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NAVIGATING THE UPDATED QUAD A STANDARDS: COMPLIANCE ESSENTIALS FOR INTERNATIONAL FACILITIES

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Clinical Survey Analyst

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DISCLAIMER

The requirements in the current version of the QUAD A standards supersedes previous versions including any interpretive guidance provided in past newsletters and responses to standards-related questions.

LEARNING OBJECTIVES:

- Understand the key updates to QUAD A international standards and their compliance implications.
- Learn about the removal of Class C-M anesthesia classification and its impact on facility operations.
- Clarify how QUAD A international standards align with DHA requirements.
- Prepare for compliance with the updated standards upon implementation.

OVERSEEING SURVEY DATA: MEET QUAD A'S CLINICAL TEAM

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OUR INTERNATIONAL ACCREDITATION PROGRAMS

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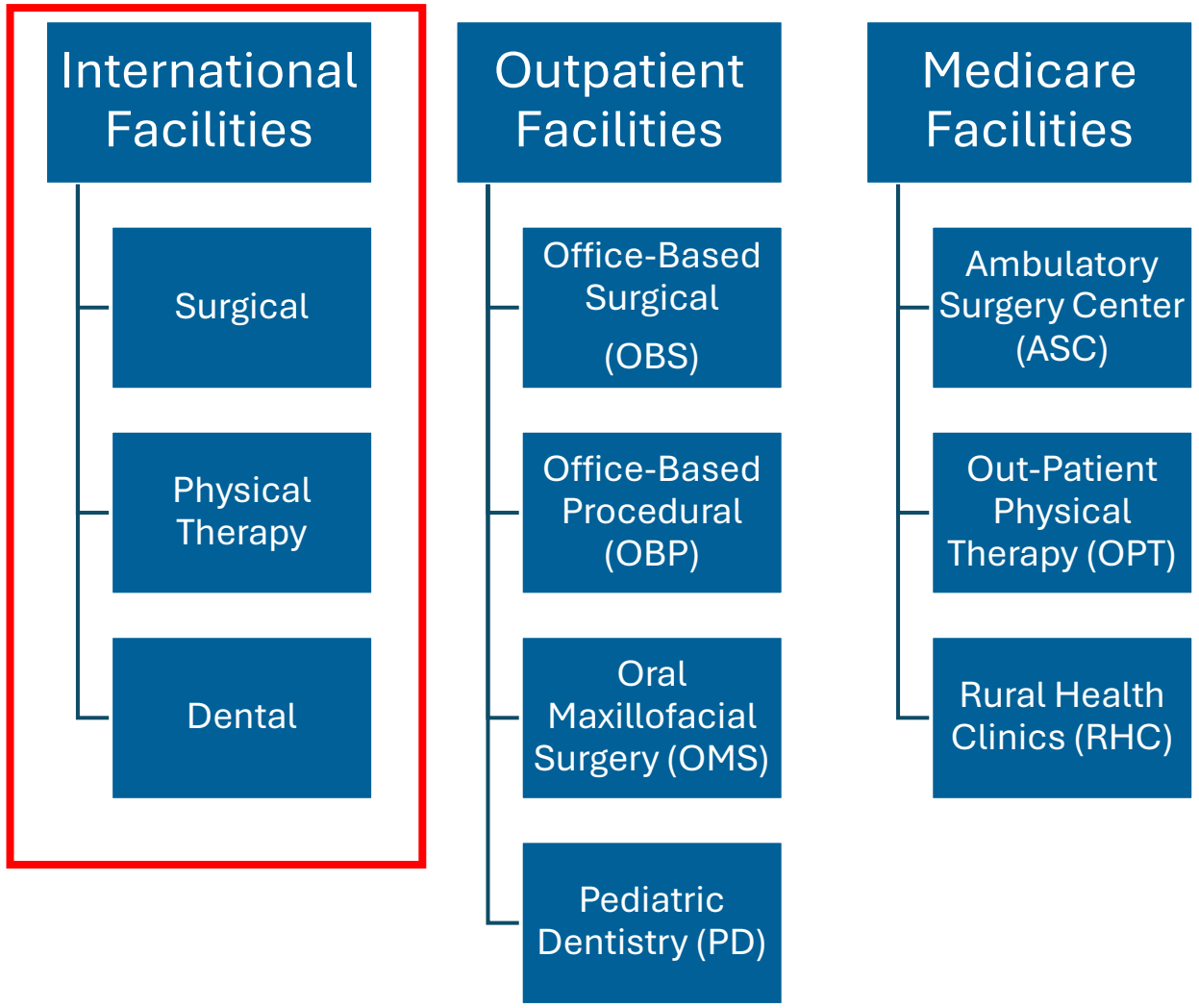
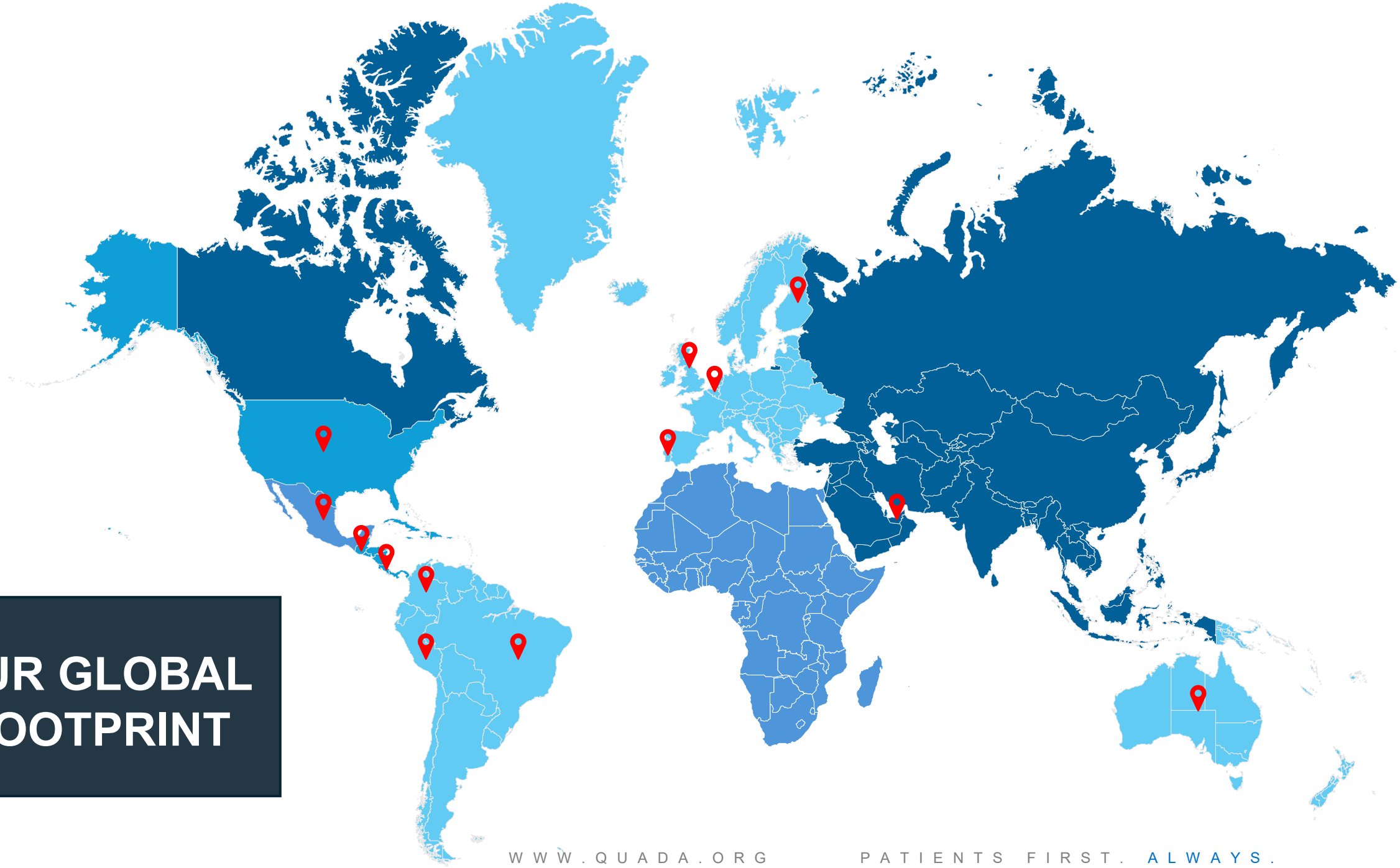
OUR ACCREDITATION PROGRAMS



OUR GLOBAL FOOTPRINT



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HOW WILL THE UPDATED STANDARDS INFLUENCE OUR INTERNATIONAL ACCREDITATION PROGRAMS? AN OVERVIEW

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TIMELINE OF IMPLEMENTATION

2023

PROJECT KICK-OFF INTERNALLY

NOVEMBER 2024

QUAD A'S 2025 STANDARDS REVISION PROJECT ANNOUNCED & PUBLIC COMMENT PERIOD OPENS

DECEMBER 2024

THE PUBLIC COMMENT PERIOD CLOSES

MARCH 2025

UPDATED STANDARDS MANUALS AND CHANGE REPORTS POSTED TO QUAD A WEBSITE

APRIL 2025

NEW STANDARDS AND FIRST SET OF TECHNICAL CORRECTIONS EFFECTIVE APRIL 7, 2025

LATER IN 2025...

ADDITIONAL TECHNICAL CORRECTIONS WILL BE POSTED ON QUAD A WEBSITE AS NEEDED.

TECHNICAL CORRECTIONS

Technical Corrections are necessary updates to some of the QUAD A standards. These updates occur when issues arise that cannot wait until the next version of Standards Manuals are published. The Technical Change document is a vehicle to rapidly communicate priority standards changes to facilities and surveyors. These corrections supersede standards in the Standards Manual.

- **When can we expect technical corrections to be posted?**
  - The first set of Technical Corrections were posted to the QUAD A website on Friday, March 28, 2025.
- **What is the effective date for the first set of technical corrections?**
  - April 7, 2025
- **What is the expected frequency for posting Technical Corrections?**
  - QUAD A may issue technical corrections as needed. Additional updates are anticipated later in 2025, with clearly defined implementation timelines provided.
- **Which programs are affected by Technical Corrections?**
  - Each program will see minor Technical Corrections on an as-needed basis that are expected to be implemented as indicated.

RESOURCES AVAILABLE TO YOU

UPDATED STANDARDS MANUALS

CHANGE REPORTS

STANDARDS EMAIL INBOX

UPDATED ANESTHESIA CLASSIFICATION DOCUMENT

TECHNICAL CORRECTIONS

QUAD A INTERPRETIVE GUIDANCE

MORE ROBUST GLOSSARY

DUBAI ONLY- DHA GUIDELINES

FACILITY RESPONSIBILITIES

- **Facilities required to know their local, state/provincial or federal/national requirements.**
- **Scope of Practice Examples:**
  - Advanced practice registered nurses and physician assistants, who have been granted clinical privileges by the governing body/facility leadership in accordance with their scope of practice, state/provincial law, and approved policies and procedures of the facility, have been added as individuals that are allowed to use the facility
  - Can an RN administer moderate sedation?
  - Is a Circulating Nurse required in the OR? If so, can it be an LPN/Practical Nurse/Enrolled Nurse?
  - What can a Medical Assistant do working in the facility's environment?
- **State/Provincial Specific Regulations**
  - Vaccine requirements for employees
  - Clinical record retention
  - Fire/building code
  - Is a municipal license required for my facility

INTRODUCING INTERPRETIVE GUIDANCE

- **What is interpretive guidance?**
  - Clarification of the requirements of each individual standard to foster a better understanding of the compliance expectations expected of facilities during a successful survey
  - Also supports surveyors in assessing compliance consistently and fairly

- **Where do I find interpretive guidance?**
  - In the standards manuals,
  - Noted in red within the updated standards manuals

WHAT IS INTERPRETIVE GUIDANCE INTENDED TO DO?

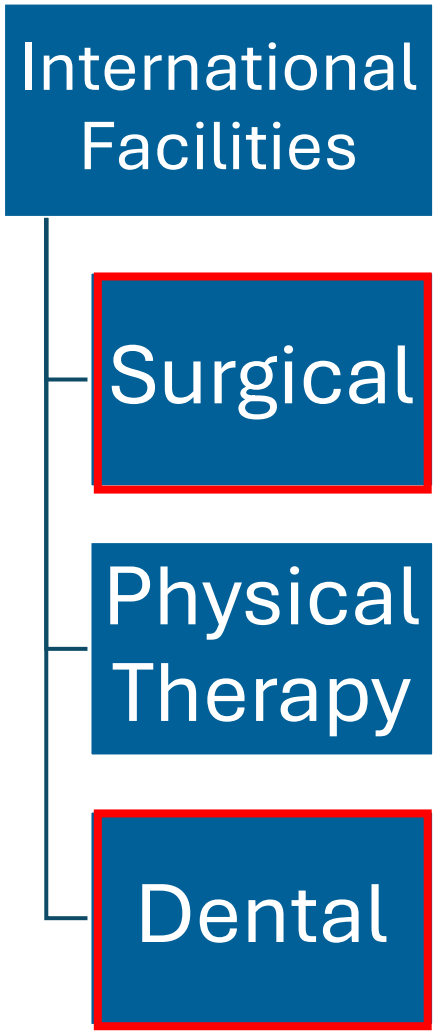
ANESTHESIA CLASSIFICATION INFORMATION

- Updated Anesthesia Classification Document
  - At the beginning of each updated standards manual
  - QUAD A Website
    - Homepage > Accredited Facilities > Standards Manuals Dropdown Menu > View all standards manuals and associated documents > Scroll to Additional Resources > Open Document
- Upcoming Lunch & Learn segment covering this topic in-depth
  - ***Key Anesthesia Classification Updates for Your Facility***
    - Wednesday, May 7, 2025 from 12:00 PM CT – 12:30 PM CT
    - Register even if you can't attend the series in real-time

UPDATED ANESTHESIA CLASSIFICATIONS

Anesthesia Options	Class A	Class B	Class C
Local Anesthesia	X	X	X
Topical Anesthesia	X	X	X
Nitrous Oxide	X	X	X
Parenteral Sedation		X	X
Field and Peripheral Nerve Blocks		X	X
Dissociative Drugs (excl. Propofol)		X	X
Propofol			X
Epidural/Spinal Anesthesia			X
General Anesthesia			X

WHICH INTERNATIONAL PROGRAMS DOES THE ELIMINATION OF C-M ANESTHESIA CLASS EFFECT?



- How will the QUAD A accreditation team handle this transition?

  S L O W L Y

- Facilities with a C-M designation will be transitioned to Class C during next renewal
  - A survey is required if a facility wants to begin a higher level of anesthesia services, specifically general anesthesia

CHANGED HOSPITAL PRIVELEGE REQUIREMENTS

- International Facilities
  - Surgical
  - Physical Therapy
  - Dental

STANDARD 11-C-6 (NEW):

The facility must have written policies and procedures that address the criteria for clinical staff privileges and the process that the facility's leadership body uses when reviewing physician, APRN, and PA credentials and determining whether to grant privileges and the scope of the privileges for each practitioner.

- Hospital privilege information for providers will no longer be required for any QUAD A accredited surgical programs
- Now up to the governing body of the surgery center to determine the competency of providers that work in their facility

CORRECTED ON-SITE

For deficiencies that are identified as corrected onsite during the survey, facilities will be required to submit an acceptable PoC. This ensures that all deficiencies, regardless of their status at the time of the survey, are documented and monitored for sustained compliance on an ongoing basis.

TEN-DAY PLAN OF CORRECTION

All facilities must submit an acceptable plan of correction (PoC) within 10 days for any deficiencies identified during the accreditation survey. The PoC should detail the steps your facility will take to address and resolve the identified issues, ensuring ongoing compliance with QUAD A standards. Additionally, evidence of correction (EOC) must be submitted within 30 days.

INTRODUCING OBSERVATION OF CARE

QUAD A Board Member
VP of Investigations
Co-Chair Standards Committee
Surveyor

Dr. Monte Goldstein

OBJECTIVES OF OBSERVATION OF CARE

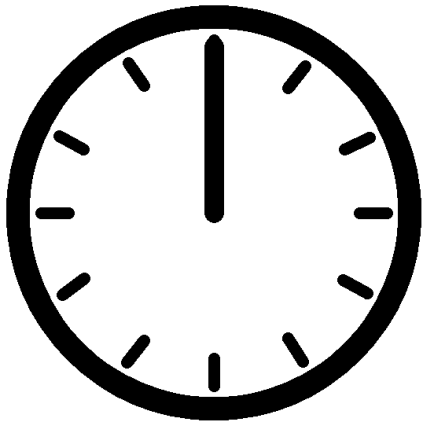
- Evaluate compliance with accreditation standards
- Identify gaps in care delivery that may compromise patient safety
- Provide actionable feedback to improve facility operations through documentation of findings
- Ensure alignment with best practices in patient care.

WHY INCORPORATE OBSERVATION OF CARE?

- Provides direct insight into a facility's practices.
- Provides a clear picture of facility operations and patient care practices.
  - *Does practice follow policy or what they say they do?*
- Critical aspects of care must be evaluated to identify gaps that may lead to adverse events.

IS THERE SUFFICIENT TIME TO INCORPORATE OBSERVATION OF CARE DURING A SURVEY?

YES!



- The average time spent on non-Medicare surveys: is approx. 4.0 hours (with some outliers).
- Sufficient time exists to integrate case observation into the survey process.
- Observation of care is a more efficient way to directly observe compliance with many standards and can increase the speed of assessment

EXAMPLES OF CARE PROCESSES TO OBSERVE

WHY DO THESE AREAS MATTER?

- Observing these areas ensures compliance with accreditation standards of practice.
- Identifies gaps that could lead to poor patient outcomes and adverse events.
- Enhances patient safety and quality of care.
- Provides actionable insights to facilities for corrective action implementation

PROMOTING A CULTURE OF CONTINUOUS IMPROVEMENT

- Observations are not just about compliance but also about learning and growth.
- Facilities should view survey findings as opportunities for improvement.
- Fosters collaboration between facilities and surveyors to enhance the delivery of safe patient care.
- Great reminder to facilities of their commitment to excellence in patient care with QUAD A as their Accrediting Organization.

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CHANGES TO NOTE IN THE UPDATED STANDARDS MANUALS

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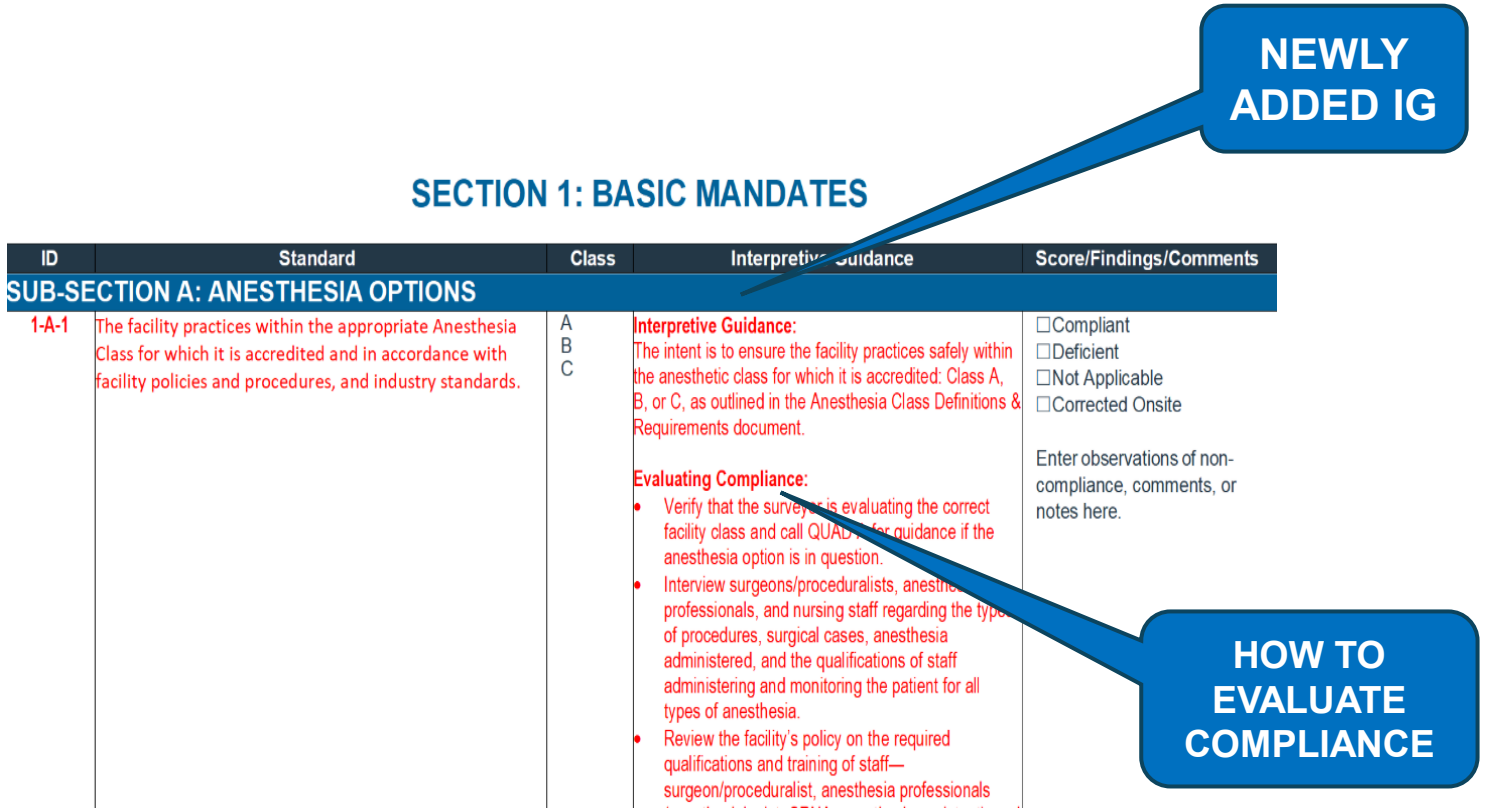
THE NEW STANDARDS MANUALS



UPDATED GLOSSARY

- More robust than the previous glossary
- Provides clearer definitions
- Included at the end of each updated Standards Manual

UNDERSTANDING THE CHANGE REPORTS

NO CHANGES

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	**Language**	**Number**	**Language**
5-E-2	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		No Change

RE-NUMBERED

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	**Language**	**Number**	**Language**
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.	7-A-10	The facility's policies address operating/procedure room attire. This includes scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate attire based on the procedure being conducted.
1-A-22	No more than 5000 cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.	1-C-5	No more than 5000 cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

REVISED LANGUAGE

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	**Language**	**Number**	**Language**
5-C-1	There must be a written protocol for emergency evacuation of the facility.	5-C-1	There must be a written protocol for emergency evacuation of the facility. The protocol must include provisions for annual drills for the emergency evacuation of patients, staff, and guests; staff training upon hire and annually. Documentation of all drills must be retained in the facility for a minimum of three (3) years.

REMOVED

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	**Language**	**Number**	**Language**
1-A-18	In this facility, operations may be performed under: Epidural 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.	Removed	Please refer to Anesthesia Class Definitions

NEW

QUAD A Previous Version 8.3		Revised Standards - Version 9	
Number	**Language**	**Number**	**Language**
N/A	No current requirement.	6-F-11	The following medication must be available in the facility at all times: Intravenous corticosteroids (eg, dexamethasone).

NEW INTERNATIONAL STANDARDS TO NOTE

**NEW ** INTERNATIONAL STANDARDS		
1-B-9	7-E-2	9-A-14
1-C-4	7-F-2	9-A-15
1-C-6	8-A-9	9-A-16
3-D-1	8-B-2	9-B-3
3-F-1	8-B-8	11-C-2
4-E-7	8-B-11	11-C-6
4-E-8	8-B-12	11-H-4
5-A-4	8-B-22	11-I-1
6-A-2	8-E-13	11-I-2
6-D-4	8-H-1	11-I-3
6-F-12	8-J-2	
6-F-13	9-A-5	
7-B-1	9-A-7	
7-C-1	9-A-8	
7-D-11	9-A-9	

NEW DUBAI-SPECIFIC STANDARDS TO NOTE

**NEW ** DUBAI-SPECIFIC STANDARDS
16-A-1 TO 16-A-31
16-B-1 TO 16-B-60
16-C-1 TO 16-C-22
16-D-1 TO 16-D-33
16-E-1 TO 16-E-36
16-F-1 TO 16-F-36

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YOUR QUESTIONS, OUR ANSWERS

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QUESTION:

Can you please provide more information about the new language at the end of standard 10-B-6 regarding the sample size for our peer review?

Standard 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. The minimum sample size is 10% of the average monthly case volume to be reviewed quarterly.

QUESTION:

Is there a list of required policies for the different programs?

QUESTION:

There seems to be a lot more governing body/facility leadership requirements now. What if we are a small facility with only one surgeon? Who makes up the facility leadership in this instance?

QUESTION:

How does the revision to the Standard 1-C-6 affect a facility who was recently accredited by QUAD A as an OBS Class A facility?

Standard 1-C-6: No more than 500cc's of aspirate should be removed when performing liposuction in Class A facilities. The more stringent requirement applies if State law differs.

QUESTION:

What is the drastic reason for the previous threshold of 5000cc aspirate, now lowered to 500cc? Are there any exceptions to this revised standard 1-C-6?

Standard 1-C-5: No more than 5000 cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.

QUESTION:

The standard says only "recognized" abbreviations shall be used. Recognized by whom? The facility? A nationally recognized organization? Does this mean the facility is required to create a policy on abbreviations?

Standard 1-B-7: The facility only uses the recognized abbreviations allowed to be used in the clinical records.

QUESTION:

Are you going to have a version of the standards manual that we can use for our self-surveys that is a more condensed version and printer-friendly?

CONTACT US!

Clinical Questions?

Email Our Clinical Team!

standards@quada.org

Due to the high volume of submissions and the technical and legal considerations involved in addressing questions related to standards, we kindly ask for your patience. The clinical team will respond as soon as possible, in the order in which the questions are received, to ensure we provide you with the most accurate and well-informed answer possible.

THANK YOU!