



MEDICARE FACILITY COMPLIANCE: KEY UPDATES TO QUAD A STANDARDS

Hilda Hebberd, RN, BSN, MSN

Clinical Review Analyst

Patients First. *Always.*

PATIENTS FIRST. *ALWAYS.*

LEARNING OBJECTIVES:

- **Develop a comprehensive approach to aligning facility practices with the latest QUAD A standards**
- **Identify key compliance updates, including the removal of Class C-M anesthesia classification and updates to provider clinical privileges**
- **Be prepared to develop compliance strategies prior to your next survey**



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.



OVERSEEING SURVEY DATA: MEET QUAD A'S CLINICAL TEAM

Beverly Robins, MBA, BSN, RN
Director of Survey Operations



**Hilda Hebbard,
MSN, BSN, RN**
Clinical Review Analyst



**Shelli Greschaw,
BSN, RN**
Clinical Review Analyst



**Patricia Chmielewski,
MS, BSN, RN**
*Standards Development &
Research Analyst*



**Kasi Hunner,
BSN, RN**
Clinical Review Analyst



**Niki Zeman,
BSN, RN**
Clinical Review Analyst

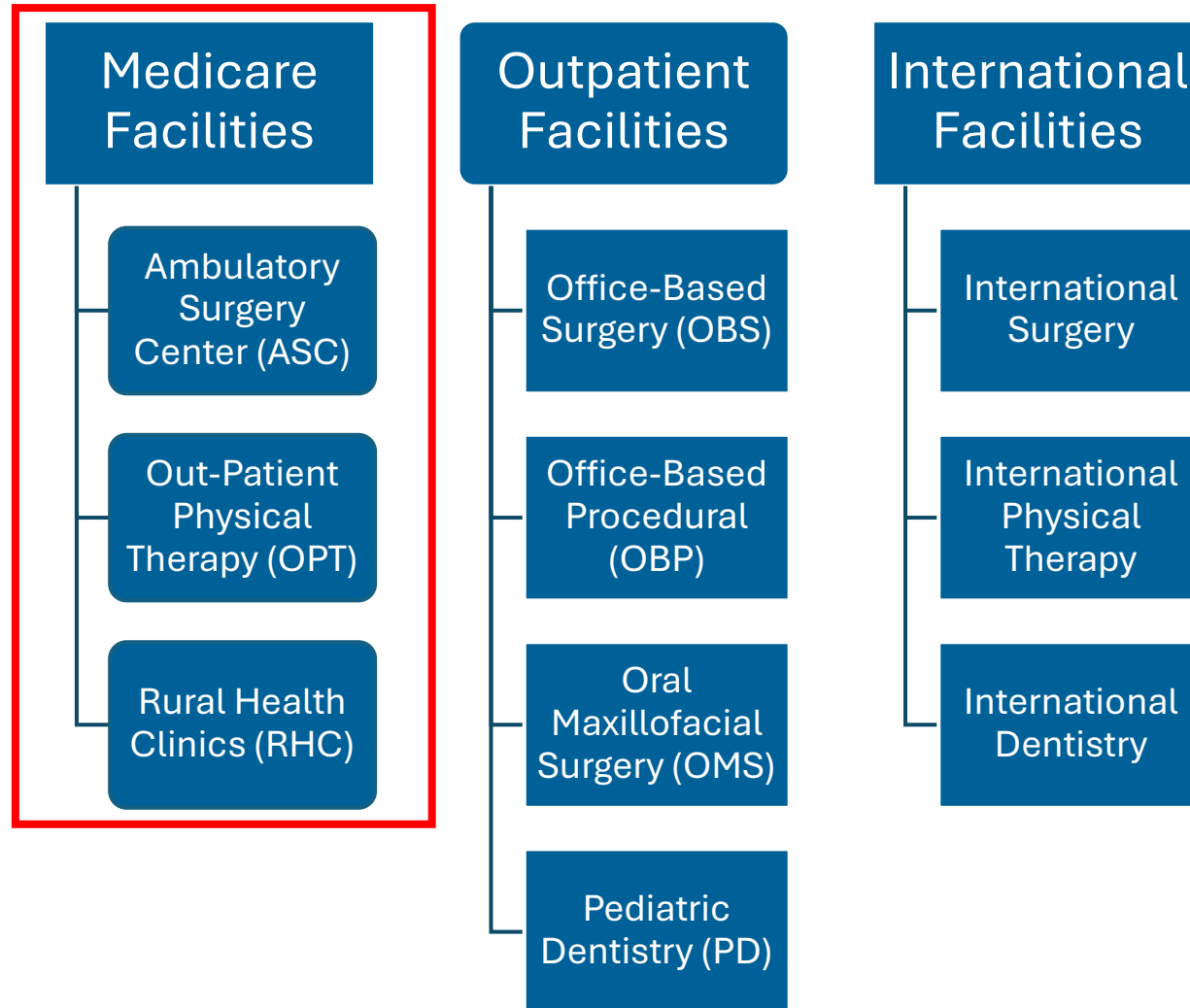




OUR MEDICARE PROGRAMS

Patients First. *Always.*

OUR ACCREDITATION PROGRAMS





HOW WILL THE UPDATED STANDARDS INFLUENCE OUR **MEDICARE** PROGRAMS? AN OVERVIEW

Patients First. *Always.*

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



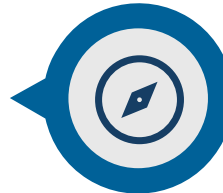
UPDATED ANESTHESIA
CLASSIFICATION
DOCUMENT



TECHNICAL
CORRECTIONS



QUAD A
INTERPRETIVE
GUIDANCE



MORE ROBUST
GLOSSARY



STATE OPERATIONS
MANUALS



FACILITY RESPONSIBILITIES

- **Facilities required to know the scope of practice for each staff**
 - Advanced practice registered nurses and physician assistants who have been granted clinical privileges by the governing body in accordance within their scope of practice, state law, and approved policies and procedures of the facility have been added as individuals that are allowed to use the facility
- **Scope of Practice Examples**
 - Can an RN administer moderate sedation?
 - 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**
 - Vaccine requirements for employees
 - Clinical record retention
 - Fire/building code
 - Is a municipal license required for my facility?

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 MEDICARE PROGRAM DOES THE ELIMINATION OF C-M ANESTHESIA CLASS EFFECT?

Medicare Facilities

Ambulatory
Surgical Center
(ASC)

Out-Patient
Physical Therapy
(OPT)

Rural Health
Clinics
(RHC)

- 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

CHANGES TO HOSPITAL PRIVILEGE REQUIREMENT

Medicare Facilities

Ambulatory
Surgical Center
(ASC)

Out-Patient
Physical Therapy
(OPT)

Rural Health
Clinics
(RHC)

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



CHANGES TO NOTE IN THE UPDATED STANDARDS MANUALS

Patients First. *Always.*

THE NEW STANDARDS MANUALS

SECTION 1: BASIC MANDATES

ID	Standard	Class	Interpretive Guidance	Score/Findings/Comments
SUB-SECTION A: ANESTHESIA OPTIONS				
1-A-1	The facility practices within the appropriate Anesthesia Class for which it is accredited and in accordance with facility policies and procedures, and industry standards.	A B C	<p>Interpretive Guidance: The intent is to ensure the facility practices safely within the anesthetic class for which it is accredited: Class A, B, or C, as outlined in the Anesthesia Class Definitions & Requirements document.</p> <p>Evaluating Compliance:</p> <ul style="list-style-type: none">• Verify that the surveyor is evaluating the correct facility class and call QUADA for guidance if the anesthesia option is in question.• Interview surgeons/proceduralists, anesthesia professionals, and nursing staff regarding the types of procedures, surgical cases, anesthesia administered, and the qualifications of staff administering and monitoring the patient for all types of anesthesia.• Review the facility's policy on the required qualifications and training of staff—surgeon/proceduralist, anesthesia professionals	<p><input type="checkbox"/> Compliant <input type="checkbox"/> Deficient <input type="checkbox"/> Not Applicable <input type="checkbox"/> Corrected Onsite</p> <p>Enter observations of non-compliance, comments, or notes here.</p>

NEWLY
ADDED IG

SUGGESTIONS
TO MEET
COMPLIANCE

UPDATED GLOSSARY

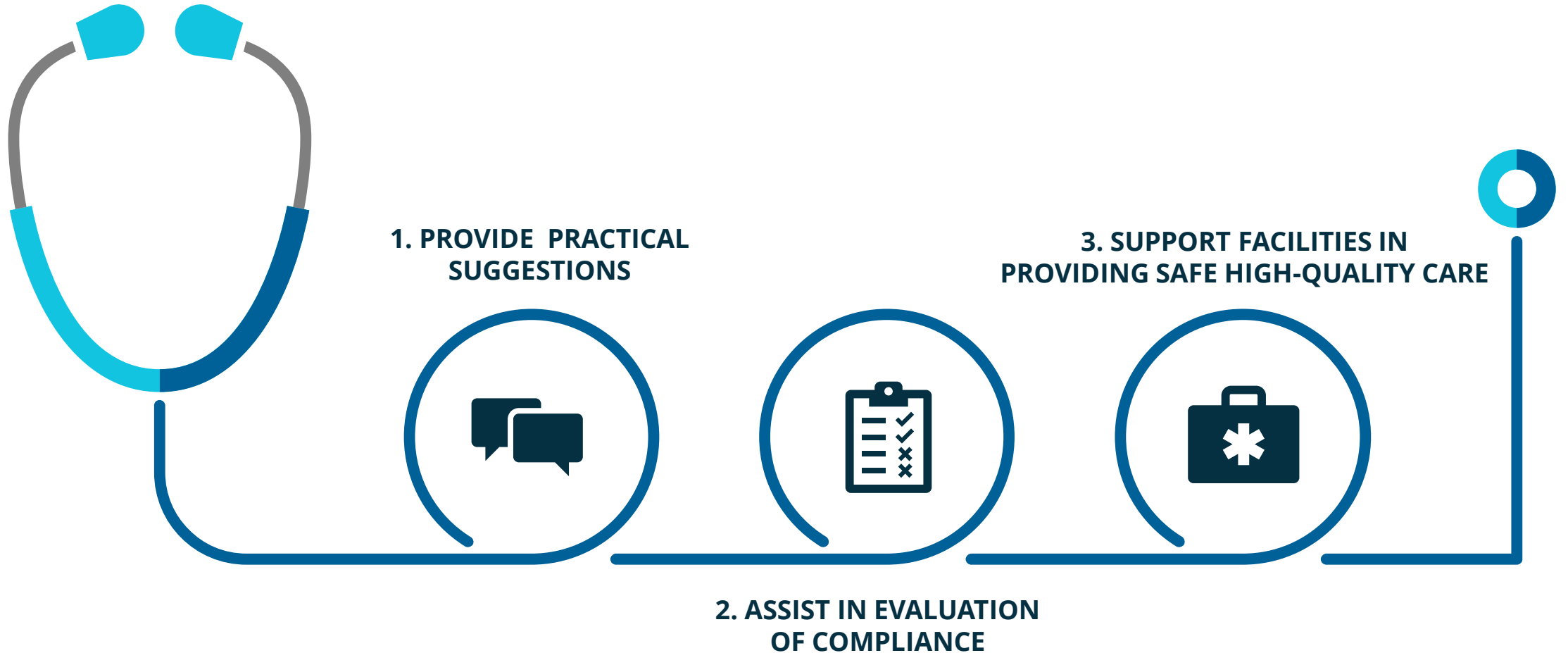
- More robust than previous glossary
- Included at the end of each updated Standards Manual
- Medicare-program specific additions to look for:
 - No new Medicare program-specific definitions added to glossary



INTRODUCING INTERPRETIVE GUIDANCE

- **What is QUAD A 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 QUAD A interpretive guidance?**
 - In the updated standards manuals
 - Noted in separate column in red

WHAT IS INTERPRETIVE GUIDANCE INTENDED TO DO?



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 STANDARDS TO NOTE

NEW ASC STANDARDS

1-B-7

1-C-6

2-B-19

2-E-3

4-E-8

6-F-12

7-C-1

7-D-11

8-B-9

8-C-4

8-E-13

8-F-12

11-C-6

11-F-6***

11-H-4

3-H-2

NEW OPT STANDARDS

1-B-7

1-E-1

1-E-3

2-B-19

2-E-3

3-D-1

3-D-4

7-B-1

11-I-1

11-I-2

11-I-3

NEW RHC STANDARDS

1-B-7

7-D-5

1-E-1

7-D-6

1-E-2

7-D-7

1-E-3

7-D-9

2-B-19

7-D-10

2-E-3

7-D-11

3-D-1

7-F-4

3-D-4

7-F-6

5-A-1

11-C-6

6-D-3

11-I-1

6-E-5

11-I-2

7-A-11

11-I-3

7-B-1

14-F-23

7-C-1

7-C-4

7-D-2



YOUR QUESTIONS, OUR ANSWERS

Patients First. *Always.*

ASC QUESTION:

Could you provide clarification regarding the new language about peer review. In 10-B-6, the standard says "The minimum sample size is 10% of the monthly case volume."

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.**

ASC QUESTION:

We got an email that QUAD A is converting all the C-M to C. If so, is our facility considered as Class C now and moving forward and are we automatically able to Class-C level procedures?

ASC QUESTION:

When reading the new QUAD A Interpretive Guidance, it states that scrubs should be laundered and not worn outside the facility. Is this a black or white guideline or is this an interpretation? We haven't had issues with infection control within our small facility and have always worn scrubs in and out of the facility and are laundered at home.

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.

RHC QUESTION:

**We do not reprocess any instruments.
Does the standard 7-C-1 still apply to us?**

7-C-1 - The facility has a written protocol for the reprocessing of all instruments and disinfection of all equipment used in patient care consistent with the manufacturer's instructions for use.

RHC QUESTION:

Do the standards regarding the different classifications of medications in the ER kit and requiring the clinic to have an AED or defibrillator apply to a clinic that is near a hospital ER?

5-A-1 - Emergency cart is **immediately** available with **a** defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads) **necessary for the patient population being served.**

OPT QUESTION:

We do not have any hazardous medical wastes in our facility.

Does standard 3-D-1 apply to us?

3-D-1 - All medical hazardous wastes (including disposable sharp items) are disposed of in sealed, labeled containers and stored in compliance with local, state/provincial, and national guidelines, and/or OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.

OPT QUESTION:

Is there a resource or a list available that outlines the recognized abbreviations for use in the medical records.

Can the clinical team provide any guidance or direction about where to find such a resource?

1-B-7 - Only recognized abbreviations are allowed to be used in the clinical record.

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!

