

Webinar 1: QUAD A's Accreditation Standards Are Changing — Are You Ready?

Questions & Answers



Interpretive Guidance

Q How do we use the Interpretive Guidance? Is it scorable?

A We have recently released a newsletter that addresses this question. It is available at this link: <https://www.quada.org/en/standards-news-and-updates/interpretive-guidance>

Q Where do we get version 9.0 with the "Interpretive Guidance" column?

A The updated manuals are available on the QUADA.org website under the Accredited Facilities tab: standards manuals: view all standards manuals and associated documents.

Q Tom mentioned there will be no "grandfathering". What about facilities that installed the floor in their OR per older (v. 15.2) guidelines, but does not have cove molding that was allowed previously? Or the table top autoclave that does not produce a printout to document the time and temperature used?

A This information was in the interpretive guidance and is not scorable.

Hospital Privileges

Q Are hospital privileges required in the revised Standards?

A Hospital privileges are no longer required. Delineated privileges must be granted to each provider at the facility level.

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

A No, hospital privileges are no longer required. The facility does need to create their own facility privileges that outline what procedures may be performed.

Q Do PA's or NP need to have hospital privileges if they assist in surgeries but don't perform alone?

A No, hospital privileges are no longer required. However, they must be credentialed, been granted facility privileges by the governing body/facility leadership, and have training for the task performed at the facility. While hospital privileges are no longer required, providers must have delineated privileges at the facility level.

Q I am the nurse with a one doctor office based practice. How and what do I need to write in the policy for hospital privilege's?

A Hospital privileges are no longer required with the updated standards. Each provider must have delineated privileges at the facility level. In a one physician office, that physician and the facility leadership would be responsible for granting facility privileges. QUAD A cannot act in a consultative manner and is unable to provide policy templates.

Q Confused on the hospital privileges part. Do we need to continue to have admitting privileges to the hospital? It sounds like the doctor said no. Our hospital will not let us admit a patient without our doctors having admitting privileges.

A QUAD A no longer requires hospital privileges. Privileges are now be delineated at the facility level. You may need to continue hospital privileges if your hospital requires that, however you are not required to submit these privileges to QUAD A.

Q Do we still need to request for waivers if the physicians doesn't have hospital privileges?

A Hospital privileges are no longer required. Delineated privileges must be granted at the facility level.

Observation of Care

Q Can you please explain Observation of Care? Does observation of care mean the same thing as "Case tracer" for the CMS program?

A We have recently released a newsletter that addresses this question. It is available at this link: <https://www.quada.org/en/standards-news-and-updates/observation-of-care-1>

Q In the past the survey has been completed in one day. Will that still be the case or will 2 or more days be required considering the addition of observation?

A Surveys that now contain observation of care will continue to be completed in 1 day or may need to be expanded based on the number of practitioners, staff, and services offered. Your Accreditation Specialist will inform you if there is a need to expand the length of the survey.

Q If reaccreditation survey was scheduled in May prior to the release of the new standards will a observation of care patient be required? The facility is small and does not have a patient procedure scheduled on that day and is having difficulty getting a patient scheduled for that day.

A Yes, observation of care is required for all surveys scheduled April 1, 2025, and after. Please contact your accreditation specialist with this information. Your specialist and the scheduling department will work with you and your facility with this.

Q Surgery vs post op for standard of care observation...is surgery required?

A The surveyor may observe the procedure or portions of the procedure, or they may observe post-operative care. The observation of care will be a fluid process and the surveyor will observe care throughout the day as the opportunity presents. The following newsletter article may help as well. <https://www.quada.org/en/standards-news-and-updates/observation-of-care-1>

Q Will this apply to my upcoming survey this month?

A Observation of care begins on all non-Medicare surveys scheduled April 1, 2025, and beyond.

Q Is performing surgery on day of in person survey mandatory?

A The expectation is that care will be delivered to patients on the day the surveyor is onsite. <https://www.quada.org/en/standards-news-and-updates/observation-of-care-1>

Q Will the observation of care be on the day of the survey?

A Yes, all survey activities, including observation of care, will occur on the day of the survey.

Emergency Medications

Q If my facility does not use any malignant hyperthermia inducing agents- why do I need to have the algorithm on my crash cart? Or run drills? Seems to be an unsafe practice to clutter my crash cart.

A If no triggering agents are present and the facility chooses to have rocuronium present for an emergency, chapter 6-G does not apply. If succinylcholine is present only for emergency airway use then 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, and 6-G-2 apply. However, if succinylcholine is present and used routinely, QUAD A Standards 6-G-1 through 6-G-11 are applicable.

Q 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?

A Yes, facilities need to have emergency medications listed in Sub-Section E: ACLS/PALS Algorithm and Sub-Section F: Emergency Medication.

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

A No. If your facility does not use triggering agents, an MH algorithm is not required.

Staffing

Q Are the proceduralist required to have BCLS and ACLS?

A BLS is the minimum requirement for all clinical staff. If the clinical staff holds ACLS certification, BLS certification is not required.

Q Is the CRNA acceptable regarding ACLS in the OR or does it need to be the circulator, RN?

A We believe that you may be referring to 11-I-6 – Clinical personnel must have the knowledge to provide treatment for cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or anesthesia professional, holds current ACLS certification and/or PALS certification, if appropriate. If this is the case, then yes, the CRNA meets the intent of the standard. However please keep in mind standard 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.

Q Does Anesthesia count as a ACLS trained person?

A Yes, if they are certified in ACLS.

Q 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.

A No, a MA/CNA cannot administer nitrous oxide under the direct supervision of a physician. Only an RN, NP or PA may administer nitrous oxide under the direct supervision of a credentialed physician.

Q That standard states a RN must be in the immediate patient care. Can this include the RNFA?

A We believe that you are referring to 11-G-2 - All recovering patients must be observed and supervised by trained medical personnel in the PACU. A physician, CRNA, NP, 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. A RNFA may meet the intent of this standard if they are immediately available and not performing first assist duties in a case.

Surveys

Q Will surveys for ASCs still take one day or will they go longer? The amount of guidance for the standards seems to have increased dramatically.

A In general, the ASCs surveys will remain one day in duration. However, depending on the survey findings, it is possible for the survey to run over on to an additional day.

Q If we have an upcoming site survey for OBP in 2 weeks, are these changes and implementations expected to be done for the site visit? How can we create brand new policies by then?

A Facilities are expected to comply with the updated version of the standards beginning April 7th, 2025. Change reports were posted in November 2024 and the standards manuals at least a month in advance of implementation to assist facilities in preparing for the changes.

Q If we have an inspection scheduled before this series ends, how is this fair to have us be ready for all the changes?

A The change reports were posted in November 2024 and the revised manuals approved at least a month in advance in hopes that facilities would have started to look at internal processes back in November.

Q Do we need to retrospectively verify all of our nurses/docs/CRNA's on the formal board website or will they be grandfathered in?

A There is no grandfathering. Upon each survey it is expected that there is verification of current licensure, certification, and/or registration of staff.

Q Our facility is due for our survey this year. Will the observation be done at the same time and by the same surveyor? Also, when can we expect to hear from QUAD A about when this will take place for us?

A Surveys will continue to be conducted by a single surveyor in the non-Medicare programs. Please reach out to your accreditation specialist for questions regarding the timing of the survey.

Q Do we need to provide EoC for on-site corrected standards?

A Yes, beginning April 1, 2025, facilities will now be required to respond to corrected on-site findings in the same format and manner as a deficiency, including evidence of correction.

Q Will you be sending a surveyor to the in person surveys that has experience in that specialty?

A All QUAD A surveyors have been trained for the facilities in which they survey.

Q In my past experience with surveys and exit interviews, not all deficiencies were enumerated by the Surveyor and came as a surprise when the report was received from our Accreditation Specialist. If the PoC is due within 10 days of the Survey, how can this be accomplished?

A Findings discussed during the exit conference are preliminary. The surveys go through a secondary clinical review at the central office, so there may be times when an additional deficiencies may be added or a different standard cited, or some may have been removed. Surveyors are instructed to go over all preliminary deficiencies.

Communications, Templates & Paperwork

Q Can you provide a template to follow for the governing body to follow to "grant" privileges? is it still required for physician's to have hospital privileges at a nearby hospital?

A QUAD A does not provide templates. You might consider performing an internet search or reaching out to your local hospital. No, hospital privileges are no longer required. The facility does need to create their own facility privileges that outline what procedures may be performed.

Q Do you provide template for POC?

A Yes, each deficiency will have a template of components that your facility will be required to respond to for the Plan of Correction.

Q Will waivers still be granted?

A Yes, the waiver process will remain the same and requires the facility to submit an equivalent process that will meet the intent of the standard.

Q Do you have a template for the policy regarding Standard 11-C-6 that we can implement?

A QUAD A is not able to provide facilities with templates. You might consider performing an internet search for an example document or reaching out to your local hospital, or like-facility to see if they will share a template.

Q Are we sending anesthesia provider's documents to QUAD A just like for the surgeons?

A Documents for all surgeons/proceduralists must be sent to QUAD A. If an anesthesia provider performs procedures, such as in pain management facilities, their documents must also be submitted.

Q Do you have any recommendations for consultants for QUAD A preferably in MD?

A There is a published list of consultants available on our website at: <https://www.quada.org/consultants>. You may also email info@quada.org for a list of consultants to be emailed to you.

Q Could you please send links for additional questions that might arise post sessions if the chats are disabled?

A Should you have additional standards related questions, please email them to standards@quada.org. General questions can be sent to info@quada.org.

Q Where can we find the technical corrections that were posted on 3/28?

A Technical corrections will be posted on the QUAD A website. Facilities will also receive an email when a Technical Correction has been released, please see this link: <https://www.quada.org/accreditation-standards>.

Q Will QUAD A do a RHC specific session?

A At this time, there is not an RHC specific session, but we will certainly pass on that requested information to the Education Director.

Q I submitted several questions in Nov/Dec regarding the new updates. Many of them weren't answered with the updates. How do those specific ones get reviewed?

A Questions submitted to the standards email have been answered and sent out. If the questions were submitted through the Standards Feedback Form during the feedback portion of the comment period, the information was reviewed and taken as feedback. Responses to the received Standards Feedback Forms were not sent out.

Miscellaneous

Q Will sites that use sterilization that is off-site be required to trace lots back to specific patient if an off-site sterilization center is used?

A Yes, facilities that choose to have sterilization performed off-site will still be held to the standards related to processes in place, monitoring, labeling, etc. Facilities must also have a contract in place for this service and a mechanism in place to ensure that the services are being performed safely and as per the language of the contract.

Q Is standard 11-C-6 relevant to RHC Clinics?

A Yes, 11-C-6 is now applicable to the RHCs.

Q How do RHC clinics best meet the provider privileges regulations?

A RHCs will need to develop a scope of allowable procedures to be performed safely in the RHC setting, this list may differ between an MD/DO and a NP/PA and if any of these providers are working in a telemedicine model in your clinic. You might consider performing an internet search for a list of delineated privileges for the RHC setting, reach out to your state Department/Center of Rural Health, or reaching out to a local hospital that may have an RHC.

Q Chart audits-Should our Rural Health Clinic be auditing Licensed Clinical Social Workers charts? Do we need to have them show proof of Peer to Peer conversations?

A Currently the State Operations Manual (SOM) and QUAD A Standards are silent on this. We have a quarterly call scheduled with them on 6/10/25 and will follow-up with you after our call. However, patients seen by the Licensed Clinical Social Worker must be part of the Program Evaluation. Per the SOM, "The purpose of the record review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC, it is expected that the RHC will arrange for an outside MD/DO to review the selected sample of records of RHC patients cared for by the RHC's MD/DO. The evaluation of whether the RHC's patient care policies were followed may be conducted by an MD/DO, a non-physician practitioner, an RN, or other personnel who meet the RHC's qualifications criteria."

Q Can you please address the anesthesia gases in an OBS Setting?

A We are unsure what you are specifically asking in relation to anesthesia gases in the OBS setting. If the information that you are looking for cannot be obtained by reviewing the OBS Standard's Manual, please email your specific question to standards@quada.org.

Q 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?

A The deletion of 2-C-9 and 6-F-7 applies to all facilities and Anesthesia Class-types.

Q For standards 11-C-6 - Privileges granted policy. How long is the privileges granted for?

A Per the updated standards effective April 7th, 2025, recredentialing is to occur every three (3) years unless required at a more frequent interval by your state.

Q Can you refer someone for the measuring of anesthesia gases for OBS class C?

A We suggest contacting the vendor that your facility obtains gases from. They should be able to point you to a resource.

Q 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?

A Standard 1-C-6 applies to all Class A facilities performing liposuction under local anesthesia as of April 7th, 2025 regardless of when the facility was last surveyed or accredited. If a facility wishes to perform liposuction with an aspirate volume greater than 500 (five hundred) cc, the facility will need to be accredited as a Class B or C.

Q Can you clarify the first-line arresting seizure medication requirement for RHCs? The new standard 6-f-10 requires on-site maintenance of controlled substances that have never been required in RHCs.

A Per the Technical Corrections Change Report, 6-F-10 has been removed from the RHC standards manual. QUAD A RHC Standard 14-F-18 states: "The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biological commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids." The CMS State Operations Manual for Rural Health Clinics provides further information on this standard at 491.9(c)(3)

Q Can you define MAC vs moderate sedation which is considered conscious sedation?

A The following definitions are available in the glossary located at the back of each manual:

- Moderate Sedation/Analgesia ("Conscious Sedation" or "Procedural Sedation): A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- Monitored Anesthesia Care ("MAC") does not describe the continuum of depth of sedation; rather, it describes "a specific anesthesia service performed by a qualified anesthesia provider, for a diagnostic or therapeutic procedure." Indications for monitored anesthesia care include "the need for deeper levels of analgesia and sedation than can be provided by moderate sedation (including potential conversion to a general or regional anesthetic).

Q Who is responsible for the governing body standards in a large health system? Would it be the health system or the practice?

A Each facility is responsible to ensure that the applicable governing body/facility leadership standards are met.

Q Are scrubs laundered at home (7-A-10) permissible? AORN guidelines don't improve outcomes. Why is QUAD A adopting? Cite: J Am Coll Surg. 2019 Jan;228(1):98-106. doi: 10.1016/j.jamcollsurg.2018.06.010. Epub 2018 Oct 22. Operating Room Attire Policy and Healthcare Cost: Favoring Evidence over Action for Prevention of Surgical Site InfectionsAdham Elmously 1, Katherine D Gray 1, Fabrizio Michelassi 1, Cheguevara Afaneh 1, Michael D Kluger 2, Arash Salemi 1, Anthony C Watkins 1, Alfons Pomp 3 Affiliations Expand PMID: 30359824 DOI: 10.1016/j.jamcollsurg.2018.06.010

A Your facility should have policies and procedures in place that speak to how scrubs are handled. The policies and procedures should be based on the types of procedures that are performed and the national guidelines that your facility has chosen to follow. Upon survey, your facility will be evaluated on the adherence to the chosen guidelines.

Q What state guidance is being used for CO OBS facilities? (Not a Medicare facility)

A Facilities are expected to be familiar with any local or state requirements for their facility and business occupancy types.

Q 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?

A The 500 (five hundred)cc total aspirate limit applies only to Class A facilities performing liposuction under local anesthesia. The total volume of aspirate removed during a liposuction procedure in a Class B or C facility remains at no more than 5,000 cc.

- Q** How are you aligning your surveyors with interpretation of the new standards or any standard? Are you providing education to them so the message is the same? Our experience is depending on which surveyor you get is what their interpretation of each standard is.
- A** Our surveyors have received in-person training on these revised standards. Surveyors also receive on-going quarterly surveyor education. We are working very hard to increase our inter-rater reliability across surveyors. We value your feedback and encourage you to submit any interpretation concerns on the paper survey that you receive or to email them directly to info@quada.org.
- Q** Does BLS and ACLS have to be through AHA?
- A** It is at the facility's discretion as to which ACLS and BLS provider to accept. We highly recommend them to be healthcare provider oriented.
- Q** Have you considered having a provider/physician from primary care?
- A** We need more context to answer this question.
- Q** When re-doing the O.R. Floor, can we use an epoxy floor surface?
- A** As long as there are no seams, or crevices that can't be appropriately cleaned.
- Q** Binders were required to be "bound". Did this change to have "sprial type" bound?
- A** Yes, a professionally bound spiral book is now acceptable.