



CRITERIA FOR ACCREDITATION OF AMBULATORY SURGICAL FACILITIES

PREFACE

The Canadian Association for Accreditation of Ambulatory Surgery Facilities is a not-for-profit organization whose objectives are to promote quality patient care and allow the operators and staff of ambulatory surgery facilities to receive national recognition approval. Those conducting the inspections and the Directors and Officers of the Association disclaim any liability to third party for decisions that are made respecting accreditation or the process of accreditation.

Requirements will be outlined for three types of surgical facilities:

- A. Type I - Local Anaesthesia
- B. Type II - Local Anaesthesia + Sedation
- C. Type III - General or Regional Anaesthesia

Standards Common To All Three Surgical Types

Staff

1. An FRCS(C) surgeon must be in charge of the entire operation.
2. A fully qualified registered nurse must be present and in charge of responsible surgical and paranursing personnel. This nurse must also have knowledge of and be in charge of the equipment, critical supplies, personnel assignments and duties.
3. Personnel responsible for direct patient care must be able to or have equivalent acceptance in a general hospital. All documents must be kept on file, e.g. College of Nurses R.A.N.O, copy of current licence, malpractice insurance and a record of current CPR training. Surgeons are recommended to have a current BCLS or ACLS.
4. Health tests for employees should meet the standards of the Public Hospitals Act.
5. Operating room technicians practising in surgical facilities must be certified by recognized standard.
6. All personnel must have full knowledge of surgical procedures and asepsis and be approved by a qualified surgeon.



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In-House Quality Assurance

The following requirements are requested of an office based surgical facility:

1. The facility is set up, equipped and run primarily as a setting for surgery.
2. The facility is run under the direction of one or more FRCS(C) surgeons who either have privileges to perform the same surgery in a general hospital or who have appropriate documentation to show they they have been trained to perform such surgical procedures. Should the surgeon's staff category be changed at the hospital, the case will be taken into consideration by the Board, providing he/she has been accredited for those surgical procedures under his/her active term. A surgeon who does not have privileges at a hospital should have acceptance for admission of his/her patients to a general hospital by two qualified surgeons, subject to approval by the CAAASF Board.
3. The facility has at least one M.D. on the premises when surgery is performed and during the immediate recovery period.
4. The facility has access to diagnostic X-ray and laboratory equipment needed in connection with the management of the patient.
5. It keeps medical records on each patient.
6. All bodily material removed by surgery should be sent for pathological examination.
7. All new equipment where required will have a CSA or equivalent label. Inspection of equipment such as autoclaves, O.R. tables, cautery equipment, electrical outlets, transformers, etc. to be carried out every six years to coincide with the tri-annual inspection.



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Medical Records

1. Appropriate history and physical examination shall be maintained. Latex allergies as a risk factor should be recognized.
2. Operative notes or reports shall be provided.
3. Progress notes shall be kept.
4. Complete record of medications must be inserted in the chart.
5. Laboratory and pathology results must be kept in the chart. We recommend following the guidelines as set by your general hospital for preoperative testing as well as: hemoglobin, hematocrit, WBC, INR, ptt, electrolytes and urinalysis over the age of 40 and on all major cases; ECG and chest X-ray if indicated.
6. Appropriate consent forms must be obtained. CAAASF strongly recommends that the consent form state: "This is a Canadian Association for Accreditation of Ambulatory Surgery Facilities and as part of the requirements, your chart may be subject to a peer review for quality control by the Canadian Society for Accreditation of Ambulatory Surgery Facilities".
7. Medical records as required by the College of Physicians and Surgeons must be maintained.

Peer Review and Quality Control

1. It is recommended that an ongoing internal review of charts and records be carried out by a head nurse and physician. The suggested protocol is:
 - a) Five charts to be reviewed from each surgeon.
 - b) The head nurse and surgeon to meet quarterly to review the Adverse Patient Occurrence (e.g. death, transfer to another facility, return to the O.R., seroma, hematoma, infection) with records to be kept for the tri-annual review and reaccreditation inspection.
2. A review of the Adverse Patient occurrence within the facility must be carried out by an independent visiting surgeon (inspector). This report must be sent to the Head Office with the tri-annual inspection report, with a copy kept in the facility.

The foregoing program should not be viewed in a negative but strongly positive light. In the event of a problem case, a review of the excellence of our quality control program will be to your benefit.



4.

Health Standards

1. Acceptable procedures to avoid or minimize infections shall be employed.
2. Appropriate sterilizers shall be used with necessary inspections. When gas sterilizers are used, proper venting is necessary. Unsterile supplies shall not be mixed with sterile supplies and items shall be appropriately labeled.
3. Dates of sterilization shall be marked on supplies and checked at appropriate times.
4. All sanitary, safety, building code and fire regulations must be met according to local standards.
5. All waste and garbage must be disposed of according to local directions provided by the Medical Officer of Health.
6. Appropriate electrical hazards must be controlled according to local jurisdiction.
7. Emergency power supply must be provided as outlined under each type:
 - TYPE I - Emergency light source
 - TYPE II - Emergency power supply which can be maintained for a period of four hours.
 - TYPE III - Emergency power supply which can be maintained for a period of four hours.
8. Smoking shall be prohibited in all areas of surgery.
9. Combustible materials shall be handled in the approved manner conforming to local regulations.
10. Volatile supplies shall be stored similarly in a safe manner according to local jurisdiction.
11. Approved fire extinguishers of types required by the local fire chief must be in place and routinely inspected.
12. Appropriate safety measures must be implemented when using electrocautery.
13. Necessary fire and emergency drills must be held to update personnel.
14. The operating room and recovery room personnel must be trained in cardiopulmonary resuscitation and upgraded.



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For type II and III facilities an emergency kit should be available consisting of a defibrillator and the following drugs essential for CPR:

Atropine Sulfate - 0.1mg/ml (pre-filled syringe)
Benedryl
Beta Blocker
Bretylium - 50mg/ml
Calcium Chloride - 10% (pre-filled syringe)
Diazepam - 5mg/ml
Epinephrine 1:10000 (pre-filled syringe)
Esmolol
Hydralazine – 10 mg. bolus
Hydrocortisone Sod Succ - 500 mg
Isuprel
Lidocaine infusion 0.4%
Morphine Sulfate
Narcan
Nitroglycerine 0.4-0.6mg. tab or sublingual spray
Oxygen
Phenyleperine
Phenytoin-50mg/ml
Procainamide – 100 mg/ml
Sodium Bicarbonate – 7.5% (pre-filled syringe)
Ventolin inhalant
Verapamil - 2.5mg/ml
Zantac

Water For Injection - (30ml)
Dextrose 5% in Water
Alcohol Skin Prep
Needle 20 Gauge 1"
Syringe 12ml
Syringe 3ml with 22 gauge needle



6.

Facility Requirements

Type I Surgical Facility - Local Anaesthesia only

1. Adequate space and equipment to ensure safe and aseptic treatment of the patient.
2. Adequate space for surgery; ensure proper lighting; flooring and smooth walls that are easy to wash. If individual floor tiles are used, they must be sealed with a polyurethane sealant. Cove molding must extend from floor up the wall for 4" – 6"
3. Adequate hand-washing facilities and proper towel usage and disposal.
4. All openings to the outer air shall effectively protect against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.
5. The anaesthetic material and equipment must be accessible and properly maintained.
6. Proper cleaning equipment must be present.
7. Dry dusting and sweeping cannot be utilized.
8. The facility must be kept neat, clean, and free of waste material.
9. Monitoring equipment must include blood pressure apparatus.
10. Adequate waiting area space for accompanying people should be available.
11. Business office facility must be present and be separate from the area used for surgery.
12. Rx for anaphylactic reactions.
13. Required emergency drugs – intravenous set-up.
14. There must be a proper locked narcotic and drug cupboard.
15. There must be a defibrillator and emergency resuscitation equipment.



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Facility Requirements

Type II Surgical Facility - Local Anaesthesia + Sedation

1. Adequate space and equipment to ensure safe and aseptic treatment of the patient.
2. Adequate space for surgery; ensure proper lighting; flooring and smooth walls that are easy to wash. If individual floor tiles are used, they must be sealed with a polyurethane sealant. Cove molding must extend from the floor up the wall for 4" – 6" .
3. Adequate hand washing facilities and proper towel usage and disposal.
4. All openings to the outer air shall effectively protect against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.
5. The anaesthetic material and equipment must be accessible and properly maintained.
6. Proper cleaning equipment must be present
7. Dry dusting and sweeping cannot be utilized.
8. The facility must be kept neat, clean and free of waste material.
9. Patient monitoring equipment must include blood pressure apparatus, E.C.G., oximeter, and a defibrillator. They must be tested on the day of and prior to surgery.
10. Adequate waiting area space for accompanying people should be available.
11. Business office facility must be present and be separate from the area used for surgery.
12. There shall be at least one operating room that is used exclusively for surgery and at least one full surgical recovery room or designated area. The size of the operating room to be adequate for flow of patients and equipment.
13. A suitable operating table or stretcher must be provided which has full capability for the performance of all scheduled cases.
14. All equipment for the administration of anaesthetics shall be kept readily available and kept clean and properly maintained.
15. Suction equipment of the acceptable standards must be present in the operating and recovery room areas at all times. A secondary back-up suction is required.



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16. Resuscitation equipment must be present. Endotracheal tubes, airways, laryngoscope and oxygen sources with positive pressure capabilities must be provided. Emergency drugs must be present. Oxygen in tanks capable of an eight hour supply @5l/min. must be present.
17. Means of performing a tracheotomy or cricothyrotomy should be available.
18. Equipment which is required for an operative procedure must be present before that operation commences.
19. Appropriate equipment for the administration of intravenous fluids.
20. Appropriate and readily available stretchers and wheelchairs for the transport of patients.
21. There must be adequate space within the operation room to ensure that patients can be transferred free of encumbrances.
22. Office space, personnel areas, lounge areas and consultation dressing room areas must be of adequate space so as not to jeopardize the safe treatment of patients.
23. The surgical facility must have access to a hospital for the transfer of emergency cases.
24. The facility is run under the direction of one or more FRCS(C) surgeons who either have privileges to perform the same surgery in a general hospital or who have appropriate documentation to show they have been trained to perform such surgical procedures. Should the surgeon's staff category be changed at the hospital, the case will be taken into consideration by the Board, providing he/she has been accredited for those surgical procedures under his/her active term. A surgeon who does not have privileges at a hospital should have acceptance for admission of his/her patients to a general hospital by two qualified surgeons, subject to approval by the CAAASF Board.
25. Emergency power source must be available which will provide adequate lighting essential area lighting, and have the capacity to operate all essential equipment for a period of four hours. Emergency power source to be tested on a weekly basis.
26. There must be a proper locked narcotic and drug cupboard and narcotic records.
27. Cross and type blood tubes for emergency and vacutainers for all blood screening electrolytes, arterial gases, blood sugar should be present.
28. There must be a fire alarm system and it should be a two stage.
29. There must be an operative log book.
30. In order to ensure sterilization of packs and instruments, the bacillus stearothermophilus vial used to monitor sterility should be used.
31. Facilities must have adequate access for transportation of patients on stretcher in the event of an emergency evacuation.



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Facility Requirements

Type III Surgical Facility - General or Regional Anaesthesia

1. Adequate space and equipment to ensure safe and aseptic treatment of the patient.
4. Adequate space for surgery; ensure proper lighting; flooring and smooth walls that are easy to wash. If individual floor tiles are used, they must be sealed with a polyurethane sealant. Cover molding must extend from the floor up the wall for 4" – 6" .
5. Adequate hand washing facilities and proper towel usage and disposal.
4. All openings to the outer air shall effectively protect against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.
6. The anaesthetic material and equipment must be accessible and properly maintained.
6. Proper cleaning equipment must be present
7. Dry dusting and sweeping cannot be utilized.
8. The facility must be kept neat, clean and free of waste material.
9. Patient monitoring equipment must include blood pressure apparatus, E.C.G., oximeter, and a defibrillator. They must be tested on the day of and prior to surgery.
10. Adequate waiting area space for accompanying people should be available.
11. Business office facility must be present and be separate from the area used for surgery.
12. There shall be at least one operating room that is used exclusively for surgery and at least one full surgical recovery room or designated area. The size of the operating room to be adequate for flow of patients and equipment.
13. A suitable operating table or stretcher must be provided which has full capability for the performance of all scheduled cases.
14. All equipment for the administration of anaesthetics shall be kept readily available and kept clean and properly maintained.
15. Suction equipment of the acceptable standards must be present in the operating and recovery room areas at all times. A secondary back-up suction is required.
16. Resuscitation equipment must be present. Endotracheal tubes, airways, laryngoscope and oxygen sources with positive pressure capabilities must be provided. Emergency drugs must be present. Oxygen in tanks capable of an eight hour supply @51/min. must be present.



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17. Means of performing a tracheotomy or cricothyrotomy should be available.
18. Equipment which is required for an operative procedure must be present before that operation commences.
19. Appropriate equipment for the administration of intravenous fluids.
20. Appropriate and readily available stretchers and wheelchairs for the transport of patients.
21. There must be adequate space within the operation room to ensure that patients can be transferred free of encumbrances.
22. Office space, personnel areas, lounge areas and consultation dressing room areas must be of adequate space so as not to jeopardize the safe treatment of patients.
23. The surgical facility must have access to a hospital for the transfer of emergency cases.
24. The facility is run under the direction of one or more FRCS(C) surgeons who either have privileges to perform the same surgery in a general hospital or who have appropriate documentation to show they have been trained to perform such surgical procedures. Should the surgeon's staff category be changed at the hospital, the case will be taken into consideration by the Board, providing he/she has been accredited for those surgical procedures under his/her active term. A surgeon who does not have privileges at a hospital should have acceptance for admission of his/her patients to a general hospital by two qualified surgeons, subject to approval by the CAAASF Board
25. Emergency power source must be available which will provide adequate lighting essential area lighting, and have the capacity to operate all essential equipment for a period of four hours. Emergency power source to be tested on a weekly basis.
26. Separate patient isolated grounding system must be provided.
27. A fellowship qualified anaesthesiologist must be present for all general and spinal anaesthesia and must be present in the facility until such time that the last surgical patient of the day is deemed fully conscious.
28. A certified anaesthetic machine must be present which only handles no explosive anaesthetics. A CO2 analyser must be attached to the equipment utilized for general anaesthesia narcotic records.
29. It is strongly recommended that pursuant to the regulations of the Department of Labour, testing of nitrous oxide be performed annually.
30. There must be proper locked narcotic and drug cupboard and narcotic records.
32. A thermometer probe for monitoring of patients' temperatures must be available.



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32. The operating room must be of such size that it can easily house the operating room table, the, and the same time anaesthetic equipment, the monitoring equipment, supply cupboard and personnel allow the turning of patients' stretchers to transport the patient unimpeded.
33. There must be an operative log book.
34. The operating room must be maintained and proven pathogen free by routine cultures to be taken twice a year.
35. In order to ensure sterilization of packs and instruments, the bacillus stearothermophilus vial used to monitor sterility should be used.
36. Dates of sterilization to be marked on supplies and checked at appropriate intervals.
37. The anaesthetic recovery room must have adequate space to allow the transport of patients and movement of personnel. A continuous oxygen delivering system must be in place and suction available. Oxygen in tanks capable of eight hour @5l/min. must be present.
38. Medication for the treatment of malignant hyperthermia (i.e. sodium dantrolene) and treatment of anaphylactic shock must be readily available.
39. It has one recovery room for surgery requiring general anaesthesia which is not used for other purposes (i.e. as an examining room, treatment room or cast room).
40. Facilities have adequate access for transportation of patients on stretcher in the event of emergency evacuation.
41. There must be a fire alarm system and it should be a two stage.