-C-1**	All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilationaccording to state, provincial, local, national laws and regulations, and/or National Fire Protection Association (NFPA) codes and OSHA regulations.
3-C-3	Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes.	**3-C-3**	Compressed gas cylinders are stored and handled according to state, provincial, local and national laws and regulations, and/or National Fire Protection Association (NFPA) codes.
3-C-5	Hazardous chemicals are labeled as hazardous.	**3-C-5**	Hazardous chemicals are labeled as hazardous. Any hazardous material removed from the manufacturer's container and placed in a secondary container must be properly labeled.
3-D-1	All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.	**3-D-1**	All medical hazardous wastes (including desposable sharp items) are disposed of in sealed, labeled containers and stored in compliance with local, state/provincial, and national guidelines, and/or OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.
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.	**3-D-4**	Used disposable sharp items are placed in secure puncture-resistant containers that are located as close to the use area as is practical.
3-E-1	The facility is equipped with heat sensors and/or smoke detectors.	**3-E-1**	The facility is equipped with functioning heat sensors and/or smoke detectors.
3-E-2	An adequate number of fire extinguishers are available.	**3-E-2**	The number of fire extinguishers available and their locatin must conform to local fire codes. Minimally, a fire extinguisher is located wtihin 75 feet of any loction in the facility. Fire extinguishers are visually inspected monthly, maintance inspectionsare done annually and conform to local fire codes.
3-E-3	Fire extinguishers are inspected annually and conform to local fire codes.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
3-F-1	Fire exit signs are posted and illuminated consistent with state, local, and/or NFPA codes and OSHA codes.	**3-F-1**	Exit signs are posted and illuminated consistent with state/provincial, local, national regulations and/or NFPA and OSHA codes.
3-F-3	There are sufficient emergency lights for exit routes and patient care areas in case of power failure.		No Change
3-F-4	Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.		No Change
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.		No Change
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.		No Change
3-G-3	There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (e.g. instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.).	**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, exposure reduction, etc.).
3-H-2	If x-ray equipment is used, safety measures are taken to protect patients and staff from injury.	**3-H-2**	If laboratory services are provided, these laboratory services must be provided in accordance with the Clinical Laboratory Improvement Act (CLIA) requirements at 42 CFR 493 operating under a current CLIA certificate appropriate to the level of services performed.
3-H-3	Warnings and signage exist to warn those whose health may be affected by x-rays.	**3-H-3**	If x-ray equipment is used, safety measures are taken to protect patients and staff from injury. Warnings and signage exist to warn those whose health may be affected by x-rays.
3-H-4	Staff maintains dosimetry badges and records, if applicable, for at least three (3) years.	**3-H-4**	If X-ray is used, staff maintain dosimetry badges and records, if applicable, for at least three (3) years.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**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, including appropriate eyewear, covered mirrors, covered windows, signage on the door, etc. in accordance with state/provincial laws and regulations.
4-A-1	If a central source of piped oxygen is used, the system must meet all applicable codes.	**4-A-1**	If a central source of piped oxygen is used, the system must meet all applicable local, state/provincial, country safety codes.
4-B-1	Only properly inspected equipment is used in the operating suite.	**Removed**	Removed
4-B-2	There is an adequate operating room table or chair.	**4-B-2**	There is a properly functioning and operating room table or chair.
4-B-3	The operating room is provided with adequate general lighting in the ceiling.	**4-B-3**	The operating room is provided with sufficient and adequately functioning lighting in the ceiling based on the types of cases performed. Adequate illumination for patients, machines, and monitoring equipment, which must include battery-powered illuminating systems, are present.
4-B-4	Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.	**Removed**	Removed
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.		No Change
N/A	No current requirement.	**4-B-6**	Sequential compression devices (SCD) are employed for operations lasting one (1) hour or longer, except for operations carried out solely under local or topical anesthesia.
4-B-7	When unipolar electrocautery is used, a single-use/ disposable grounding pad is used.	**4-B-7**	A source of cautery ispresent in the operating room. When unipolar electrocautery is used, a single-use/ disposable or reusable grounding pad is used.
4-B-8	“Forced air warmers,” blanket warmers, or other devices are used to maintain the patient’s temperature.	**4-B-8**	“Forced air warmers,” blanket warmers, or other devices are used to maintain the patient’s temperature. The patient's temperature is mnitored periodically to ensure normothermia.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
4-C-1	The operating room is equipped with an EKG monitor with pulse read-out.		No Change
4-C-2	The operating room is equipped with a pulse oximeter.		No Change
4-C-3	The operating room is equipped with blood pressure monitoring equipment as appropriate for the patient population.	**4-C-3**	The operating room is equipped with blood pressure monitoring equipment, including cuff sizes as appropriate for the patient population treated in the facility.
4-C-4	The operating room is equipped with oral airways for each size of patient treated in the facility.	**4-C-4**	The operating room is equipped with oral airways including sizes specific for each size of patient population treated in the facility.
4-C-5	The operating room is equipped with nasopharyngeal airways and laryngeal mask airways for each size of patient treated in the facility.	**4-C-5**	The operating room is equipped with nasopharyngeal airways including sizes for each size of patient population treated in the facility.
4-C-6	The operating room is equipped with a laryngoscope, functional. Laryngoscope is cleaned as appropriate, HLD or sterilized.	**4-C-6**	The operating room is equipped with a functional and clean laryngoscope. Laryngoscope is cleaned as appropriate, HLD or sterilized. Permitted in Class B for emergency use only.
4-C-7	The operating room is equipped with a comprehensive assortment of endotracheal tubes to cover full range of patients being treated.	**4-C-7**	The operating room is equipped with a comprehensive assortment of endotracheal tubes, stylets, and laryngeal mask airways including sizes and types for the patients being treated in the facility. Permitted in Class B for emergency use only.
4-C-8	The operating room is equipped with endotracheal stylet(s).	**Removed**	Removed
4-C-9	The operating room is equipped with a positive pressure ventilation device (e.g. Ambu® bag, bag valve mask).	**4-C-9**	The operating room is equipped with a positive pressure ventilation device (e.g. Ambu® bag, bag valve mask), including sizes of masks to cover the range needed for the patient population treated in the facility. If self-inflating bags are used, they must be capable of delivering positive-pressure ventilation with at least 90% oxygenation concentration.
4-C-10	The operating room is equipped with a source of oxygen with appropriate delivery devices (e.g. nasal cannula, face mask).	**4-C-10**	The operating room is equipped with a source of oxygen and with appropriate delivery devices (e.g. nasal cannula, face mask) to provide adequate oxygen for the patient populatino treated and procedures performed in the facility.

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Number	**Language**	**Number**	**Language**
4-C-11	The operating room is equipped with a source of adequate and reliable source suction and suction equipment.	**4-C-11**	The operating room is equipped with a source of adequate and reliable suction and suction equipment.
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.	**4-C-12**	The operating room is equipped with a reliable source of oxygen, adequate for the length of the procedures performed in the facility (back up must consist of at least one full E cylinder). Back up oxygen source must have a regulator on it and be ready to use. If oxygen cylinders are used as backup, they must be full.
4-C-13	The operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine.	**4-C-13**	If inhalation general anesthesia is used, the operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine with an audible alarm to indicate a low oxygen concentration.
4-C-14	The operating room is equipped with a carbon dioxide monitor which is used on all sedation and general anesthesia cases.	**4-C-14**	The operating room is equipped with an end tidal carbon dioxide monitor with an audible alarm on to indicate values outside the normal range which is used on all moderate sedation, deep sedation, and general anesthesia cases.
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.		No Change
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		No Change

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Number	**Language**	**Number**	**Language**
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.	**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. An adequate and reliable waste anesthetic scavenging system exists if inhalation anesthetics are used.
4-C-18	An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no volatile inhalation agents are available, an anesthesia machine is not required.		No Change
4-D-1	The PACU is equipped and readily accessible to handle emergencies		No Change
4-D-2	A separate pulse oximeter is available for each patient in the PACU.		No Change
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.	**4-E-1**	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. A qualified technician annually inspects all equipment 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, and records are kept for a minimum of at least three (3) years.
4-E-5	The manufacturer's specifications and requirements are kept in an organized file and followed for each piece of equipment.	**4-E-5**	The manufacturer's specifications and requirements for all equipment are kept in an organized file and followed for each piece of equipment.
4-E-6	The emergency power equipment is checked monthly to ensure proper function, and the test results are filed and kept for a period of three (3) years.	**4-E-6**	The facility's emergency backup power equipment is tested monthly to ensure proper function in accordance with federtal/national, state, provincial, and local requirements. The test results are filed and kept for a minimum of three (3) years.

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Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**4-E-7**	Central/Plumbed/Piped Anesthesia gas systems, including nitrous delivery system, are checked by a qualified inspector and written reports are available stating that the equipment is safe and operating according to the manufacturer's specifications.
N/A	No current requirement.	**4-E-8**	Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to e taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.
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).	**5-A-1**	Emergency cart is immediately available with a defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads) necessary for the patient population being served.
5-A-2	The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart.	**Removed**	Removed
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.	**5-A-3**	The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability in accordance with the manufacturer's instructions for use, and the test results are documented and kept for a minimum of three (3) years.
N/A	No current requirement.	**5-A-4**	The facility medical staff, anesthesia professionals, other clinical staff, and the governing body of the facility coordinates, develops, and revises facility policies and procedures to specify the types of emergency equipment required for use in the facility's operating room.
5-B-1	The emergency power source is able to begin generating ample power to operate essential electrical equipment used in the operating suite within thirty (30) seconds of a power failure.		No Change

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Number	**Language**	**Number**	**Language**
5-B-3	The operating room(s) and recovery room have an emergency power source, (e.g. a generator or battery powered inverter), with capacity to operate adequate lighting, monitoring, anesthesia, and procedure equipment for a minimum of thirty (30) minutes. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms.	**5-B-3**	The operating room(s) and recovery room have an emergency power source, (e.g. a generator or battery powered inverter), with capacity to operate adequate critical equipment such as ventilators, lighting, monitoring, anesthesia, and procedure equipment for a minimum of thirty (30) minutes. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms.
5-C-1	There must be a written protocol for emergency evacuation of the facility.	**5-C-1**	There must be a written protocol for emergency evacuation of the facility. The protocol must include provisions for annual drills for the emergency evacuation of patients, staff, and guests; staff training upon hire and annually. Documentation of all drills must be retained in the facility for a minimum of three (3) years.
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.	**5-C-2**	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, must be documented and reviewed annually. The protocol must include provisions for annual drills for security emergencies; staff traning upon hire and annually; drill documentation; and, retention of documentation for a minimum of three (3) years.
5-C-3	There must be a written protocol for fires and fire drills.	**5-C-3**	There must be a written protocol for fires and fire drills. This protocol must include the provision for: fire drills; staff training upon hire and annually; drill documentation and retention of documentation for a minimum of three (3) years.
5-C-4	There must be a written protocol for returning patients to the operating room in the event of patient emergencies.	**5-C-4**	There must be a written protocol for returning patients to the operating room or transfer to the hospital in the event of patient emergencies.
5-C-6	There must be a written protocol for cardiopulmonary resuscitation (CPR).	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
5-C-7	There must be a written protocol for a situation in which the surgeon becomes incapacitated.	**5-C-7**	There must be a written protocol for a situation in which the surgeon/proceduralist, anesthesia professional, or other healthcare professional is impaired or becomes incapacitated.
5-C-8	There must be a written protocol for a situation in which the anesthesiologist or CRNA becomes incapacitated.	**Removed**	Removed
5-C-9	There must be a written protocol for response to power failure emergencies.	**Removed**	Removed
5-C-10	There must be a written protocol for transferring patients to a hospital in an emergency.	**Removed**	Removed
N/A	No current requirement.	**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.
N/A	No current requirement.	**6-A-2**	Drugs must be prepared and administered according to established policies and acceptable standards of practice.
6-A-5	Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation.		No Change
6-B-1	Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility.	**6-B-1**	Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility, including intravenous (IV) administration sets, and various sizes of IV needles based on the patient population served.
6-D-1	All controlled substances are secured and locked under supervised access.	**6-D-1**	All controlled substances are secured and locked under supervised access. Storage of controlled substances must be in acordance with applicable federal/national, state/provincial, and local regulations.

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Number	**Language**	**Number**	**Language**
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.	**6-D-2**	There is a dated controlled substance inventory and a control record that 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, secure computer record consistent with state and federal law. This log must be kept in the facility.
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.	**6-D-3**	All controlled substance transactions, including daily counts and wastes, require verification by two (2) licensed members of the team. (For facilities with only Schedule IV and V controlled substances, one (1) licensed and (1) authorized member of the operating room team may document verification of daily counts and wastes.) These verifications must be completed on any day that the facility is open and/or controllded substances are administered, and in compliance with federal/national, provincial, state, and local regulations. The facility must develop a policy detailing how unlicensed authorized individuals are authorized, if applicable.
N/A	No current requirement.	**6-D-4**	There must be a record of receipt and disposition of all controlled substances. Records must be maintained for a minimum of three (3) years.
N/A	No current requirement.	**6-D-5**	If contracted anesthesia professionas bring controlled substances into the facility, the facility must ensure compliance with all QUAD A standards, local, state, and federal laws and DEA regulations.
6-E-1	A complete copy of the current ACLS and/or PALS Algorithm, as appropriate, must be available on the emergency cart.	**6-E-1**	A complete and current copy of the current ACLS and/or PALS Algorithm, as appropriate for the patient population served in the facility, must be available on the emergency cart.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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).	**Removed**	Removed
6-E-4	The following medication must be available in the facility at all times as required by current ACLS algorithm: Adenosine	**6-E-4**	The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm: Adenosine Epinephrine (1:10,000 solution, 1 mg per 10 ml) Anti-Hypertensives Lidocaine (2% plain) Atropine Nitroglycerin (sublingual tablets or spray) Narcan Intravenous corticosteroids (e.g., dexamethasone) - PALS only
6-E-5	The following medication must be available in the facility at all times as required by current ACLS algorithm: Epinephrine.	**6-E-5**	There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.
6-E-6	The following medication must be available in the facility at all times as required by current ACLS algorithm: Anti-Hypertensives.	**Removed**	Removed
6-E-7	The following medication must be available in the facility at all times as required by current ACLS algorithm: Lidocaine—plain.	**Removed**	Removed
6-E-8	The following medication must be available in the facility at all times as required by current ACLS algorithm: Atropine.	**Removed**	Removed
6-E-9	The following medication must be available in the facility at all times as required by current ACLS algorithm: Nitroglycerin, sublingual or spray.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**Removed**	Removed
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).	**Removed**	Removed
6-E-12	The following medication must be available in the facility at all times as required by current ACLS algorithm: Intravenous corticosteroids (e.g. dexamethasone).	**Removed**	Removed
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.		No Change
6-F-2	The following medication must be available in the facility at all times: IV Antihistamines (e.g. Diphenhydramine).		No Change
6-F-3	The following medication must be available in the facility at all times: Short-acting beta-blocker (e.g. esmolol or labetalol).		No Change
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.		No Change
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).	**6-F-5**	The following medication must be available in the facility at all times: If a Benzodiazepine is used in the facility, a reversal agent must be available (e.g. Mazicon™, Flumazenil).

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**6-F-7**	There must be a written protocol for cardiopulmonary resuscitation (CPR). This protocol must include the provision for annual drills, staff training upon hire and annually, drill documentation, and retention of documentation for at least three (3) years.
N/A	No current requirement.	**6-F-8**	The following medication must be available in the facility at all times: Bronchospasm-arresting medication (inhaled beta-agonist, eg albuterol).
N/A	No current requirement.	**6-F-9**	The following medication must be available in the facility at all times: Anti-hypertensives.
N/A	No current requirement.	**6-F-10**	The following medication must be available in the facility at all times: Seizure arresting medication (a benzodiazepine, e.g. Midazolam).
N/A	No current requirement.	**6-F-11**	The following medication must be available in the facility at all times: Intravenous corticosteroids (eg, dexamethasone).
N/A	No current requirement.	**6-F-13**	The following medication must be available in the facility at all times: A narcotic reversal agent (e.g., aloxone, nalmefene).

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
6-G-1	If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use. In this instance, MH-related components as outlined in standards 6-G-5, 6-G-6, 6-G-7,6-G-8, 6-G-9, and 6-G-10 are not required.	**6-G-1**	If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use, and staff training must occur on hire and then annually. In this instance, MH-related components as outlined in standards 6-G-5, through 6-G-11 are **not** required. Section 6-G does not apply if anesthetic gases and polarizing agents that trigger malignant hyperthermia are not present in the facility at all.
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.	**6-G-2**	Adequate screening for MH risk must be documented, 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.
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.	**Removed**	Removed
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.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**6-G-5**	If a facility uses depolarizing agents, MH crisis management must be covered in annual staff training. All clinical staff (including contracted healthcare professionals) 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.
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®).	**6-G-6**	If a facility uses depolarizing agents, 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®).
6-G-7	A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO3).	**6-G-7**	If a facility uses depolarizing agents, a minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO3).
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).	**6-G-8**	If a facility uses depolarizing agents, 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).
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)	**6-G-9**	If a facility uses depolarizing agents, 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 10 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)

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Number	**Language**	**Number**	**Language**
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.	**6-G-10**	If a facility uses depolarizing agents, flow sheets for any MH intervention as well as forms to rapidly communicate the progress of intervention with receiving facilities are on the emergency cart, and the facility must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to the receiving facility.
6-G-11	Facilities must have a policy for MH transfer including EMS transport to a facility capable of ongoing treatment located within a reasonable distance. A healthcare professional with the ability to continue MH treatment must accompany the patient during transport and provide a report to the receiving facility staff.	**6-G-11**	Facilities must have a policy for MH transfer including EMS 911 transport to a facility capable of ongoing treatment located within a reasonable distance. A healthcare professional with the ability to continue MH treatment must accompany the patient during transport and provide a report to the receiving facility staff.
7-A-2	The facility policy manual should include infection control policies and procedures that are consistent with current CDC guidelines.	**7-A-8**	The facility policy manual must include infection control policies and procedures that are consistent with nationally recognized infection control guidelines and standards of practice.
7-A-3	Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross- contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007)	**7-A-9**	The facility must comply with guidelines listed in the CDC Standard Precautions for cross- contamination of syringes, multi-use and single use vials.
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.	**7-A-10**	The facility's policies address operating/procedure room apparel. This includes: scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate apparel based on the procedure being conducted.
7-A-13	Reuse of single-use disposable biopsy forceps is strictly prohibited. Purchase records must be retained for three (3) years and available for comparison to procedural and pathology specimen logs.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
7-B-2	Hand hygiene is performed in accordance with current CDC and WHO guidelines.	**7-B-1**	Hand hygiene is performed in accordance with current nationally recognized and/or WHO guidelines and standards of practice. Periodic hand hygiene auditing must be a part of the facility's quality activities. For surgical/procedural facilities: Scrub facilities are provided for the operating room staff. Scrub products (as appropriate), soap, and alcohol cleansers are provided for the operating room staff, consistent with current adopted guidelines and standards of practice for hand hygiene.
7-C-1	A written protocol is present for the reprocessing all instruments and equipment used in patient care.	**7-C-1**	The facility has a written protocol for the reprocessing of all instruments and disinfection of all equipment used in patient care consistent with the manufacturer's instructions for use.
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.		No Change
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.	**7-C-4**	Single-use devices are not reprocessed unless they are approved by the FDA for reprocessing. Reprocessing of these devices is done by an FDA-approved reprocessor.
7-D-1	All instruments used in patient care are sterilized, where applicable.		No Change
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.	**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 or the facility has contracted with an outside vendor to process instruments. If soiled instruments are processed immediately for sterilization, they are to be treated with an enzymatic cleaner per the manufacturer's instructions for use.
7-D-4	Gas sterilizers and automated endoscope re-processors (AER) must be vented as per manufacturer’s specifications.	**7-D-4**	Gas sterilizers and automated endoscope re-processors (AER) must be vented and tested for occupational exposure in accordance with the manufacturer’s specifications.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**7-D-5**	The facility must monitor each autoclave load for the appropriate mechanical indicators (e.g., time, temperature, and pressure). Chemical indicators (external and internal) must be used according to the sterilizer manufacturer's instructions. The use of a type 1 and type 5 indicator is required. Minimally, a biological indicator (spore test) is used weekly for each sterilizer. A biological indicator is required for every load containing implantable items. Evidence of sterilization assurance monitoring is recorded for every load and any corrective action is documented.
7-D-6	Sterile supplies are labeled to indicate sterility; packaged and sealed with autoclave tape to prevent accidental opening.	**7-D-6**	Sterile instruments and supplies are packaged according to the manufacturer's instructions for use (IFU) and sealed effectively. Self-sealing peel pouches must be folded on the crease and may only be double-pouched when the process is validated by the manufacturer.
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.	**7-D-7**	Each sterilized pack is labeled with the date of sterilization and, when applicable, with the expiration date. When the facility has more than one sterilizer, labels must also identify the sterilizer used.
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.		No Change
7-D-9	There is a protocol for corrective action if a spore test is positive.	**7-D-9**	Comprehensive monitoring records that include quality control are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.
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.	**7-D-10**	There is a written policy and procedure for the management of a positive biological indicator.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**7-D-11**	Immediate use steam sterilization (IUSS) is not done on a routine or frequent practice.
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.	**7-E-1**	High-level disinfection is performed upon heat-sensitive endoscopic equipment and other medical devices classified as semi-critical, but only when recommended by the manufacturer's instructions for use (IFU).
N/A	No current requirement.	**7-E-2**	Endoscopes are processed in accordance with a written policy and procedure in accordance with recognized guidelines and standards of practice. The policy must address how scopes are treated at the point of use, transported, cleaned, high-level disinfected, and stored.
7-E-3	A room with acceptable ventilation and space that is separate from the procedure room is required for reprocessing of scopes. If the facility is unable to use two separate rooms they must be able to document that they are using a closed reprocessing system with ventilation that exchanges the room air 10 -12 times per hour or an active charcoal filtration system is in place. All situations must meet requisite standards (OSHA, CDC, Federal, State, etc.) for air exchange ratios and vapor particle standards.		No Change

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
7-E-4	A written protocol is in place and followed that specifically addresses and requires enumerated steps to accomplish the below goals: • The cleaning of the scope. The location of the manual rinsing and cleaning of endoscopes prior to HLD may be carried out in the procedure room away from the patient. Specific steps must be in place to minimize spraying and aerosolizing of the bio-burden. • Processing of the scopes must be in the location that meets requisite standards of air exchange ratios and vapor particle standards. For example, a room that is separate from the procedure room is required for manual HLD reprocessing of endoscopes. This room must be adequate sized and segregated from patient and staff. Necessary protective equipment for personnel performing this function must be included in the protocol as well as readily available. • Scope cleaning functions should be limited to properly trained personnel. • If there is not a separate room (see previous standard) being utilized for processing of the scopes, then the protocol must include steps that directs that the contaminated equipment will be cleaned and placed in the re-processor prior to bringing the next patient into the room. In addition, the clean scope coming out of the re-processor is to be removed only when the room is clean and free of dirty instruments. • Cross contamination should be avoided no matter where cleaning and processing takes place. There must always be some distinct type of separation of clean and dirty areas in any location. • Clean (reprocessed) endoscopes should be stored in a closed	**7-E-4**	A written protocol is in place and followed that specifically addresses and requires enumerated steps to accomplish the below goals: • The cleaning of the scope. The location of the manual rinsing and cleaning of endoscopes prior to HLD may be carried out in the procedure room away from the patient. Specific steps must be in place to minimize spraying and aerosolizing of the bio-burden. • Processing of the scopes must be in a location that meets requisite standards of air exchange ratios and vapor particle standards. For example, a room separate from the operating and procedure rooms is required for manual HLD reprocessing of endoscopes. This room must be adequately sized and segregated from patient and staff. Necessary protective equipment for personnel performing this function must be included in the protocol as well as readily available. • Scope cleaning functions are limited to properly trained personnel. • If there is not a separate room (see previous standard) being utilized for processing of the scopes, then the protocol must include steps that require that the contaminated equipment is cleaned and placed in the re-processor prior to bringing the next patient into the room. In addition, the clean scope coming out of the re-processor is to be removed only when the room is clean and free of dirty instruments. • Cross contamination should be avoided no matter where cleaning and processing takes place. There must always be some distinct type of separation of clean and dirty areas in any location. • Clean (reprocessed) endoscopes should be stored in a closed cabinet exclusively dedicated for scope storage to avoid contamination prior to use.
N/A	No current requirement.	**7-E-5**	Eye wash stations are available and maintained within the endoscopy reprocessing room where chemicals that are hazardous to the eyes are used.

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
7-F-1	The entire operating room suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination.		No Change
7-F-2	Between cases, the operating room(s) is cleaned with at least intermediate-level, medical-grade disinfectants.	**7-F-2**	The facility's policies and procedures address cleaning of the operating room suite, including the: - Cleaning schedule - Process for cleaning between cases - Process for terminal cleaning after the last case of the day - Use of intermediate-level, medical-grade disinfectants EPA-registered as virucidal, bactericidal, tuberculocidal, and fungicidal.
7-F-3	There is a written policy for cleaning of spills, especially spills which may contain blood borne pathogens.	**7-F-3**	There is a written policy for cleaning spills, especially spills that may contain blood borne pathogens.
7-F-4	All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal.	**7-F-4**	All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal. A spill kit is available and readily accessible.
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.	**7-F-5**	Facility policies and procedures have been developed for use by housekeeping personnel for cleaning floors, tables, walls, ceilings, counters, furniture, and fixtures of the operating suite.
7-F-6	Instrument handling and reprocessing areas are cleaned and maintained.		No Change
8-A-4	Clinical records must be kept secure and confidential, consistent with HIPAA regulations.		No Change
8-A-6	Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations.		No Change
8-A-8	Clinical records for each patient must be accurate, legible, and promptly completed.		No Change
8-A-9	Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle.		No Change

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**8-A-10**	Clinical records are maintained and easily accessible by the accredited facility.
N/A	No current requirement.	**8-B-1**	Clinical records must contain patient identification.
N/A	No current requirement.	**8-B-2**	A pre-operative surgical safety checklist must be used for each patient and noted in the patient record.
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.	**Removed**	Removed
8-B-6	The pre-operative clinical record includes medical clearance, if applicable.	**8-B-6**	The pre-operative clinical record includes medical clearance, if based on the patient's medical history and/or procedure to be performed, it is required by the facility policy.
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.		No Change
N/A	No current requirement.	**8-B-8**	Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and facility policy. The pre-surgical assessment must include documentation of any allergies to drugs and biologicals. This assessment must be placed in the patient's clinical record prior to the surgical procedure.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**8-B-9**	The patient procedural pre-operative assessment should include documentation regarding special needs such as physical impairments, disabilities, religious and/or ethnic concerns.
8-B-11	The pre-operative clinical record includes documentation of all pre-operative medications given to a patient. This record includes the date, time, amount, and route of administration.	**8-B-11**	The pre-operative clinical record includes documentation of all pre-operative medications given to a patient. This record includes the patient name, date, time, dose, and route of administration.
8-B-12	The pre-operative clinical record includes documentation of all intravenous and subcutaneous fluids given pre-operatively.	**8-B-12**	The pre-operative clinical record includes documentation of all intravenous fluids given pre-operatively.
8-B-13	The pre-operative medical record includes responses regarding any allergies and abnormal drug reactions.	**8-B-13**	The pre-operative clinical record includes documentation of any allergies and abnormal drug reactions.
8-B-14	The pre-operative medical record includes responses regarding current medications.	**8-B-14**	The pre-operative clinical record includes documentation of current medications.
8-B-15	The pre-operative medical record includes responses regarding previous serious illness.	**8-B-15**	The pre-operative clinical record includes documentation of medical history.
8-B-16	The pre-operative medical record includes responses regarding current and chronic illness.		Removed
8-B-17	The pre-operative medical record includes responses regarding previous operations.	**8-B-17**	The pre-operative clinical record includes documentation of any previous operations.
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.	**8-B-18**	The pre-operative clinical record includes documentation of perioperative bleeding risk, including medical conditions and anticoagulant medication taken up to the day of the operation.
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.	**8-B-19**	A written pregnancy testing policy must be in place that requires a discussion and documentation of the issue with each patient, as appropriate.
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.	**8-B-20**	The pre-operative clinical record includes evidence that treating physicians or consultants are contacted in cases when warranted by the history and physical examination.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-B-21	The pre-operative clinical record includes documentation of appropriate laboratory procedures performed where indicated.		No Change
N/A	No current requirement.	**8-B-22**	The pre-operative clinical record includes pre-operative diagnostic studies and laboratory procedures (entered before surgery), if performed.
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.	**8-B-24**	The surgeon/proceduralist and the licensed or qualified anesthesia professional 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. This concurrence must be documented in the clinical record.
8-B-27	A physician is responsible for determining the medical status of the patient and must examine the patient immediately before procedures.	**8-B-27**	A physician is responsible for determining the medical status of the patient and must examine the patient immediately before procedures and update the H & P.
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.		No Change
8-C-2	Expectations, alternatives, risks, and complications are discussed with the patient, and these are documented.		No Change
8-C-3	The informed consent provides consent for administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA.	**8-C-3**	The written informed consent provides consent for the administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA.
N/A	No current requirement.	**8-C-4**	The patient signs a consent form if research protocols, videography, or photography are to take place.
8-E-1	Printed or written copies of these reports are kept in the medical record.	**8-E-1**	Reports of: laboratory, pathology, X-ray, consultation, treating physician, and any other diagnostic tests are maintained in the clinical record and are accessible for review prior to the procedure.

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-E-2	All laboratory results must be reviewed and initialed by the CRNA, anesthesiologist, registered nurse, or surgeon/proceduralist.	**8-E-2**	All laboratory results must be reviewed and initialed by the anesthesia professional, registered nurse, or surgeon/proceduralist within one (1) week of receipt of the results. If a registered nurse reviews laboratory results and the results are abnormal, documentation must be present in the clinical record that the anesthesia professional and surgeon/proceduralist are aware of the abnormality.
8-E-3	All abnormal laboratory results must be reviewed and initialed by the surgeon/proceduralist within one (1) week of receipt of results.	**Removed**	Removed
8-E-4	All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the surgeon/proceduralist.	**8-E-4**	All other reports, such as pathology reports and medical clearance reports, must be documented as reviewed by the surgeon/proceduralist.
8-E-6	Outside clinical laboratory procedures must be performed by a licensed and accredited facility.		No Change
8-E-9	The name of the pathologist must be on all pathology reports.		No Change
N/A	No current requirement.	**8-E-13**	All surgical specimens sent out for pathology must be documented in a pathology specimen log, which minimally includes the date, patient's name, number and type of specimen (biopsy, swab, fluid, etc.), and physician's name.
8-F-1	A physician must verify that an anesthesia care plan has been developed and documented.		Removed
8-F-2	A physician must verify that the patient or a responsible adult has been informed about the anesthesia care plan.		Removed
8-F-4	The anesthesia care plan is based on a review of the medical record.	**8-F-4**	The anesthesia care plan is based on a review of the clinical record.
8-F-5	The anesthesia care plan is based on medical history.		No Change
8-F-6	The anesthesia care plan is based on prior anesthetic experiences.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-F-7	The anesthesia care plan is based on drug therapies.		No Change
8-F-8	The anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk.		No Change
8-F-9	The anesthesia care plan is based on a review of the medical tests and consultations.		No Change
8-F-10	The anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia.		No Change
8-F-11	The anesthesia care plan is based on providing pre-operative instructions.		No Change

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-G-1	A “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every operation. This protocol should include a pre-operative verification process including medical records, imaging studies, and any implants identified, and be reviewed by the operating room team. Missing information or discrepancies must be addressed in the chart at this time. Marking the operative site: Surgical procedures calling for right/left distinction; multiple structures (breasts, eyes, fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking. Immediately before starting the surgical procedure, conduct a final verification by at least two (2) members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail -safe” measure, the surgical procedure is not started until any and all questions or concerns are resolved. Procedures done in non–operating room settings must include site marking for any procedures involving laterality, or multiple structures.	**8-G-1**	A “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every operation. This protocol must include: - A pre-operative verification process including clinical records, imaging studies, surgical fire risk, and any implants identified, and be reviewed by the operating room team. Missing information or discrepancies must be addressed in the clinical record at this time. - Marking the operative site: Surgical procedures calling for right/left distinction; multiple structures (breasts, eyes, fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking. - Immediately before starting the surgical procedure, conduct a final verification by at least two (2) members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a “fail -safe” measure, the surgical procedure is not started until any and all questions or concerns are resolved. Procedures done in non–operating room settings must include site marking for any procedures involving laterality, or multiple structures.
N/A	No current requirement.	**8-H-1**	A qualified anesthesia professional shall be present in the OR/procedure room throughout the conduct of all general anesthetics, regional anesthetics, and monitored anesthesia care.
8-H-2	Clinical record must contain evidence of circulation monitored by continuous EKG during procedures.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-H-3	Clinical record must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes.		No Change
8-H-4	Clinical record must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes.		No Change
8-H-5	Clinical record must contain evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used.	**8-H-5**	The clinical record must contain evidence of oxygenation and circulation monitoring by continuous pulse oximetry. When the pulse oximeter is utilized, the variable pitch pulse tone and the low threshold alarm shall be audible to the care team. Note: This standard does not apply if **only** topical and/or local anesthetic is used without the use of an oral premedication.
8-H-6	Clinical record may contain evidence of circulation monitored by heart auscultation.	**Removed**	Removed
8-H-8	Clinical record may contain evidence of circulation monitored by ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.	**Removed**	Removed
8-H-9	Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected.		No Change
8-H-10	Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful.	**8-H-10**	Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated.

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-H-11	Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all sedation or general anesthetics. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.	**8-H-11**	Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all moderate sedation, deep sedation or general anesthesia. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment.
8-H-12	When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel.	**8-H-12**	When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas and documented in the clinical record. 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.
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.	**8-H-13**	If an anesthesia machine is used during general anesthesia, the anesthesia machine must have an alarm for low O2 concentration.
8-H-15	An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.		No Change
8-H-16	An anesthesia record is maintained in which all intravenous and subcutaneous fluids given intra-operatively are recorded.	**8-H-16**	An anesthesia record is maintained in which all intravenous fluids given intra-operatively are recorded.

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.		No Change
8-I-2	Patients transferred to the PACU will be continually evaluated and monitored as needed during transport.		No Change
8-I-3	Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient.	**8-I-3**	Patients transferred to the PACU are accompanied by an anesthesia professional who is knowledgeable about the patient.
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.	**8-I-4**	Patient transfer to the PACU will include the transmission of a verbal report on the patient to the PACU nurse accepting care of the patient from the anesthesia professional who accompanies the patient to the PACU. The clinical record must include documentation that the verbal report was completed.
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.	**8-I-5**	Patient transfer to the PACU will include the transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course.
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.	**8-I-6**	Patient transfer to the PACU will include an anesthesia professional remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.
8-J-1	PACU documentation includes patient's time of arrival.	**8-J-1**	PACU documentation includes patient's time of arrival in the PACU, orwhen recovery time started if the patient is recovered in the OR.
N/A	No current requirement.	**8-J-2**	The patient's post-surgical condition must be assessed and documented in the clinical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post- operative care experience in accordance with applicable State health and safety laws, standards of practice, and facility policy.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
8-J-3	PACU documentation includes assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.	**Removed**	Removed
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.	**8-J-4**	PACU documentation includes a record of all medications given to a patient, including date, time, dose, and route of administration.
8-J-5	PACU documentation includes a record in which all intravenous and subcutaneous fluids given post- operatively are recorded.	**8-J-5**	PACU documentation includes a record in which all intravenous fluids given post- operatively are recorded.
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.	**8-J-6**	PACU documentation includes a record of monitoring and assessment of: - post-operative vital signs, including temperature, heart rate, respirations, and blood pressure; - mental status; - airway patency, ventilation, and oxygen saturation; and, - pain, nausea and vomiting, hydration, drainage, and bleeding, as applicable. Patient status is recorded until the patient is discharged from the facility.
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).	**Removed**	Removed
8-J-8	Evaluation in the PACU will include continuous pulse oximetry.	**Removed**	Removed
8-J-9	Post-operative progress notes are recorded.		No Change
8-J-10	There is a procedure report which includes procedure technique and findings.	**8-J-10**	There is a procedure/operative report completed by the surgeon/proceduralist, which includes procedure technique and findings.
8-K-4	Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score).		No Change

Procedural Change Report

QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.		No Change
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.	**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 by the responsible adult is maintained in the patient's chart. The standard does not apply if **only** topical and/or local anesthetic is used without the use of an oral premedication.
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.	**8-K-10**	Patients receiving anesthetic agents other than topical or local anesthesia must 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.
8-K-12	Personnel assist with discharge from the recovery area.	**Removed**	Removed
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.	**Removed**	Removed
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.	**8-L-1**	A separate dated 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. This log must be kept in the facility.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**Removed**	Removed
8-L-3	An operative log must include date of procedure.	**8-L-3**	An operative log must include the date of procedure.
8-L-4	An operative log must include patient's name and/or identification number.	**8-L-4**	An operative log must include the patient's name and date of birth or other identification number.
8-L-5	An operative log must include record of surgery(ies) and other invasive procedures to be conducted during the case.	**Removed**	Removed
8-L-6	An operative log must include the surgeon/proceduralist's name.		No Change
8-L-7	An operative log must include record of the type of anesthesia used.	**8-L-7**	An operative log must include a record of the type of anesthesia used.
8-L-8	An operative log must include name of person(s) administering anesthesia.	**8-L-8**	An operative log must include the name of person(s) administering anesthesia.
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).	**8-L-9**	An operative log must include the 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).
N/A	No current requirement.	**9-A-5**	The governing body/facility leadership has defined the scope and intended use of the facility, as well as the appropriate ancillary support needed for the intended surgical procedures.
N/A	No current requirement.	**9-A-7**	The governing body/facility leadership: Is regulated by a governing document that has the consent of each member of the body.
N/A	No current requirement.	**9-A-8**	The governing body/facility leadership: Has a policy for addressing potential conflicts of interest.
N/A	No current requirement.	**9-A-9**	The governing body/facility leadership: Assumes full responsibility for reviewing and taking appropriate action on legal affairs of the ASC and its staff.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**9-A-10**	The governing body/facility leadership: Sets policy on how individual staff deal with each other and external parties.
N/A	No current requirement.	**9-A-11**	The governing body/facility leadership: Sets policy on staff's role in properly dealing with patients.
N/A	No current requirement.	**9-A-12**	The governing body/facility leadership 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.
N/A	No current requirement.	**9-A-14**	The governing body/facility leadership is responsible for the operation and performance of the ASC including: Adopting policies and procedures for the orderly conduct of the ASC and for insuring procedures are provided in a safe and effective manner.
N/A	No current requirement.	**9-A-15**	The governing body/facility leadership is responsible for the operation and performance of the ASC including: Ensuring financial responsibility.
N/A	No current requirement.	**9-A-16**	The governing body/facility leadership is responsible for the operation and performance of the ASC including: Approving all arrangements for ancillary medical care delivered in the ASC, including laboratory, radiological, pathologic and anesthesia services.
N/A	No current requirement.	**9-A-17**	The governing body/facility leadership must assure that all outside services are provided in a safe and effective manner.
N/A	No current requirement.	**9-A-22**	The governing body/facility leadership must document the content of any policies, procedures, or processes implemented in key functional areas of the facility. The governing body/facility leadership must document its approval of the policies, procedures, or processes.
N/A	No current requirement.	**9-A-27**	The governing body/facility leadership will designate a person or committee responsible for implementation and ongoing management of the risk management program.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	**9-A-30**	The facility's leadership has full leegal responsibility for determining, implementing, and monitoring policies governing the facility's total operation. Leadership ensures that the facility policies and programs are administered to provide quality health care in a safe environment.
N/A	No current requirement.	**9-A-31**	The medical and clinical staff of the facility must be accountable to the facility's leadership.
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.	**Removed**	Removed
N/A	No current requirement.	**9-B-3**	The facility must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the facility.
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.	**10-A-1**	A licensed and qualified anesthesia professional supervising or providing care in the facility must participate in quality assessment/quality improvement and risk management in the facility.
10-B-2	The facility has a written quality improvement program implemented which includes surveys or projects that monitor and evaluate patient care.	**10-B-2**	The facility has a written quality improvement program implemented which includes surveys or projects to: - Monitor and evaluate patient care - Evaluate methods to improve patient care - Identify and correct deficiencies within the facility - Alert the facility's Quality Improvement Program to identify, track, trend, evaluate and resolve problems.
10-B-3	The facility has a written quality improvement program implemented which includes surveys or projects that evaluate methods to improve patient care.	**Removed**	Removed
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.	**Removed**	Removed

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**Removed**	Removed
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.	**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. The minimum sample size is 10% of the monthly case volume.
10-D-1	To be HIPAA compliant, a copy of the HIPAA Business Associates Agreement must be signed by each physician working outside the facility participating in such facility's Quality Assurance/Quality Improvement process, including but not limited to Peer Review and Patient Safety Data Reporting, and a copy must be retained on file in the facility.	**Removed**	Removed
10-D-2	If peer review sources external to the facility are used to evaluate delivery of medical care, the HIPAA Business Associates Agreement is so written as to waive confidentiality of the clinical records.	**10-D-2**	If peer review sources external to the facility are used to evaluate the delivery of medical care, the HIPAA Business Associates Agreement is so written as to waive the confidentiality of the clinical records.
10-D-3	Peer review may be done by a recognized peer review organization or a surgeon/proceduralist other than the operating surgeon/proceduralist, unless otherwise specified by state regulations.		No Change
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.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
10-D-5	Peer review must include at a minimum: Record of the adequacy and legibility of history and physical exam		No Change
10-D-6	Peer review must include at a minimum: Record of the adequacy of surgical consent		No Change
10-D-7	Peer review must include at a minimum: Record of the adequacy of appropriate laboratory, EKG, and radiographic reports.		No Change
10-D-8	Peer review must include at a minimum: Record of the adequacy of a written operative report		No Change
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).		No Change
10-D-10	Peer review must include at a minimum: Record of the adequacy of instructions for post-operative care		No Change
10-D-11	Peer review must include at a minimum: Documentation of the discussion of any complications		No Change
11-B-1	The Medical Director must have an MD, DO, DPM, DMD, or DDS degree. A DPM may serve as the Medical Director only for facilities exclusively practicing podiatry. A DDS or DMD may serve as the Medical Director only for facilities exclusively practicing dentistry or oral maxillofacial surgery.		No Change
11-B-2	The Facility Director must have an MD, DO, DPM, DMD, DDS, or CRNA degree. One person may fill both the Medical Director and Facility Director roles, or the roles can be filled by two separate people.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-B-3	The Medical Director and Facility Director must be a provider currently licensed by the state in which the facility is located.		No Change
11-B-4	The Medical Director and Facility Director must be certified or eligible for certification by one of the following boards: - American Board of Medical Specialties (ABMS) - American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) - American Board of Foot and Ankle Surgery (ABFAS) - American Board of Podiatric Medicine (ABPM) - National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) (Facility Director only) - American Board of Pediatric Dentistry (ABPD) - American Board of Oral and Maxillofacial Surgery (ABOMS)	**11-B-4**	The Medical Director and Facility Director must be certified or eligible for certification by one of the following boards: - American Board of Medical Specialties (ABMS) - American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) - American Board of Foot and Ankle Surgery (ABFAS) - American Board of Podiatric Medicine (ABPM) - National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) (Facility Director only) - American Board of Pediatric Dentistry (ABPD) - American Board of Oral and Maxillofacial Surgery (ABOMS) - American Dental Board of Anesthesiology
11-B-7	The Facility Director must be actively involved in the direction and management of the facility.		No Change
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.	**11-B-8**	The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors medical and facility staff members for compliance with this policy.
11-B-9	The Medical Director must be involved in the organization's direction, objectives and policy development and implementation.		No Change
N/A	No current requirement.	**11-C-2**	Procedures must be performed in a safe manner by qualified physicians, advanced practice registered nurses, or physician assistants who have been granted clinical privileges by the governing body in accordance within their scope of practice, state law, and approved policies and procedures of the facility.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-4	physician using the facility is credentialed and qualified for the procedures they perform.	**11-C-5**	Each physicianadvanced practice registered nurse and physician assistant including both directly employed and contract practitioners using the facility is credentialed and qualified for the procedures they perform.
N/A	No current requirement.	**11-C-6**	The facility must have written policies and procedures that address the criteria for clinical staff privileges and the process that the facility's leadership body uses when reviewing physician, APRN, and PA credentials and determining whether to grant privileges and the scope of the privileges for each practitioner.
11-C-5	Each physician must currently be licensed by the state in which they practice. A copy of each physician's current license must be maintained on file in the facility.	**11-C-7**	Each physician, APRN, and PPA, including both directly employed and contracted practitioners, must currently be licensed by the state in which they practice. Electornic verifiecation of each physician's current license or facility verifiecation of licensure must be maintained on file in the facility.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-7	All individuals using the facility must meet one of the following criteria: A doctor of medicine currently certified, previously certified, or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS). A doctor of osteopathy currently certified, previously certified, or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). A podiatrist current certified, previously certified, or eligible for certification by the American Board of Foot and Ankle Surgery (ABFAS) or The American Board of Podiatric Medicine (ABPM). • An oral and maxillofacial surgeon currently certified, previously certified, or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS).	**11-C-9**	All individuals, including both directly employed and contract employees, using the facility must meet one of the following criteria: A doctor of medicine currently certified, previously certified, or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS). A doctor of osteopathy currently certified, previously certified, or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). A podiatrist currently certified, previously certified, or eligible for certification by the American Board of Foot and Ankle Surgery (ABFAS) or The American Board of Podiatric Medicine (ABPM). • An oral and maxillofacial surgeon currently certified, previously certified, or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS). •A nurse practitioner (NP) currently certified or eligible for certification with teh National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). •A physician assistant (PA) with national certification.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-8	ABMS-certified or eligible medical specialists who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their ABMS board certification and/or covered by American Medical Association (AMA) Core Principle #7. American Osteopathic Association (AOA) certified or eligible physicians who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their AOA board certification and/or covered by AMA Core Principle #7. Podiatrists certified or eligible for certification who perform surgical procedures with accredited facility may perform only those surgical procedures delineated in their ABFAS board certification and/or covered by AMA Core Principle #7. The AMA Core Principle #7 (from AMA resolution dated April, 2003) AMA Core Principal #7—Physicians performing office-based surgery must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board. The surgery must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care. The physician's hospital has the right to limit the type of procedures the physician may perform within the specified scope of practice. This limitation will apply to the QUAD A-accredited facility as well. Granting of hospital privileges outside the scope of training and practice recognized by the individual practitioner certifying board will not apply to the QUAD A-accredited facility.	**11-C-10**	American Board of Medical Specialties (ABMS)-certified or eligible medical specialists who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their ABMS board certification and/or covered by American Medical Association (AMA) Core Principle #7. American Osteopathic Association (AOA) certified or eligible physicians who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their AOA board certification and/or covered by AMA Core Principle #7. Podiatrists certified or eligible for certification who perform surgical procedures with accredited facilities may perform only those surgical procedures delineated in their ABFAS board certification and/or covered by AMA Core Principle #7. The AMA Core Principle #7 (from AMA resolution dated April, 2003): AMA Core Principal #7—Physicians performing office-based surgery must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board. The surgery must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-9	Physicians who perform procedures in facilities accredited by QUAD A must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital. Only procedures included within those hospital privileges may be performed within the QUAD A accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a physician to be credentialed for a specific procedure, the physician may provide alternative evidence of training and competence in that procedure. Individual consideration will be given if the physician no longer possesses or cannot obtain such privileges, and can demonstrate that loss of, or inability to obtain such privileges was not related to lack of clinical competence, ethical issues, or problems other than economic competition. -OR- If the physician has never held privileges, or no longer holds privileges, QUAD A will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these physicians who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility's responsibility to conduct the primary source verification and not the physician's. Required elements of primary source verification are: • Verification of medical education directly from institution (MD, DO, DMD, DDS, or DPM degree) • Verification of any specialty/subspecialty from sponsoring	**11-C-11**	Physicians, including both directly employed and contract physicians, who perform procedures, including anesthesia services, in facilities accredited by QUAD A must provide evidence of training and competence in the procedures for which the physician is credentialed and privileged to perform in the facility. Individual consideration will be given if the physician no longer possesses or cannot obtain such privileges, and can demonstrate that loss of, or inability to obtain such privileges was not related to lack of clinical competence, ethical issues, or problems other than economic competition. -OR- If the physician, including both directly employed and contract physicians, has never held privileges, or no longer holds privileges, QUAD A will accept alternate credentialing via primary source verification. Primary source verification must be performed every two (2) years. Additionally, these physicians who are being credentialed using primary source verification are not required to maintain hospital admitting privileges. Required elements of initial primary source verification are: • Verification of medical education directly from institution (MD, DO, DMD, DDS, or DPM degree) • Verification of any specialty/subspecialty from sponsoring institution • Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited) • Verification of board certification status, if applicable. • Drug Enforcement Administration (DEA) registration status • National Practitioner Databank (NPDB)'s Integrated Querying and Reporting Services (IQRS) results • Current malpractice insurance

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-10	If the physician does not hold admitting privileges at the nearest acute care hospital, there must be a signed and dated document from a person in the same specialty who has admitting privileges in the nearest acute care hospital that indicates their willingness to admit the patient to the hospital.	**Removed**	Removed
11-C-11	Practitioners of interventional radiology must meet all of the following criteria MD or DO Board certification or board eligibility by the American Board of Radiology (ABR) Fellowship training as approved by the ABR Current certificate of added qualifications in interventional/vascular radiology All physicians practicing in an QUAD A-accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the QUAD A-accredited facility.	**11-C-12**	Practitioners of interventional radiology must meet all of the following criteria: • MD or DO • Board certification or board eligibility by the American Board of Radiology (ABR) • Fellowship training as approved by the ABR • Current certificate of added qualifications in interventional/vascular radiology

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-C-12	Practitioners of Pain Management would be required to meet all of the following criteria: 1. Have an MD or DO degree 2. Appropriate fellowship training in pain management 3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology 4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS 5. All physicians practicing in a QUAD A accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the QUAD A accredited facility.	**11-C-13**	Practitioners of Pain Management must meet all of the following criteria: - Have an M.D. or D.O. degree - Appropriate fellowship training in pain management - Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology - Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS - CRNAs, as permitted by state law, who have completed a one year academic pain fellowship accredited by the Council on Accreditation for Nurse Anesthesia Educational Programs and possess a subspecialty (non-surgical) board certification from the National Board for Certification and Recertification of Nurse Anesthetists.
11-D-1	If anesthesiologists, CRNAs, and/or anesthesia assistants (as certified by the NCCAA) under direct supervision of the anesthesiologist participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified.	**Removed**	Removed
11-D-2	All anesthesia providers must be licensed or accredited by the state in which they practice.		No Change
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.	**11-D-3**	An anesthesia professional 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.
11-D-5	Podiatrists and Oral Maxillofacial Surgeons working with CRNAs must do so according to state law.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.		No Change
11-D-7	A physician must be present when any anesthetic agent, other than topical or local anesthesia, is administered.	**11-D-7**	A physician must be present when any anesthetic sedation agent, other than topical or local anesthesia, is administered.
11-D-8	The anesthesia provider(s) cannot function in any other capacity (e.g. procedure assistant or circulating nurse) during the procedure, except for oral and maxillofacial surgery where the operator/anesthetist model has been established utilizing a two-person team for Moderate sedation and a three-person team for Deep sedation. All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia.	**11-D-8**	The anesthesia professional(s) cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure, except for oral and maxillofacial surgery where the operator/anesthetist model has been established utilizing a two-person team for Moderate sedation and a three-person team for Deep sedation. All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia.
11-E-1	When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the QUAD A definition of Class A, there is a regularly employed and licensed registered nurse, physician other than the operating surgeon, or physician's assistant designated as the person responsible for patient care in all areas of the facility (i.e. operating room, operating suite, and all patient care areas), in accordance with state/local law.	**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 licensed registered nurse, physician other than the operating surgeon, or physician's assistant designated as the person responsible for patient care in all areas of the facility (i.e. operating room, operating suite, and all patient care areas), in accordance with state/local law.
11-E-2	All operating suite personnel must meet acceptable standards as defined by their professional governing bodies, where applicable.	**11-E-2**	All operating suite personnel must meet acceptable standards as defined by their state scope of practice and professional governing bodies, where applicable.
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.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**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) or pediatric advanced life support (PALS), as appropriate, is immediately available until the patient has met PACU discharge criteria for discharge from the facility. Local mandates and stricter standards may apply.
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.	**11-G-5**	A minimum of one ACLS, and when appropriate PALS as well, certified staff member must be present in the facility until all patients recovering from anesthesia have met the facility's discharge criteria for discharge from the facility.
11-H-1	IMPORTANT: Employee information such as previous employment, health information (except specific to QUAD A standards and state required immunizations or tests) disabilities, employment and performance reviews are protected and of no interest to the QUAD A surveyor. However, the surveyor does need to confirm that an adequate file is kept on each employee related to the items listed below. Please have only this data available for each employee, separate from the employee files.	**Removed**	Removed
11-H-2	There is a manual outlining personnel policies.	**11-H-2**	The facility maintains a manual outlining personnel policies that is reviewed annually and updated as needed.
11-H-3	The manual contains personnel policies and records which are maintained according to OSHA, HIPAA, and ADA (Americans with Disabilities Act) guidelines. IMPORTANT: Employee information must remain strictly confidential.	**11-H-3**	The manual contains personnel policies and records which are maintained according to the Occupational Safety and Health Administration (OSHA), Health Insurance Portability & Accountability Act (HIPAA), and Americans with Disabilities Act (ADA) guidelines. IMPORTANT: Employee information must remain strictly confidential.
N/A	No current requirement.	**11-H-4**	The facility maintains a personnel file for all clinical and administrative employees, including direct and contract employees.

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
11-H-4	Each personnel record contains any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.	**11-H-5**	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.
11-H-5	Each personnel record contains resume of training and experience.	**11-H-6**	Each personnel record contains resume of training and experience.
11-H-6	Each personnel record contains current certification or license if required by the state.	**11-H-7**	Each personnel record contains current certification or license if required by the state.
11-H-7	Each personnel record contains date of employment.	**11-H-8**	Each personnel record contains date of employment.
11-H-8	Each personnel record contains description of duties.	**11-H-9**	Each personnel record contains description of duties.
11-H-9	Each personnel record contains on-going record of continuing education.	**Removed**	Removed
11-H-10	Each personnel record contains on-going record of inoculations or refusals.	**11-H-10**	Each personnel record contains on-going records of inoculations or refusals in accordance with State law requirements.
11-H-11	Each personnel record contains record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk.	**11-H-11**	Each personnel record contains a record of hepatitis B immunization being offered to clinical personnel with bodily fluid exposure risk.
11-I-1	Each personnel record has evidence of annual hazard safety training.		No Change
11-I-2	Each personnel record has evidence of annual blood borne pathogen training.		No Change
11-I-3	Each personnel record has evidence of annual universal precaution training.		No Change
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.		No Change

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QUAD A Previous Version 5.2		Revised Standards - Version 6	
Number	**Language**	**Number**	**Language**
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.	**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 the patient population served.
11-I-6	The operating room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or the anesthesia provider, holds current PALS certification and/or ACLS certification, if appropriate.	**11-I-6**	Clinical personnel must have the knowledge to provide treatment cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or anesthesia professional, holds current PALS certification and/or ACLS certification, if appropriate.
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.	**11-I-8**	Anesthesia professionals, both directly employed and contract anesthesia professionals, must be trained and knowledgeable with the facility's emergency protocol for cardio-pulmonary emergencies, safe and timely transfer of a patient to an alternative care facility when extended emergency care is needed, and other internal and external disasters.
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.	**Removed**	Removed
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.	**11-I-10**	The operating room personnel are familiar with the equipment and procedures utilized in treating emergencies, as discussed in standards section 5-C: Emergency Protocols.
11-I-11	If a gas sterilizer or Automated Endoscope Reprocessor (AER) is used, personnel are thoroughly familiar with the operating instructions.	**Removed**	Removed
11-I-12	Facility maintains documented training of appropriate personnel related to scope cleaning, reprocessing, and storing, as applicable to individual duties.	**Removed**	Removed