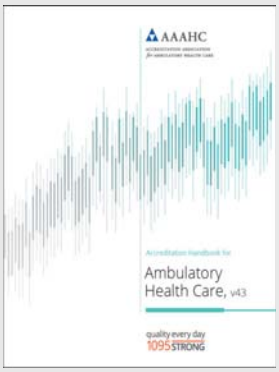
Anesthesia and Surgery

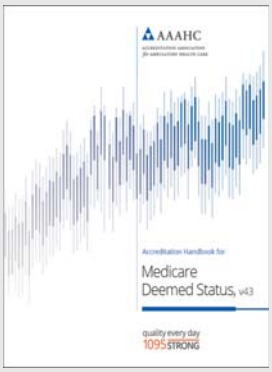
Current Issues in Accreditation Compliance

GSASC / SCASCA Semi Annual Conference & Trade Show

Anesthesia and Surgery

Welcome to v.43





- ADM Administration
- ASG Anesthesia and Surgery
- CMC Care Management and Coordination
- CPV Credentialing and Privileging
- CRD Clinical Records
- EMG Emergency Management
- FAC Facilities and Equipment
- GOV Governance
- IPC Infection Prevention and Control
- LRD Laboratory and Radiology
- MED Medication Management
- OCS Other Clinical Services
- QUA Quality
- PRR Patient Rights, Responsibilities and Protections
- SAF Safety
- VAL Validation

Anesthesia and Surgery

- Expectations for the provision of safe and high-quality anesthesia, procedural, and surgical care
- Evaluation, communication, and adherence to best practices designed to reduce errors and facilitate surgical team collaboration
- Application of certain Anesthesia standards are dependent on what type of practitioner is delivering what type (technique and level) of anesthesia

Who
What
When
Where

3

Anesthesia Services
GOV

Anesthesia services provided by the organization are limited to those techniques that have been approved by the governing body upon the recommendation of qualified professional personnel.

The governing body has appointed one or more qualified physicians or dentists to supervise the anesthesia service.

Guidance & References

Standards apply to all organizations involved in the administration of sedation and anesthesia, including those where only local or topical anesthesia or only minimal sedation is administered.

"Local" Anesthetic Techniques

Local Anesthetic

- Usually a one-time injection of (a "local" anesthetic) medicine that numbs a small area of the body
- Example: infiltration for most skin biopsies

Topical Anesthetic

- A local anesthetic that is used to numb the surface of a body part
- Topical anesthetics are available in creams, ointments, aerosols, sprays, lotions, and jellies
- Example: Topical eye drops, or treatment of minor burns, insect bites or stings

5

Anesthesia "Levels"

	Minimal Sedation Anxiolysis	Moderate Sedation/ Analgesia ("Conscious Sedation")	Deep Sedation/ Analgesia	General Anesthesia
Responsiveness	Normal response to verbal stimulation	Purposeful** response to verbal or tactile stimulation	Purposeful** response following repeated or painful stimulation	Unarousable even with painful stimulus
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous Ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular Function	Unaffected	Usually maintained	Usually maintained	May be impaired

** Reflex withdrawal from a painful stimulus is NOT considered a purposeful response

6

Anesthesia and Surgery

Written policies / procedures for anesthesia services

- Education, training, supervision
- Responsibilities: non-physician anesthetists
- Responsibilities: supervising physicians and dentists

7

Anesthesia and Surgery

Anesthesia is only administered by health care professionals approved by the governing body to administer anesthesia in accordance with AAAHC Standards for credentialing and privileging.

Anesthetics must be administered by only:

A qualified anesthesiologist; OR

A physician qualified to administer anesthesia, a certified registered nurse anesthetist (CRNA) or an anesthesiologist's assistant as defined in § 410.69(b), or a supervised trainee in an approved educational program

Credentialing and Privileging

Guidance & References

- Standard applies to all organizations involved in the administration of sedation and anesthesia, including those where only local or topical anesthesia or only minimal sedation is administered.
- Definitions. For purposes of this part — Anesthesia and related care means those services that a certified registered nurse anesthetist is legally authorized to perform in the state in which the services are furnished.
- An ASC may be exempted from the requirement for physician supervision of CRNAs as described in 42 CFR
- In those cases in which a non-physician administers the anesthesia, unless exempted in accordance with paragraph (c) of this section, the anesthetist must be under the supervision of the operating physician, and in the case of an anesthesiologist's assistant, under the supervision of an anesthesiologist.

Students/Trainees?

ADM

A current, fully executed written agreement with each training institution is present.

Each agreement includes a description of the types of students and/or postgraduate trainees eligible for the teaching experience.

Each agreement describes the extent to which students and postgraduate trainees are involved in patient care activities.

Each agreement includes expectations of students and postgraduate trainees regarding adherence to organizational policies and other regulations.

Students/Trainees? ADM

A current, fully executed written agreement with each training institution is present.

Each agreement indicates whether liability coverage is required and, if so, minimum amounts required.

Each agreement describes responsibilities of each party for:

- HIPAA training.
- OSHA training related to bloodborne pathogens.

Each agreement includes a requirement that each student or postgraduate trainee signs an addendum to the teaching agreement accepting its terms and conditions.

Anesthesia and Surgery

Written policies regarding procedures and treatments offered to patients address:

- Criteria for patient selection
- Need for anesthesia support
- Post-procedural care
- Staffing requirements; sufficient number of RNs/ HCPs available for the care provided

12

Anesthesia and Surgery

Written policy regarding medical history and physical examination prior to surgery

- Requirement and timeframe for completion of H&P prior to surgery including
  - Patient age
  - Diagnosis
  - Type and number of procedures on same date
  - Known comorbidities
  - Planned anesthesia level
- Based on nationally recognized standards / guidelines, state, local and safety laws

13

Privileges

CPV

Privileges to carry out specified procedures are granted to legally and professionally qualified applicants

Privileges are granted based on:

The applicant's written request for privileges.

Qualifications for the services provided by the organization.

Recommendations from qualified medical or dental personnel.

Privileges are granted to the health care professional to practice for a specified period of time

Privileges

Medical staff privileges must be periodically reappraised by the ASC

If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.

Privileges

Health care professionals providing imaging services and/or interpreting results are appropriately trained and privileged

Personnel and/or credentials files document appropriate training and credentials.

There is evidence that such personnel have been granted privileges to provide these services or have job descriptions containing these duties.

There is evidence that such personnel have completed appropriate safety training.

Guidance & References

• Standard applies to organizations that provide imaging services for screening, diagnosing, monitoring, or assisting with procedures

Clinical Records
CRD

An individual clinical record is maintained for each person receiving care. Every clinical record must be accurate, legible, and promptly completed.

Clinical record entries for procedures are consistent across records

Each record includes entries related to anesthesia administration.

Each record includes documentation of properly executed informed consent.

Clinical records include findings and techniques of the operation including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body

Clinical Records

Clinical records reflect the administration of anesthesia

Clinical record entries include:

A pre-anesthesia assessment/evaluation.

A plan for anesthetic administration.

A chronologic record reflecting the anesthetic administered and the clinical status of the patient.

A post-anesthesia assessment/evaluation.

Medical discharge criteria were met.

Patients are discharged in the company of a responsible adult except those patients exempted by the attending physician.

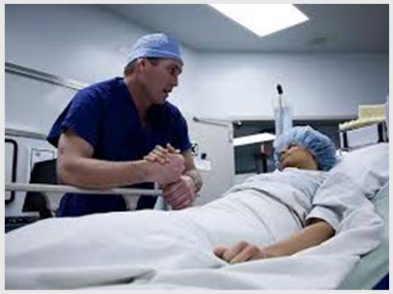
Guidance & References

• Standard applies to organizations that administer moderate sedation/analgesia, regional anesthesia, deep sedation/analgesia, or general anesthesia.

Anesthesia and Surgery

Immediately before surgery, a physician or anesthetist on the surgical team examines the patient to evaluate the risk of anesthesia

Immediately before surgery, a physician on the surgical team must examine the patient to evaluate the *risk of the procedure* to be performed



Anesthesia and Surgery

The oxygenation, ventilation, and circulation of the patient is continually evaluated and documented.

Continuous intra-operative physiologic monitoring includes:

- Use of a pulse oximeter.
- Blood pressure determination at frequent intervals.
- Electrocardiogram (ECG) monitoring.
- The presence of exhaled CO2 is monitored during the administration of deep sedation/analgesia
- End-tidal CO2 is monitored, during the administration of general anesthesia
- A means of measuring body temperature is readily available, during the administration of general anesthesia

Guidance & References

• Standard applies to organizations that administer moderate sedation/analgesia, regional anesthesia, deep sedation/analgesia, or general anesthesia.

Anesthesia and Surgery

Patients are observed and monitored in a post-anesthesia care unit, or in an area that provides equivalent care, by methods appropriate to each patient's medical condition and sedation/analgesia or anesthesia.

Patients are observed and monitored in a post-anesthesia care unit or in an area that provides equivalent care.

Observation methods are appropriate for each patient's medical condition and sedation/analgesia or anesthesia.

Appropriate monitoring equipment is present for the level(s) of anesthesia provided.

Anesthesia and Surgery

A written policy requires the presence of a physician, dentist, or other delegated, qualified health care professional supervised by a physician or dentist until the medical discharge of the patient following clinical recovery from the surgery/procedure and anesthesia.

Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined in Title 42 CFR 410.69(b), in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

Guidance & References

• Standard applies to organizations that administer moderate sedation/analgesia, regional anesthesia, deep sedation/analgesia, or general anesthesia.

Selected "If" Standards

Anesthesia and Surgery

If anesthesia is provided by other than:

- *Anesthesiologist*
- *Oral and Maxillofacial Surgeon*
- *Certified Registered Nurse Anesthetist*
- *Anesthesiologist Assistant within their scope of practice*

- Individual is privileged to administer medications which do not have an antagonist (e.g., Propofol, if used)
- Written protocol regarding organization's response to patient's deeper-than-intended level of sedation

24

Anesthesia and Surgery

- Written policy addressing presence of personnel for patient monitoring
  - Prohibits moderate/deep sedation or general anesthesia
  - Unless physician, dentist, other qualified HCP supervised by physician or dentist: present to monitor patient
  - Clinical records: policy followed

Not all states require physician supervision of CRNAs.
Operating physician or dentist may be the supervising physician or dentist.
During moderate sedation, additional individual may assist with minor, interruptible tasks

25

Anesthesia and Surgery

If organization uses:

- Blood or blood products for transfusion
- Human cells or tissues for transplantation

Then:

- Written protocols for handling, maintenance and storage of these items are present
- Consistent with nationally-recognized authority

26

Anesthesia and Surgery

A written policy is in place for assessing the risk of, and implementing practices to prevent, deep vein thrombosis when appropriate for the patient

Guidance & References
• NA may be applied depending on services provided by the organization

Anesthesia and Surgery - Pediatric

If pediatric patients are served, written policies define appropriate care

- Criteria for treatment
- Requirements for:
  - Equipment
  - Supplies
  - Medications

28

Anesthesia and Surgery - Pediatric

If pediatric patients are served, the equipment, medication, and resuscitative capabilities required for pediatric patients are present.

- Age and size-appropriate anesthesia equipment is present.
- Medications in appropriate concentrations are present.
- Age and size-appropriate resuscitative equipment is present.

Anesthesia and Surgery - Pediatric

If pediatric patients are served, health care professionals with current training in pediatric advanced life support (PALS) and age- and size-appropriate resuscitative equipment are available at all times until pediatric patients operated on that day have been physically discharged.

Documentation of current PALS training and certification is present.

Initial PALS training and subsequent retraining is obtained from the American Heart Association or another vendor that includes “hands-on” training and skills demonstration of airway management and automated external defibrillator (AED) use.

Documentation of training in age- and size-appropriate resuscitative equipment is present.

A policy requires that health care professionals with training in PALS and pediatric resuscitative equipment are present until that day's patients have been physically discharged.

Anesthesia and Surgery

If performing procedures requiring counts of sponges, sharps, and instruments, written policy addresses

- Based on nationally recognized guidelines
- Types of procedures
- Required count before start
- Reporting start/end counts to surgeon
- Counts documented in clinical record
- Actions for incorrect count

31

Anesthesia and Surgery

Prior to the surgery or procedure, intended procedure is verified

- Based on nationally recognized guidelines
- Patient or authorized representative is involved in process
- Clinical records contain documentation of verification

32

Anesthesia and Surgery

Prior to a surgery or procedure involving level or laterality, the site is marked

- Written site marking policy
- Includes organization's definition of "surgical team"
- Site marked by person performing procedure OR designated member of Surgical Team
- Patient involvement in marking
- Clinical record documentation

N/A for endoscopy procedures

33

Anesthesia and Surgery

A time-out is conducted immediately prior to beginning a procedure

- Provider assumes responsibility
- Entire team engaged

Note: blocks are considered a separate procedure

34

Anesthesia and Surgery

During the time-out, the following items are verified:

- Patient identification
- Intended procedure
- Correct surgical/ procedural site
- Necessary equipment available/functional
- Implantable devices prepared and available

35

Anesthesia and Medication Management IPC

Safe injections practices (injectable medications, saline, other infusates) are followed.

Needles are used for only one patient. Syringes, including manufactured prefilled syringes, are used for only one patient.

The rubber septum on a multi-dose vial, whether unopened or previously accessed, is disinfected with alcohol prior to each entry.

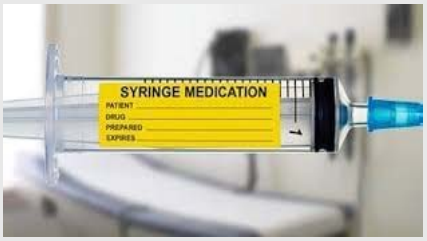
Medication vials are always entered with a new needle, except when used to reconstitute medication.

Medication vials are always entered with a new syringe, except when used to reconstitute medication.

Guidance & References
• Standard assesses compliance with the Medicare 42 CFR §416.51 Condition for Coverage—Infection control (CfC) as part of the CMS Infection Control Surveyor Worksheet, Exhibit 351 of the State Operations Manual (SOM).
• Observations are to be made of staff preparing and administering medications and performing injections (e.g., anesthesiologists, certified registered nurse anesthetists and nurses).
• Failure to meet this is a reportable breach

Anesthesia and Medication Management IPC

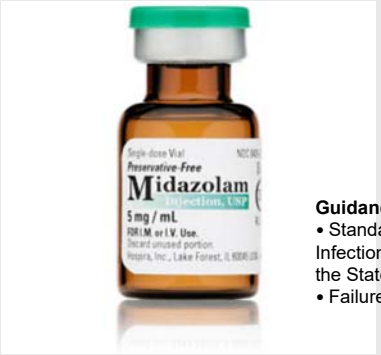
Medications that are pre-drawn are labeled with the date and time of draw, initials of the person drawing, medication name, strength, and discard date and time.



Guidance & References
• Standard assesses compliance with the Medicare 42 CFR §416.51 Condition for Coverage—Infection control (CfC) as part of the CMS Infection Control Surveyor Worksheet, Exhibit 351 of the State Operations Manual (SOM).

Anesthesia and Medication Management IPC

Single dose medications are administered appropriately



Single dose (single use) medication vials are used for only one patient.

Manufactured pre-filled syringes are used for only one patient.

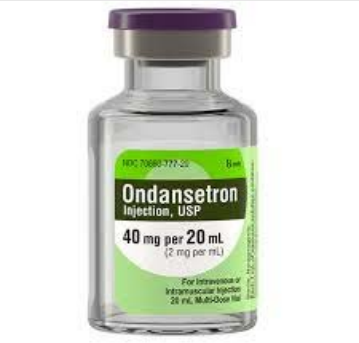
Bags of IV solution are used for only one patient and not as a source of flush solution for multiple patients.

Medication administration tubing and connectors are used for only one patient.

Guidance & References
• Standard assesses compliance with the Medicare 42 CFR §416.51 Condition for Coverage—Infection control (CfC) as part of the CMS Infection Control Surveyor Worksheet, Exhibit 351 of the State Operations Manual (SOM).
• Failure to meet this is a reportable breach

Anesthesia and Medication Management IPC

If multi-dose medications are used, the ASC has voluntarily adopted a policy that medications labeled for multi-dose vials use are nevertheless only used for one patient.



Guidance & References

- Standard assesses compliance with the Medicare 42 CFR §416.51 Condition for Coverage—Infection control (CfC) as part of the CMS Infection Control Surveyor Worksheet, Exhibit 351 of the State Operations Manual (SOM).
- NA may be applied if no multi-dose medications/infusates and eye drop bottles are used. Standard applies to injection practices.

Emergency Management EMG

The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC's operating room.

The equipment must be immediately available for use during emergency situations.

The equipment must be appropriate for the facility's patient population.

The equipment must be maintained by appropriate personnel.

Observation and interviews confirm that the required emergency equipment and supplies are maintained.

Emergency equipment and supplies are readily accessible to all areas of each patient care service site.

Emergency Management EMG

Resuscitation equipment is available

Oxygen is available

A device such as a self-inflating hand resuscitator bag capable of administering at least 90% oxygen is available.

Appropriate emergency drugs, supplies, and equipment are available.

A manual defibrillator, or an automated external defibrillator (AED) is available

Guidance & References

• Standard applies to all organizations involved in the administration of sedation and anesthesia, including those where only local or topical anesthesia or only minimal sedation is administered.

Emergency Management

If anesthetic and resuscitative agents known to trigger malignant hyperthermia are available in the facility, staff are prepared to respond to an episode of malignant hyperthermia

Written treatment protocols based on current, nationally

recognized guidelines have been adopted.

The protocols include: The administration of dantrolene and other medications.

Readily-available methods of continuous cooling and temperature monitoring.

Initiation of an emergency transfer protocol.

The protocols are posted and/or immediately available in each area where triggering agents might be used.

Documentation demonstrates that all appropriate staff have been educated and trained in the recognition and treatment of malignant hyperthermia.

At least annually, a malignant hyperthermia drill is conducted and documented.

Guidance & References

• An example is the Malignant Hyperthermia Association of the United States (MHAUS) protocol. See https://www.mhaus.org/.

• Standard applies to organizations that administer moderate sedation/analgesia, regional anesthesia, deep sedation/analgesia, or general anesthesia.

Emergency Management

Personnel trained in basic life support (BLS) and the use of cardiac and all other emergency equipment and supplies are present in the facility when patients are present.

Personnel files include documentation of current BLS training.

There is documentation of training in the use of cardiac and all other emergency equipment and supplies.

A policy requires the presence of trained and currently certified personnel when patients are present.

Certification Requirements

At least one health care professional with current training in advanced cardiac life support (ACLS) is present to provide advanced resuscitative techniques until all patients operated on that day have been physically discharged

Documentation of current ACLS training is present. Initial ACLS training and subsequent retraining is obtained from the American Heart Association or other vendor that includes “hands-on” training and skills demonstration of airway management and automated external defibrillator (AED) use.

A policy requires that health care professionals with ACLS training are present until that day's patients have been physically discharged.

Emergency Management

A written policy requires that, whenever patients are present in the facility, at least one physician, dentist or other practitioner qualified to address medical emergencies and authorized by the governing body is present or immediately available by telephone.

Staffing & Certification Requirements

Patients Present	Medical Discharge	Physical Discharge
EMG.250 Universal / 2 v42 10.I.H A written policy requires that, whenever patients are present in the facility, at least one physician, dentist or other practitioner qualified to address medical emergencies and authorized by the governing body is present or immediately available by telephone.	ASG.170 Selective / 2 v42 9.M A written policy requires the presence of a physician, dentist, or other delegated, qualified health care professional supervised by a physician or dentist until the medical discharge of the patient following clinical recovery from the surgery/procedure and anesthesia.	ASG.350 Selective / 2 v42 REG The organization maintains two staff persons on the premises, one of whom is either a licensed physician and surgeon, or a licensed health care professional with current certification in ACLS, as long as a patient is present in the facility and has not been discharged from supervised care.
EMG.150 Universal / 2 v42 7.II.D Personnel trained in basic life support (BLS) and the use of cardiac and all other emergency equipment and supplies are present in the facility when patients are present.		EMG.210 Selective / 2 v42 9.N At least one health care professional with current training in advanced cardiac life support (ACLS) is present to provide advanced resuscitative techniques until all patients operated on that day have been physically discharged.
ASG.320 Universal / 2 v42 3.G There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC		

Emergency Management

Scenario-based drills of the internal and external emergency and disaster preparedness plan are conducted.

All drills are scenario-based. At least one drill is conducted each calendar quarter.

A cardiopulmonary resuscitation (CPR) technique drill, as appropriate to the organization, is conducted annually.

At least one drill based on the organization's emergency disaster plan, is conducted annually.

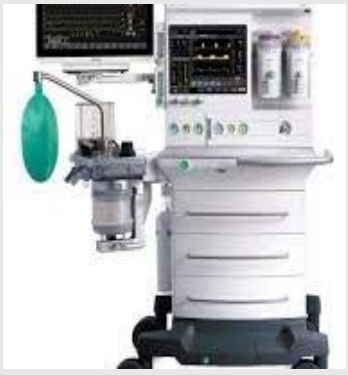
Documentation of drill participants is available.

A written evaluation of each drill is completed.

Any needed corrections or modifications to the emergency plan are implemented immediately

Facilities & Equipment FAC

Medical equipment is appropriately maintained.



Written policies and procedures for equipment maintenance are present.

At minimum, the policies address:

- Standardized use of the equipment.
- Requirements for periodic calibration according to manufacturer's specifications (if equipment requiring calibration is used).
- Requirements for periodic testing and preventive maintenance according to manufacturer specifications.
- Documentation of periodic calibration according to manufacturer's specifications is present (if equipment requiring calibration is used).
- Documentation of preventive maintenance according to manufacturer's instructions is present.

Anesthesia and Surgery

- Anesthesia Services Agreement
- Pre-surgical/anesthesia plan not documented
- Lacking a governing body-approved definition of "pediatric patient"
- Organization's practice for H&P not in alignment with written policies
- Surgical/Block site not marked by the operating physician or designated member of surgical team
- Failure to complete "time outs" effectively
- Medication Management

49

Anesthesia and Surgery

Current Issues in Accreditation Compliance

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