

## AMBULATORY SURGERY CENTER POLICY REVIEW FORM

DATA TAG	REQUIREMENT	COMMENTS
Q-001	CONDITION FOR COVERAGE Basic Requirements: The ASC must meet definition and have an agreement in effect.	
Q-002	STANDARD: Definitions: The ASC- Is a distinct entity, operates exclusively for provision of surgical services, has agreement with Medicare	
Q-020	CONDITION FOR COVERAGE The ASC must comply with state licensure requirements.	
Q-040	CONDITION FOR COVERAGE: Governing Body and Management: The ASC must have a governing body that assumes full legal responsibility	
	For total operation, oversight of QAPI program, administration of policies, and develops and maintains the disaster preparedness plan.	
Q-041	STANDARD: Contract Services; When services are provided thru a contract with an outside resource, must assure services are provided...	
Q-042	STANDARD: Hospitalization. The ASC must have and effective procedure for immediate transfer to a hospital, of patients requiring...	
	The ASC has a signed transfer agreement or maintains list of active admitting privileges for all physicians performing surgery at the ASC	
Q-043	STANDARD: Disaster Preparedness. The ASC must maintain a written disaster preparedness plan that provides for emergency care of...	
	Coordinates with state and local authorities, and conducts drills at least annually and completes written eval of each drill and implement changes...	
Q-060	CONDITION FOR COVERAGE: Surgical Services; Surgical procedures must be performed in a safe manner by qualified physicians, granted priv..	

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Q-060 (cont)	<ul style="list-style-type: none"> <li>-Qualified Physician; cred. &amp; priv.</li> <li>-Completed informed consent?</li> <li>-Time out and site verification?</li> <li>-ETOH based sanitizers in ORs?</li> </ul>	
Q-061	STANDARD: Anesthetic Risk & Evaluation. A physician must examine the pt. immediately before surgery to evaluate anes. risk & surgical proced.	
Q-062	STANDARD: Anesthetic Risk & Evaluation. Before discharge from the ASC each pt. must be evaluated by physician or anesthesiologist for recovery.	
Q-063	STANDARD: Administration of Anesthesia. Anesthesia administered only by qualified anesthesiologist or CRNA under MD supervision.	
Q-080	CONDITION FOR COVERAGE: Quality Assessment and Performance Improvement; ASC must have on-going data driven QAPI program.	
Q-081	STANDARD: Program Scope -The program must include ongoing program that demonstrates measurable improvement in outcomes	
	-The program must measure, analyze, and track quality indicators, adverse events, infection control and other performance aspects.	
	-Set priorities for PI activities that; Focus on hi risk, hi vol. & problem prone areas, incidence, prevalence and severity, affect outcomes, safety,	
Q-082	STANDARD: Program Data The program must incorporate QA data and use the data to monitor effectiveness and safety and identify..	
Q-083	STANDARD: P. I. Projects. -# of PI projects conducted ANNUALLY must reflect scope and complexity of services and operations.	
	-The ASC must document the projects being conducted with reason for project and description of project results.	

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Q-084	Governing Body Responsibilities: The Governing Body must ensure that the QAPI program; -is defined, implemented, & maintain	
	-Addresses ASC priorities & evaluates -specifies data col. method, freq, detail -Establishes safety expectations, -allocates time & resources for QAPI	
Q-100	CONDITION FOR COVERAGE: Environment; The ASC must have a safe & sanitary environment, proper construction, equipped, & maintained	
Q-101	STANDARD: Physical Environment. Each OR must be designed & equipped for the types of surgery to be conducted in safe manner.	
Q-102	STANDARD: Physical Environment. The ASC must have a separate recovery room and waiting area.	
Q-103	STANDARD: Physical Environment. The ASC must establish a program for ID & prevention of infections, sanitary environ. & reporting results to ....	
Q-104	STANDARD: Safety from Fire. ASC must meet applicable requirements for ASCs for NFPA & life safety code	
Q-105	STANDARD: Emergency Equipment. OR equipment must include; emergency call system, O2, mech vent., defib, cardiac monitor, trach set	
	Laryngoscope and ET tubes, suction equipment, emergency equipment and supplies specified by med staff. Policies for each ORs equipment.	
Q-106	STANDARD: Emergency Personnel. Personnel trained in CPR and use of emergency equipment must be available when pts. in the ASC	
Q-120	CONDITION FOR COVERAGE: Medical Staff. The medical staff of the ASC are accountable to the governing body	

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Q-121	STANDARD: Membership & Privileges. Members of the med staff must be legally & professionally qualified for the positions to which...	
	- Std. process for verification of Licensure, specialty certification, training, experience, competence, scope of privileges, .....	
Q-122	STANDARD: Reappraisals. Med Staff priv. must be periodically reappraised. (24 mos) Procedures must be reviewed & amended as needed.	
Q-123	STANDARD: Other Practitioners. If pt. care resp. assigned to other Lic. Pract. Must have P&P approved by GB for oversight.	
Q-140	CONDITION FOR COVERAGE: Nursing Service; must be directed and staffed to meet nursing needs of patients.	
Q-141	STANDARD: Organization & staffing Pt. care responsibilities must be delineated for all nursing service personnel according to stds. of pract.	
Q-160	CONDITION FOR COVERAGE: Medical Records. The ASC must maintain complete comprehensive & accurate medical records to ensure...	
Q-161	STANDARD: Organization. The ASC must develop & maintain a system for proper collection, storage & use of pt. records.	
Q-162	STANDARD: Form & Content of Record. Must maintain a record for each pt. Record must be accurate, legible & promptly completed. Include	
	-Pt. ID, significant med history, pre-op diagnostic studies, findings & techniques of the operation with path report on tissue removed, any allergies	
	Entries related to anesthesia administration, documentation of properly executed informed pt. consent, & discharge diagnosis.	

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Q-180	CONDITION FOR COVERAGE: Pharmaceutical Services. The ASC must provide drugs & biologicals in a safe & effective manner.....	
Q-181	STANDARD: Administration of Drugs. Drugs must be prepared & administered according to policies & stds. of practice.	
Q-182	STANDARD: Administration of Drugs. Adverse reactions to drugs must be reported to the physician responsible & documented in record.	
Q-183	STANDARD: Administration of Drugs. Blood & blood products must be administered only by physician or registered nurses.	
Q-184	STANDARD: Administration of Drugs. Verbal orders for drugs must be followed by written order & signed by prescribing physician.	
Q-200	CONDITION FOR COVERAGE: Lab & Radiology Services.	
Q-201	STANDARD: Lab Services. If the ASC performs lab services, it must meet requirements. If not, must have procedure to obtain routine & Emergency lab services from a certified lab. The referral lab must be certified in appropriate specialties.	
Q-202	STANDARD: Radiologic Services. 1. The ASC must have procedure to obtain radiological services from a Medicare approved facility to meet Pt. needs. 2. Radiology services must meet hospital CoPs for radiologic services. -Maintain or have available diagnostic Rad. Services to meet pt. needs, must be free of hazards, take proper safety precautions (includes shielding), periodic inspections, badge checks,	

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Q-202 (cont)	STANDARD: Radiology Services. -must be provided only on orders of practitioners with clinical privileges or authorized by Gov. Body.	
	-must have a qualified radiologist (FT, PT, or consulting) to interpret specified radiologic exams. -performed by qualified personnel	
	-records must be maintained.	
Q-220	CONDITION FOR COVERAGE: Patient Rights. The ASC must inform the pt. or representative of pt. rights & protect & promote those rights.	
Q-221	STANDARD: Notice of Rights. The ASC must provide pt or rep with verbal & written notice of the pts. rights in advance of procedure in a ...	
Q-222	STANDARD: Notice of Rights. The ASC must post written notice of pt. rights in a place(s) likely to be seen by patients or reps. Waiting for tx.	
	Notice must include name, address, phone # of state agency, & web site of Office Medicare Beneficiary Ombudsman for complaints.	
Q-223	STANDARD: Notice of Rights. Must disclose physician financial interests or ownership in writing & in advance of date of procedure.	
Q-224	STANDARD: Advance Directives. The ASC must comply with Adv. Dir. Requirements. (Info, forms, right to formulate, & documentation)	
Q-225	STANDARD: Submission and investigation of grievances. The ASC must establish a grievance procedure that documents existence of	
	Submission of, investigation and disposition of pts written or verbal grievance to the ASC.	

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Q-225 (cont)	<p>STANDARD: Grievances (cont)</p> <ul style="list-style-type: none"> <li>-must specify time frames for review and provision of response.</li> <li>-Must investigate every grievance</li> </ul>	
	-must document how grievance was addressed, and provide written notice of the decision. Includes name of ASC contact person, steps taken, results,...	
Q-226	<p>STANDARD: Grievances.</p> <p>All alleged violations/grievances relating to mistreatment, neglect, or any abuse must be documented,</p>	
	<ul style="list-style-type: none"> <li>-must be immediately reported to person of authority @ ASC.</li> <li>-Substantiated allegations must be reported to State or local authorities.</li> </ul>	
Q-227	<p>STANDARD: Exercise of Rights.</p> <p>The pt has the right to exercise rights without being subjected to discrimination or reprisal.</p>	
Q-228	<p>STANDARD: Exercise of Rights.</p> <p>The patient has the right to voice grievances regarding treatment or care that is (not) furnished.</p>	
Q-229	<p>STANDARD: Exercise of Rights.</p> <p>Pt. has the right to be fully informed about tx or procedure &amp; expected outcome before it is performed.</p>	
Q-230	<p>STANDARD: Exercise of Rights.</p> <p>If Pt adjudged incompetent, rights exercised by state appointed person.</p>	
	If not adjudged incompetent, any legal representative designated by pt. may exercise pts. rights	
Q-231	<p>STANDARD: Privacy &amp; Safety.</p> <p>The patient has the right to personal privacy.</p>	
Q-232	<p>STANDARD: Privacy &amp; Safety.</p> <p>The patient has the right to receive care in a safe setting</p>	

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Q-233	STANDARD: Privacy & Safety. The patient has the right to be free from all forms of abuse or harassment.	
	-Policy prohibiting abuse/harassment? -Policy for reporting abuse? -Screen new employees for history?	
	-Formal investigation process? -Training in abuse prevention for all staff?	
Q-234	STANDARD: Confidentiality of Records. The ASC must comply with rules for privacy & Security of records.	
	-Policy for record security/storage? -Secure storage area for records? -Cleaning schedule for records area?	
Q-240	CONDITION FOR COVERAGE: INFECTION CONTROL. The ASC must maintain an infection control program that seeks to minimize ...	
Q-241	STANDARD: Sanitary Environment. The ASC must provide a functional and sanitary environment for the provision of surgical services by ....	
	All areas of the ASC clean & sanitary? -Waiting room? -Pre-op? -Scrub areas	
	-Operating rooms? -Recovery Room? -Supply and Storage areas? -Waste disposal?	
	-P&P for cleaning? -CDC/APIC guidelines? -EPA approved agents for disinfection?	
Q-242	STANDARD: Infection Control Prog. The ASC must maintain an ongoing program to prevent, control, & investigate infections & comm.....	

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Q-242 (cont)	-Program must include documentation that the ASC has considered, selected, and implemented nationally recognized guidelines.	
	-Identified and adopted nationally recognized IF standards. -ASC staff related activities..... -Mitigation of risk contributing to HAI	
	-Identifies infections. -Monitors compliance. -Program Evaluation.	
Q-243	STANDARD: Infection Control Prog. The program is under the direction of a designated and qualified professional with training in I.C.	
Q-244	STANDARD: Infection Control Prog. Is an integral part of the ASC's QA/PI program.	
Q-245	STANDARD: Infection Control Prog. Program is responsible for plan of action for prevention, id, and managing infections & comm.. dis...	
Q-260	CONDITION FOR COVERAGE: Patient Admission, Assessment, and Discharge. The ASC must ensure each patient has the appropriate pre- And post surgical assessments completed and all discharge requirements are completed.	
Q-261	STANDARD: Admit & pre-surgical assessment. Must have comprehensive H&P within 30 days completed by a physician.....	
Q-262	STANDARD: Admit & pre-surgical assessment. On admit, each pt. must have a pre-surgical assessment by MD/DO for changes in condition....	
Q-263	STANDARD: Admit & pre-surgical assessment. The pts medical H&P must be placed in the pts record prior to the surgical procedure.	

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Q-264	STANDARD: Post-Surgical Assessment. 1. The pts post-op condition must be assessed & documented in the med record by	
	physician or other qualified practitioner, or RN with post op care experience. 2. Post op needs must be addressed & incl. in disch. notes.	
Q-265	STANDARD: Discharge. The ASC must provide each pt. with disch. instructions & overnight supplies, make f/u appointments....	
Q-266	STANDARD: Discharge. The ASC must ensure each pt has a signed discharge order by the physician that performed the surgery.	
Q-267	STANDARD: Discharge. The ASC must ensure the pt is discharged in the company of a responsible adult, unless exempted...	