

KEY ANESTHESIA CLASSIFICATION UPDATES FOR YOUR FACILITY

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DISCLAIMER

The requirements in the current version of the QUAD A standards supersedes previous versions including any interpretive guidance provided in past newsletters and responses to standards-related questions.

PATIENTS FIRST. ALWAYS.

LEARNING OBJECTIVES:

- Understand the reorganization of anesthesia classes and requirements
- Understand the removal of Class C-M and what it means for facilities
- Review new survey expectations for anesthesia and compliance
- Understand the new guidelines for Nitrous Oxide administration
- Clarify liposuction aspirate limits in Class A and B facilities
- Access key anesthesia reference materials for compliance and best practices

MAJOR CHANGES

- Anesthesia Class C-M had been eliminated
 ➢ Purpose: To reduce confusion between Class C-M and C, and improve compliance
 ➢ Three facility classes remain: A, B, and C.
- C-M facilities will be evaluated under the C classification standards at their next triennial survey depending on the type of services being provided.
- Scoring Implications: Non-compliance with any item in the Anesthesia Class Definitions and Requirements document results in a deficiency under Standard 1-A-1 and 1-A-2.



WHERE CAN I FIND THE UPDATED ANESTHESIA REQUIREMENTS DOCUMENT?

- At the beginning of each updated standards manual
- On the QUAD A Website
 - Homepage > Accredited Facilities > Standards Manuals Dropdown Menu > View all standards manuals and associated documents > Scroll to Additional Resources > Open Document





ANESTHESIA CLASSIFICATIONS: CLASS A

CLASS A FACILITY REQUIREMENTS

FACILITY MUST MEET ALL CLASS A REQUIREMENTS:

Anesthesia Types Permitted:

- Local or Topical Anesthesia
- Minimal Sedation
- Nitrous Oxide (standalone system)
- Emergency Use Only:
 - Endotracheal tubes and supraglottic airways

Who Can Administer Anesthesia?

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- CRNA
- CAA
- NP
- PA
- RN (under the direct supervision of a credentialed physician as permitted by state law)

CLASS A CLARIFICATIONS

• Prohibited Practices:

- Moderate sedation
- Propofol, spinal/epidural anesthesia, endotracheal intubation, supraglottal airways, inhalation general anesthesia, and nerve and field blocks

• Liposuction Limit:

• No more than 500cc of liposuction aspirate may be removed.

Medication Restrictions:

- Single preoperative and postoperative doses of minimal sedation drugs only (An Opioid or Benzodiazepine)
- Additional doses or agents require Class B or C accreditation



ANESTHESIA CLASSIFICATIONS: CLASS B

CLASS B FACILITY REQUIREMENTS

FACILITY MUST MEET ALL CLASS A AND B REQUIREMENTS:

Anesthesia Types Permitted:

- Intravenous Sedation
- Regional Anesthesia
- Analgesia
- Oral or Intranasal Sedation
- Field and Peripheral Nerve Blocks
- Dissociative Drugs (excluding Propofol)
- Moderate/Conscious Sedation (no endotracheal intubation or inhalation general anesthesia) without the use of intubation or LMA or inhalation anesthesia

Who Can Administer Anesthesia?

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Pediatric Dentist
- Oral and Maxillofacial Surgeon
- CRNA
- CAA
- NP, PA, or RN (under the direct supervision of a credentialed physician)

CLASS B CLARIFICATIONS

Prohibited Practices:

 The use of propofol, spinal/epidural anesthesia, endotracheal intubation, LMAs, inhalation or general anesthesia (excluding nitrous oxide) is prohibited

Note: Endotracheal tubes and supraglottic airways are permitted in the facility for emergency use only.

FAQ: The use of MKO melts is permitted.



ANESTHESIA CLASSIFICATIONS: CLASS C

CLASS C FACILITY REQUIREMENTS

FACILITY MUST MEET EVERY CLASS A, B & C REQUIREMENTS:

Anesthesia Types Permitted:

- Intravenous Propofol
- Spinal or Epidural Anesthesia
- General Anesthesia

Who Can Administer Anesthesia?

- Physician Anesthesiologist
- Dental Anesthesiologist
- CRNA
- CAA

CLASS C CLARIFICATIONS

Total Intravenous Anesthesia (TIVA):

• Facilities using TIVA without inhalational anesthetics are **not** required to have an anesthesia machine.





General Anesthesia:

• Permitted with proper accreditation and compliance.



ANESTHESIA CLASSIFICATIONS: SUMMARY

UPDATED ANESTHESIA CLASSIFICATIONS

Anesthesia Options	Class A	Class B	Class C
Local Anesthesia	X	X	X
Topical Anesthesia	X	X	X
Nitrous Oxide	x	X	X
Parenteral Sedation		X	X
Field and Peripheral Nerve Blocks		X	X
Dissociative Drugs (excl. Propofol)		X	X
Propofol			X
Epidural/Spinal Anesthesia			X
General Anesthesia			X



ANESTHESIA CLASSIFICATIONS: OTHER CONCEPTS TO NOTE

PATIENT MONITORING: MODERATE AND DEEP SEDATION

• Goal:

 Avoid complications by timely detection and treatment of adverse drug responses.

• Key Monitoring Strategies:

- 1. Level of Consciousness: Assess patient response to commands.
- 2. Ventilation and Oxygenation: Use capnography and pulse oximetry.
- 3. Hemodynamic Monitoring: Blood pressure, heart rate, and ECG.
- 4. Contemporaneous Recording: Document monitored parameters.
- 5. Presence of a Monitor: Ensure a qualified licensed clinician is present.

NITROUS OXIDE SAFETY FEATURES

Required Safety Features for Nitrous Oxide Delivery Systems:

- Audio/Visual Alarms (e.g., low/high oxygen pressure)
- Color-Coded Gas Tanks, Knobs, and Hoses
- Diameter Index Safety System (DISS)
- Emergency Air Inlet
- Oxygen Fail-Safe System
- Oxygen Flush Button
- Pin-Index Safety System
- Quick Connect for Positive-Pressure Oxygen
- Reservoir Bag

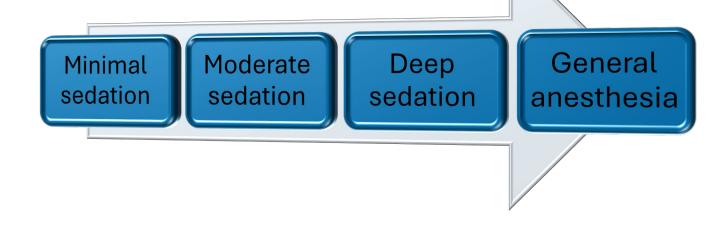




ADDITIONAL GUIDANCE

• ASA Continuum of Depth of Sedation (2019):

- Refer to Table 1 for definitions of general anesthesia and sedation levels.
- Clinical Records Standards:
 - See Section 8, Sub-section H for detailed monitoring requirements.





ANESTHESIA CLASSIFICATIONS: WHAT TO LOOK FOR IN THE STANDARDS MANUALS

Basic Mandates Sub-section A: Basic Mandates





SUB-SECTION A: ANESTHESIA OPTIONS

	STANDARD 1-A-1	INTERPRETIVE GUIDANCE
New Program Applicability	The facility practices within the Anesthesia Class for which it is accredited and in accordance with facility policies and procedures, and industry standards.	The intent is to ensure the facility practices safely within the anesthetic class for which it is accredited: Class A, B, or C, as outlined in the Anesthesia Class Definitions & Requirements document.
	APPLICABILITY:	
	ASC, OBP, OBS, OMS, PD	
	CLASS:	
	A, B, C	

SUB-SECTION A: ANESTHESIA OPTIONS

STANDARD 1-A-2

All care is provided by a credentialed healthcare provider as listed in the Anesthesia Class Requirements document and in accordance with facility policies, procedures, and state/provincial and federal law.

APPLICABILITY:

ASC, OBP, OBS, OMS, PD

CLASS:

New Program Applicability

A, B, C



YOUR QUESTIONS, OUR ANSWERS

Is standard 6-F-4 applicable for Class A Surgery Centers - requiring neuromuscular blocking agents? This seems outside the anesthesia definition and airway requirements for Class A facilities.

Are the emergency medications noted in the standard that are applicable to ASC's that administer general anesthesia required to have on site as a Class C that does NOT administer general anesthesia?

Are medical assistants/CNA or physician assistants able to administer Nitrous Oxide under direct supervision of credentialed physician? Those positions are not listed on page 7.

In OBS facilities that don't use triggering agents, such as Class A facilities, do you still require the Malignant Hyperthermia algorithm?

For the Technical Corrections document, can you clarify that the deletion of 2-C-9 and 6-F-7 only apply to Class A facilities?

How does the revision to the Standard 1-C-6 affect a facility who was recently accredited by QUAD A as an OBS Class A facility?

What is the drastic reason for the previous threshold of 5000cc aspirate, now lowered to 500cc--strictly enforced to all class A facilities? Are there any exceptions to this revised standard 1-C-6?

CONTACT US!

Clinical Questions?

Email Our Clinical Team! standards@quada.org

Due to the high volume of submissions and the technical and legal considerations involved in addressing questions related to standards, we kindly ask for your patience. The clinical team will respond as soon as possible, in the order in which the questions are received, to ensure we provide you with the most accurate and well-informed answer possible.

THANK YOU!