

**ACCREDITATION ASSOCIATION
FOR PODIATRIC SURGICAL
FACILITIES**

ACCREDITATION STANDARDS

VERSION 1.0 EFFECTIVE 03/01/2023

TABLE OF CONTENTS

GOVERNING BODY	Page 2-5
SURGICAL SERVICES	Page 6-7
QUALITY ASSURANCE	Page 8
ENVIRONMENT	Page 9-10
MEDICAL RECORDS	Page 11
CREDENTIALING	Page 12-13
PHARMACEUTICAL SERVICES	Page 14
LABORATORY/RADIOLOGIC SERVICES	Page 15
EMERGENCY PREPAREDNESS	Page 16
EMERGENCYMEDICATIONS/EQUIPMENT	Page 17
INSTRUMENT CARE	Page 18
ASEPTIC PROCEDURES	Page 19
RESEARCH	Page 20

GOVERNING BODY

Is the facility licensed as an ASC by the state? Y N

Is the facility Medicare certified? Y N

How is the organization legally constituted?

Charter Corporation Partnership Sole Proprietorship
 LLC Other _____

Are students trained at the facility? Y N

Is research conducted at the facility? Y N

Are policies and procedures reviewed annually by the Governing Body? Y N

Is there documentation or an annual assessment or review that demonstrates the Governing Body carries out its authority and responsibilities? Y N

Is there a policy stating that the facility operates without limitation because of race, creed, sex, or national origin? Y N

Is there a policy for after-hours care? Y N

Is there a policy concerning patient refusal of a recommended course of therapy? Y N

Is there a policy on the treatment of an unemancipated minor? Y N

If applicable, is there a policy on the patient's rights to refuse to participate in experimental research? Y N

Is there a payment policy? Y N

Is there a policy for reporting applicable incidents and cases to local public health authorities?
Y N

Is there a policy that addresses the review and inspection of emergency carts? Y N

Is there a written Exposure Control Plan? Y N

If the facility uses students or post-graduate trainees, is there a policy defining the scope and limit of their duties? Y N

Is there a written hazard communication plan? Y N

Does the facility have a no smoking policy? Y N

Is there a policy on Patient Rights and Responsibilities? Y N

Are the Patient Rights and Responsibilities posted or distributed? Y N

Is there a policy that addresses patient complaints, grievances, and their resolution in a timely manner? Y N

Are there policies for handling cash and credit arrangements? Y N

Are there policies and procedures for handling accounts receivable? Y N

Are there policies and procedures for handling accounts payable? Y N

Are the personnel policies documented in writing? Y N

Is there a contractual arrangement with other institutions regarding the terms and conditions of students and postgraduate trainees? Y N

Does the policy concerning the provision of health care by any student or postgraduate trainee provide for adequate supervision? Y N

Does the policy concerning the provision of health care by any student or postgraduate trainee state that the patients are informed of the trainee's status? Y N

If students and/or postgraduate trainees provide services, is there a written agreement between the facility and the educational institution? Y N

If the state requires licensure for an ACO and this facility is Medicare certified, does the facility have a license? Y N

Is there a form for the patient to sign to release information from one health care provider to another? Y N

Is there a statement of the mission, goals, and objectives of the organization that includes a description of the services provided? Y N

Does the organizational chart appropriately reflect the organizational structure? Y N

If practitioners are employed by the organization, are they under contract? Y N

If a Medicare certified ASC, does the facility have a written transfer agreement with a hospital, or do all practitioners performing surgery in the facility have admitting privileges at a hospital? Y N

Is this hospital a local Medicare participating hospital within 30 minutes of the facility? Y N

Are all health care practitioners who are licensed to perform surgical procedures licensed, credentialed, and approved by the Governing Body? Y N

Does the Governing Body oversee the legal conduct of the facility? Y N

Are the rates and charges for services reviewed annually? Y N

Does the organization have a system to oversee the fiscal control of its fiduciary responsibility? Y N

Is there evidence to suggest that the Governing Body has a long-range plan? Y N

Is there evidence to suggest that there is an adequate process of communication within the organization? Y N

Is there evidence of a planning process? Y N

Is there evidence to suggest that the Governing Body adequately protects the assets of the organization? Y N

Is there evidence that the Governing Body carries out its authority either directly or through professional delegation for the operation and performance of the organization? Y N

Are official documents of the organization protected and secured? Y N

Is the ownership disclosed by the Governing Body? Y N

Does the organization make known the names of all the owners? Y N

Is there a listing of the owners or controlling bodies available to the public? Y N

Are quality controls over receipt of reports from laboratories and radiology facilities monitored? Y N

Is there a process to review all adverse reactions and complications which may occur on patients receiving care at the facility? Y N

When issues are identified to improve the quality of care, is data collected, assessed, and a plan implemented with follow-up to ensure improvement of processes or outcomes? Y N

Is a patient satisfaction survey form distributed and collected Y N

Is patient satisfaction periodically assessed? Y N

Is the Governing Body informed regarding the results of the patient satisfaction process? Y N

Does the Governing Body have a process to monitor, assess, and improve the process and outcomes of risk management activities? Y N

Is there a risk management policy? Y N

Is there a process to review all litigation involving the facility, its staff, and healthcare practitioners? Y N

Is all litigation involving the facility, its staff, and health care practitioners monitored, assessed, and a plan developed for improvement? Y N

Does the facility have an incident report form which is reviewed by a designated individual? Y N

Are all staff, patient, and visitor incidents reported, monitored, assessed, and a plan developed for improvement? Y N

Is there an incident reporting mechanism to ensure that the Board is informed of problem areas that may be present in the facility? Y N

Are all patient complaints monitored, assessed, and a plan developed for their resolution?
Y N

SURGICAL SERVICES

Is anesthesia administered by an anesthesiologist? Y N

Is anesthesia administered by a Certified Registered Nurse Anesthetist? Y N

Is anesthesia administered by another qualified practitioner? Y N

If yes, type _____

Type(s) of anesthesia provided:

Local Nitrous oxide IV Sedation General

Epidural Other _____

Is it evident that a broad range of services are available either in the facility or by referral for diagnostic services, i.e., radiology, vascular, neurologic, laboratory, palliative, surgical, physical therapy? Y N

Is the procedure room used exclusively for surgery on surgical days (Block Time) and is it constructed, equipped, and maintained to ensure the safety of patients and personnel? Y N

Is the procedure room located to prevent traffic through it to any other part of the center?
Y N

Is the procedure room restricted, physically separated, or designated as "Authorized Personnel Only" by signage or visual aid? Y N

Is the surgical suite restricted to properly attired personnel? Y N

Do staff adhere to an appropriate dress code in the surgical area? Y N

Are acceptable aseptic techniques used by all individuals in the surgical area? Y N

Are flammable anesthetic agents prohibited in the facility? Y N

Are all medical gases stored on carts or chained to a wall? Y N

Does the recovery area provide privacy through separate areas and cubicles? Y N

Is there an emergency call button from recovery? Y N

Does the facility maintain emergency back-up power-battery or generator, or if back-up power is not available, does the facility have an adequate plan to ensure the safety of patients and the completion of the procedure? Y N

Are the facility personnel appropriately trained and available to respond during an emergency? Y N

Is there a policy for pre-operative testing? Y N

Is there a policy to define what tissue is exempt from review by a pathologist? Y N

Is there a policy for the observation and care of the patient pre- and post-operatively? Y N

Are written pre-operative instructions given to the patient or his/her legal guardian? Y N

Do the post-operative patient instructions indicate how to obtain appropriate help in the event of a post-operative complication? Y N

Do the post-operative patient instructions indicate that they have been reviewed by the patient and the responsible adult? Y N

The organization does not store blood or blood products in the facility. Y N

Is written information with a phone number given to the patients to inform them of how to obtain after-hours assistance? Y N

Does the facility have a policy for patient transfers? Y N

Is there documentation that reflects the inspection and testing of anesthetic apparatus prior to use, and if found defective, is not used until the fault is repaired? Y N

If applicable under state law, is general anesthesia administered only under the direct supervision of an anesthesiologist? Y N N/A

Is there an anesthetist or other practitioner qualified in resuscitative techniques immediately available in the facility until all patients operated on each day have been discharged?
Y N

Are surgical services limited to those procedures that are regulated by the scope of the practitioner's state license? Y N

Are surgical services directed by one or more practitioners qualified to assume the professional, organizational, and administrative responsibility for the quality of the services rendered? Y N

Are the nursing services under the direction of a Registered Nurse? Y N

Are all nursing and other personnel who assist in the provision of surgical services competent and appropriately trained or educated? Y N

QUALITY ASSURANCE

Is there a written performance improvement plan? Y N

Is the implementation and maintenance of the performance improvement program designated to an individual or group? Y N

Does the performance improvement program evaluate and appropriately address those problems identified in the delivery of patient care? Y N

Are performance improvement activities/meetings documented in writing? Y N

When issues are identified to improve the quality of care, is data collected, assessed, and a plan implemented with follow-up to ensure improvement of processes or outcomes? Y N

Does the medical staff, clinical staff, and anesthesia meet at least quarterly to discuss performance improvement activities? Y N

Does the facility conduct educational activities that relate in part to the findings of performance improvements? Y N

Is the performance improvement program evaluated annually and revised as necessary? Y N

Are medication errors investigated? Y N

Is the appropriateness of anesthesia services monitored periodically as part of the performance improvement program? Y N

There is adequate evidence of documentation of any of the following:

- Unplanned hospitalization following surgery Y N
- Emergency room visit following surgery Y N
- Unscheduled return to OR Y N
- Post-operative infection Y N
- Allergic Reactions Y N
- Incorrect needle or sponge counts Y N
- Equipment malfunction Y N
- Death within 30 days of procedure Y N

PEER REVIEW

Are medical records reviewed for quality, content, and completeness? Y N

Are practitioners involved in Peer Review? Y N

Does the Peer Review process evaluate:

- Appropriateness of diagnostic and treatment procedures? Y N
- Appropriateness of anesthesia services? Y N
- Appropriateness of surgical services? Y N
- Medical necessity? Y N

ENVIRONMENT

Does the facility meet NFPA guidelines for Business Occupancy? Y N

Does the facility meet NFPA guidelines as an Ambulatory Surgery Center? Y N

Is there sufficient space and equipment to provide for patient and visitor waiting area, pre-surgical examination and treatment, operating/procedure room, patient recovery, staff, and administrative areas? Y N

Is the center arranged and organized in such a manner as to ensure the comfort, safety, hygiene, privacy, and dignity of patients? Y N

Are there adequate reception areas and restrooms based on patient and visitor volume? Y N

Are restrooms and handwashing facilities accessible to patients and staff? Y N

Are patient treatment areas constructed and maintained to assure patient privacy during interviews, examinations, treatment, and consultations? Y N

If the facility must meet NFPA guidelines for an Ambulatory Surgical Facility or if the facility is Medicare certified, have all the state Life/Safety inspector's findings been addressed, and has the integrity of the fire wall been maintained? Y N

If Medicare certified, is the Ambulatory Surgical Facility physically separate from the physician's office? Y N

If Medicare certified, is there a separate waiting room for surgical patients? Y N

Does adequate signage exist for patients to locate the facility? Y N

Are illuminated exit signs with emergency power located at each exit where required? Y N

Are no smoking signs posted? Y N

Are hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma eliminated? Y N

Is adequate lighting and ventilation provided in all areas? Y N

Is the facility clean and properly maintained? Y N

Is the facility ADA compliant? Y N

Is there a hard surface, unobstructed road, or driveway for use by ambulances, fire, and police vehicles? Y N

If the facility is in a multi-story building, is the elevator of adequate size to accommodate standard stretcher and two EMS personnel? Y N

Is there a stairway or ramp of adequate size available to transfer patients in case of power failure? Y N

Is the construction and maintenance of the facility appropriate for the delivery of high quality, safe health care? Y N

Does the facility comply with applicable federal, state, and local building codes and regulations? Y N

Is there appropriate space and equipment for the services performed? Y N

Is the procedure room of sufficient size to perform procedures? Y N
(Recommend 10' x 12')

Is there a system to communicate with the front desk from the procedure room? Y N

Is the scrub sink outside the procedure room? Y N

Air ducts above the procedure room table are prohibited Y N

Lighting fluorescent inlay or surgical light? Y N

Is alternative emergency power available to illuminate all exit signs, hallways, procedure room, and recovery? Y N

Is a fire extinguisher(s) available? Y N

Is the fire extinguisher(s) visually inspected monthly and the tag dated and initialed? Y N

Is the fire extinguisher(s) serviced annually? Y N

Is an evacuation route posted to reflect emergency exits? Y N

Are hazardous materials appropriately labeled? Y N

Are Safety Data Sheets available if necessary? Y N

Are sterile supplies separate from unsterile supplies? Y N

CREDENTIALING

Are credentialing files kept in a locked/secured manner? Y N

Credentialing file for a physician (M.D./D.P.M.) must contain the following:

- Current State License
- Current DEA License
- Current State Controlled Dangerous Substances License
- Proof of Current Malpractice Coverage
- CV
- Application for Privileges at the facility
- PPD/T-Spot/QuantiFERON Test Results
- Hepatitis B Declination or Proof of Immunity
- Proof of COVID Vaccine
- Proof of Annual Training of Facility Policy and Procedures
- Proof of Annual Infection Control/OSHA Training
- Letter of Current Hospital Privileges
- Delineation of Hospital Privileges
- Current ASC Clinical Privileges
- Current National Practitioner Data Bank Report
- Current CPR Certification
- Current ACLS Certification (if applicable)

Credentialing file for a Registered Nurse or Nurse Practitioner must contain the following:

- Date of Hire
- Current State License
- Current CPR Certification
- Current ACLS Certification (if applicable)
- Employment Application or Resume
- Job Description
- Competencies
- Proof of Orientation/Annual Training for Facility Policies and Procedures
- Proof of Annual Infection Control/OSHA Training
- PPD/T-Spot/QuantiFERON Test Results
- Hepatitis B Declination or Proof of Immunity
- Proof of COVID Vaccine
- Annual Employment Appraisal and Evaluation

Credentialing file for a CRNA must contain the following:

- Date of Hire
- Current State License
- Current NBCRNA Certification
- Proof of Current Malpractice Coverage
- Resume
- Current ASC Clinical Privileges
- Current CPR and ACLS Certification
- PPD/T-Spot/QuantiFERON Test Results
- Hepatitis B Declination or Proof of Immunity
- Proof of COVID Vaccine
- Proof of Annual Training for Facility Policies and Procedures
- Proof of Annual Infection Control/OSHA Training

Credentialing file for MAs, Surgical Techs, and Other ASC Staff must contain the following:

- Date of Hire
- Application for Employment or Resume
- Current CPR Certification
- Current ACLS Certification (if applicable)
- PPD/T-Spot/QuantiFERON Test Result
- Hepatitis B Declination or Proof of Immunity
- Job Description
- Competencies
- Proof of Orientation/Annual Training for Facility Policies and Procedures
- Proof of Annual Infection Control/OSHA Training
- Annual Employment Appraisal and Evaluation

PHARMACEUTICAL SERVICES

Is a pharmacy owned or operated by the facility? Y N

Does the facility have policies and procedures to address the pharmaceutical need and requirements of the facility? Y N

Are medicines stored in a conveniently located cabinet whereby only licensed persons have access? Y N

Is there a listing of all drugs and medications used within the facility? Y N

If medications need to be refrigerated, are they kept in a refrigerator that is separate from food products? Y N

Is the temperature of the medication refrigerator monitored? Y N

Is there a policy addressing multi-dose vials that they must be dated and initialed when opened and are only good for 28 days? Y N

Is there a log that documents emergency medications have been reviewed prior to each surgery? Y N

If samples are dispensed to patients in the facility, is there a policy? Y N

Are controlled substances secured through a mechanism of double locks? Y N

If controlled substances are on site, is there a bound logbook that reflects the usage and wasting of drugs? Y N

Are emergency cart supplies checked for expiration dates monthly? Y N

Does the facility maintain emergency medications consistent with AAPSF policy? Y N

LABORATORY AND RADIOLOGIC SERVICES

Are radiology services provided? Y N

Are medical laboratory services provided? Y N CLIA? Y N

Are radiation services provided directly by the facility? Y N

If radiology services are provided directly by the facility, verbal or written requests must be given by the practitioner. Y N

If radiology services are provided directly by the facility, do radiation policies cover precautions to be taken against electrical, mechanical, and radiation hazards? Y N

If laboratory services are not provided in-house, have arrangements been made for the use of external labs? Y N

If pathology and radiology services are not provided in-house, have arrangements been made for the use of external facilities? Y N

If laboratory services are not provided in-house, have arrangements been made for the use of external labs? Y N

If pathology and radiology services are not provided in-house, have arrangements been made for the use of external facilities? Y N

If radiology services are provided, is there periodic evaluation of all x-ray equipment by qualified personnel including calibration of equipment in compliance with federal, state, and local laws and regulations? Y N

Are records maintained on personnel exposed to radiation? Y N

EMERGENCY PREPAREDNESS PLAN

Is there a written emergency plan? Y N

Is there a disaster policy? Y N

Is there a documented annual disaster drill? Y N

Is there a designated exterior meeting location if evacuation is necessary? Y N

If the facility has had an inspection by a local or state fire department, have all issues been addressed? Y N

Are fire drills held in accordance with state, local, and Medicare requirements? Y N

Does the facility maintain Safety Data Sheets? Y N

Is there a log documenting the monthly testing of emergency lights? Y N

Is there a log documenting testing of the emergency back-up power according to manufacturer's instructions? Y N

EMERGENCY MEDICATIONS/EQUIPMENT

Does the facility have the following recommended emergency medications?

- | | |
|---|--|
| <input type="checkbox"/> Adenosine | <input type="checkbox"/> Epinephrine |
| <input type="checkbox"/> Lidocaine plain (for cardiac arrhythmias) | <input type="checkbox"/> Narcan |
| <input type="checkbox"/> Albuterol (bronchospasm arresting) | <input type="checkbox"/> Midazolam (seizure arresting) |
| <input type="checkbox"/> Oral Nitroglycerin | <input type="checkbox"/> Dexamethasone (corticosteroid) |
| <input type="checkbox"/> Labetalol (beta-blocker) | <input type="checkbox"/> Diphenhydramine (antihistamine) |
| <input type="checkbox"/> Atropine | <input type="checkbox"/> Flumaz (benzodiazepine reversing) |
| <input type="checkbox"/> IV Fluids (normal saline and lactated ringers) | <input type="checkbox"/> Rocuronium or Succinylcholine* |
| <input type="checkbox"/> ACLS Algorithm | |

* If succinylcholine is present in the facility, all MH drugs and protocols must also be available (Dantrolene or Ryanodex, sodium bicarbonate, preservative free diluent for dantrolene, etc.)

Is there a signed document indicating the facility anesthesia provider has concurred with the recommended medication list and has no recommendations for additional emergency medications? Y N

Is the following required emergency equipment available at the facility?

- | | |
|---|--|
| <input type="checkbox"/> Defibrillator or AED | <input type="checkbox"/> Ambu Bag |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Positive Pressure Unit (ventilator) |
| <input type="checkbox"/> End Tidal CO ₂ Monitor | <input type="checkbox"/> Call System |
| <input type="checkbox"/> Portable Suction | <input type="checkbox"/> Emergency Trach Set |
| <input type="checkbox"/> Trach Tubes (various sizes) | <input type="checkbox"/> Laryngoscope and Blades |
| <input type="checkbox"/> Nasopharyngeal Airways (various sizes) | <input type="checkbox"/> Oral airways (various sizes) |
| <input type="checkbox"/> Blood Pressure Monitoring Equipment | <input type="checkbox"/> Spill Kit |

Is there a signed document indicating the facility anesthesia provider has concurred with the required emergency equipment list and has no recommendations for additional emergency equipment? Y N

Does the facility maintain records on the repair of medical equipment? Y N

Is all medical equipment maintained and periodically tested? Y N

Is all electrical medical equipment inspected annually by a biomedical engineer? Y N

INSTRUMENT CARE

Are there separate clean and dirty rooms? Y N

If the clean and dirty rooms are not separate, is there a physical separation/barrier of the function in that single room? Y N

If there is no physical separation or barrier, is there a written policy separating function by time? Y N

Sinks are prohibited in the clean room. Y N

Is the sterilizing equipment convenient to the procedure room? Y N

Are clean and dirty rooms arranged and provided with equipment necessary for proper patient care, including sterilizer, store cabinets, and work counters? Y N

Is there adequate PPE for staff when cleaning instruments, i.e., goggles, gloves, mask, etc.?
Y N

Are sterilized materials packaged, dated, and initialed by the individual doing the processing?
Y N

Is an enzymatic cleaner required for use in instrument cleaning? Y N

Are records maintained to ensure quality control, including date, time, and temperature of each batch of sterilized supplies and equipment? Y N

Are weekly spore tests documented to monitor the sterilization of supplies and equipment?
Y N

Is there a written protocol for sterilization procedures? Y N

ASEPTIC PROCEDURES

Are the walls, ceilings, and floors in the procedure room of a non-porous material that will permit frequent washing and cleaning? Y N

Is the scrub sink operated by a knee, foot, or elbow control with soap dispenser and brushed nearby? Y N

If the procedure room has a sink, is the sink mounted in the countertop? Y N

Is there documentation of the cleaning of the surgical suite? Y N

Does the documentation of the cleaning of the surgical suite include date, time, and person?
Y N

Does the review of the surgical log and cleaning log of the surgical suite reflect cleaning prior to, in-between and at the end of the day? Y N

Is PPE located in the area of use? Y N

Is there a sink with soap or alcohol-based hand rub (ABHR) in each room? Y N

Soap is available and must be used for the initial surgical scrub? Y N

Are sharps containers located in each treatment room, and emptied when $\frac{3}{4}$ full? Y N

Is medical waste disposed of in bio-hazard containers or red bags? Y N

Is there an eye wash station and is it labeled? Y N

Is there evidence that the Exposure Control Plan is implemented? Y N

Does a licensed provider in the facility have current Infection Control Practitioner Training?
Y N

RESEARCH

Does the facility encourage submission for publication pertinent medical data and findings when deemed appropriate? Y N

Are research activities performed in accordance with professional practice and legal requirements? Y N

Are research activities periodically monitored? Y N

Are the protocols for conducting research appropriate to the expertise of the staff? Y N

If research is conducted, are appropriate protocols and patient consent forms provided? Y N