



## Student Manual

# Lesson 4: Surgical Services and Medical Staff

### Learning Objectives

At the conclusion of this lesson, you will be able to:

- Know the ASC CfC requirements for surgical services (§416.42) and medical staff (§416.45).
  - **Except** those related to anesthetic risk and evaluation (handled in Lesson on Patient Assessment and Discharge).
- Assess compliance with these requirements.



**Surgical Services  
&  
Medical Staff**

Marilyn Dahl  
Director  
Division of Acute Care Services



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**Surgical Services Condition Requirements**

- §416.42 : ASC surgical services must be performed:
  - In a safe manner
  - By physicians
    - Qualified
    - Granted clinical privileges



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**Safe Manner**

- ASC physicians & other clinical staff must follow generally accepted surgical standards of surgical practice in all phases of the surgical procedure, pre-op through discharge



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**Safe Manner (cont.)**

- Must comply with applicable State & Federal laws
- Other sources of standards of practice: nationally recognized professional organizations, e.g., American College of Surgeons, specialty surgical societies, etc.



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**Safe Manner (cont.)**

Specific standards governing:

- Anesthetic risk & evaluation §416.42(a)
  - Addressed in Lesson on Patient Assessment & Discharge
- Administration of anesthesia §416.42(b)



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### What is "Anesthesia?"

- Administration of a medication to produce a blunting or loss of:
  - pain perception (analgesia);
  - voluntary and involuntary movements;
  - autonomic function; and
  - memory and/or consciousness,depending on where along the central nervous system (brain and spinal cord) the medication is delivered.



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### What is "Analgesia?"

- Use of a medication to provide relief of pain through the blocking of pain receptors in the peripheral and/or central nervous system. The patient does not lose consciousness, but does not perceive pain



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### Types of Anesthesia

- General
- Regional
- Monitored Anesthesia Care, including Deep Sedation/Analgesia
  - Use of propofol during colonoscopy generally falls in this category



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### Types of Analgesia

- Topical or local anesthetic
- Minimal sedation
- Moderate or conscious sedation
  - Individual patients may unexpectedly convert to deep sedation



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### Anesthesia/Analgesia Continuum

- Sedation takes place along a continuum
  - Boundary between anesthesia/analgesia not always clear, due to potential for patient conversion to deeper level of sedation



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### Who Administers?

- §416.42(b) entitled “Administration of Anesthesia”, governs who may administer “anesthetics”
  - Applies to all types of anesthesia
  - Moderate/conscious sedation a grey area, due to potential conversion and need for patient rescue from deeper sedation – should be administered by qualified personnel



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**Who Administers?**

- Qualified anesthesiologist
- Other qualified physician
- CRNA
- Anesthesiologist's assistant



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**Who Administers? (cont.)**

- ASC must have explicit P&P governing granting of anesthesia privileges
- Each practitioner's anesthesia privileges must be specific: type of anesthetics, for which procedures; type of supervision, if applicable



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**Who Administers? (cont.)**

- Physician, but not anesthesiologist: - ASC must consider scope of practice, State law, individual competencies, education and training when granting privileges



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### Who Administers? (cont.)

- CRNA – must be supervised, when anesthesia is used, by the operating physician, unless the State has opted out of supervision requirement
  - List of opt-out States at:  
[http://www.cms.hhs.gov/CFCsAndCoPs/02\\_Spotlight.asp](http://www.cms.hhs.gov/CFCsAndCoPs/02_Spotlight.asp)



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### Who Administers? (cont.)

- Anesthesiologist's Assistant
  - Must always be supervised by an anesthesiologist who is immediately available
    - Present in the ASC
    - Able to perform hands-on intervention immediately



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### Safe Manner – General Practices

- All ASCs expected to follow standard procedures to avoid wrong site/wrong person/wrong procedure errors
  - Pre-procedure verification process
  - Marking of intended procedure site by the operating physician
  - “Time-out” prior to surgery start to reconfirm



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### Safe Manner – General Practices (cont.)

- In the OR standard safe practices employed, e.g.,
  - Sound infection control practices
  - Proper use of equipment
  - Proper handling of specimens, if applicable
  - Implantable devices checked first, documented in medical record
  - Accounting for all instruments/materials at the end of surgery (avoid retained instruments)
  - Avoidance of surgical fires



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### Safe Manner

- Avoidance of surgical fires when alcohol-based skin preps are used. P&Ps address:
  - Use appropriate skin prep solutions (unit dose applicators or swabs)
  - Follow manufacturer's instructions
  - Do not let it soak into patient's hair or linens
  - Assure area is dried before draping



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### Safe Manner – Assessing Compliance

- While observing a case, check how the ASC verifies the patient's identity/type of surgery/surgical site
- In the OR assess whether team employs generally accepted safe practices
  - Surveyors do **not** assess operator competence/techniques of operating practitioner



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### Safe Manner – Assessing Compliance (cont.)

- Condition-level deficiencies in other CfCs may also constitute failure to perform surgical services in a safe manner
  - Such cases may also warrant condition-level citation of §416.42



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### Examples – Related CfCs

- §416.44(a)(1) – OR design & equipment
- §416.44(a)(3) & §416.51 – infection control
- §416.44(c) & (d) – emergency equipment and personnel
- §416.43 – QA/PI



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### Surgery by Qualified Physician

- Social Security Act defines physician in §1861(r):
  - MD
  - DO
  - Doctor of dental surgery or medicine
  - Doctor of podiatric medicine



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### Qualified Physician

- Must be:
  - Licensed in State where ASC is located
  - Practicing within permitted State scope of practice



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### Physician Privileges

- ASC governing body must grant privileges to every physician providing surgical services
- Privileging decisions must be consistent with ASC's policies and procedures
- Medical Staff CfC at §416.45 governs



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### Medical Staff CfC

- §416.45 – ASC's medical staff is accountable to the ASC's governing body
- ASC has flexibility in organizing medical staff, but must have detailed written P&P addressing how it is held accountable
  - Smaller ASCs may have 1 surgeon who is also owner/operator – still required to have a formal medical staff policy



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### Membership & Privileges

§416.45(a):

- Medical staff members must be legally/professionally qualified to hold the privileges ASC grants
- ASC grants privileges in accordance with recommendations from qualified medical personnel



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### Membership & Privileges (cont.)

- ASC must grant privileges to each physician:
  - Performing surgery
  - Administering anesthesia, or
  - Performing other services (e.g., radiologist supervising radiological services that are integral to surgical procedures)



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### Privileges

- ASC must have detailed P&P governing granting of privileges
- Privileges must be specific to types of procedures/anesthetics, etc.



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### Legally Qualified

- Practitioner must have a current license, which ASC must verify
- Privileges must fall within permitted State scope of practice



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### Professionally Qualified

- Practitioner seeking privileges has demonstrated competence, i.e.,
  - Specialized training and experience



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### Recommendation by QMP

- ASC must seek opinion on the practitioner's qualifications from qualified medical personnel
  - Not limited to current members of medical staff (in case of sole owner/practitioner, should seek outside review)



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### Recommendation by QMP (cont.)

- Recommendation must be written & indicate if privileges should be granted, modified, restricted, denied documented in practitioner's file
- ASC governing body not required to accept the recommendation
  - Must document rationale if it does not accept



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### Reappraisals

- ASC must periodically review the privileges granted to each physician, including scope of procedures covered by the privileges
  - Must amend privileges as appropriate
- Must also reappraise any time physician seeks additional privileges



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### Reappraisal P&P

- ASC must have written P&Ps governing reappraisal of medical staff privileges
  - **Suggest** reappraisal at least every 24 months
  - **Suggest** triggers for reappraisal at shorter intervals, e.g., instance of gross misconduct



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### Reappraisal

- Reappraisal must include:
  - Review of current credentials
  - Physician's ASC-specific case record
- QMP recommendation should be a component



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### Assessing Compliance - Privileges

- Review records of all ASC medical staff
  - Evidence of State licensure
  - As appropriate, certification by specialty organization, or other specialized training
  - Written recommendation by QMP
    - ASC's rationale if its decision differed from recommendation
  - Explicit statement of scope of privileges
  - Evidence of periodic reappraisal



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### Non-physician Practitioners

- ASC must have P&Ps if it uses practitioners other than physicians (generally CRNAs, NPs, PAs, Anesthesiologist's Assistants) to provide patient care
  - Does not apply nursing care (separate CfC)
  - May not be the operating practitioner
- ASC may grant medical staff privileges, or address separately



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### Non-physician Practitioners (cont.)

- P&Ps must address:
  - Specific types of patient care activities permitted for each type of practitioner
    - Consistent with State scope of practice
  - Oversight
  - Process & criteria for reviewing qualifications and ongoing performance



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### Assessing Compliance

- If the ASC uses non-physician practitioners, review:
  - Written policy
  - Personnel files for each non-physician licensed practitioner for evidence of qualifications and periodic evaluation



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### Summary

- Surgical services must be provided in a safe manner, by qualified physicians
  - Numerous elements to "safe manner;" many covered by other CfCs
  - ASC must follow accepted standards for surgical practice



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**Summary (cont.)**

- Specific requirements as to who can administer anesthesia:
  - Anesthesiologist
  - Qualified physician
  - CRNA with supervision (unless State opt-out)
  - Anesthesiologist's assistant, under anesthesiologist supervision



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**Summary (cont.)**

- Anesthesia includes general, regional, deep sedation
- Although moderate sedation is not technically anesthesia, it should be administered by a qualified person



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**Summary (cont.)**

- All ASC physicians must be
  - Legally qualified
  - Professionally qualified
  - Hold privileges granted by governing body, upon recommendation of qualified
  - Be periodically reappraised by ASC



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**Summary (cont.)**

- Use of non-physician practitioners must be addressed by P&P
- ASC must assure oversight and evaluation of non-physician practitioners



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**Questions?**

Thank You!



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## Student Manual

# Lesson 5: Nursing Services

### Learning Objectives

At the conclusion of this lesson, you will be able to:

- Determine whether the nursing services of the ASC are appropriately directed and staffed.
- Assess whether patient needs have been met.
- Ensure that nursing services are provided in accordance with recognized standards of practice.





**Nursing Services**

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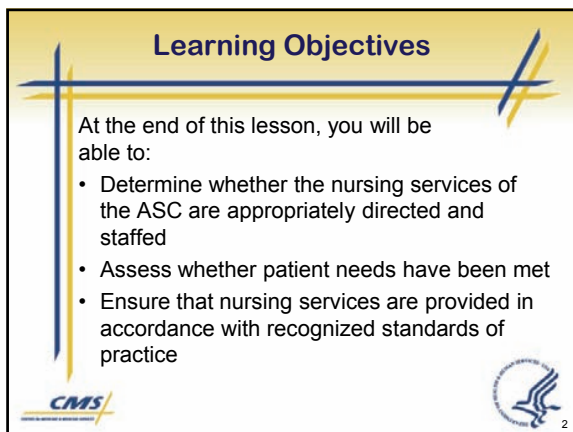
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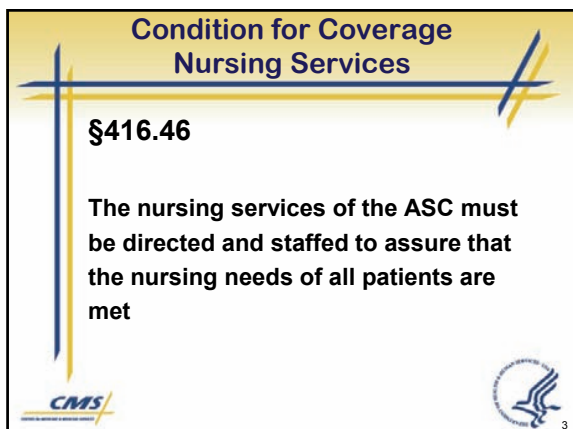
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**Condition for Coverage  
Nursing Services**

**§416.46**

**The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met**

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### Nursing Services

- Must be directed under the leadership of an RN
- Must have documentation that an RN has been designated to direct nursing services
- Must be sufficient nursing staff
  - With appropriate qualifications
  - Assure nursing needs of all ASC patients are met



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### Nursing Services (cont.)

The number and types of nursing staff will depend on:

- Volume of surgery
- Types of surgery performed

There should be ongoing assessment of patients' needs and such needs should be addressed.



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### Ensuring Patient Needs are Met

- ASCs must have sufficient types and numbers of **qualified** nursing staff for all areas of the ASC to provide nursing care as needed.
  - Number of nursing staff not the only issue
  - This would include enough nurses with the appropriate training and qualifications
  - Complexity of care, number of patients, qualifications of staff, staff skills, and organization structure can all impact ensuring that patient needs are met



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### Ensuring Patient Needs are Met (cont.)

- If the patient's needs are not met, then the nursing services were not adequately directed and staffed, for example:
  - When inadequate nursing care is found
  - If physician orders are not carried out by the nursing staff
  - If the patient's needs are not met



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### Assessing Compliance – Documents

Review documents:

- Verify Director of Nursing licensure
- Staffing policies & procedures
- Staffing qualifications



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### Assessing Compliance – Staff

- Interview Director of Nursing
  - Staffing Ratios for PACU
  - Staffing Arrangements for OR
  - Different staff for PACU vs. pre-op
  - Vary amount of staff
    - Variations in facility's volume of patients
    - Variations in facility's surgeries



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### Assessing Compliance – Staffing

- Observations
  - Adequate staff for the number of patients and types of surgeries
  - Is staff in PACU when there is a patient?
- Tour of care locations
  - Staffing
  - Patient census
  - Type of procedures



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### Verification

- Verify that the Director of Nursing Services is an RN
  - Approved policy
  - State law will dictate method required for licensure verification
  - May be electronic
- ASC must maintain evidence of verification



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### Organization and Staffing

**§416.46(a)**  
**Patient care responsibilities must be delineated for all nursing service personnel.**  
**Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.**



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### Organization & Staffing

- Every nurse must have “clearly delineated” assigned responsibilities for providing nursing care
- Assignment must be in writing
  - Job descriptions
  - Individual assignments must be clearly documented



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### Organization & Staffing (cont.)

- Nursing services must be consistent with recognized standards of practice
  - Definition:
    - Services provided are consistent with State laws governing nursing scope of practice as well as with nationally recognized standards or guidelines for nursing care issued by organizations such as ANA or AORN



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### Assessing Compliance – Standards of Practice

- Interview or discuss with leadership and staff the standards of practice the facility adheres to
  - Review facility policy and procedures to determine the standards of practice
  - What nationally recognized standards or guidelines are followed?



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### Registered Nurse

- Registered nurse must be available whenever a patient is in the ASC
  - With specialized training or experience in emergency care
  - Provide emergency treatment
  - On the premises and sufficiently free from other duties
  - Able to respond rapidly to emergency situations



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### Registered Nurse (cont.)

- Registered nurse
  - Must be able to use any of the required emergency equipment
  - Must be within scope of practice
  - Have training in advanced cardiac life support interventions



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### Assessing Compliance – Nursing Care

- Interview staff
  - Explain duties for the day
  - What are their patient care responsibilities?
  - Knowledge of which RN to call if an emergency occurs
- Interview leadership
  - Identify the RNs available for emergency care
  - How is nursing care evaluated to ensure compliance with acceptable standards of practice?



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**Assessing Compliance – Documentation**

- Documentation
  - Of each nurse's general responsibilities for patient care
  - Of RN's qualifications to provide emergency treatment



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**Questions?**

Thank you!



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