



AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

Medicare ASC ■ Medicare RHC ■ Medicare RA/OPT ■ ASF Surgical ■ ASF Oral Maxillofacial ■ ASF Procedural
ACCREDITATION OFFICE: 5101 Washington Street, Suite 2F ■ P.O. Box 9500, Gurnee, Illinois 60031 ■ Toll Free: 1-888-545-5222
Phone: 847-775-1970 ■ Fax: 847-775-1985 ■ Email: reception@aaaasf.org ■ Website: www.aaaasf.org

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From: The AAAASF Standards Committee, William Rosenblatt MD, Chair
RE: Changes in logging standards

There have been a number of inquiries as to why certain procedures are now required to be listed in the facility's surgical log. (600.040.010 - A separate surgical log of all cases is maintained, either in a tamper proof log with sequentially numbered pages, or in a secured computer log.)

AAAASF instituted the new requirement because the type of anesthesia is no longer a determinate as to whether a procedure should be noted in the surgical log. There is a trend toward conducting major cases under local anesthesia only, without appropriately listing them in the surgical log (e.g., augmentations, face lifts, and liposuction). Other facilities perform so few cases with either sedation or general anesthesia, that it is difficult to fully understand the scope of their procedures using local anesthesia.

Previous logging standards underestimated the number of surgical procedures performed at AAAASF accredited facilities and lead to an inaccurate accounting of cases. Appropriate data is valuable for tracking outcomes and other quality metrics. In addition, logging all procedures produces an effective method to locate patients that might be effected by infection related or recall issues.

Under AAAASF rules in place through 2016, there was no way to know what was being done at surgical centers under local anesthesia, since these procedures were not subject to the logging standards. As major cases continue to be performed under local anesthesia, there is a need to list these cases in the surgical log going forward. With this change, AAAASF will have a true accounting of cases done under any form of anesthesia and be able to check on the record keeping of all such procedures.

It is understood that procedures performed under local anesthesia require less documentation than those performed under sedation or other major anesthesia. Dermal fillers, neuromodulators, lesional biopsies, laceration repairs, suture removals are not expected to be included in the log.

The location of care within the accredited office does not determine logging requirements either. If a physician chooses to use a "procedure" room instead of an O.R., the case should still be placed in the surgical log. A documented Caprini score, full recovery room record, or other extensive records that would usually be required only for major cases under general anesthesia or sedation, would not be required

Procedures Under Local Anesthesia in a Procedure Room Requiring Surgical Log Documentation

- Breast surgery (lifts, reductions or augmentations)
- Face lift
- Blepharoplasty
- Rhinoplasty
- Liposuction
- Other body cosmetic surgery
- Other cosmetic cases
- Mohs surgery or repair
- Lesional excision
- Laceration repair
- Shunt clot removals
- All endoscopies

Procedures NOT Requiring Surgical Log Documentation if Performed in an Exam Room

- Fillers
- Neuromodulators (e.g., Botox, Dysport, Xeomin)
- Lesional biopsy
- Minor laceration repair
- Suture removal

The mandate of AAAASF is to ensure and promote patient safety. To that end, surveyors must accurately evaluate surgical care in accredited Office-Based Surgery Facilities. This is a benefit to all accredited facilities. Accurate documentation and surgical log entries are essential to achieve our goals. If cases are not listed, AAAASF has no way of knowing whether accredited facilities follow appropriate procedures.

Thank you for your cooperation and your ongoing commitment to patient safety.