Logo, company name

Description automatically generated

**Pediatric Dentistry (PD)**

**Accreditation Standards Manual**

Version 2.1, Effective March 1, 2022

***American Association for Accreditation of Ambulatory Surgery Facilities***

**Table of Contents**

|  |  |
| --- | --- |
| **Topic** | **Page #** |
|  |  |
| [Survey Instructions](#SurveyInstructions) | 5 |
| [Standards Structure](#StandardsStructure) | 5 |
| [Standards Book Layout](#StandardsBookLayout) | 6 |
| [Scoring Compliance](#ScoringCompliance) | 6 |
|  |  |
| [Survey Information](#SurveyInformation) | 8 |
|  |  |
| [Site-Specific Surveyor Attestation Form](#SurveyorAttestationForm) | 9 |
|  |  |
| [Immediate Jeopardy Reporting Template](#IJReportingTool) | 11 |
|  |  |
| [Clinical Record Review Worksheet](#ClinicalRecordReview) | 12 |
|  |  |
| [Personnel Record Review Worksheet](#PerWorksheet) | 22 |
|  |  |
|  |  |
|  |  |
| **Pediatric Dentistry Standards** |  |
|  |  |
| [**Section 1: Basic Mandates**](#Section1) | **26** |
| Sub-section A: Anesthesia Options | 26 |
| Sub-section B: Basic Mandates | 30 |
| Sub-section C: Patient Selection | 30 |
| Sub-section D: Patients’ Rights | 30 |
| Sub-section E: QUAD A-Mandated Reporting | 31 |
| Sub-section F: Patient Safety Data Reporting (PSDR) | 32 |
|  |  |
| [**Section 2: Facility Layout & Environment**](#Section2) | **36** |
| Sub-section A: Layout | 36 |
| Sub-section B: Facility Environment | 36 |
| Sub-section C: Operating Room Environment | 37 |
| Sub-section E: Storage | 38 |
|  |  |
| [**Section 3: Safety**](#Section3) | **39** |
| Sub-section B: Facility Safety Manual | 39 |
| Sub-section C: Hazardous Agents | 40 |
| Sub-section D: Medical Hazardous Waste | 40 |
| Sub-section E: Fire Safety | 41 |
| Sub-section F: Exits | 41 |
| Sub-section G: Personnel Safety | 42 |
| Sub-section H: X-Ray and Laser Safety | 43 |
|  |  |
| [**Section 4: Equipment**](#Section4) | **45** |
| Sub-section A: Facility Equipment | 45 |
| Sub-section B: Operating Room Equipment | 45 |
| Sub-section C: Anesthesia Equipment | 46 |
| Sub-section D: Post-Anesthesia Care Unit (PACU) Equipment | 48 |
| Sub-section E: Maintenance of Equipment | 49 |
|  |  |
| [**Section 5: In Case of Emergency**](#Section5) | **51** |
| Sub-section A: Emergency Equipment | 51 |
| Sub-section B: Emergency Power | 51 |
| Sub-section C: Emergency Protocols | 52 |
|  |  |
| [**Section 6: Medications**](#Section6) | **54** |
| Sub-section A: Medications | 54 |
| Sub-section B: Intravenous Fluids | 54 |
| Sub-section D: Controlled Substances | 54 |
| Sub-section E: ACLS/PALS Algorithm | 55 |
| Sub-section F: Emergency Medications | 56 |
| Sub-section G: Malignant Hyperthermia | 57 |
|  |  |
| [**Section 7: Infection Control**](#Section7) | **60** |
| Sub-section A: Infection Control | 60 |
| Sub-section B: Hand Hygiene | 60 |
| Sub-section C: Instrument Processing | 60 |
| Sub-section D: Sterilization | 61 |
| Sub-section F: Cleaning | 62 |
|  |  |
| [**Section 8: Clinical Records**](#Section8) | **64** |
| Sub-section A: General Clinical Records | 64 |
| Sub-section B: Pre-Operative Documentation | 65 |
| Sub-section C: Informed Consent | 68 |
| Sub-section E: Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, Etc. | 68 |
| Sub-section F: Anesthesia Care Plan | 69 |
| Sub-section G: Intra-Operative Documentation | 71 |
| Sub-section H: Intra-Operative Anesthetic Monitoring and Documentation | 72 |
| Sub-section I: Transfer to Post-Anesthesia Care Unit (PACU) | 74 |
| Sub-section J: Post-Anesthesia Care Unit (PACU) Documentation | 75 |
| Sub-section K: Discharge | 76 |
| Sub-section L: Operative Log | 77 |
|  |  |
| [**Section 10: Quality Assessment / Quality Improvement / Risk Management**](#Section10) | **80** |
| Sub-section A: Quality Assessment / Quality Improvement Program / Risk Management | 80 |
| Sub-section B: Quality Improvement Program | 80 |
| Sub-section D: Peer Review | 81 |
|  |  |
| [**Section 11: Personnel**](#Section11) | **84** |
| Sub-section B: Medical Director | 84 |
| Sub-section C: Surgeons/Proceduralists/Etc. | 85 |
| Sub-section D: Anesthesia Providers | 88 |
| Sub-section E: Facility Staffing | 90 |
| Sub-section G: Post-Anesthesia Care Unit (PACU) Staffing | 90 |
| Sub-section H: Personnel Records | 91 |
| Sub-section I: Personnel Training | 93 |
|  |  |
| [*Glossary*](#Glossary) | *95* |
|  |  |

**Survey Instructions**

Please complete the Standards Manual for the facility by assessing compliance with the standards contained in this book.

**Standards Structure**

Standards found in this book are organized by grouping relevant standards together. These groupings are comprised of “Sections”, “Sub-sections”, and then individual standard numbers. Each main “Section” is identified by a numerical value, “Sub-sections” have been assigned an alphabetical value, and the individual standards under the subsection have also been numbered. Based on this format, each standard has been assigned a unique identifier to include all three elements to indicate its location.

For example: The standard which states, “Each operating room is properly cleaned, maintained and free of litter and clutter” is the fourth standard under Section 2, Sub-section C. Therefore, the unique identifier for this standard is: 2-C-4.

Please note that not all standards are necessarily in continuous sequential order. Some numbers have been reserved for future use and do not appear in the manual. The groupings within the Sections and Sub-sections of this book are intended to separate standards into logical sets of standards. Based on 40 years’ experience, such groups are likely, but not guaranteed, to be found and assessed during the same portion of the survey process.

**Standards Book Layout**

The standards manual layout consists of five columns. The function of each column are as follows:

**ID:** This column contains the alphanumerical identifier for each standard.

**Standard:** This column contains the text for each standard.

**CMS Ref:** This column indicates the corresponding CMS regulatory reference, if applicable.

**Class:** This column indicates the anesthesia classification, based on QUAD A definitions, that is applicable to the standard. Only facilities that provide anesthesia meeting the definition of one or more of the classifications listed in this column are required to comply with that particular standard.

**Score:** This column is used to document compliance or non-compliance by the surveyor during the survey process; or, by the facility during self-assessment reviews for performance. As stated below, if 100% compliance is not achieved, the standard is marked as “deficient”.

**Scoring Compliance**

The QUAD A accreditation program requires 100% compliance with each standard to become and remain accredited. There are no exceptions. If there is even one instance where a surveyor makes an observation of non-compliance, the standard is scored as “Deficient” and the facility will be required to submit a Plan of Correction, as well as evidence of completed corrections. There may be occasion where the surveyor observes non-compliance, but the facility is able to demonstrate that the deficiency has been corrected while the surveyor is still on-site. Applicable standard(s) will be given a score of deficient. To provide full context to QUAD A and CMS, the survey findings should illustrate that non-compliance was corrected in the presence of the survey team.

QUAD A does not confer accreditation until a facility has provided acceptable plans of correction and evidence of corrections for every deficiency cited. However, when a standard refers to "appropriate", "proper" or "adequate", reasonable flexibility and room for consideration by the surveyor is permitted as long as patient and staff safety remain uncompromised.

**NOTES:**

Click or tap here to enter text.

**SURVEY INFORMATION**

**Facility ID:** [Abstract]

**Facility Name:** [Company]

**Facility Class:** Choose an item.

**Medical Director:** Click or tap here to enter text.

**Anniversary Date:** Click or tap to enter a date.

**Accreditation Cycle:** Click or tap here to enter text.

**Surveyor:** [Manager]

**Number of Surveyors on Team:** Click or tap here to enter text.

**Survey Start Date:** Click or tap to enter a date.

**Survey End Date:** [Publish Date]

**Total # of Deficiencies:** Click or tap here to enter text.

**Monthly Case Volume:** Click or tap here to enter text.

**Time In (hh:mm):** Click or tap here to enter text.

**Time Out (hh:mm):** Click or tap here to enter text.

**Facility Refused Survey**

By checking this box, I certify that the above information is accurate to the best of my knowledge.

**Site-Specific Surveyor Attestation Form**

**QUAD A Accreditation Programs**

I attest that I have conducted the survey of the facility named above in a manner consistent with the initial agreement signed as a condition of becoming an QUAD A surveyor.

I have never been found to be in violation of the Code of Ethics of any professional society or association.

I have never had my right to practice nursing, medicine, and/or surgery limited, suspended, terminated, or otherwise affected by any state, providence, or country and have never been disciplined by any medical licensing authority.

I fully understand, upheld, and complied with all QUAD A policies and procedures in the surveying of facilities on behalf of QUAD A. (See Link to Surveyor Resource / Policy Page)

I understand and confirm that I followed the requirements of the QUAD A Surveyor Code of Conduct (Surveyor Code of Conduct) while conducting this survey.

I understand and confirm that I followed the QUAD A Surveyor Guidelines (See Link to Surveyor Resource / Policy Page) while conducting this survey.

I understand that this survey may be subject to an annual surveyor evaluation and review process conducted by QUAD A Quality Assurance Committee.

I attest that as a condition for maintaining my eligibility as an QUAD A Surveyor, I have attended an QUAD A surveyor in service training course at least once in the last 3 years, completed the surveyor training examination administered at the conclusion of the training course. I understand that surveyor certification status depends on passing the training examination.

I attest that this survey was conducted in accordance with the QUAD A Conflict of Interest agreement (See Policy on Conflicts of Interest & Policy on Reporting Conflicts of Interest), that I read, signed, and agreed to abide by as a condition for becoming an QUAD A Surveyor. (See Policy on Surveyor Qualifications)

*CMS surveys only:* In accordance with Center for Medicare and Medicaid Services, State Operations Manual Section 2700A, I confirm that this survey was unannounced, that I neither revealed the time nor date of the survey to the facility, and that I will assume responsibility under Sections 1819(g)(2)(A)(i), 1919(g)(2)(A)(i), and 1891(c)(1) of the Social Security Act should I be found to have revealed the date and/or time of a survey to any member of the facility staff that was surveyed.

I have read, understand, and have conducted this survey in accordance with all related QUAD A policies and procedures (See Link to Surveyor Resource / Policy Page) , including, but not limited to:

* Basic Surveyor Expectations (See Policy on Basic Surveyor Expectations)
* How to Conduct the Review of Clinical Records (See Policy on Review of Clinical Records)
* How to Conduct the Review of Personnel Records (See Policy on Review of Personnel Records)
* How to Conduct a Case Tracer (See Case Tracer Instruction)
* How to Write a Statement of Deficiency (SOD) (See Policy on Writing a Statement of Deficiency)
* Policy for Reporting Fraud, Abuse, or Suspicious Activities (See Policy for Reporting Fraud & Abuse)
* Immediate Jeopardy (See Guide to Notifying an Immediate Jeopardy)
* Quality Assurance (QA) Committee
* Disclosure Statement and Affirmation of Confidentiality (See Policy on Conflicts of Interest)

I attest that this survey report has been submitted to QUAD A within two (2) business days of conducting the survey.

I understand that in case of dispute, the QUAD A Board of Directors has the right to revoke or deny my certification status as an QUAD A surveyor. Surveying for QUAD A is at will and may be discontinued by either party with or without notice. Any such decision by the QUAD A Board is final.

By checking this box, I attest that I meet the criteria to be an QUAD A surveyor and I submit this attestation regarding the survey conducted at this facility, as required by QUAD A.

**Immediate Jeopardy Reporting Template**

|  |  |  |
| --- | --- | --- |
| **IJ Component** | **Yes/No** | **Preliminary fact analysis which demonstrates when key component exists.** |
| **Noncompliance**:  Has the entity failed to meet one or more federal health, safety, and/or quality regulations?  If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level. | Y/N | Enter comments here. |
| **Serious injury, serious harm, serious impairment or death**:  Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?  If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient. | Y/N | Enter comments here. |
| **Need for Immediate Action**:  Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?  If yes, in the blank space, briefly explain why. | Y/N | Enter comments here. |

**CLINICAL RECORD REVIEW WORKSHEET**

| **CLINICAL RECORD REVIEW** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **TOTAL DEFICIENT** | **TOTAL**  **REVIEWED** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT INITIALS:** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** | **I** |
| **OPEN / CLOSED RECORD?** | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C | O  C |
| [**6-G-2**](#Med6G2) *C-M, C*  Adequate screening for MH risk. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-A-8**](#Med8A8)  *A, B, C-M, C*  Every record must be accurate, legible, and promptly completed. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-7**](#Med8B7) *A, B, C-M, C*  History & Physical. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-6**](#Med8B6) *A, B, C-M, C*  Medical Clearance, if applicable. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-11**](#Med8B10) *A, B, C-M, C*  Medication record of all pre-operative medications given to a patient. Includes the date, time, amount, and route of administration. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-12**](#Med8B12)  *B, C-M, C*  The pre-operative documentation of all IV and sub-Q fluids given. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-13**](#Med8B13) *A, B, C-M, C*  Pre-surgical assessment includes allergies and responses. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-14**](#Med8B14) *A, B, C-M, C*  The pre-op record includes current medications. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-15**](#Med8B15) *A, B, C-M, C*  The pre-op record includes previous serious illness. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-16**](#Med8B16) *A, B, C-M, C*  The pre-op record includes current and chronic illness. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-17**](#Med8B17) *A, B, C-M, C*  The pre-op record includes previous operations. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-18**](#Med8B18) *A, B, C-M, C*  The pre-op record includes perioperative bleeding risk, including medical conditions and medications taken up to day of operation. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-19**](#Med8B19) *A, B, C-M, C*  Documentation of pregnancy testing, as appropriate. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-20**](#Med8B20) *A, B, C-M, C*  The pre-op record includes evidence that treating physicians or consultants are contacted when warranted by the H & P. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-21**](#Med8B21) *A, B, C-M, C*  The pre-op record includes appropriate laboratory procedures performed. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-24**](#Stand8B24) *A, B, C-M, C*  Surgeon/proceduralist and anesthesia provider concur on appropriateness of procedure(s) to be performed. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-B-28**](#Med8B28) *B, C-M, C*  Medical status determined by anesthesia provider or the child’s primary care physician. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-C-1**](#Med8C1) *A, B, C-M, C*  Properly executed informed consent forms are always obtained, including surgeon by name & describes procedure. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-C-2**](#Med8C2)*A, B, C-M, C*  Informed Consent includes expectations, alternatives, risks, and complications are discussed with the patient. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-C-3**](#Med8C3) *A, B, C-M, C*  Informed consent provides for administration of anesthesia/ sedatives under direction of surgeon, anesthesiologist, CRNA. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-E-1**](#Med8E1) *A, B, C-M, C*  Laboratory, pathology, radiology, consultation, and treating physician reports are kept in the medical record. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-E-2**](#Med8E2) *A, B, C-M, C*  All lab results are reviewed and initialed by the CRNA, anesthesiologist, RN, or surgeon/proceduralist. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-E-3**](#Med8E3) *A, B, C-M, C*  All abnormal lab results are reviewed and initialed by the surgeon/proceduralist within one week of receipt of results. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-E-4**](#Med8E4) *A, B, C-M, C*  All other reports, such as path reports and medical clearances, are reviewed & initialed by surgeon/ proceduralist. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-E-9**](#Med8E9) *A, B, C-M, C*  Name of pathologist is on all pathology reports. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-1**](#Med8F1) *A, B, C-M, C*  A physician has verified that an anesthesia care plan has been developed and documented. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-3**](#Med8F3) *A, B, C-M, C*  A physician has verified that the patient or a responsible adult has been informed about the anesthesia care plan. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-4**](#Stand8F4) *A, B, C-M, C*  Evidence the anesthesia care plan is based on a review of the medical record. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-5**](#Stand8F5) *A, B, C-M, C*  Evidence the anesthesia care plan is based on medical history. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-6**](#Stand8F6)  *A, B, C-M, C*  Evidence the anesthesia care plan is based on prior anesthetic experiences. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-7**](#Stand8F7)  *A, B, C-M, C*  Evidence the anesthesia care plan is based on drug therapies. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-8**](#Stand8F8) *A, B, C-M, C*  Evidence the anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-9**](#Stand8F9) *A, B, C-M, C*  Evidence the anesthesia care plan is based on a review of the medical tests and consultations. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-10**](#Stand8F10) *A, B, C-M, C*  Evidence the anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-F-11**](#Stand8F11)  *A, B, C-M, C*  Evidence the anesthesia care plan is based on providing pre-operative instructions. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-G-2**](#Med8G2) *B, C-M, C*  A “time out” is documented in the operative chart prior to every operation. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-2**](#Med8H2)  *B, C-M, C*  Evidence of circulation monitored by continuous EKG during procedures. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-3**](#Med8H3)  *B, C-M, C*  Evidence of circulation monitored by blood pressure documented at least every five (5) minutes. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-4**](#Med8H4)  *B, C-M, C*  Evidence of circulation monitored by heart rate documented at least every five (5) minutes. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-5**](#Med8H5) *A, B, C-M, C*  Evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-6**](#Med8H6)  *B, C-M, C*  Evidence of circulation monitored by heart auscultation. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-9**](#Med8H9) *C-M, C*  Evidence of temperature monitoring when clinically significant changes in body temperature are expected. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-11**](#Stand8H11)  *B, C-M, C*  End tidal carbon dioxide (ETCO2) sampling on all sedation or general anesthetics. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-15**](#Med8H15) *A, B, C-M, C*  Anesthesia record includes all medication given to patient including: date, time, amount and route of administration. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-H-16**](#Med8H16)  *B, C-M, C*  Anesthesia record includes all IV and SQ fluids given pre-operatively, intra-operatively and post-operatively. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-1**](#Med8j1)  *B, C-M, C*  PACU documentation includes patient's time of arrival. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-3**](#Med8j3)  *B, C-M, C*  PACU documentation includes assessment of the patient by the anesthesia recovery staff and a responsible physician. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-4**](#Med8j4) *B, C-M, C*  PACU documentation includes a comprehensive medication record, including date, time, amount, and route of admin. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-5**](#Med8j5)  *B, C-M, C*  PACU documentation includes a record in which all IV and SQ fluids given post- operatively are recorded. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-6**](#Med8j6)  *B, C-M, C*  PACU documentation includes post-op vitals, level of consciousness, and nurses' notes until the patient is discharged. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-9**](#Med8j9) *A, B, C-M, C*  Post-operative progress notes are recorded. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-J-10**](#Med8j10) *A, B, C-M, C*  There is a procedure report which includes procedure technique and findings. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-K-4**](#Med8k4) *B, C-M, C*  Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score). | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-K-6**](#Med8k6) *B, C-M, C*  A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the PACU staff. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-K-8**](#Med8k8) *A, B, C-M, C*  A signed copy of written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient’s care and transportation following a procedure. Copy maintained in patient’s chart. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**8-K-11**](#Med8K11)  *B, C-M, C*  Responsible adult arranged to supervise patient for at least 24 hours post-discharge. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |

**PERSONNEL RECORD REVIEW WORKSHEET**

**Clinical personnel summary:**

# MD/DOs: Enter #; # DDS/DMDs: Enter #; # RNs: Enter #; # Dental Assistants: Enter #; #/type other: Other

| **PERSONNEL RECORD REVIEW** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **TOTAL DEFICIENT** | **TOTAL**  **REVIEWED** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONNEL INITIALS:** | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID | ID |
| **ROLE** | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role | Role |
| [**3-G-2**](#PER3G2)  *C*  Training to reduce occupational exposure to anesthetic gases, as appropriate. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| **6-G-3, 6-G-4,** [**6-G-5**](#PER6G5)  *C-M, C*  Annual MH drill. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-B-1**](#PER11B2) *A, B, C-M, C*  Medical Director – MD, DO, DPM, DMD, or DDS | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-B-2**](#PER11B2) *A, B, C-M, C*  Facility Director – MD, DO, DPM, DMD, DDS, or CRNA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-B-3**](#PER11B3)  *A, B, C-M, C*  Medical & Facility Director(s) – Currently licensed in state where facility is located. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-B-4**](#PER11B4)  *A, B, C-M, C*  Medical & Facility Director(s) – Board certified or eligible for certification by ABMS, AOABOS, ABFAS, ABPM, APBD, ABOMS, or NBCRNA. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-B-6**](#Med11B6) *A, B, C-M, C*  Medical Director/Pediatric Dentist/Owner - State dental board sedation/anesthesia permit.  Anesthesia Provider - State board deep sedation/general anesthesia permit. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-C-4**](#PER11C4)**,** [**11-D-1**](#PER11D1) *A, B, C-M, C*  Medical Staff – Legally and professionally credentialed and qualified for positions and performance of privileges as granted. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-C-14**](#Med11C14) *A, B, C-M, C*  Surgeon/Proceduralist – Must be DMD, DDS, MD, or DO. Must be currently certified, previously certified, or eligible for certification by listed boards. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-C-15**](#Med11C15) *A, B, C-M, C*  Pediatric Dentists - Must be DMD or DDS. CODA postgraduate training program in Pediatric Dentistry. Current certification or in pathway for certification by ABPD. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-C-16**](#Med11C16)*A, B, C-M, C*  Pediatric Dentists - Holds or has held unrestricted hospital privileges or has full primary source verification. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-D-15**](#Per11D15) *A, B, C-M, C*  Anesthesia Providers – Must be DDS, DMD, MD, DO, or CRNA.  Medical Anesthesiologist - Certified or eligibility for certification by ABMS or AOABOS.  Dentist Anesthesiologist - Certified or eligible for certification by ASDA. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-4**](#Per11H4) *A, B, C-M, C*  Hazardous Health Problems Noted & Plan of Action (If none exist, this should be noted in the file.) | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-5**](#Per11H5) *A, B, C-M, C*  Resume of Training | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-6**](#Per11H6)**,** [**11-C-5**](#Per11C5)**, and** [**11-D-2**](#Per11D2)*A, B, C-M, C*  State License or Certification | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-7**](#Per11H7) *A, B, C-M, C*  Date of Employment | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-8**](#Per11H8) *A, B, C-M, C*  Description of Duties | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-9**](#Per11H9)  *A, B, C-M, C*  Record of Continuing Education | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-H-10**](#Per11H10) *A, B, C-M, C*  Inoculations or Refusals | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-1**](#PER11I1) *A, B, C-M, C*  Hazard Safety Training | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-2**](#Per11i2) *A, B, C-M, C*  Blood-Borne Pathogens Training | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-3**](#Per11i3) *A, B, C-M, C*  Universal Precautions Training | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-4**](#Per11i4) *A, B, C-M, C*  Other Safety Training (Fire Extinguisher etc.) | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-5**](#Per11i5) *A, B, C-M, C*  BLS/ACLS/PALS Certifications | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments:** Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-6**](#Per11i6) *A, B, C-M, C*  Knowledgeable to treat cardiopulmonary and anaphylactic emergencies. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-10**](#Per11i10) *A, B, C-M, C*  OR personnel familiar with equipment / procedures utilized in the treatment of emergencies (standards section 5-C) | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| [**11-I-11**](#Per11i11)  *A, B, C-M, C*  If gas sterilizer or AER used, appropriate personnel familiar with operating instructions. | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | Y  N NA | # Deficient | Total Reviewed |
| **Comments**: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable. | | | | | | | | | | | | | | | | | | | | | | |

**SECTION 1: BASIC MANDATES**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: ANESTHESIA OPTIONS** | | | | | |
| **1-A-1** | In this facility, operations may be performed under:  Local Anesthesia, which may be administered by any of the following:  - Surgeon/proceduralist  - Anesthesiologist  - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law  - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist  - Registered nurse under the supervision of a qualified physician. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-2** | In this facility, operations may be performed under:  Topical Anesthesia, which may be administered by any of the following:  -Surgeon/proceduralist  -Anesthesiologist  -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law  -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist  -Registered nurse under the supervision of a qualified physician |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-3** | In Class A cases, a single dose of the same post-operative analgesic prescribed to the patient may be administered to that patient pre-operatively. Any additional doses or agents is considered sedation and must be conducted under Class B, C-M, or C standards. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-4** | In this facility, procedures may be performed under: Low-Flow Nitrous Oxide/Oxygen with a Fail-Safe/Flow-Safe Machine.  May be administered by an appropriately credentialed Pediatric Dentist. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-5** | In this facility, operations may be performed under: Parenteral Sedation, which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist -Registered nurse under the supervision of a qualified physician |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-7** | In this facility, operations may be performed under: Oral or Intranasal Sedation, which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist -Registered nurse under the supervision of a qualified Pediatric Dentist |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-8** | In this facility, operations may be performed under: Field and Peripheral Nerve Blocks, which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist -Registered nurse under the supervision of a qualified physician |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-10** | In this facility, operations may be performed under: Dissociative Drugs, excluding Propofol, which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist -Registered nurse under the supervision of a qualified physician |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-14** | The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited. |  | B | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-15** | In this facility, operations may be performed under: Propofol, which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist |  | C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-17** | The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited. |  | C-M | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-A-20** | In this facility, operations may be performed under: General Anesthesia (with our without endotracheal intubation or laryngeal mask airway anesthesia), which may be administered by any of the following: -Anesthesiologist -Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law -Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: BASIC MANDATES** | | | | | |
| **1-B-2** | Onsite QUAD A surveys typically involve the attention of the Medical Director, the Facility Director, an anesthesia provider, and the facility staff working intensely with the QUAD A surveyor(s). The survey process must remain focused, and therefore, QUAD A has directed that equipment representatives not be present during QUAD A's surveys. Accreditation consultants may be present during the surveys; however, QUAD A asks that consultants remain silent during the survey process until it is completed. All QUAD A surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. QUAD A greatly appreciates the cooperation of all concerned parties by complying with this directive. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: PATIENT SELECTION** | | | | | |
| **1-C-1** | A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient surgery in this facility should be referred to alternative facilities. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-C-4** | If children are operated upon in the facility, there should be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: PATIENTS’ RIGHTS** | | | | | |
| **1-D-1** | A copy of the QUAD A "Patients' Bill of Rights" is prominently displayed, or a copy is provided to each patient. The QUAD A "Patients' Bill of Rights" is also adhered to by facility personnel. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: QUAD A-MANDATED REPORTING** | | | | | |
| **1-E-1** | Changes in facility ownership must be reported to the QUAD A Central Office within thirty (30) days of the change. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-E-2** | Any change in the physician’s staff must be reported in writing to the QUAD A Central Office within thirty (30) days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the QUAD A Central Office. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-E-3** | Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician’s pain management staff or other licensed facility staff must be reported in writing to the QUAD A Central Office within ten (10) days of the time the Facility Director becomes aware of such action. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-E-4** | Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the QUAD A office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in an QUAD A-accredited facility, an unannounced survey may be performed by a senior surveyor. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: PATIENT SAFETY DATA REPORTING** | | | | | |
| **1-F-1** | Online Patient Safety Data Reporting is performed at least every three (3) months in accordance with the due dates established by QUAD A and includes submission of random cases and all adverse events to the QUAD A portal at [www.QUAD A.org](http://www.aaaasf.org). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-2** | For each surgeon/proceduralist operating in the facility, the random sample of the cases must include, at a minimum, the first case performed by such surgeon/proceduralist each month during the reporting period for a total of three (3) cases. The facility must submit into the online Patient Safety Data Reporting portal a minimum of three (3) cases, or all cases performed by surgeons who have performed fewer than three (3) in the respective period, every three (3) months. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-3** | All adverse events which occur within thirty (30) days of any procedure are submitted contemporaneously with the facility learning of the occurrence of such sequelae to the online Patient Safety Data Reporting portal. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-4** | Reportable adverse events include, but are not limited to:  Any unplanned hospital admission |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-5** | Reportable adverse events include, but are not limited to:  Any emergency room visit |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-6** | Reportable adverse events include, but are not limited to:  Any unscheduled return to the operating room for a complication of a previous surgery |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-7** | Reportable adverse events include, but are not limited to:  Any complications such as infection, bleeding, wound dehiscence, or inadvertent injury to another body structure |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-8** | Reportable adverse events include, but are not limited to:  Any cardiac or respiratory problems during the patient’s stay at the facility or within 48 hours of discharge |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-9** | Reportable adverse events include, but are not limited to:  Any allergic reactions |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-10** | Reportable adverse events include, but are not limited to:  Any incorrect needle or sponge count |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-11** | Reportable adverse events include, but are not limited to:  Any patient or family complaint |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-12** | Reportable adverse events include, but are not limited to:  Any equipment malfunction leading to injury or potential injury to the patient |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-13** | Reportable adverse events include, but are not limited to:  Any death occurring within thirty (30) days of a procedure |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-14** | Each adverse event submission must include:  The identification of the problem |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-15** | Each adverse event submission must include:  The immediate treatment or disposition of the case |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-16** | Each adverse event submission must include:  The outcome |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-17** | Each adverse event submission must include:  The reason for the problem |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **1-F-18** | Each adverse event submission must include:  An assessment of the efficacy of treatment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 2: FACILITY LAYOUT & ENVIRONMENT**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: LAYOUT** | | | | | |
| **2-A-3** | There is a separate and adequately sized Post-Anesthesia Care Unit (PACU) within the operating room suite. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-5** | An exam room may function as an operating room. |  | A | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-6** | There is a room dedicated for use as an operating room. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-A-8** | Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, or facility personnel. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: FACILITY ENVIRONMENT** | | | | | |
| **2-B-3** | The facility displays a professional appearance in keeping with a medical facility designed to carry out procedures. The facility must be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more dedicated exam rooms must be available that provide for privacy and treatment in a sanitary, orderly environment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-5** | The floors are covered with smooth and easy-to-clean material that is free from breaks, or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-6** | All openings to outdoor air are effectively protected against the entrance of insects, animals, etc. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-B-7** | There are no overloaded wall plugs or overloaded extensions in use, no altered grounding plugs in use, and wires are not broken, worn, or unshielded. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: OPERATING ROOM ENVIRONMENT** | | | | | |
| **2-C-2** | Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the operations, and must comply with applicable local, state/provincial or federal/national requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport. Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the operating room space available. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-3** | Each operating room is adequately ventilated and temperature controlled. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-4** | Each operating room is properly cleaned, maintained and free of litter and clutter. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-C-5** | There is adequate storage space within the operating room to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the operating room for frequently used supplies, equipment and/or medications. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: STORAGE** | | | | | |
| **2-E-1** | Sterile supplies are stored away from potential contamination in closed cabinets/drawers; or if not, sterile supplies must be stored away from heavy traffic areas and potential contamination hazards. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **2-E-2** | Storage space provides easy access for identification and inventory of supplies. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 3: SAFETY**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** | |
| --- | --- | --- | --- | --- | --- | --- |
| **SUB-SECTION B: Facility Safety Manual** | | | | | |
| **3-B-1** | There is a Facility Safety Manual. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-B-2** | The facility safety manual contains all applicable requirements of OSHA. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-B-3** | The facility safety manual is in accordance with all other federal/national, provincial, state, and local regulations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-B-4** | The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-B-5** | There is a written exposure control plan, which is reviewed and updated at least annually. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-B-6** | There is a written chemical hazard communication program, which is reviewed and updated annually. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION C: Hazardous Agents** | | | | | |
| **3-C-1** | All explosive and combustible materials are stored and handled in a safe manner according to state, local, and/or National Fire Protection Association (NFPA) codes. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-C-3** | Compressed gas cylinders are stored and handled according to state, local and/or National Fire Protection Association (NFPA) codes. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-C-5** | Hazardous chemicals are labeled as hazardous. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION D: Medical Hazardous Waste** | | | | | |
| **3-D-1** | All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-D-4** | Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION E: Fire Safety** | | | | | |
| **3-E-1** | The facility is equipped with heat sensors and/or smoke detectors. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-E-2** | An adequate number of fire extinguishers are available. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-E-3** | Fire extinguishers are inspected annually and conform to local fire codes. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION F: Exits** | | | | | |
| **3-F-1** | Fire exit signs are posted and illuminated consistent with state, local, and/or NFPA codes and OSHA codes. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-F-3** | There are sufficient emergency lights for exit routes and patient care areas in case of power failure. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-F-4** | Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION G: Personnel Safety** | | | | | |
| **3-G-1** | If an ethylene oxide gas sterilizer or automated endoscope re-processor (AER) is used, appropriate personnel are badge-tested to ensure that there is no significant ethylene oxide or glutaraldehyde exposure. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **[3-G-2](#PerWorksheet)** | Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases. |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-G-3** | There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (eg, instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **SUB-SECTION H: X-Ray and Laser Safety** | | | | | |
| **3-H-2** | If x-ray equipment is used, safety measures are taken to protect patients and staff from injury. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-H-3** | Warnings and signage exist to warn those whose health may be affected by x-rays. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-H-4** | Staff maintains dosimetry badges and records, if applicable, for at least three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-H-7** | If x-ray equipment is used, at least an annual check of x-ray equipment and lead aprons is performed. |  | A B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-H-8** | If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, include appropriate eyewear, covered mirrors, covered windows, signage on the door, etc. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |
| **3-H-9** | All appropriate safety measures are taken to avoid open flames and/or lasers in the presence of anesthetic gases, root canal therapy, etc. |  | A B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. | |

**SECTION 4: EQUIPMENT**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Facility Equipment** | | | | | |
| **4-A-1** | If a central source of piped oxygen is used, the system must meet all applicable codes. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Operating Room Equipment** | | | | | |
| **4-B-1** | Only properly inspected equipment is used in the operating suite. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-2** | There is an adequate operating room table or chair. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-3** | The operating room is provided with adequate general lighting in the ceiling. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-4** | Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-5** | Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations) and connected to emergency power supplies where appropriate. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-B-7** | When unipolar electrocautery is used, a single-use/ disposable grounding pad is used. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Anesthesia Equipment** | | | | | |
| **4-C-1** | The operating room is equipped with an EKG monitor with pulse read-out. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-2** | The operating room is equipped with a pulse oximeter. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-3** | The operating room is equipped with blood pressure monitoring equipment as appropriate for the patient population. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-4** | The operating room is equipped with oral airways for each size of patient treated in the facility. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-5** | The operating room is equipped with nasopharyngeal airways and laryngeal mask airways for each size of patient treated in the facility. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-6** | The operating room is equipped with a laryngoscope, functional. Laryngoscope is cleaned as appropriate, HLD or sterilized. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-7** | The operating room is equipped with a comprehensive assortment of endotracheal tubes to cover full range of patients being treated. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-8** | The operating room is equipped with endotracheal stylet(s). |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-9** | The operating room is equipped with a positive pressure ventilation device (eg, Ambu® bag, bag valve mask). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-11** | The operating room is equipped with a source of adequate and reliable source suction and suction equipment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-12** | The operating room is equipped with a reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder). Back up oxygen source should have a regulator on it and be ready to use. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-14** | The operating room is equipped with a carbon dioxide monitor which is used on all sedation and general anesthesia cases. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-17** | An anesthesia machine with a purge system to extract exhaled gaseous air to out-of-doors or to a neutralizing system is present. If inhalation anesthesia is used, a carbon–dioxide-neutralizing system is required when using an anesthesia machine. |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-C-18** | An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no volatile inhalation agents are available, an anesthesia machine is not required. |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Post-Anesthesia Care Unit (PACU) Equipment** | | | | | |
| **4-D-1** | The PACU is equipped and readily accessible to handle emergencies |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-D-2** | A separate pulse oximeter is available for each patient in the PACU. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Maintenance of Equipment** | | | | | |
| **4-E-1** | A biomedical technician annually inspects all equipment (including electrical outlets, breaker/fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer’s specifications. Stickers may be placed on individual equipment; however, written records must be maintained. All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-2** | All equipment in the procedural suite should be tested by biomedical engineer to verify no electric leakage. Verify safe for use annually. |  | A B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-4** | All equipment repairs and changes are done by a bio-medical technician with records kept for a minimum of three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-5** | The manufacturer’s specifications and requirements are kept in an organized file and followed for each piece of equipment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-6** | The emergency power equipment is checked monthly to insure proper function, and the test results are filed and kept for a period of three (3) years. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-7** | Anesthesia gas systems, including nitrous delivery system, are checked by a certified inspector and written reports are available stating that the equipment is safe and operating according to the manufacturer’s specifications. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **4-E-9** | Dental Unit Waterlines: The number of bacteria used for coolant/irrigation used for Non-Surgical dental procedures must be as low as reasonably achievable, and at a minimum <500CFU colony forming units, the regulatory standard for safe drinking water established by EPA. Verified documented testing of all dental units must be performed at least annually unless more frequently recommended by the manufacturer. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 5: IN CASE OF EMERGENCY**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Emergency Equipment** | | | | | |
| **5-A-1** | Emergency cart is available with defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads, current PALS algorithm and/or ACLS algorithm if appropriate). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-A-2** | The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-A-3** | The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Emergency Power** | | | | | |
| **5-B-1** | The emergency power source is able to begin generating ample power to operate essential electrical equipment used in the operating suite within thirty (30) seconds of a power failure. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-B-3** | The operating room(s) and recovery room have an emergency power source, (e.g., a generator or battery powered inverter), with capacity to operate adequate lighting, monitoring, anesthesia, and procedure equipment for a minimum of thirty (30) minutes. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Emergency Protocols** | | | | | |
| **5-C-1** | There must be a written protocol for emergency evacuation of the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-2** | There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-3** | There must be a written protocol for fires and fire drills. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-4** | There must be a written protocol for returning patients to the operating room in the event of patient emergencies. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-6** | There must be a written protocol for cardiopulmonary resuscitation (CPR). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-7** | There must be a written protocol for a situation in which the surgeon becomes incapacitated. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-8** | There must be a written protocol for a situation in which the anesthesiologist or CRNA becomes incapacitated. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-9** | There must be a written protocol for response to power failure emergencies. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **5-C-10** | There must be a written protocol for transferring patients to a hospital in an emergency. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 6: MEDICATIONS**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Medications** | | | | | |
| **6-A-5** | Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Intravenous Fluids** | | | | | |
| **6-B-1** | Intravenous fluids such as Lactated Ringer’s solution and/or normal saline are available in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Controlled Substances** | | | | | |
| **6-D-1** | All controlled substances are secured and locked under supervised access. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-D-2** | There is a dated controlled substance inventory and a control record which includes the use of controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered, bound journal from which pages may not be removed, or in a tamper -proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-D-3** | The inventory of controlled substances is verified by two (2) licensed members of the operating room team on any day that controlled substances are administered, and in compliance with federal/national, provincial, state, and local regulations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: ACLS/PALS Algorithm** | | | | | |
| **6-E-1** | A complete copy of the current ACLS and/or PALS Algorithm, as appropriate, must be available on the emergency cart. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-2** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  Seizure arresting medication (a benzodiazepine, e.g. Midazolam). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-3** | The following medication must be available in the facility at all times as required by current PALS algorithm:  Interosseous and intravenous needles. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-5** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  Epinephrine. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-7** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  Lidocaine—plain. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-10** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  If narcotics are used in the facility, a narcotic antagonist (eg, Narcan) should be present. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-11** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  Bronchospasm-arresting medication (inhaled beta-agonist, eg albuterol). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-E-12** | The following medication must be available in the facility at all times as required by current ACLS algorithm:  Intravenous corticosteroids (eg, dexamethasone). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Emergency Medications** | | | | | |
| **6-F-1** | All emergency medications as noted in the following standards must be available and in the facility at all times. Licensed personnel in the facility must know their location. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-2** | The following medication must be available in the facility at all times:  IV Antihistamines (e.g. Diphenhydramine). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-3** | The following medication must be available in the facility at all times:  Short-acting beta-blocker (eg, esmolol or labetalol). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-4** | The following medication must be available in the facility at all times:  Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-F-5** | The following medication must be available in the facility at all times:  If Benzodiazepine is used in the facility, a reversing agent must be available (e.g. Mazicon™, Flumazenil). |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Malignant Hyperthermia** | | | | | |
| **---** | If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility, the following requirements apply: |  | **---** | **---** | Enter observations of non-compliance, comments or notes here. |
| **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.  In this instance, MH-related components as outlined in standards 6-G-5, 6-G-6, 6-G-7,6-G-8, 6-G-9, and 6-G-10 are **not** required. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[6-G-2](#ClinicalRecordReview)** | There must be adequate screening for MH risk that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-3** | All operating surgeons and anesthesiology providers must be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-4** | All operating surgeons and anesthesia providers must be able to demonstrate familiarity with the early recognition of impending MH crisis as defined by [MHAUS](https://www.mhaus.org/mhau001/assets/File/Recommendations%20with%20Table%20of%20Contents(1).pdf). |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[6-G-5](#PerWorksheet)** | All staff must be trained: annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-6** | A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e., 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®). |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-7** | A minimum of 4 ampoules, 50cc’s each, of sodium bicarbonate (NaHCO3). |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-8** | A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial). |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-9** | An additional\* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional\* dantrolene/Ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode.  \*Additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial) |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-10** | Flow sheets for any MH intervention as well as forms to rapidly communicate progress of intervention with receiving facilities are on the emergency cart and all facilities must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to receiving facility. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **6-G-11** | Facilities must have a policy for MH transfer including EMS transport to a facility capable of ongoing treatment located within a reasonable distance. A healthcare professional with the ability to continue MH treatment must accompany the patient during transport and provide a report to the receiving facility staff. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 7: INFECTION CONTROL**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Infection Control** | | | | | |
| **7-A-2** | The facility policy manual should include infection control policies and procedures that are consistent with current CDC guidelines. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-A-3** | Facility must be compliant with guidelines listed in the CDC Standard Precautions for cross- contamination of syringes, multi-use and single use vials. (Refer to CDC Preventing Transmission of Infectious Agents in Healthcare Settings 2007) |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-A-4** | Scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate personal protective equipment is used for all appropriate procedures. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Hand Hygiene** | | | | | |
| **7-B-2** | Hand hygiene is performed in accordance with current CDC and WHO guidelines. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Instrument Processing** | | | | | |
| **7-C-1** | A written protocol is present for the reprocessing all instruments and equipment used in patient care. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-C-2** | There is strict segregation of dirty surgical equipment and instruments that have been cleaned and are in the preparation and assembly area. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-C-4** | If one sink is used both for dirty instruments and to hand/arm scrub for procedures, there is a written policy to clean and disinfect the sink prior to hand/arm scrubbing. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Sterilization** | | | | | |
| **7-D-2** | The facility has at least one autoclave which uses high pressure steam and heat, or all sterile items are single use disposable.  All soiled instruments are to be treated with an enzymatic cleaner if not processed immediately for sterilization. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-4** | Gas sterilizers and automated endoscope re-processors (AER) must be vented as per manufacturer’s specifications. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-5** | Each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-6** | Sterile supplies are labeled to indicate sterility; packaged and sealed with autoclave tape to prevent accidental opening. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-7** | Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date. When more than one autoclave is available, each pack must additionally be labeled to identify in which autoclave it was sterilized. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-8** | A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-9** | There is a protocol for corrective action if a spore test is positive. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-D-10** | Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Cleaning** | | | | | |
| **7-F-1** | The entire operating room suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-2** | Between cases, the operating room(s) is cleaned with at least intermediate-level, medical-grade disinfectants. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-3** | There is a written policy for cleaning of spills, especially spills which may contain blood borne pathogens. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-4** | All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **7-F-6** | Instrument handling and reprocessing areas are cleaned and maintained. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 8: CLINICAL RECORDS**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: General Clinical Records** | | | | | |
| **8-A-4** | Clinical records must be kept secure and confidential, consistent with HIPAA regulations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-6** | Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-A-8](#ClinicalRecordReview)** | Clinical records for each patient must be accurate, legible, and promptly completed. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-9** | Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the QUAD A three-year survey cycle. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-A-10** | Clinical records are filed for easy accessibility and must be maintained in the accredited facility regardless of the location of the operating physician's office. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Pre-Operative Documentation** | | | | | |
| **8-B-5** | The pre-operative clinical record includes a current history and focused/pertinent physical examination by the anesthesia provider or the patient’s personal physician is recorded within thirty (30) days of procedures on all patients for major procedures, and for those patients for minor procedures who require a physical exam. The medical record must contain a current medical history taken on the same day as the procedure and recorded by the physician or anesthesia provider prior to the administration of anesthesia. The Pediatric Dentist may do the history and physical examination if permitted by state and federal regulations. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-6](#ClinicalRecordReview)** | The pre-operative clinical record includes medical clearance, if applicable. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-7](#ClinicalRecordReview)** | The pre-operative clinical record includes significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the clinical record prior to the surgical procedure. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-11](#ClinicalRecordReview)** | The pre-operative clinical record includes documentation of all pre-operative medications given to a patient. This record includes the date, time, amount, and route of administration. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-12](#ClinicalRecordReview)** | The pre-operative clinical record includes documentation of all intravenous and subcutaneous fluids given pre-operatively. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-13](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding any allergies and abnormal drug reactions. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-14](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding current medications. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-15](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding previous serious illness. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-16](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding current and chronic illness. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-17](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding previous operations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-18](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | The pre-operative medical record includes responses regarding perioperative bleeding risk including medical conditions and medication taken up to the day of the operation. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-19](#MedWorksheet2" \o "Go Back to Med Record Review Worksheet)** | A pregnancy testing policy must be in place that requires a discussion and documentation of the issue with each patient, as appropriate. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-20](#MedWorksheet3" \o "Go Back to Med Record Review Worksheet)** | The pre-operative clinical record includes evidence that treating physicians or consultants are contacted in cases where warranted by the history and physical examination. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-21](#MedWorksheet3)** | The pre-operative clinical record includes documentation of appropriate laboratory procedures performed where indicated. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-24](#MedWorksheet3)** | The surgeon/proceduralist and the licensed or qualified anesthesia provider concur on the appropriateness of the procedures performed at the facility based on the medical status of the patient, age and physiological appropriateness of the patient, and qualifications of the providers and the facility resources. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-B-28](#MedWorksheet3)** | Anesthesia provider or the child’s primary care physician is responsible for determining the medical status of the patient. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Informed Consent** | | | | | |
| **[8-C-1](#MedWorksheet3" \o "Go Back to Med Record Review Worksheet)** | Properly executed informed consent forms are always obtained, which authorizes the surgeon/proceduralist by name to perform surgery and describes the operative procedure. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-C-2](#MedWorksheet4" \o "Go Back to Med Record Review Worksheet)** | Expectations, alternatives, risks, and complications are discussed with the patient, and these are documented. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-C-3](#MedWorksheet4" \o "Go Back to Med Record Review Worksheet)** | The informed consent provides consent for administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, Etc.** | | | | | |
| **[8-E-1](#MedWorksheet4" \o "Go Back to Med Record Review Worksheet)** | Printed or written copies of these reports are kept in the medical record. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-E-2](#MedWorksheet4" \o "Go Back to Med Record Review Worksheet)** | All laboratory results must be reviewed and initialed by the CRNA, anesthesiologist, registered nurse, or surgeon/proceduralist. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-E-3](#MedWorksheet4" \o "Go Back to Med Record Review Worksheet)** | All abnormal laboratory results must be reviewed and initialed by the surgeon/proceduralist within one (1) week of receipt of results. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-E-4](#MedWorksheet5" \o "Go Back to Med Record Review Worksheet)** | All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the surgeon/proceduralist. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-E-6** | Outside clinical laboratory procedures must be performed by a licensed and accredited facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-E-9](#MedWorksheet5" \o "Go Back to Med Record Review Worksheet)** | The name of the pathologist must be on all pathology reports. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION F: Anesthesia Care Plan** | | | | | |
| **[8-F-1](#MedWorksheet5" \o "Go Back to Med Record Review Worksheet)** | A physician must verify that an anesthesia care plan has been developed and documented. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-3](#MedWorksheet5)** | Verify that the patient or a responsible adult has been informed about the anesthesia care plan. Class A facilities may meet this requirement through the Informed Consent process when using local, topical, or Low-Flow Nitrous Oxide/Oxygen anesthesia. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-4](#MedWorksheet5)** | The anesthesia care plan is based on a review of the medical record. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-5](#MedWorksheet5)** | The anesthesia care plan is based on medical history. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-6](#MedWorksheet6)** | The anesthesia care plan is based on prior anesthetic experiences. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-7](#MedWorksheet6)** | The anesthesia care plan is based on drug therapies. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-8](#MedWorksheet6)** | The anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-9](#MedWorksheet6)** | The anesthesia care plan is based on a review of the medical tests and consultations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-10](#MedWorksheet6)** | The anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-F-11](#MedWorksheet6)** | The anesthesia care plan is based on providing pre-operative instructions. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Intra-Operative Documentation** | | | | | |
| **[8-G-2](#MedWorksheet7)** | A policy for a “Time Out” protocol is in place, practiced, and documented in the clinical record prior to every procedure. This protocol should include: Pre-procedure verification process to include medical records and imaging studies to be reviewed by the procedure room team. Missing information or discrepancies must be addressed at this time. Marking the procedure site where appropriate – procedural marking should at least be indicated on a separate dental diagram. Side/Site identification will comply with the Universal Protocol standards for dental procedures. Documented ‘Time Out’ and surgical fire risk assessment immediately before starting the procedure. Conduct a final verification and documentation that at least two (2) members of the procedure team confirming the correct patient, procedure, site marking(s) and, as applicable, special equipment or requirements. As a ‘fail-safe’ measure, the procedure is not started until any and all questions or concerns are resolved. |  | A,  B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION H: Intra-Operative Anesthetic Monitoring and Documentation** | | | | | |
| **8-H-1** | The anesthesia standards identified in Section 8-G apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life threatening circumstances, these standards may be modified; all such circumstances should be documented in the patient’s record. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-2](#MedWorksheet7" \o "Go Back to Med Record Review Worksheet)** | Clinical record must contain evidence of circulation monitored by continuous EKG during procedures. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-3](#MedWorksheet7" \o "Go Back to Med Record Review Worksheet)** | Clinical record must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-4](#MedWorksheet7" \o "Go Back to Med Record Review Worksheet)** | Clinical record must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-5](#MedWorksheet7" \o "Go Back to Med Record Review Worksheet)** | Clinical record must contain evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used. |  | A,  B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-6](#MedWorksheet7" \o "Go Back to Med Record Review Worksheet)** | Clinical record may contain evidence of circulation monitored by heart auscultation. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-9](#MedWorksheet8" \o "Go Back to Med Record Review Worksheet)** | Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-11](#MedWorksheet8)** | Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all sedation or general anesthetics.  Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-12** | When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas.  Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel. |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-H-13** | Patient monitoring during anesthesia will consist of oxygenation assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration. |  | C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-15](#MedWorksheet8" \o "Go Back to Med Record Review Worksheet)** | An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-H-16](#MedWorksheet8" \o "Go Back to Med Record Review Worksheet)** | An anesthesia record is maintained in which all intravenous and subcutaneous fluids given intra-operatively are recorded. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION I: Transfer to Post-Anesthesia Care Unit (PACU)** | | | | | |
| **8-I-2** | Patients transferred to the PACU will be continually evaluated and monitored as needed during transport. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-3** | Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-4** | Patient transfer to the PACU will include transmission of a verbal report on the patient to the PACU team from a member of the anesthesia team who accompanies the patient. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-5** | Patient transfer to the PACU will include transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-I-6** | Patient transfer to the PACU will include a member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION J: Post-Anesthesia Care Unit (PACU) Documentation** | | | | | |
| **[8-J-1](#MedWorksheet8" \o "Go Back to Med Record Review Worksheet)** | PACU documentation includes patient's time of arrival. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-J-3](#MedWorksheet8" \o "Go Back to Med Record Review Worksheet)** | PACU documentation includes assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-J-4](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | PACU documentation includes a record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-J-5](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | PACU documentation includes a record in which all intravenous and subcutaneous fluids given post- operatively are recorded. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-J-6](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | PACU documentation includes a record in which post-operative vital signs, level of consciousness, and nurses' notes are recorded until the patient is discharged from the facility. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-J-7** | Evaluation in the PACU will include observation and monitoring by methods appropriate to the patient’s condition (oxygen saturation, ventilation, circulation, and temperature). |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite |  |
| **[8-J-9](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | Post-operative progress notes are recorded. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-J-10](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | There is a procedure report which includes procedure technique and findings. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION K: Discharge** | | | | | |
| **[8-K-4](#MedWorksheet9" \o "Go Back to Med Record Review Worksheet)** | Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score). |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-K-6](#MedWorksheet10)** | A qualified and credentialed individual determines that the patient meets discharge criteria based upon input from the PACU staff. That individual’s name must be noted on the record, signed by that individual with the time of discharge. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-K-8](#MedWorksheet10" \o "Go Back to Med Record Review Worksheet)** | Written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient’s care and transportation following a procedure. A signed copy of the instructions is maintained in the patient’s chart. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[8-K-11](#MedWorksheet10)** | Patients receiving anesthetic agents other than topical or local anesthesia or low-flow nitrous oxide/oxygen should be supervised in the immediate post discharge period by a responsible adult for at least 24 hours, depending on the procedure and anesthesia used. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-K-12** | Personnel assist with discharge from the recovery area. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION L: Operative Log** | | | | | |
| **8-L-1** | A separate operative log of all cases is maintained, either in a sequentially numbered, bound journal from which pages may not be removed, or in a tamper-proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-2** | An operative log must include sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-3** | An operative log must include date of procedure. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-4** | An operative log must include patient’s name and/or identification number. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-5** | An operative log must include record of surgery(ies) and other invasive procedures to be conducted during the case. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-6** | An operative log must include the surgeon/proceduralist’s name. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-7** | An operative log must include record of the type of anesthesia used. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-8** | An operative log must include name of person(s) administering anesthesia. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **8-L-9** | An operative log must include name of person(s) assisting physician (e.g. additional physician, registered nurse - circulating or scrubbed, scrub tech, physician’s assistant, dental assistant, anesthesia assistant, or other qualified personnel). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 10: QUALITY ASSESSMENT / QUALITY IMPROVEMENT / RISK MANAGEMENT**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION A: Quality Assessment / Quality Improvement Program / Risk Management** | | | | | |
| **10-A-1** | A licensed and qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION B: Quality Improvement Program** | | | | | |
| **10-B-2** | The facility has a written quality improvement program implemented which includes surveys or projects that monitor and evaluate patient care. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-3** | The facility has a written quality improvement program implemented which includes surveys or projects that evaluate methods to improve patient care. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-4** | The facility has a written quality improvement program implemented which includes surveys or projects that identify and correct deficiencies within the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-5** | The facility has a written quality improvement program implemented which includes surveys or projects that alert the facility’s QI program to identify, track, trend, evaluate, and resolve problems. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-B-6** | The facility has a written quality improvement program that includes documentation of Peer Review meetings for the prior three (3) years, which must be available for the surveyor. Facilities with a monthly case volume of 50 or fewer cases must conduct peer review meetings no less than twice per year. Facilities with a monthly case volume in excess of 50 cases must conduct peer review meetings no less than quarterly. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Peer Review** | | | | | |
| **---** | *Quality Assurance/Quality Improvement is comprised of several different processes including but not limited to Peer Review. Peer Review refers to periodic peer review of patient medical records by a peer physician. Additionally, QUAD A seeks to promote the best standards and safest possible practices through its Patient Safety Data Reporting process. Patient Safety Data Reporting falls under the broad umbrella of peer review but is a distinct process from the Peer Review process noted above and consists of the online submission of random cases and all adverse events in accordance with standards.* |  | --- | --- | Enter observations of non-compliance, comments or notes here. |
| **10-D-1** | To be HIPAA compliant, a copy of the HIPAA Business Associates Agreement must be signed by each physician working outside the facility participating in such facility’s Quality Assurance/Quality Improvement process, including but not limited to Peer Review and Patient Safety Data Reporting, and a copy must be retained on file in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-2** | If peer review sources external to the facility are used to evaluate delivery of medical care, the HIPAA Business Associates Agreement is so written as to waive confidentiality of the clinical records. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-3** | Peer review may be done by a recognized peer review organization or a surgeon/proceduralist other than the operating surgeon/proceduralist, unless otherwise specified by state regulations. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-4** | Peer review and the associated peer review meetings should include at a minimum the same random cases and all adverse events selected for submission to the Patient Safety Data Reporting since the preceding peer review meeting. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-5** | Peer review must include at a minimum:  Record of the adequacy and legibility of history and physical exam |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-6** | Peer review must include at a minimum:  Record of the adequacy of surgical consent |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-7** | Peer review must include at a minimum:  Record of the adequacy of appropriate laboratory, EKG, and radiographic reports. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-8** | Peer review must include at a minimum:  Record of the adequacy of a written operative report |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-9** | Peer review must include at a minimum:  Record of the adequacy of anesthesia and recovery records (with IV sedation or general anesthesia). |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-10** | Peer review must include at a minimum:  Record of the adequacy of instructions for post-operative care |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **10-D-11** | Peer review must include at a minimum:  Documentation of the discussion of any complications |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**SECTION 11: PERSONNEL**

| **ID** | **Standard** |  | **Class** | **Score** | **Findings/Comments** |
| --- | --- | --- | --- | --- | --- |
| **SUB-SECTION B: Medical Director & Facility Director** | | | | | |
| **11-B-1** | The Medical Director must have an MD, DO, DPM, DMD, or DDS degree.  A DPM may serve as the Medical Director only for facilities exclusively practicing podiatry.  A DDS or DMD may serve as the Medical Director only for facilities exclusively practicing dentistry or oral maxillofacial surgery. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-B-2](#PerWorksheet)** | The Facility Director must have an MD, DO, DPM, DMD, DDS, or CRNA degree.  *One person may fill both the Medical Director and Facility Director roles, or the roles can be filled by two separate people.* |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-B-3](#PerWorksheet)** | The Medical Director and Facility Director must be a provider currently licensed by the state in which the facility is located. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-B-4](#PerWorksheet)** | The Medical Director and Facility Director must be certified or eligible for certification by one of the following boards:  - American Board of Medical Specialties (ABMS)  - American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS)  - American Board of Foot and Ankle Surgery (ABFAS)  - American Board of Podiatric Medicine (ABPM)  - National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) *(Facility Director only)*  - American Board of Pediatric Dentistry (ABPD)  -American Board of Oral and Maxillofacial Surgery (ABOMS) |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-5** | The Medical Director/Pediatric Dentist/Owner of practice must have the appropriate state dental board facility permit if required (for low-flow nitrous oxide/oxygen analgesia, minimal sedation, moderate sedation, or deep sedation/general anesthesia). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-B-6](#PerWorksheet)** | The Medical Director/Pediatric Dentist/Owner must have the appropriate individual state dental board sedation/anesthesia permit. The anesthesia provider must have the appropriate state board deep sedation/general anesthesia permit. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-7** | The Facility Director must be actively involved in the direction and management of the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-8** | The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors all members of the medical and facility staff for compliance with this policy. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-B-9** | The Medical Director must be involved in the organization's direction, objectives and policy development and implementation. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION C: Surgeons / Proceduralists / Etc.** | | | | | |
| **[11-C-4](#PerWorksheet2)** | Each physician using the facility is credentialed and qualified for the procedures they perform. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-C-5](#PerWorksheet3)** | Each physician must currently be licensed by the state in which they practice. A copy of each physician’s current license must be maintained on file in the facility. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-C-14](#PerWorksheet2)** | All individuals using the facility must meet one of the following criteria (throughout this document the terms, medicine and medical apply to all DMD, DDS, MD, and DO Degrees): · A Doctor of Dental Medicine or Dental Surgery certified or eligible for certification by training and license to perform deep sedation/general anesthesia. · A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS) or a Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-C-15](#PerWorksheet2)** | Pediatric Dentists must have: · DMD or DDS degree or equivalent · Completion of a Commission on Dental Accreditation (CODA) postgraduate training program in Pediatric Dentistry in the United States or Canada or its equivalent · Current certification or in pathway for certification by the American Board of Pediatric Dentistry (ABPD). |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-C-16](#PerWorksheet2)** | Pediatric Dentists who operate in facilities accredited by QUAD A must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital within the last two (2) years. Only dental procedures included within those hospital privileges may be performed within the QUAD A accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a Pediatric Dentists to be credentialed for a specific surgery, the Pediatric Dentists may provide alternative evidence of training and competence in that surgery. Individual consideration will be given if the Pediatric Dentist no longer possesses or cannot obtain such privileges; and can demonstrate that loss of or inability to obtain such privileges was not related to lack of clinical competence, ethical issues or problems other than economic competition. -OR- If the Pediatric Dentist has never held privileges, or no longer holds privileges, QUAD A will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these Pediatric Dentists who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility’s responsibility to conduct the primary source verification and not the Pediatric Dentist’s. Required elements of primary source verification are: · Verification of dental education directly from institution (DMD or DDS degree) · Verification of any specialty/subspecialty from sponsoring institution (CODA training of Pediatric Dentistry) · Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited) · Verification of board certification status (American Board of Pediatric Dentist, American Board of Oral Maxillofacial Surgery) if applicable. · Drug Enforcement Administration (DEA) registration status · National Practitioner Databank (NPDB)’s Integrated Querying and Reporting Services (IQRS) | | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION D: Anesthesia Providers** | | | | | |
| **[11-D-1](#PerWorksheet2)** | If anesthesiologists, CRNAs, and/or anesthesia assistants (as certified by the NCCAA) under direct supervision of the anesthesiologist participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-D-2](#PerWorksheet3)** | All anesthesia providers must be licensed or accredited by the state in which they practice. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-3** | All anesthesiologists and CRNAs must be responsible for the administration of dissociative anesthesia with propofol, spinal or epidural blocks, or general anesthesia as well as the monitoring of all life support systems. |  | C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-6** | If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the operating suite throughout the administration of anesthesia. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-8** | The anesthesia provider(s) cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure, except for oral and maxillofacial surgery where the operator/anesthetist model has been established utilizing a two-person team for Moderate sedation and a three-person team for Deep sedation. All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-12** | A properly credentialed sedation professional must be present when any anesthetic agent, other than topical, local, or low-flow nitrous oxide anesthesia, is administered. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-13** | If oral, intranasal, or parental sedation provided pre-operatively by the Pediatric Dentist with a period of time allowed for the medication to reach peak effect prior to leaving the pre-operative area, the same Pediatric Dentist may act as the operating dentist. Intraoperatively, this Pediatric Dentist cannot administer additional sedation agents other than low flow nitrous oxide/ oxygen. Intra-operatively (during the procedure), the patient must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, an additional Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD). |  | B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-D-14** | All anesthetics other than topical, local, or low-flow nitrous oxide anesthetic agents are delivered by either an appropriately credentialed Pediatric Dentist (excluding dissociative drugs and general anesthesia), Medical Anesthesiologist, an appropriately trained and credentialed Dentist Anesthesiologist, or by a CRNA (under physician supervision if required by state or federal law or by a policy adopted by the facility). All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia. |  | B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-D-15](#PerWorksheet2)** | Individuals administering deep sedation or general anesthesia must have: · DDS, DMD, MD, DO, or CRNA degree · Certified or eligibility for certification by American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). (“Medical Anesthesiologist”) · Certified or eligible for certification by American Dental Society of Anesthesiology (ASDA). (“Dentist Anesthesiologist”) |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION E: Facility Staffing** | | | | | |
| **11-E-2** | All operating suite personnel must meet acceptable standards as defined by their professional governing bodies, where applicable. |  | B,  C-M,  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-E-4** | The Pediatric Dentist is responsible for the operation of the procedure room and patient care areas. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION G: Post-Anesthesia Care unit (PACU) Staffing** | | | | | |
| **11-G-1** | There is a written policy that whenever parenteral sedation, dissociative drugs, epidural, spinal or general anesthesia is administered, a physician is immediately available until the patient is discharged from the PACU. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-2** | All recovering patients must be observed and supervised by trained medical personnel in the PACU. A physician, CRNA, PA, or RN currently licensed and certified in advanced cardiac life support (ACLS) is immediately available until the patient has met PACU discharge criteria for discharge from the facility. Local mandates and stricter standards may apply. |  | B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-3** | All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, an RN, or a Dental Assistant (who completed a sedation course recognized by the AAPD). The Dental Assistant must be under the supervision of one of the other listed healthcare professionals who is immediately available. Either the supervising healthcare professional or the Dental Assistant must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility. |  | B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-4** | All recovering patients must be observed and monitored by a Medical Anesthesiologist, a Dentist Anesthesiologist, a Pediatric Dentist, a CRNA, or an RN. The monitoring healthcare professional must be PALS certified, also ACLS certified if appropriate to patient population being treated in the facility. |  | B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-G-6** | A minimum of one PALS, and when appropriate ACLS as well, certified staff member must be present in the facility until all patients recovering from anesthesia have met criteria for discharge from the facility. |  | B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION H: Personnel Records** | | | | | |
| **11-H-2** | There is a manual outlining personnel policies. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-H-3** | The manual contains personnel policies and records which are maintained according to OSHA, HIPAA, and ADA (Americans with Disabilities Act) guidelines.   IMPORTANT: Employee information must remain strictly confidential. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-4](#PerWorksheet2" \o "Go Back to Personnel Worksheet)** | Each personnel record contains any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-5](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains resume of training and experience. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-6](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains current certification or license if required by the state. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-7](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains date of employment. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-8](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains description of duties. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-9](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains on-going record of continuing education. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-H-10](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record contains on-going record of inoculations or refusals. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **SUB-SECTION I: Personnel Training** | | | | | |
| **[11-I-1](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record has evidence of annual hazard safety training. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-2](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record has evidence of annual blood borne pathogen training. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-3](#PerWorksheet3" \o "Go Back to Personnel Worksheet)** | Each personnel record has evidence of annual universal precaution training. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-4](#PerWorksheet4" \o "Go Back to Personnel Worksheet)** | Each personnel record has evidence of other annual safety training including operative fire safety training and structure fire safety, including operation of a fire extinguisher. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-5](#PerWorksheet4" \o "Go Back to Personnel Worksheet)** | 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 patient population. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-6](#PerWorksheet4" \o "Go Back to Personnel Worksheet)** | The operating room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or the anesthesia provider, holds current PALS certification and/or ACLS certification, if appropriate. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-7** | Two members of the operating room team must have advanced training in pediatric airways and life support. |  | A B C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **11-I-8** | Anesthesia personnel should review and be familiar with the facility’s emergency protocol for cardio-pulmonary emergencies and other internal and external disasters. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-10](#PerWorksheet4)** | The operating room personnel are familiar with equipment and procedures utilized in the treatment of emergencies discussed in standards section 5-C. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |
| **[11-I-11](#PerWorksheet4)** | If a gas sterilizer or Automated Endoscope Reprocessor (AER) is used, personnel are thoroughly familiar with the operating instructions. |  | A  B  C-M  C | Compliant  Deficient  Not Applicable  Corrected Onsite | Enter observations of non-compliance, comments or notes here. |

**GLOSSARY**

**Adequate** is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

**Clinical Personnel** refers to the entire surgical/procedural clinical team, including, but not limited to, all surgeons/proceduralists, anesthesia providers, nurses, scrub techs, etc. Employment status (owner, employee, contractor, etc.) is not a factor in defining who is included as Clinical Personnel.

**Continual** is defined as “repeated regularly and frequently in steady, rapid succession,” whereas continuous means “prolonged without interruption at any time.”

**Medical Director** is the clinician responsible for overall oversight of the facility.

Logo, company name

Description automatically generated

**THE AMERICAN ASSOCIATION FOR ACCREDITATION**

**OF AMBULATORY SURGERY FACILITIES**

QUAD A OFFICE MAILING ADDRESS:

600 Central Ave. Ste 265

Highland Park, IL 60035

TOLL-FREE: +1-888-545-5222

PHONE: +1-847-775-1970

FAX: +1-847-775-1985

EMAIL: [info@quada.org](mailto:info@quada.org)