Patient Safety in the MedSpa

Non-surgical Aesthetics & Wellness (MedSpa)

Patients First. *Always.*

Today's Objectives

- Identify key elements of a comprehensive patient safety framework
- Obtain familiarity with MedSpa safety standards
- Learn how accreditation standards support safe clinical practices and organizational consistency
- Apply practical strategies and peer-shared best practices to strengthen patient safety and quality outcomes

Dianne Bourque, RN, CNOR
Board Director

Today's presentation will not cover all MedSpa Standards.
The current standards are available for review at:
https://www.quada.org/accredited-facilities

The Hidden Risks to Patients

MedSpas offer a wide range of minimally invasive and non-invasive medical treatments designed to enhance appearance, boost self-confidence, and support a vibrant, youthful lifestyle

- Aesthetic treatments
- Intimate and sexual wellness
- Functional and integrative medicine
- Hormone replacement therapy
- Medically based weight management services
- IV therapy

With thousands of MedSpa practices operating across the US, the quality of care varies widely. In most states, clear regulations don't exist—and where laws do, they're often enforced inconsistently.

Miami Herald

HEALTH & FITNESS

With too many non-experts providing cosmetic treatments, here are key questions to ask

By Carlos Wolf, M.D. *Special to the Miami Herald*
January 02, 2025 12:05 PM

JANUARY 8, 2026

New York Department of State Issues Warning to Consumers after Investigations of Med Spa Service Providers

WEDNESDAY, MAY 29 2024

FULL ISSUE

KFF Health News

More Clinics Providing Cosmetic Procedures With Little Safety Oversight

Experts warn that it is becoming more difficult for consumers to tell the difference between legitimate medical spas and "unscrupulous" practices, raising safety risks for people getting Botox injections, dermal fillers, or other cosmetic treatments.

Burns, infections, sepsis, permanent injury, and death have been linked to procedures by unlicensed providers and the use of contaminated or counterfeit products.

MedSpa Accreditation is a Comprehensive Patient Safety Framework

- Oversight and Governance
  - MedSpa Director eligibility & responsibilities
  - State-specific scope-of-practice for licensed providers
  - Restriction to approved services and procedures
  - Pre-treatment good faith exam ensures the delegated procedure is the appropriate one
- Policies & Procedures (based on current guidelines)
- Clinical Process
  - Patient assessment
  - Informed consent
  - Post-procedure instructions
- Compliance with IFUs
- Emergency Preparedness
- Quality
- Staff Competency

Risk Stratification of Procedures

- All cosmetic, aesthetic, and wellness procedures and interventions have risks.
- All providers, regardless of their diploma or certification, and the MedSpa Director must both have the **required training** before performing or delivering any procedures or services.
- Delegation of these procedures is permitted only to the extent allowed by applicable federal, state, provincial, or national laws and regulations, and must **remain within the licensed healthcare professional's scope of practice**.
- A tiered system of four (4) different risk profiles has been established based on the **degree of risk of complication and level of invasiveness.**

Green – Low Risk for Complications

- **Practitioners allowed to perform procedures (if properly trained and within the scope of practice):**
  - Physicians
  - Advanced Practice Registered Nurses (APRNs)
  - Physician Assistants (PAs)
  - Registered Nurses (RNs)
  - Licensed Aestheticians and Cosmetologists
- **A simple, relevant history is required before initial treatment by a licensed medical provider**
- **Examples of GREEN Procedures:**
  - Micro-needling – needle size ≤ 0.15 mm in diameter and 0.5 mm in length
  - Light-emitting diode therapies
  - Traditional facials
  - Lymphatic drainage procedures
  - External energy-based lipolysis

Yellow – Low to Moderate Risk of Complications

- **Practitioners allowed to perform procedures (if properly trained and within the scope of practice):**
  - Physicians
  - Advanced Practice Registered Nurses (APRNs)
  - Physician Assistants (PAs)
  - Registered Nurses (RNs)

Cosmetologists, aestheticians, & medical assistants **MAY NOT** perform procedures in the yellow category.

- **All providers must be licensed, qualified, and trained in accordance with state/national regulations to be eligible to perform procedures within their scope of practice.**
- **A simple, relevant history is required before the initial treatment by a licensed medical provider.**
- **Examples of YELLOW Procedures:**
  - Preparation & injection of platelet-rich plasma (PRP)
  - Dermal fillers
  - Microneedling – needle size > than 0.15 mm in diameter and 0.5 mm in length
  - Botox injections
  - IV infusions

Orange – Medium Risk of Complications

- **Practitioners allowed to perform procedures (if properly trained and within the scope of practice):**
  - Physician
  - Advanced Practice Registered Nurses (APRNs)
  - Physician Assistants (PAs)

Registered Nurses **MAY NOT** perform procedures in the orange category.

- All providers must be licensed, qualified, and trained in accordance with state/national regulations to be eligible to perform procedures within their scope of practice.

- A Good Faith Exam is required before treatment and must be performed by a physician, PA, or APRN, in accordance with applicable state or national regulations and under the general supervision of the MedSpa Director, as required by jurisdictional guidelines.

- **Examples of ORANGE Procedures:**
  - Plasma ablation
  - Deep facial peels
  - Prescribing weight loss injections
  - Hormone therapies

Red – Highest Risk of Complications

- **These procedures are prohibited in the Med Spa and are reserved for an office-based surgery center or a physician's practice equipped and regulated to perform these procedures safely**.
- Examples of **RED** Procedures:
  - ***Any oral sedation protocols or dosing pre-procedure medications that produce a diminished level of consciousness or a decrease in protective airway reflexes***
  - ***Any use of intravenous or intramuscular sedation or anesthesia***
  - ***Surgery***
  - Any procedure requiring tumescent anesthesia > 100 mL
  - Facial or lip implants
  - Procedures or treatments on patients who are pregnant or suspected of pregnancy
  - Fertility-enhancing treatments (injections, prescriptions, procedures)
  - Insertion of subcutaneous or intrauterine contraceptive devices
  - Ablative lasers
  - Medical equipment without FDA approval
- See Standards Manual for a complete list of the excluded procedures

Also Not Permitted in the MedSpa

IV Therapy is not permitted in the following instances:

- Pediatric patients
- Patients who are pregnant or nursing
- Patients with cancer undergoing chemotherapy
- Patients in hospice, at the end-of-life, or with DNR status
- Treatment of acute medical disorders
- Treatment of chronic medical conditions (e.g., Type 1 diabetes getting infusion of dextrose-containing solutions)
- Trauma or burn resuscitation
- Infusion of IV antibiotics, controlled substances, chemotherapy, parenteral nutrition, blood component transfusions, stem cells, or biological agents
- IV push administration or bolus administration of any fluid or compound
- Use of central lines, chemotherapy ports, and PICC lines is prohibited

Patient Comfort - Local and Topical Anesthesia

Anesthesia Options
17-A-1: In this facility, **only local and topical anesthesia may be administered**. Local or topical anesthesia may only be administered by individuals who are qualified and authorized in accordance with applicable federal, state, or provincial law, their defined scope of practice, and facility policy.
17-A-2: Local anesthetics may only be used in the **skin and subcutaneous layers**.
17-A-3: The facility has **a chart with topical anesthesia agents in use and the maximum daily dose that can be safely applied** to a patient. The facility may not dispense topical anesthetics for patients to use at home.

Patient Comfort - Nitrous Oxide / Oxygen Delivery

Equipment, Monitoring, and Documentation

17-A-8: If patient-controlled inhaled nitrous oxide/oxygen systems are utilized for anxiolysis (minimal sedation), the facility must use an FDA-approved or internationally recognized equivalent system that delivers a fixed 50:50 nitrous oxide/oxygen mixture. The facility must maintain documentation of regulatory approval, equipment specifications, and routine maintenance. Staff using the system must be trained in its operation, and the system must be used in accordance with the manufacturer's guidelines and the facility's sedation policies.

17-M-14: When a standalone nitrous oxide/oxygen delivery system is used, the facility must ensure that a safe delivery system is utilized. It must include:

- Alarms
- Gas scavenging
- Color coding of tanks, knobs, and hose
- A diameter index safety system (pin index safety system)
- An oxygen fail-safe system and oxygen flush capability
- Quick connection for positive-pressure oxygen delivery
- An emergency air inlet
- A reservoir bag
- Storage in a secure area

The facility must verify the presence and functionality of these components, and that safe delivery follows the manufacturer's instructions for use (IFU).

Patient Comfort - Nitrous Oxide / Oxygen Delivery

Equipment, Monitoring, and Documentation

17-M-15: When a standalone nitrous oxide/oxygen delivery system is present, the facility must:

- Perform and document **ambient nitrous oxide level testing at least annually**
- Ensure ambient nitrous oxide levels do not exceed 25 ppm, in accordance with NIOSH guidelines
- Maintain policies and procedures that define qualified personnel, testing frequency, testing methods, and corrective actions
- Document test results and corrective actions when levels exceed 25 ppm

17-R-25: When a patient-controlled inhaled nitrous oxide/oxygen system delivering a fixed 50:50 mixture is utilized for anxiolysis (minimal sedation), the **patient must be screened for contraindications** prior to administration. Screening results must be documented in the clinical record. Informed consent must be obtained and documented prior to use.

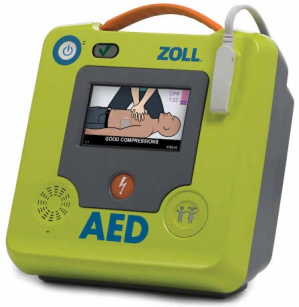
17-R-26: When a patient-controlled inhaled nitrous oxide/oxygen system delivering a fixed 50:50 mixture is utilized for anxiolysis (minimal sedation), the facility must ensure:

- **Continuous visual monitoring by qualified personnel during administration**, including assessment for dizziness, over-sedation, and nausea
- **Continuous pulse oximetry monitoring during administration**
- Post-treatment monitoring for a minimum of 15 minutes

Documentation of monitoring observations, patient response, and duration of monitoring in the clinical record

Essential Equipment & Supplies for Patient Safety

Routine Monitoring & For Use in Emergencies
17-M-6: The facility is equipped with blood pressure monitoring and pulse oximetry equipment.
17-M-7: The facility is equipped with a positive-pressure ventilation device (e.g., Ambu® bag, or a bag valve mask).
17-M-8: The facility is equipped with an oxygen source with appropriate delivery devices (e.g., nasal cannula, face mask).
17-N-1: Emergency equipment is available, including an automated external defibrillator (AED), necessary drugs, and other cardiopulmonary resuscitation (CPR) equipment.
17-N-9: Appropriate intravenous set-up, including appropriate hardware and fluids, must be readily available in the treatment areas.



Filler Emergencies

Management of Vascular Occlusion Emergencies

17-N-2: If dermal fillers are used in the facility, a **written policy and procedure for the management of vascular occlusion emergencies** shall be implemented and followed, including transfer to a higher level of care and processes for obtaining additional emergency medications when required.

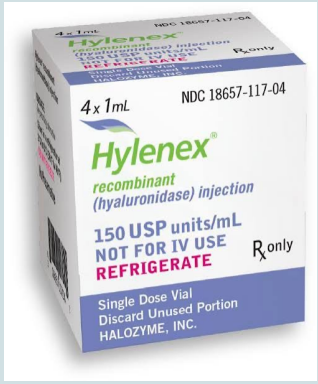
Emergency supplies shall be readily available in a central location known to all personnel and stored in accordance with the manufacturer's recommendations.

Filler Emergencies - Continued

Management of Vascular Occlusion Emergencies

17-N-2 Continued: The following supplies and medications shall be available for the management of vascular occlusion or visual changes following filler injection. The facility shall maintain, at a minimum, the quantities specified below and conduct a documented risk assessment to determine whether additional supplies or medications are required based on patient volume, scope of services, and identified risks.

- Hyaluronidase, 1500 units, at a minimum
- 0.9% NaCl 250 mL
- 325 mg aspirin tablets
- Prednisolone tablets 25 mg or dexamethasone 8 mg IM/IV
- Timolol drops 0.5%
- Acetazolamide 500 mg/vial IV
- Adrenaline (epinephrine) 1 mg/mL 1:1000
- Nitroglycerin ointment 2%
- Oral vasodilator (e.g., sildenafil 50mg, pentoxifylline 400mg)



10 Vials
(at a minimum)

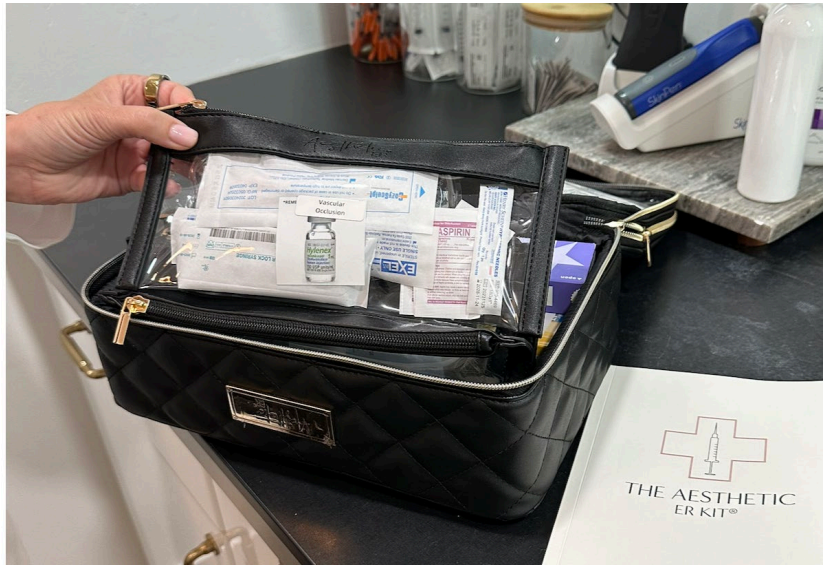
Filler Emergencies - Continued

Management of Vascular Occlusion Emergencies

17-N-2 Continued:

- Syringes (2 of each): 1 mL, 3 mL, 5 mL
- Needles (2 of each): 32 G x 9 mm, 23 g x 25 mm, 18 G x 38 mm
- Sterile swab
- Povidone-iodine prep pads
- Paper bag
- Snellen Chart

A commercially available comprehensive filler crash kit that meets QUAD A standards may be used; however, its use does not replace or reduce the requirement to maintain the specified doses of hyaluronidase and other required medications onsite.



Example - Vision Loss Documentation Record

Patients Name:
DOB:
Treating Clinician:
Date:

Treatment Details

Anatomical site:

- ☐ Glabella
- ☐ Forehead
- ☐ Nose
- ☐ Tear trough
- ☐ Midface
- ☐ Temple
- ☐ Lips
- ☐ Chin
- ☐ Jaw
- ☐ Other

Type of Filler used:

- ☐ Hyaluronic Acid (BRAND)
- ☐ Radiesse
- ☐ Ellanse
- ☐ Sculptra
- ☐ Other

Depth of Injection:

- ☐ Intradermal
- ☐ Subcutaneous
- ☐ Supraperiosteal

Amount of Filler:
Needle or Cannula:
Gauge of Needle/Cannula:
Length of Needle/Cannula:

Signs, Symptoms and Interventions

Right eye, left eye or both
Ocular pain Y/N
Ophthalmoplegia (decreased extraocular muscle movement) Y/N
Double/Blurred vision Y/N
Ptosis Y/N
Skin blanching/reticulation Y/N
Headache Y/N
Nausea/vomiting Y/N
Stroke like symptoms Y/N
Other
Time of first symptom:
Time called Ambulance:

Visual Acuity Test

Can see hand movements Y/N
Can count fingers Y/N
Can see light Y/N
Photographs/video taken: Y/N

Treatment Interventions

Aspirin 300mg Y/N
- Time:

0.5% Timolol Drops Y/N
- Time:

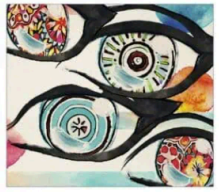
Ocular Massage Y/N
- Time:

Rebreathing C02 in paper bag Y/N
- Time:

Other Interventions
- Time:

Time of arrival of Ambulance:

Consensus Opinion for The Management of Soft Tissue Filler Induced Vision Loss



J Clin Aesthet Dermatol. 2021;14(12):E84–E94.

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Form created by Dr. Toni Burke, Accessed on 8/15/26 from:
https://jcadonline.com/cmac-soft-tissue-filler-vision-loss/

Medications

Medication Safety & Essential Stock
17-P-1: When used, the facility must store, provide, prepare, and administer drugs and biologicals in a **safe and effective manner** under the direction of the MedSpa Director.
17-P-5: All drugs and biologicals administered to a patient must be **ordered by a physician or an advanced practice provider**, in accordance with applicable state/national laws and regulations. A written or electronic order, signed and dated by an authorized prescriber affiliated with the facility, must be present in the patient's clinical record prior to administration.
17-P-10: 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.
17-P-11: At a minimum, the facility must have the following medications available in the facility at all times and secured: **Epinephrine/Epi-Pen and Benadryl (or other antihistamine)**
17-P-21: A **medication dosing card** is immediately available for staff, or medications are available in doses and concentrations that can be immediately administered.

IV Therapy in the MedSpa

Qualifications

17-V-11: IV Therapy

- IV therapy must be prescribed by a physician, APRN, or PA
- IV therapy may only be administered by physicians, APRNs, PAs, or RNs
- Prior to treatment, patients must complete:
  - A screening questionnaire for contraindications
  - Informed consent specific to the infusion/medication
- A brief assessment, including vital signs and lung auscultation, must be completed before the infusion.
- IV solutions and additives must be clearly labeled. Allergy status must be verified before infusion.
- Patients must be observed by qualified medical personnel throughout the infusion.
- Patients shall receive:
  - Written information regarding risks and potential side effects
  - A visit summary including infused medications/fluids
  - Communication of the visit summary to the patient's physician of record, when applicable

IV Therapy in the MedSpa - Continued

IV Therapy Qualifications

17-V-11: IV Therapy (Continued)

IV Mixing Requirements

- **No more than one (1) additive may be mixed into an IV solution onsite**
- Multi-component IV mixtures (e.g., Myers' Cocktail) must be obtained from a licensed compounding pharmacy utilizing appropriate sterile admixture practices.

The MedSpa Director shall establish protocols for:

- **Aseptic IV technique**
- Infection prevention and management
- IV additive compatibility
- **Management of complications, including extravasation**
- Referral and escalation criteria
- Emergency transfer to the nearest emergency department

Policies & Procedures

General Policies

- Non-medical Emergencies (e.g., evacuation, security issues, fire safety, power failure)
- CPR
- Hospital Transfer
- Disaster Preparedness
- Infection Control

Clinical Policies

- Hormone Replacement Therapy (ORANGE)
- Laser / IPL Therapy
- Chemical Peels
- Emergency Medications List
- Platelet-Rich Plasma (PRP) Procedures
- Pregnancy Testing

The MedSpa Director must review and revise the policies, procedures, and processes at least annually.

Preventing Infections

Infection Control

17-Q-4: Policies and **practices exist to prevent and control infections**, such as proper hand washing, prevention of site infection, and infection event reporting.

17-Q-7: The facility has at least one (autoclave) that uses high-pressure steam and heat, or all sterile items are single-use disposable, or the facility has contracted with an outside vendor to process instruments, if applicable. **Instrument reprocessing and sterilization must follow the manufacturer's instructions for use.**

17-Q-10: The facility **monitors the sterilization cycle's effectiveness in accordance with nationally and internationally recognized standards of practice and in conjunction with the manufacturer's instructions for use**.

- Monitoring each sterilizer load for the appropriate mechanical indicators (e.g., time, temperature, and pressure). • Using type 1 (external) and type 5 (internal) chemical indicators. • Weekly biological indicator (spore test) for each sterilizer. • Recording evidence of sterilization assurance monitoring for every load, and any corrective action is documented.

17-Q-11: Sterile instruments and supplies are **packaged according to the manufacturer's instructions for use (IFU) and sealed effectively.** Self-sealing peel pouches must be folded on the crease and may only be double-pouched when the process is validated by the manufacturer.

Preventing Infections - Continued

Infection Control
17-Q-17: The treatment room(s) are **cleaned and disinfected according to an established facility policy and procedure, based on industry standards**, and includes, at a minimum: • Cleaning schedule • Process for cleaning between treatments • **Use of intermediate-level, medical-grade disinfectants EPA-registered as virucidal, bactericidal, tuberculocidal, and fungicidal**.
17-Q-20: All blood and body fluid spills are cleaned using medical-grade EPA-registered germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal.
17-Q-21: When cloth drapes, sheets, robes, or blankets are used, **dirty linen is regularly emptied into a container with a lid**.
17-Q-22: Dirty laundry, once collected, is stored in a laundry bag in an appropriate room away from treatment areas and supplies.
17-Q-24: Single-use devices are not reprocessed unless they are approved by the FDA for reprocessing. Reprocessing of these devices is done by an FDA-approved reprocessor. NOTE: The FDA requirement does not apply to international facilities. International facilities must comply with local, state/provincial or federal/national requirements regarding reprocessing single-use devices.

Clinical Records

Patient Assessment, Treatment, & Documentation
17-R-2: Clinical records for each patient must be accurate, legible, and promptly completed.
17-R-6: **A simple relevant history or a Good Faith Exam is conducted** appropriate to the treatment to be provided and in accordance with the risk stratification.
17-R-7: The clinical record includes **responses regarding any allergies and abnormal drug reactions**.
17-R-13: A physician, APRN, or PAC (as permitted by state/national law) shall **determine and document the patient's medical status immediately prior to an initial treatment** requiring a Good Faith Exam, and subsequent treatments if required.
17-R-18: A **written treatment plan** that is individualized to the patient shall be developed, which follows the standard of care. A treatment plan should include specific instructions on doses, settings, and specific areas of treatment.
17-R-19: A record is maintained of **all medications given to a patient**, including the date, time, amount, and route of administration.
17-R-20: Post-treatment **progress notes** are recorded as appropriate.

Clinical Records - Continued

Patient Assessment, Treatment, & Documentation
17-R-21: Following a procedure that alters or penetrates living body tissue, **the patient is given discharge instructions for procedures in the orange category of risk**, including procedures for emergency situations. A signed copy of the instructions is maintained in the patient's chart.
17-R-22: For medical spas performing aesthetic treatments, a separate **treatment log of all treatments that alter or penetrate living body tissue must be 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.
17-S-1: A **properly executed informed consent form is always obtained** and includes: • The name of the treating individual authorized to perform the procedure; • A description of the treatment; and when applicable, clear disclosure that the treatment or product is used off-label or is not approved by the U.S. Food and Drug Administration (FDA) or applicable regulatory authority in the jurisdiction where the treatment is being performed
17-S-2: **Expectations, alternatives, risks, and complications** are discussed with the patient, and these are documented.

Governing Body – MedSpa Director

Responsibility & Oversight

17-T-1: The facility has a MedSpa Director with **full legal responsibility for determining, implementing, and monitoring policies governing the facility's total operation**. The MedSpa Director has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.

The MedSpa Director:

- Must hold a **current license** in the state/country in which the medical spa operates
- **Be authorized** under applicable law(s) to independently practice & assume clinical and facility leadership responsibilities within their scope of practice.
- If the law(s) do not specify eligible provider types for this role, then the position must be filled by a licensed physician
- May be an MD, DO, DMD, DDS, or other licensed practitioner that the law authorizes to independently practice and assume clinical and facility leadership responsibilities, within their scope of practice, where the facility operates.

MedSpa Director Oversight

Supporting Safe Patient Care

11-T-17: If the MedSpa Director is **not on-site, they must be available for consultation** with staff during all procedures, either in person, by telephone, or through telehealth communication, and must hold an active license to practice in the state where the medical spa operates.

Additional Oversight Includes Ensuring:

- **All physicians/non-physician practitioners working in the medical spa are fully trained** and qualified
- All licensed medical professionals **comply with their professional scope of practice** and act, and that all unlicensed staff are appropriately supervised
- Emergency equipment & supplies are available within the facility
- Staffing levels of qualified staff are adequate (based on services offered)
- **Review & approve credentialing for all practitioners (legally qualified & trained)**

Quality Assurance & Performance Improvement (QAPI)

QAPI Program

17-U-1: The facility has a written quality improvement program implemented which includes surveys or projects to:

- **Monitor and evaluate patient care**
- **Evaluate methods to improve patient care**
- **Identify and correct deficiencies within the facility**

Alert the facility's Quality Improvement Program to identify, track, trend, evaluate and resolve problems.

- **Performance Improvement Activities**
  - Track adverse events
  - Examine causes
  - Implement improvements
  - Ensure improvements are sustained over time
- The facility must have a process to investigate safety incidents, adverse events, and complaints

Competency -Training & Education

General Qualifications

17-V-1: Physicians (MDs/DOs), Dentists, OMS, and advanced practice providers must be legally and professionally qualified for the treatments they perform. **Chiropractors, Naturopaths, PhD, PharmD, etc., are not eligible to provide or supervise treatments in this program**. A Doctor of Nursing Practice (DNP) can provide treatment based on their level of prior training as an RN or APNP. Doctors of Oriental Medicine perform acupuncture procedures only, per state/national law.

Competency of MedSpa Staff:

- Physicians performing/supervising Yellow and Orange procedures must be trained in the indication for and performance of the procedure
- **All licensed staff must be fully qualified and trained to perform cosmetic medical procedures**
  - **Observe, then perform** a set minimum of Yellow and Orange cases (neurotoxins, fillers, lasers) before performing the procedures independently
  - **Proctoring** is required to perform Sexual Wellness Treatment and Hormone Replacement
  - More specialized procedures and treatments and their qualifications, CEs, and other training are detailed within the standards

Personnel

Responding to Emergencies
17-W-14: All clinical staff involved in patient care in the MedSpa shall **maintain BLS certification**.
17-W-16: Clinical personnel must be trained and **knowledgeable about the facility's protocols for safe and timely transfer** of a patient to an Emergency Room (ER) when emergency services are required.
17-W-19: All staff involved in patient care have **adequate knowledge to perform cardiopulmonary resuscitation (BLS), and to recognize and treat filler and anaphylactic emergencies**.

Meet Our Guests

All Owners of QUAD A Accredited Med Spas

Question # 1

Why was achieving accreditation important to your facility?

Question # 2

Describe your procedure for ensuring new staff are competent to deliver Med Spa services?

Question # 3

What steps has your facility taken to respond to a vascular occlusion?

Question # 4

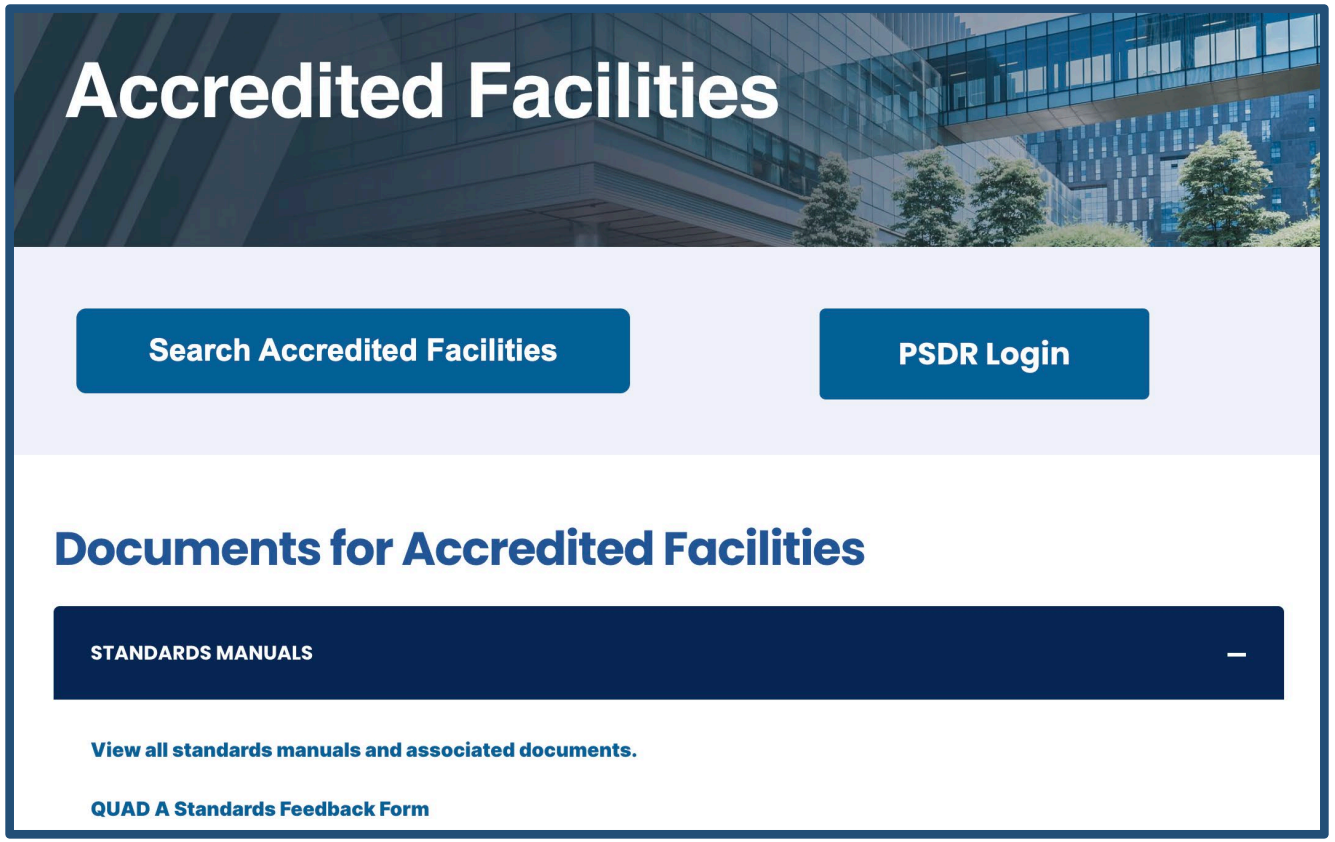
How do you review Instructions for Use (IFUs) and ensure the supplies and medications on hand match patient volume?

Question # 5

What advice would you give to other Med Spa owners who are considering accreditation?

Seeking More Information?

https://www.quada.org/



QUESTIONS & ANSWERS

Patients First. *Always.*

QuadANow.org