



NAVIGATING THE UPDATED STANDARDS: KEY CHANGES FOR NON-MEDICARE FACILITIES

Niki Zeman, BSN, RN

Clinical Survey Analyst

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PATIENTS FIRST. *ALWAYS.*

LEARNING OBJECTIVES:

- Understand the intent and application of QUAD A's updated standards.
- Identify key compliance revisions, including the removal of Class C-M anesthesia classification and updates to provider clinical privileges.
- Prepare for enhanced survey expectations, including the observation of care process.
- Strengthen compliance with QUAD A's updated standards upon implementation.
- Gain a clear understanding of QUAD A's latest accreditation updates, including new compliance requirements and revised protocols.



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.



OVERSEEING SURVEY DATA: MEET QUAD A'S CLINICAL TEAM

Beverly Robins, MBA, BSN, RN
Director of Survey Operations



**Hilda Hebbert,
MSN, BSN, RN**
Clinical Review Analyst



**Shelli Greschaw,
BSN, RN**
Clinical Review Analyst



**Patricia Chmielewski,
MS, BSN, RN**
*Standards Development &
Research Analyst*



**Kasi Hunner,
BSN, RN**
Clinical Review Analyst



**Niki Zeman,
BSN, RN**
Clinical Review Analyst

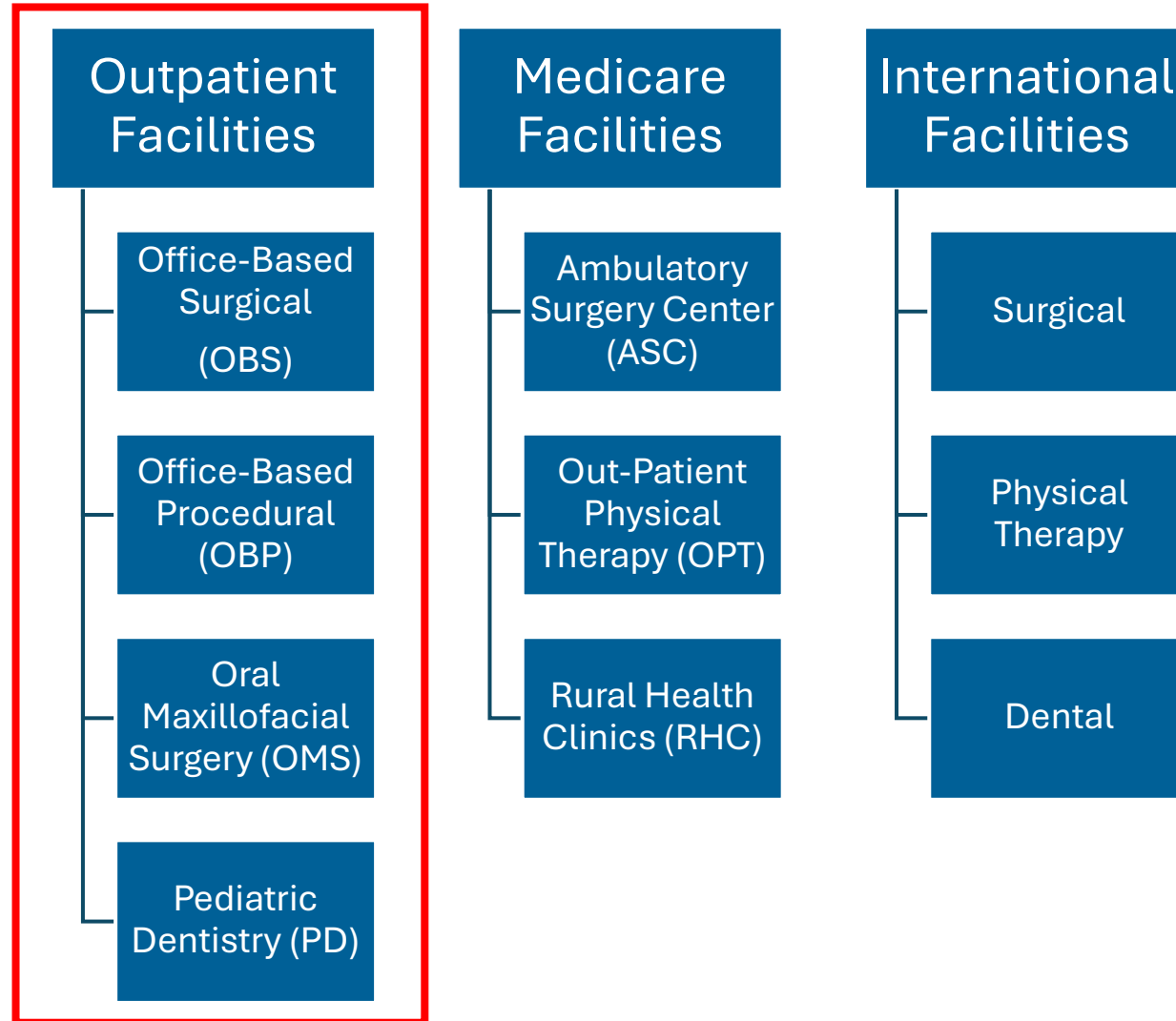




OUR NON-MEDICARE ACCREDITATION PROGRAMS

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OUR ACCREDITATION PROGRAMS





HOW WILL THE UPDATED STANDARDS INFLUENCE OUR NON-MEDICARE PROGRAMS? AN OVERVIEW

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TIMELINE OF IMPLEMENTATION

2023

PROJECT KICK-OFF
INTERNALLY

NOVEMBER 2024

QUAD A'S 2025
STANDARDS REVISION
PROJECT ANNOUNCED
& PUBLIC COMMENT
PERIOD OPENS

DECEMBER 2024

THE PUBLIC COMMENT
PERIOD CLOSES

MARCH 2025

UPDATED STANDARDS
MANUALS AND
CHANGE REPORTS
POSTED TO QUAD A
WEBSITE

APRIL 2025

NEW STANDARDS AND
FIRST SET OF
TECHNICAL
CORRECTIONS
EFFECTIVE APRIL 7,
2025

LATER IN 2025...

ADDITIONAL
TECHNICAL
CORRECTIONS WILL
BE POSTED ON QUAD A
WEBSITE AS NEEDED

TECHNICAL CORRECTIONS

Technical Corrections are necessary updates to some of the QUAD A standards. These updates occur when issues arise that cannot wait until the next version of Standards Manuals are published. The Technical Change document is a vehicle to rapidly communicate priority standards changes to facilities and surveyors. These corrections supersede standards in the Standards Manual.

- **When can we expect technical corrections to be posted?**
 - The first set of Technical Corrections were posted to the QUAD A website on Friday, March 28, 2025.
- **What is the effective date for the first set of technical corrections?**
 - April 7, 2025
- **What is the expected frequency for posting Technical Corrections?**
 - QUAD A may issue technical corrections as needed. Additional updates are anticipated later in 2025, with clearly defined implementation timelines provided.
- **Which programs are affected by Technical Corrections?**
 - Each program will see minor Technical Corrections on an as-needed basis that are expected to be implemented as indicated.

RESOURCES AVAILABLE TO YOU



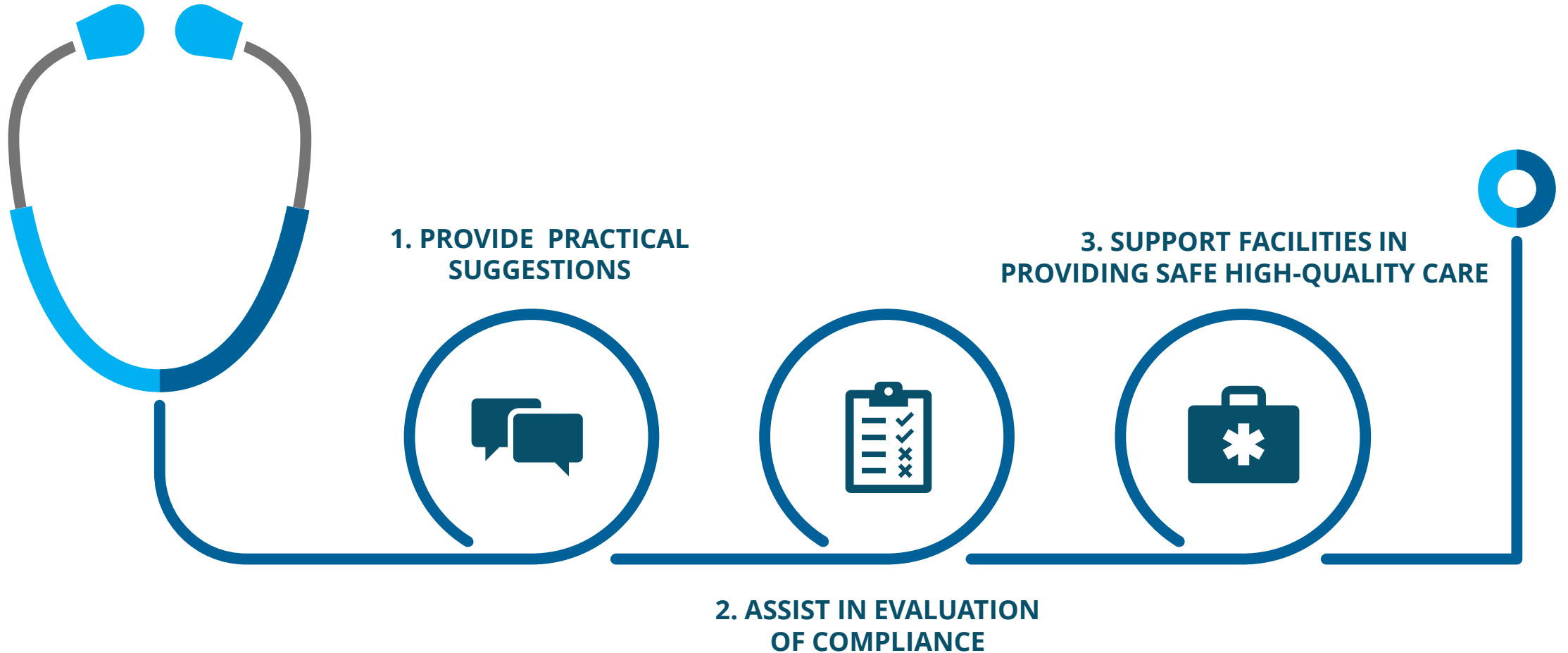
FACILITY RESPONSIBILITIES

- Facilities required to know their state and local regulations
 - Advanced practice registered nurses and 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 have been added as individuals that are allowed to use the facility, and this is what this means.....
- Scope of Practice Examples:
 - Can an RN administer moderate sedation?
 - Is a Circulating Nurse required in the OR? If so, can it be an LPN?
 - What can a Medical Assistant do, working in the facility's environment?
- State & Local Regulations
 - Vaccine requirements for employees
 - Clinical record retention
 - Fire/building code
 - Is a municipal license required for my facility?

INTRODUCING INTERPRETIVE GUIDANCE

- **What is interpretive guidance?**
 - Clarification of the requirements of each individual standard to foster a better understanding of the compliance expectations expected of facilities during a successful survey
 - Also supports surveyors in assessing compliance consistently and fairly
- **Where do I find interpretive guidance?**
 - In the standards manuals,
 - Noted in red within the updated standards manuals

WHAT IS INTERPRETIVE GUIDANCE INTENDED TO DO?



ANESTHESIA CLASSIFICATION INFORMATION

- Updated Anesthesia Classification Document
 - At the beginning of each updated standards manual
 - QUAD A Website
 - Homepage > Accredited Facilities > Standards Manuals Dropdown Menu > View all standards manuals and associated documents > Scroll to Additional Resources > Open Document
- Upcoming Lunch & Learn segment covering this topic in-depth
 - ***Key Anesthesia Classification Updates for Your Facility***
 - Wednesday, May 7, 2025 from 12:00 PM CT – 12:30 PM CT
 - Register even if you can't attend the series in real-time

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

WHICH NON-MEDICARE PROGRAMS DOES THE ELIMINATION OF C-M ANESTHESIA CLASS EFFECT?

Outpatient Facilities

Office-Based Surgical (OBS)

Office-Based Procedural (OBP)

Oral Maxillofacial Surgery (OMS)

Pediatric Dentistry

- How will the QUAD A accreditation team handle this transition?

S L O W L Y

- Facilities with a C-M designation will be transitioned to Class C during next renewal
 - A survey is required if a facility wants to begin a higher level of anesthesia services, specifically general anesthesia

CHANGED HOSPITAL PRIVILEGES REQUIREMENTS

Outpatient Facilities

Office-Based Surgical (OBS)

Office-Based Procedural (OBP)

Oral Maxillofacial Surgery (OMS)

Pediatric Dentistry (PD)

STANDARD 11-C-6 (NEW):

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.

- Hospital privilege information for providers will no longer be required for any QUAD A accredited surgical programs
- Now up to the governing body of the surgery center to determine the competency of providers that work in their facility

CORRECTED ON-SITE



For deficiencies that are identified as corrected onsite during the survey, facilities will be required to submit an acceptable PoC. This ensures that all deficiencies, regardless of their status at the time of the survey, are documented and monitored for sustained compliance on an ongoing basis.

TEN-DAY PLAN OF CORRECTION



All facilities must submit an acceptable plan of correction (PoC) within 10 days for any deficiencies identified during the accreditation survey. The PoC should detail the steps your facility will take to address and resolve the identified issues, ensuring ongoing compliance with QUAD A standards. Additionally, evidence of correction (EOC) must be submitted within 30 days.

INTRODUCING OBSERVATION OF CARE



**QUAD A Board Member
VP of Investigations
Co-Chair Standards Committee
Surveyor**

Dr. Monte Goldstein



OBJECTIVES OF OBSERVATION OF CARE

- Evaluate compliance with accreditation standards
- Identify gaps in care delivery that may compromise patient safety
- Provide actionable feedback to improve facility operations through documentation of findings
- Ensure alignment with best practices in patient care.

WHY INCORPORATE OBSERVATION OF CARE?

- Provides direct insight into a facility's practices.
- Provides a clear picture of facility operations and patient care practices.
 - *Does practice follow policy or what they say they do?*
- Critical aspects of care must be evaluated to identify gaps that may lead to adverse events.

IS THERE SUFFICIENT TIME TO INCORPORATE OBSERVATION OF CARE DURING A SURVEY?

YES! 

- The average time spent on non-Medicare surveys: is approx. 4.0 hours (with some outliers).
- Sufficient time exists to integrate case observation into the survey process.
- Observation of care is a more efficient way to directly observe compliance with many standards and can increase the speed of assessment

EXAMPLES OF CARE PROCESSES TO OBSERVE



WHY DO THESE AREAS MATTER?

- Observing these areas ensures compliance with accreditation standards of practice.
- Identifies gaps that could lead to poor patient outcomes and adverse events.
- Enhances patient safety and quality of care.
- Provides actionable insights to facilities for corrective action implementation



PROMOTING A CULTURE OF CONTINUOUS IMPROVEMENT

- Observations are not just about compliance but also about learning and growth.
- Facilities should view survey findings as opportunities for improvement.
- Fosters collaboration between facilities and surveyors to enhance the delivery of safe patient care.
- Great reminder to facilities of their commitment to excellence in patient care with QUAD A as their Accrediting Organization.





CHANGES TO NOTE IN THE UPDATED STANDARDS MANUALS

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THE NEW STANDARDS MANUALS

SECTION 1: BASIC MANDATES

ID	Standard	Class	Interpretive Guidance	Score/Findings/Comments
SUB-SECTION A: ANESTHESIA OPTIONS				
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.	A B C	<p>Interpretive Guidance: 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.</p> <p>Evaluating Compliance:</p> <ul style="list-style-type: none">• Verify that the surveyor is evaluating the correct facility class and call QUAD for guidance if the anesthesia option is in question.• Interview surgeons/proceduralists, anesthesia professionals, and nursing staff regarding the types of procedures, surgical cases, anesthesia administered, and the qualifications of staff administering and monitoring the patient for all types of anesthesia.• Review the facility's policy on the required qualifications and training of staff—surgeon/proceduralist, anesthesia professionals	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite</p> <p>Enter observations of non-compliance, comments, or notes here.</p>

NEWLY
ADDED IG

SUGGESTIONS
TO MEET
COMPLIANCE

UPDATED GLOSSARY

- More robust than previous glossary
- Provides clearer definitions
- Included at the end of each updated Standards Manual



UNDERSTANDING THE CHANGE REPORTS

NO CHANGES

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	Language	Number	Language
5-E-2	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		No Change

RE-NUMBERED

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	Language	Number	Language
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 attire. This includes scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate attire based on the procedure being conducted.
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.

REVISED LANGUAGE

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	Language	Number	Language
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.

REMOVED

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	Language	Number	Language
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

NEW

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	Language	Number	Language
N/A	No current requirement.	6-F-11	The following medication must be available in the facility at all times: Intravenous corticosteroids (eg, dexamethasone).

NEW OBS
STANDARDS
TO NOTE

**NEW ** OBS STANDARDS			
1-B-1	6-F-8	8-E-13	9-A-27
1-B-7	6-F-9	8-J-2	9-A-30
1-C-5	6-F-10	9-A-5	9-A-31
1-C-6	6-F-11	9-A-7	9-B-3
2-B-19	6-F-12	9-A-8	11-C-2
2-E-3	6-F-13	9-A-9	11-C-6
4-A-2	7-C-1	9-A-10	11-G-5
4-E-7	7-C-5	9-A-11	11-H-4
4-E-8	7-D-11	9-A-12	
5-A-4	8-B-1	9-A-14	
6-A-1	8-B-8	9-A-15	
6-A-2	8-B-9	9-A-16	
6-D-4	8-B-22	9-A-17	
6-D-5	8-C-4	9-A-22	

NEW OBP STANDARDS TO NOTE

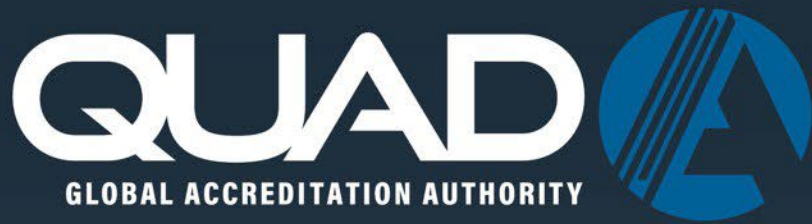
**NEW ** OBP STANDARDS			
1-B-7	6-D-5	8-B-9	9-A-14
1-C-5	6-F-8	8-B-22	9-A-15
1-C-6	6-F-9	8-C-4	9-A-16
2-B-19	6-F-10	8-E-13	9-A-17
2-E-3	6-F-11	8-H-1	9-A-22
4-A-2	6-F-12	8-J-2	9-A-27
4-B-6	6-F-13	9-A-5	9-A-30
4-E-7	7-D-5	9-A-6	9-A-31
4-E-8	7-D-11	9-A-7	9-B-3
5-A-4	7-E-2	9-A-8	11-C-2
6-A-1	7-E-5	9-A-9	11-C-6
6-A-2	8-B-1	9-A-10	11-H-4
6-A-6	8-B-2	9-A-11	
6-D-4	8-B-8	9-A-12	

NEW OMS
STANDARDS
TO NOTE

**NEW ** OMS STANDARDS			
1-B-7	6-F-11	9-A-5	9-B-3
2-B-4	6-F-13	9-A-7	11-C-6
2-B-19	7-B-1	9-A-8	11-H-4
2-E-3	7-D-5	9-A-9	
4-A-2	7-D-11	9-A-10	
4-E-7	8-B-1	9-A-11	
4-E-8	8-B-2	9-A-12	
5-A-4	8-B-8	9-A-14	
6-A-1	8-B-9	9-A-15	
6-A-2	8-B-22	9-A-16	
6-D-4	8-C-4	9-A-17	
6-D-5	8-E-13	9-A-22	
6-F-8	8-H-1	9-A-27	
6-F-10	8-J-2	9-A-31	

NEW PD STANDARDS TO NOTE

**NEW ** PD STANDARDS			
1-B-1	6-F-11	8-K-10	9-A-31
1-B-7	6-F-13	9-A-5	9-B-3
2-B-4	7-D-11	9-A-7	11-C-6
2-B-19	8-B-1	9-A-8	11-H-4
2-E-3	8-B-2	9-A-9	
4-A-2	8-B-8	9-A-10	
5-A-4	8-B-9	9-A-11	
6-A-1	8-B-22	9-A-12	
6-A-2	8-B-27	9-A-14	
6-D-4	8-B-29	9-A-15	
6-D-5	8-B-30	9-A-16	
6-E-4	8-C-4	9-A-17	
6-F-8	8-E-13	9-A-22	
6-F-9	8-I-1	9-A-27	
6-F-10	8-J-2	9-A-30	



YOUR QUESTIONS, OUR ANSWERS

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QUESTION:

So, to clarify, do the physicians still require hospital privileges to be eligible for QUAD A standards?

QUESTION:

Is a code cart necessary in an off-site dental clinic that uses 50% nitrous oxide and oral midazolam to perform moderate sedation for pediatric patients?

QUESTION:

As far as separating a clean and dirty area in the decontamination room, is there a specific amount of space required to be between clean and dirty? Does there have to be a physical barrier?

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!

