

AAAASF revisions simplify some requirements

Organization addresses needs of varied specialties

The 2005 standards revisions for The American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF) in Gurnee, IL, simplify the requirements for the increasing number of office-based surgery practices seeking accreditation.

“Our association began by serving plastic surgery practices, but we’ve grown to include a variety of specialties such as pain management, urology, and podiatry, so we need to make sure that our standards are generic enough to be applicable to these practices while still demanding the same quality of care,” explains **James A. Yates**, MD, a plastic surgeon in Camp Hill, PA, who serves as AAAASF’s president.

“This increase in the variety of specialties is the major reason for a change that allows highly trained physicians with an American Board of Medical Specialty certification in a nonsurgical specialty to serve as facility directors in AAAASF-accredited facilities,” he adds.

Direct observation requirement

A revision to standard 310-020 requires that a recovering patient be under direct observation until discharged from monitored patient care.

“The old standard would allow video monitoring, but we believe that it is safer to have a physician, recovery room nurse, or other clinical staff member with the patient,” Yates says.

AAAASF-accredited facilities are required to have staff members with advanced cardiac life support (ACLS) training on site, and physicians are responsible for the patient until the patient physically leaves the facility, he adds.

“This means that you are responsible for the patient even when he or she is waiting in your reception area for a family member to pick them up,” Yates explains.

“We also changed the wording for standard 800-002 to indicate that narcotics and controlled substances must be adequately secured, not portable, and under supervision,” he explains. This replaces the requirement that narcotics be double-locked, Yates says. “We could not find any scientific evidence or reason that a double-lock system is more secure or is necessary,” he adds.

One change in standards that will make it easier for physicians in some areas to gain accreditation for their office-based surgery practices is related to hospital privileges.

“We had required that a physician have hospital-admitting privileges in case a patient needed admission directly from the physician’s office,” Yates continues.

This presents a problem in some areas in which hospitals don’t grant privileges to certain specialties or restrict admitting privileges to physicians that are part of specific health networks, he explains.

If a physician does not have admitting privileges but does have an agreement with another physician with privileges who will accept the transfer of patient care and admit the patient to the hospital, the physician’s facility will meet the requirements of the standard, Yates adds.

AAAASF surveys facilities under three categories that have different requirements based upon the type of anesthesia used. Facilities are surveyed as Class A, B, or C. Class A facilities use only local or topical anesthesia, Class B facilities use local or topical in addition to regional anesthesia and analgesia, excluding

propofol, without the use of intubation, and Class C facilities use the more complex anesthesia including propofol, epidural, spinal, and laryngeal intubation, says Yates.

"We have many organizations that are using propofol or may want to use it but don't utilize epidural, spinal, or laryngeal intubation anesthesia, but they have had to meet all the requirements for a C facility," he explains.

A new category, C-M, will allow facilities that use propofol but not the other types of C-class anesthesia to meet the standard without having the equipment and supplies required for the other types of C-class anesthesia.

"This is a category that many plastic surgeons will move toward because it gives them the flexibility to use propofol without investing in equipment and supplies that they won't use," Yates adds.

Sources

For more information about American Association for the Accreditation of Ambulatory Surgery Facilities' (AAAASF) standards changes, contact:

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