CANADIAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

CRITERIA FOR ACCREDITATION OF AMBULATORY SURGICAL FACILITIES

ASSOCIATION CANADIENNE D'ACCRÉDITATION POUR LES LOCAUX DE CHIRURGIE AMBULATOIRE, INC.

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 FRCSC 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 or the Equipment, critical supplies, personnel assignments and duties (CLASS II and III)

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. **At least one physician, who is credentialed or currently recognized as having successfully completed a course in advanced resuscitative techniques(ATLS,ACLS,PALS) to be present or immediately available with age and size appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility.**

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.

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 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. These procedures must be those which are considered a normal element of training and practice within the applicant's specialty as defined by the Royal College of Physicians and Surgeons of Canada. 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.

Medical Records

l. 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 facility is a member of the 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 other than the operating physician. The suggested protocol is:

   a) Five charts to be reviewed from each surgeon every 6 months. These are to be kept in a file for review by the inspector

   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.

Health and Safety 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 kept current.

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

Amiodarone IV (level II and III)
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
Flumazenil IV (level II and III)
Hydralazine – 10 mg. bolus
Hydrocortisone Sod Succ - 500 mg
Isuprel
Lidocaine infusion 0.4%
Morphine Sulfate
Narcan
Neuromuscular blocking agent (level I, II and III)
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 l”
Syringe 12ml
Syringe 3ml with 22 gauge needle

This list is subject to the judgement of the clinic anesthesiologist in keeping with the requirements at their general hospital.

Facility Requirements

Type I Surgical Facility - Local Anaesthesia only

l. Adequate space and equipment to ensure safe and aseptic treatment of the patient.

2. Adequate waiting area space for accompanying people should be available.

3. Business office facility must be present and be separate from the area used for surgery.

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. Cove molding must extend from floor up the wall for 4" – 6"

5. The anaesthetic material and equipment must be accessible and properly maintained.

6.Monitoring equipment must include blood pressure apparatus.

7. Rx for anaphylactic reactions.

8. Required emergency drugs – intravenous set-up.

9..There must be a proper locked narcotic and drug cupboard.

10. There must be a defibrillator and emergency resuscitation equipment.

11. Adequate hand-washing facilities and proper towel usage and disposal.

12. 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.

13. Proper cleaning equipment must be present.

14. Dry dusting and sweeping cannot be utilized.

15. The facility must be kept neat, clean, and free of waste material.

FACILITY REQUIREMENTS

Type II Surgical Facility - Local Anaesthesia + Sedation

1.. 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. These procedures must be those which are considered a normal element of training and practice within the applicant's specialty as defined by the Royal College of Physicians and Surgeons of Canada. 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.

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. The facility must be kept neat, clean and free of waste material.

4. Adequate waiting area space for accompanying people should be available.

5. Business office facility must be present and be separate from the area used for surgery.

6. 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 to house the operating room table, anesthetic equipment, monitoring equipment and personnel. The space should be adequate for emergency personnel and equipment to safely transport patients in the event of an emergency.

7. A suitable operating table or stretcher must be provided which has full capability for the performance of all scheduled cases.

8 The operating room must have 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" .

9. Equipment required for an operative procedure must be present before that operation commences.

10. All equipment for the administration of anaesthetics shall be kept readily available and kept clean and properly maintained.

11. 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.

12. 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.

13. 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.

14. 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.

15. Means of performing a tracheotomy or cricothyrocotomy should be available.

16. Appropriate equipment for the administration of intravenous fluids.

17. Thermometer probe for monitoring of patients' temperatures must be available

18. 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.

19 Adequate hand washing facilities and proper towel usage and disposal.

20. The operating room must be maintained and proven pathogen free by routine cultures to be taken twice a year.

21 In order to ensure sterilization of packs and instruments, the bacilus stearothermophilus vial used to monitor sterility should be used.

22. Dates of sterilization to be marked on supplies and checked at appropriate intervals.

23. There must be an operative log book.

24. There must be proper locked narcotic and drug cupboard and narcotic records.

25. The surgical facility must have access to a hospital for the transfer of emergency cases.

26. Appropriate and readily available stretchers and wheelchairs for the transport of patients.

27. Facilities have adequate access for transportation of patients on stretcher in the event of emergency evacuation.

28. There must be a fire alarm system and it should be a two stage.

29. Proper cleaning equipment must be present

30. Dry dusting and sweeping cannot be utilized.

31. 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.

FACILITY REQUIREMENTS

Type III Surgical Facility - General or Regional Anaesthesia

1. 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. These procedures must be those which are considered a normal element of training and practice within the applicant's specialty as defined by the Royal College of Physicians and Surgeons of Canada. 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.

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. An FRCP(C) anaesthesiologist must be present for all general and spinal anaesthesia. (Exceptions can be made on consideration by the board of directors.) The anaesthesiologist must be present in the facility until such time that the last surgical patient of the day is deemed fully conscious.

4. The facility must be kept neat, clean and free of waste material.

5. Adequate waiting area space for accompanying people should be available.

6. Business office facility must be present and be separate from the area used for surgery.

7. 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 to house the operating room table, anesthetic equipment, monitoring equipment and personnel. The space should be adequate for emergency personnel and equipment to safely transport patients in the event of an emergency.

8. A suitable operating table or stretcher must be provided which has full capability for the performance of all scheduled cases.

9 The operating room must have 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" .

10. Equipment required for an operative procedure must be present before that operation commences.

11. 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. The general anesthesia equipment must have an inspired 02 monitor with an alarm for low 02 concentration. If present, a mechanical ventilator must have a continuous use device which indicates a disconnect from the 02 source by an audible signal.

12. All equipment for the administration of anaesthetics shall be kept readily available and kept clean and properly maintained.

13. It is strongly recommended that pursuant to the regulations of the Department of Labour, testing of nitrous oxide be performed annually.

14. There is one recovery room for surgery requiring general anesthesia that is not used for other purposes (i.e. examining room, treatment room)

15. 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.

16. 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.

17. 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.

18. 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.

19. Means of performing a tracheotomy or cricothyrocotomy should be available.

20. Appropriate equipment for the administration of intravenous fluids.

21. Thermometer probe for monitoring of patients' temperatures must be available

22. Medication for the treatment of malignant hyperthermia (i.e. sodium dantrolene) and treatment of anaphylactic shock must be readily available.

23 Separate patient isolated grounding system must be provided.

24. 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.

25 Adequate hand washing facilities and proper towel usage and disposal.

26. The operating room must be maintained and proven pathogen free by routine cultures to be taken twice a year.

27 In order to ensure sterilization of packs and instruments, the bacilus stearothermophilus vial used to monitor sterility should be used.

28. Dates of sterilization to be marked on supplies and checked at appropriate intervals.

29. There must be an operative log book.

30. There must be proper locked narcotic and drug cupboard and narcotic records.

31. The surgical facility must have access to a hospital for the transfer of emergency cases.

32. Appropriate and readily available stretchers and wheelchairs for the transport of patients.

33. Facilities have adequate access for transportation of patients on stretcher in the event of emergency evacuation.

34. There must be a fire alarm system and it should be a two stage.

35. Proper cleaning equipment must be present

36. Dry dusting and sweeping cannot be utilized.

37. 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.

FACILITY REQUIREMENTS SPECIFIC TO ENDOSCOPY SUITES

1. There must be a room with acceptable ventilation and space that is separate from the procedure room is required for the reprocessing of scopes. If the facility is unable to use two separate rooms they must be able to document that they are using a closed reprocessing system with ventilation that exchanges the air 10-12 times per hour or an active charcoal filtration system is in place.

2. Protocols for the cleaning and processing of scopes must be in place:
   a) Scope cleaning: The location of the manual rinsing and cleaning of the endoscopes prior to HLD may be carried out in the procedure room away from the patient.

   b) Scope processing: The processing must be in a location that meets standards for air exchange rates and vapor particle standards . A room separate from the procedure room and segregated from patients and staff is required for manual HDL reprocessing of endoscopes. If there is not a separate room for processing there must be protocol to ensure that the contaminated equipment will be cleaned and placed in the reprocessor prior to bringing the next patient into the room. Clean scopes can be removed when the room is clean and free of dirty instruments. There must always be a distinct type of separation of clean and dirty areas in any location to avoid cross contamination.

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