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# OFFICE-BASED SURGERY IN FLORIDA: REGULATORY UPDATES & QUAD A ACCREDITATION CHANGES

QUAD A
GLOBAL ACCREDITATION AUTHORITY

# PRESENTATION OUTLINE

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1. LEARNING OBJECTIVES & SPEAKER INTRODUCTIONS
2. FLORIDA'S REGULATORY UPDATES
3. QUAD A'S ACCREDITATION CHANGES
4. OPEN Q&A PANEL WITH THE EXPERTS

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# LEARNING OBJECTIVES:

- Identify the latest regulatory changes affecting office-based surgery (OBS) in Florida, including updates to surgical levels, hospital privilege requirements, and transfer agreements.
- Understand how recent updates to the QUAD A accreditation standards may impact facility compliance and accreditation status in Florida
- Utilize the open Q&A session to clarify regulatory requirements and gather actionable guidance for maintaining compliance in your OBS practice within the state of Florida

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# PART I- SPEAKER INTRODUCTIONS

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VP of Investigations,
Board Member, QUAD A

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Chief Executive Officer,
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President,
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Legal Counsel,
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# PART II-
# OFFICE-BASED SURGERY IN FLORIDA: REGULATORY UPDATES

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President, Florida Society of Plastic Surgeons

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Legal Counsel, Florida Society of Plastic Surgeons

# 64B8-9.0091 Requirement for Physician Office Surgery Registration; Inspection or Accreditation.

**(1) Registration.**

***(a) Office Registration.*** An office in which a physician performs liposuction procedures where more than 1,000 cubic centimeters of supernatant fat is removed, a Level II office surgery, or a Level III office surgery shall register with the Department of Health (Department) unless the office is licensed as facility under Chapter 390 or Chapter 395, F.S. Every office performing surgery as defined in section 458.328, F.S., that is not licensed as a facility under Chapters 390 or 395, F.S., must register with the Department of Health by submitting Form DH-MQA 1031, Office Surgery Registration Application, 08/2024, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-17955.

***(b) Pre-Registration Inspection.*** The Department must complete an inspection of any location seeking registration under this section before the location may be registered as an office surgery registration. Any office seeking registration shall submit to the Department an executed application, along with all requisite supporting documentation and the registration fee required by Rule 64B-4.003, F.A.C. Upon receipt of the application, supporting documentation, and fee payment the Department shall contact the office to schedule the pre-registration inspection. The Department shall register the office upon receipt of a completed pre-registration inspection form demonstrating full compliance with Chapters 456, 458, F.S. and the rules adopted pursuant thereto. Upon a finding of any deficiencies in the initial inspection, the Department shall provide a written statement specifying said deficiencies to the designated physician at the time of inspection. Upon receipt of the written statement, the designated physician shall be given thirty (30) days to submit a corrective action plan and supporting documentation demonstrating compliance with all outlined deficiencies. The Department shall register the office upon receipt of a corrective action plan demonstrating full compliance with all identified deficiencies. If the office fails to submit a corrective action plan within thirty (30) days, or if the office submits a corrective action plan that fails to address all cited deficiencies, the request for registration shall be denied and the provisions of Chapter 120, F.S., shall apply.

***(c) Designated Physician.*** Each office registered in paragraph (1)(a) must designate a physician who is responsible for office's compliance with the health and safety requirements of Section 458.328, F.S., Rule 64B8-9,009, F.A.C., and this rule, including any changes to the office registration in paragraph (1)(a) above. The designated physician is required to update within 10 days any modifications to the office surgery registration application regarding the recovery personnel and persons on the surgical team along with supporting documentation if said person is not a physician. The office must notify the Department within 10 calendar days after the termination of a designated physician relationship and must notify the Department of the designation of another physician to serve as the designated physician at that time or immediately cease performing office surgeries.

***(c) Physician Registration.*** Each physician practicing at a registered office shall notify the Board in writing within 10 calendar days after beginning or ending his or her practice at a registered office. The physician must comply with the requirements and qualifications of Section 458.328, F.S., Rule 64B8-9.009, F.A.C., and this rule. The written notification for beginning office surgery practice requires the physician to provide and document the following information:

1. Financial Responsibility. All physicians practicing at a registered office must meet the financial responsibility requirements of Sections 458.320 and 459.0085, F.S., as applicable, and notify the Board of the option he or she elects.
2. For surgeons:
    a) The level of surgery the physician intends to perform;
    b) The types of procedures the physician intends to perform at this registered office;
    c) Whether the physician holds current certification of eligibility with a specialty board approved by the Florida Board of Medicine, and if so, to submit a copy of the certificate or board-eligibility letter with the notification;
    d) If the physician does not hold current certification or board eligibility, the physician must provide documentation to establish comparable background, training, and experience;
    e) If the physician does not hold current certification or board eligibility or provide documentation to establish comparable background, training, and experience, submission of a letter of good standing and a copy of the delineation of staff privileges as set forth in subparagraph 64B8-9.009 (4)(b)2., F.A.C.;
    f) If the physician does not provide a letter of good standing and a copy of the delineation of staff privileges as set forth in subparagraph 64B8-9.009(4)(b)2., F.A.C., the physician must provide a copy of a current transfer agreement with a licensed hospital within 30 minutes transport time from the surgery facility as set forth in subparagraph 64B8-9.009(4)(b)1., F.A.C.
    g) Submit a copy of the physician's current Advanced Cardiac Life Support (ACLS) certification; and
    h) List the dates of attendance and specialty areas of all residency, fellowship, background experience, and additional training.
3. For physicians who are anesthesia providers, submission of a current copy of the ACLS card or Pediatric Advanced Life Support (PALS) card (if appropriate), and;
4. For assistants to the surgeon, submission of a current copy of the Basic Life Support (BLS) card.

d) In order to register at an office for office surgery, the physician must comply with the Department's Rule 64B-4.003, F.A.C., and provide documentation to support compliance with Rule 64B8-9.009, F.A.C., and this rule.

e)The registration shall be posted in the office.

# 64B8-9.0091 Requirement for Physician Office Surgery Registration; Inspection or Accreditation.

**(2) Inspection.**

a) Unless the office has previously provided written notification of current accreditation by a nationally recognized accrediting agency or an accrediting organization approved by the Board, the office shall submit to an annual inspection by the Department. Nationally recognized accrediting agencies are the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Accreditation Association for Ambulatory Health Care (AAAHC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO). American Accreditation Commission International (AACI) is an accrediting organization approved by the Board. All nationally recognized and Board-approved accrediting organizations shall be held to the same Board-determined surgery and anesthesia standards for accrediting Florida office surgery sites.

b) The office surgery inspection fee set forth in the Department's Rule 64B-4.002, F.A.C., shall be remitted for each practice location.

c) For those inspections which are required to be announced, such inspections shall be announced at least one week in advance of the arrival of the inspector(s).

d) If the office is determined to be in noncompliance, the designated physician shall be notified and shall be given a written statement specifying the deficiencies at the time of inspection. If the designated physician is not present at the time of the inspection, the written statement shall be provided to the designated physician's designee and a copy shall be provided to the designated physician. Unless the deficiencies constitute an immediate and imminent danger to the public, the designated physician shall be given 30 days from the date of inspection to correct any documented deficiencies and notify the Department of corrective action. Upon written notification from the designated physician that all deficiencies have been corrected, the Department is authorized to re-inspect for compliance. If the designated physician fails to submit a corrective action plan within 30 days of the inspection, the Department is authorized to re-inspect the office to ensure that the deficiencies have been corrected.

e) The deficiency notice and any subsequent documentation shall be reviewed for consideration of disciplinary action under any of the following circumstances:
   1. When the initial notice of deficiencies contains deficiencies that constitute an immediate and imminent danger to the public;
   2. The designated physician fails to provide the Department with documentation of correction of all deficiencies within thirty (30) days from the date of inspection; or
   3. Upon a finding of noncompliance after a reinspection has been conducted pursuant to paragraph (2)(d) of this rule.

f) Documentation of corrective action shall be considered in mitigation of any offense.

g) Nothing herein shall limit the authority of the Department to investigate a complaint without prior notice.

**(3) Accreditation.**

a) The office shall submit written notification of the current accreditation survey from a nationally recognized accrediting agency or an accrediting organization approved by the Board in lieu of undergoing an annual inspection by the Department.

b) An office shall submit, within thirty (30) days of accreditation, a copy of the current accreditation survey of its office and shall immediately notify the Department of any accreditation changes that occur.

c) If a provisional or conditional accreditation is received, the office shall notify the Department in writing and shall include a plan of correction.

d) This rule shall be reviewed, and if necessary, repealed, modified, or renewed through the rulemaking process five years from the effective date.

***Rulemaking Authority 458.309(1), 458.328(3) FS. Law Implemented 456.069, 458.328 FS. History–New 5-15-00, Amended 9-18-01, 8-5-03, 9-1-03, 2-9-05, 8-22-06, 10-30-07, 1-9-13, 3-3-13, 12-22-14, 3-10-20, 11-14-21, 9-11-22, 4-14-25.***

# UPDATES TO OFFICE SURGERY LEGISLATION

- ***HB 309 Defeated.  Would have required JCAHCO accreditation for all office-based facilities and require all such facilities to meet ASC standards.***
- ***Passed BBL mandatory ultrasound and other safety legislation, such as allowing a physician to work on only one BBL at a time.***
- ***Passed office-based surgery legislation requiring a Designated Physician in each office-based facility.***
- ***Successfully defeated a proposal that would have allowed ABCS fellows to advertise themselves as "board-certified."***

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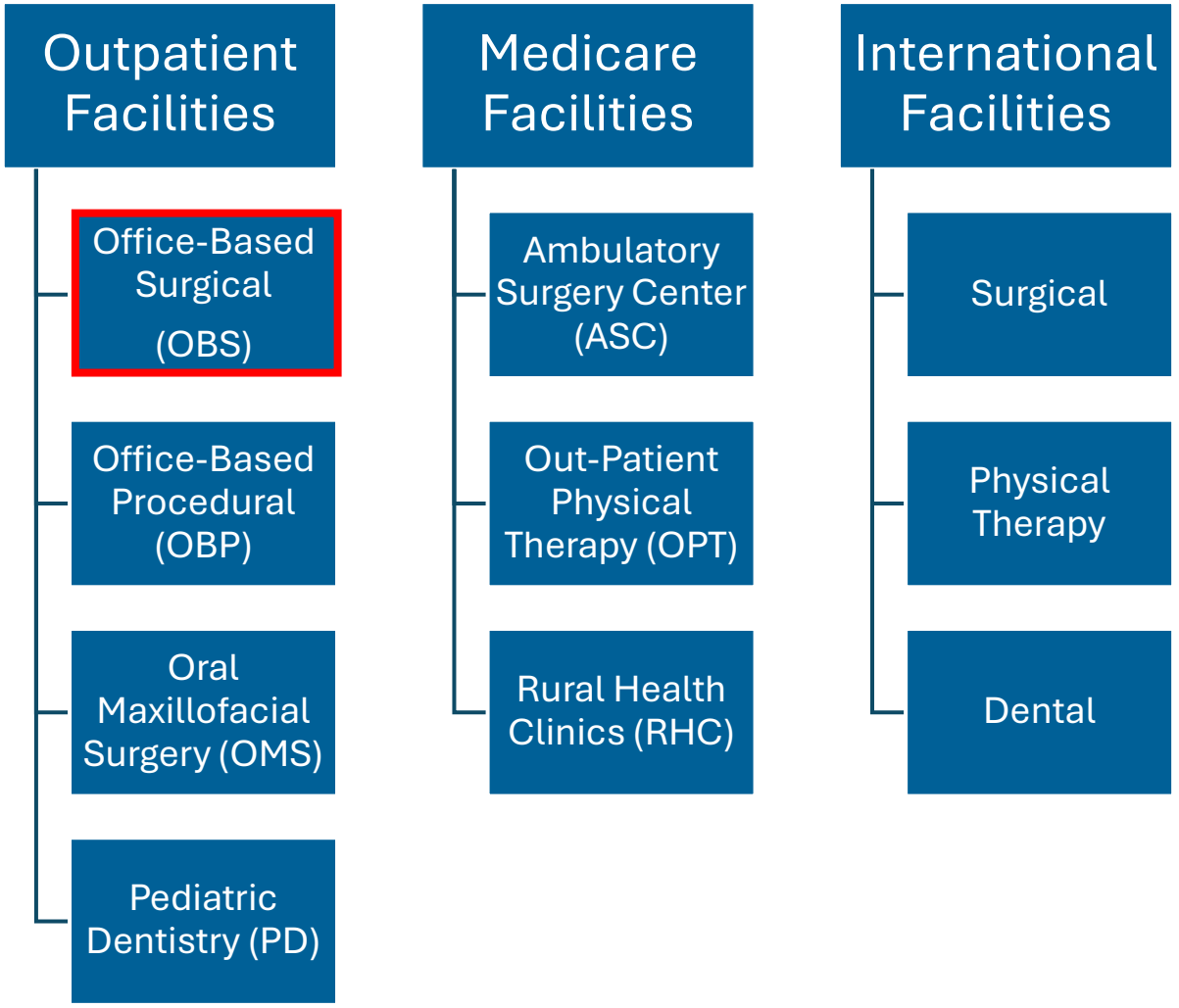
# TODAY'S FOCUS



# 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?

1. PROVIDE PRACTICAL SUGGESTIONS

2. ASSIST IN EVALUATION OF COMPLIANCE

3. SUPPORT FACILITIES IN PROVIDING SAFE HIGH-QUALITY CARE

# OBJECTIVES OF OBSERVATION OF CARE

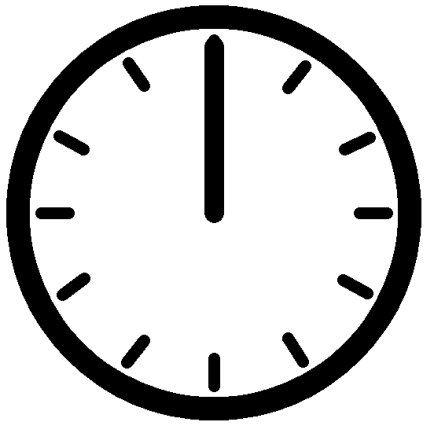
- Evaluate compliance with accreditation standards
- Identify gaps in care delivery that may compromise patient safety
- Provide actionable feedback to improve facility operations through documentation of findings
- Ensure alignment with best practices in patient care

# 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

# 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) electronically 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.

# UPDATED 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
  - 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

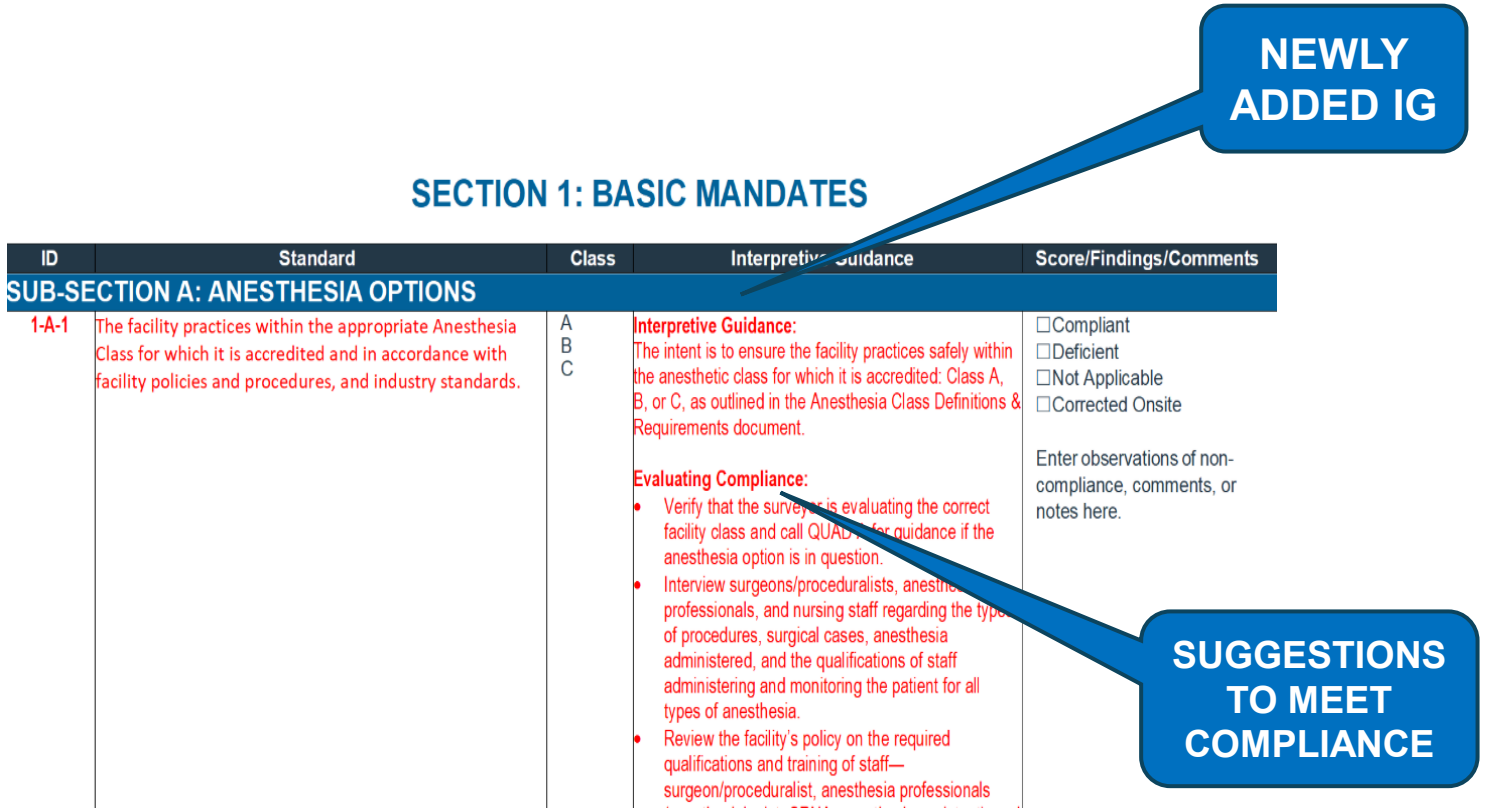
# SUMMARY OF QUAD A'S UPDATED ANESTHESIA CLASSIFICATIONS

| 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 |

# FACILITY RESPONSIBILITIES

- **Facilities required to know their state and local regulations & scope of practice**
  - Requirements vary state-to-state
- **Scope of Practice Examples:**
  - Can an RN administer moderate sedation? Can a PA assist with anesthesia?
  - Is a Circulating Nurse required in the OR? If so, can it be an LPN?
  - What can a Medical Assistant do, working in the facility's environment?
- **State & Local Regulations**
  - Surgical log requirements specific to Florida
  - Record retention: Clinical Records, Surgical Log
  - Fire/building code
  - Is a municipal license required for my facility?

# THE NEW STANDARDS MANUALS



# UPDATED GLOSSARY

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

# RESOURCES AVAILABLE TO YOU

UPDATED STANDARDS MANUALS & ANESTHESIA CLASSIFICATION DOCUMENT

CHANGE REPORTS

STANDARDS EMAIL INBOX

TECHNICAL CORRECTIONS

QUAD A INTERPRETIVE GUIDANCE

MORE ROBUST GLOSSARY IN STANDARDS MANUALS

# 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 3 sets of Technical Corrections were posted to the QUAD A website as follows:
    - Friday, March 28, 2025.
    - Monday, May 19, 2025
    - Tuesday, May 27, 2025
- **What is the effective date for the technical corrections posted so far?**
  - The date the technical correction is posted is the date that compliance is expected by QUAD A.
- **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.

## CONTACT US!

# Standards 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.**

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# PART IV-
# OFFICE-BASED SURGERY IN FLORIDA: OPEN Q&A WITH THE EXPERTS

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# THANK YOU FOR ATTENDING!

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