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Aspen State Regulation Set: M 1.00 AMBULATORY SURGICAL CENTER

ST - M0000 - INITIAL COMMENTS

Title INITIAL COMMENTS

Type Memo Tag

Regulation Definition

Interpretive Guideline

ST - M0001 - LICENSURE REQUIREMENTS

Title LICENSURE REQUIREMENTS

59A-5.003(12),FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.003(12), F.A.C.

Refer to risk management survey
guidelines for RM requirements.

LICENSURE REQUIREMENTS. The ASC has
established an internal risk
management program pursuant to Rule
59A-10, F.A.C. . Refer to ss.
395.0197, F.S

ST - M0002 - LICENSURE REQUIREMENTS

Title LICENSURE REQUIREMENTS

59A-5.003(14),FAC

Type Rule

Regulation Definition

Interpretive Guideline

Ambulatory Surgical Center means a

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59A-5.003(14), F.A.C.

The agency shall issue, a single license which identifies the ambulatory surgical center and the name and location of the ambulatory surgical center. Each license shall specifically state the number of operating rooms and recovery beds in the premise. This license must be displayed in a conspicuous place.

facility which primary purpose is to provide elective surgical care, in which the patient is admitted to and discharged from within the same working day and is not permitted to stay overnight, and which is not part of a hospital. An office maintained by a physician for the practice of medicine, or an office maintained for the practice of dentistry shall not be construed to be an ASC, provided that any facility or office which is certified or seeks certification as a Medicare ambulatory surgical center shall be licensed as an ASC pursuant to s. 395.003, F.S.

Recovery bed means an accommodation with support services used for post-operative recovery in an ASC.

Owner means the licensee of an ASC.

Center means an ambulatory surgical center.

Regular license means an unrestricted licensed issued to an ASC in recognition of substantial compliance with rules and standards of Chapter 59A-5, F.A.C., as authorized under Chapter 395, F.S.

F.A.C. means Florida Administrative Code.

ST - M0003 - GOVERNING BODY

Title GOVERNING BODY

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59A-5.005(1),FAC

Type Rule

Regulation Definition

59A-5.005(1), F.A.C.

GOVERNING BODY. The ambulatory surgical center has a governing body that assumes full responsibility for the legal and ethical conduct of the organization. The governing body is organized under approved written bylaws, rules and regulations. Refer to s. 395.0191, F.S.

(a) State the qualifications for governing body membership, and the method of selecting members as well as the terms of appointment or election of members, officers and chairmen of committees. Where legally permissible, physicians who are members of the organized medical staff shall be eligible for, and should be included in, full membership of ambulatory surgical centers' governing bodies and their action committees in the same manner as are other knowledgeable and effective individuals. Also, any other member of the organized medical staff shall be considered eligible for membership of the governing body.

(b) Provide for the designation of officers, their duties, and for the organization of the governing body into essential committees with the

Interpretive Guideline

Governing Body means an individual owner, partnership, corporation or other legally established authority in whom the ultimate authority and responsibility for management of the center is vested.

Physician means a person currently licensed to practice medicine or osteopathy pursuant to Chapter 485 or 459, F.S.

O.R. Technician means a person with specialized training in operating room techniques and considered by the governing body qualified to serve as a part of the operating room staff.

Administrator means a person who is delegated the responsibility of carrying out the policies and programs established by the governing body.

Continuing care means care beyond the ASC's scope of practice.

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number and type consistent with the size and scope of the ambulatory surgical center's activities.

(c) Coordinate through an executive committee or the governing body as a whole, the policies and activities of the ambulatory surgical centers and special committees established by the governing body.

(d) Specify the frequency of meetings, at regular stated intervals, with a majority of the members constituting a quorum and with the requirement that minutes recorded and made available to all members of the governing body.

(e) Establish a position, the incumbent of which shall be responsible for operation and maintenance of the ambulatory surgical center as a functioning institution, and define the methods established by the governing body for holding such designated person responsible.

(f) Provide for the appointment, reappointment, or dismissal of members of the organized medical staff through a credential committee or its equivalent and a procedure for hearing and appeal. No action on appointment, reappointment or dismissal shall be taken without prior referral to the medical credential committee for their

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recommendation, provided that the governing body may suspend a organized medical staff member pending final determination of any reappointment or dismissal. The governing body shall only appoint members of the organized medical staff as recommended by the credentials medical committee.

(g) Provide for the approval of the bylaws, rules and regulations of the organized medical staff.

(h) Require that every patient shall be admitted by and remain under the care of a member of the organized medical staff.

(i) Require that all medications, treatments and procedures shall be administered upon specific orders of a member of the organized medical staff.

(j) Require that all attending organized medical staff members, podiatrists and dentists who do not have admitting privileges at an acute care general hospital, shall have a written agreement from a physician who has staff privileges with one or more acute care general hospitals licensed by the state to accept any patient who requires continuing care; or

(k) Ensure that there is a written facility agreement, with one or more acute care general hospitals licensed

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by the state, which will admit any patient referred who requires continuing care.

(l) Provide for a formal and official means of liaison among the medical staff, the governing body, and the chief administrative officer to provide a channel for administrative advice.

(m) Specify the classification of services to be provided in the facility and list authorized surgical procedures.

ST - M0004 - GOVERNING BODY

Title GOVERNING BODY

59A-5.005(2),FAC

Type Rule

Regulation Definition

59A-5.005(2), F.A.C.

Where the physician-owner-operator serves as the governing body, the articles of incorporation or other written organizational plan shall describe the manner in which the owner-operator executes the governing body responsibility.

Interpretive Guideline

An individual may act as the governing body in the case of sole-owner.

ST - M0005 - PATIENT RIGHTS

Title PATIENT RIGHTS

59A-5.0065,FAC

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Type Rule

Regulation Definition

59A-5.0065, F.A.C.

PATIENT RIGHTS Ensure that the ASC has developed and adopted policies and procedures for the protection of patient rights which at a minimum includes those specified in ss.

381.026, 395.301, and 395.3025, F.S.

Policies include:

- (a) The right to information about patient rights as set forth in section 381.026, F.S., and procedures for initiating, reviewing and resolving patient complaints;
- (b) The right to participate in the consideration of ethical issues that arise in the care of the patient;
- (c) The right to personal privacy and confidentiality of information including access to information contained in the patient's medical record as specified in s. 395.3025, F.S.;
- (d) The right to a prompt and reasonable response to questions and requests;
- (e) The right to an itemized patient bill upon request as specified under section 395.301, F.S.

Interpretive Guideline

Review policies and procedures which address patient rights issues.

Verify that Florida Patient's Bill of Rights and Responsibilities is posted in full view.

ST - M0006 - ORGANIZED MEDICAL STAFF

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Title ORGANIZED MEDICAL STAFF

59A-5.007(1),FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.007(1), F.A.C.

ORGANIZED MEDICAL STAFF. Each ambulatory surgical center shall have an organized medical staff organized under written by-laws approved by the governing body and responsible to the governing body of the ambulatory surgical center for the quality of all medical care provided to patients in the center and for the ethical and professional practices of its members.

ST - M0007 - ORGANIZED MEDICAL STAFF

Title ORGANIZED MEDICAL STAFF

59A-5.007(2),FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.007(2), F.A.C.

Committees -- The structure of committee organization shall be determined by the organized medical staff provided the following required committee functions are carried out with sufficient periodicity to assure that objectives are achieved by separate committee, combined

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committees, or committee of the whole:

- (a) Approval of the policies, procedures, and the activities of all departments and services.
- (b) Interim decision making for the organized medical staff between staff meetings, under such limitations as shall be set by the medical staff.
- (c) Follow-up and appropriate disposition of all reports dealing with the various staff functions.
- (d) Review of all applications for appointment and biennially review reappointment of all categories of medical staff pursuant to ss. 395.0191 and ss. 395.0193, F.S.
- (e) Medical records currently maintained describing the condition, treatment, and progress of patient in sufficient completeness to assure comprehension of transfer of patient information at any time.
- (f) Clinical evaluation of the quality of medical care provided to all categories of patients on the basis of documented evidence.
- (g) Review of ambulatory surgical center admissions with respect to need for admission, discharge practices and evaluation of the services ordered and

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provided.

(h) Surveillance of ambulatory surgical center's infection potentials and cases and the promotion of a preventive and corrective program, designed to minimize these hazards.

(i).Surveillance of pharmacy policies and procedures, including review of at least monthly on-site consultant pharmacist visit shall insure standards of practice are maintained, including proper disposal of outdated prescription and controlled drugs in accordance with 59A-28.702, F.A.C., Chapter 465, F.S., and Chapter 893, F.S.

ST - M0008 - DEPARTMENTS & SERVICES

Title DEPARTMENTS & SERVICES

59A-5.00852,FAC

Type Rule

Regulation Definition

Interpretive Guideline

ST - M0009 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

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59A-5.0085(1), F.A.C. SURGICAL SERVICES

Tour all operative rooms.

Request the use of proper attire for inspection and observation of surgery.

The Surgical Services shall be organized under written policies and procedures relating to surgical staff privileges, anesthesia, functioning standards, staffing patterns and quality maintenance of the surgical suite.

ST - M0010 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

59A-5.0085(1)(a), F.A.C.
A qualified person designated by the administrator shall be responsible for the daily functioning and maintenance of the surgical suite.

Interpretive Guideline

A Qualified Person means a person who by virtue of education and experience and is determined to be qualified by the governing body.

ST - M0011 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

59A-5.0085(1)(b), F.A.C.

A surgery record shall be maintained on a current basis that contains at least the following information:

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Patient's name and facility patient number, pre-operative diagnosis, post-operative diagnosis, surgical procedure, surgeon, first assistant, anesthesiologist, nurse anesthetist, anesthetic, circulating nurse, O. R. technician, and complications, if any.

ST - M0012 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

59A.5.0085(1)(c), F.A.C.

Each facility shall ensure, prior to any surgery being performed, that the original signed informed consent for the procedure, verification of the identity of patient, operative site, and operative procedure to be performed are in the patient's medical record.

Interpretive Guideline

ST - M0013 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

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59A-5.0085(1)(d),F.A.C.

A registered nurse shall serve as O.
R. Circulating Nurse.

ST - M0014 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(1)(f), F.A.C.

Emergency equipment shall be provided as needed commensurate with the services of the facility, maintained in functional condition, and capable of providing at least the following services:

- (a) Inhalation and therapy;
- (b) Defibrillation;
- (c) Cardiac monitoring;
- (d) Suctioning;
- (e) Maintenance of patient airway.

ST - M0015 - SURGICAL SERVICES

Title SURGICAL SERVICES

59A-5.0085(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(1)(g),F.A.C

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Written procedures in implementation of policies shall relate specifically to the functional activities of the surgical suite and include but not be limited to the following:

- (a) Surgical asepsis: preparation, handling, and maintenance of sterile equipment and supplies.
- (b) Medical asepsis: patients, staff, equipment, traffic, and equipment flow patterns.
- (c) Sterilization and disinfection standards and controls; equipment and supplies.
- (d) Housekeeping.

ST - M0016 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2),F.A.C. ANESTHESIA SERVICES.

The Anesthesia Services shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls.

Interpretive Guideline

ST - M0017 - ANESTHESIA SERVICES

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Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(a), F.A.C.

A qualified anesthesiologist, or certified registered nurse anesthetist, certified pursuant to s. 464.012, F.S., shall be responsible for coordinating the functions, equipment and supplies of the service.

Interpretive Guideline

Anesthesiologist means a person currently licensed to practice medicine or osteopathy pursuant to Chapters 458 and 459, F.S., and who has completed an approved residency in the field of anesthesiology.

Certified Registered Nurse Anesthetist means a person currently licensed and certified pursuant to Chapter 464, F.S., and certified by the Council on Certification of Nurse Anesthetists.

A licensed physician must have documentation of knowledge of the principles of general anesthesia.

It is within the scope of practice for all licensed M.D. and O.D. to administer local anesthesia.

ST - M0018 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(b), F.A.C.

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All anesthesia shall be administered by an anesthesiologist or by a certified registered nurse anesthetist, under the on-site medical direction of a licensed physician, except for local anesthesia administered by a podiatrist, and except for local anesthesia administered by a dentist, and such other anesthesia administered by a dentist in accordance with s. 466.017, F.S., and chapter 59Q-14, F.A.C.

ST - M0019 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(c), F.A.C.

An anesthesiologist or other physician or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician, shall be in the ambulatory surgical center during the anesthesia and post-anesthesia recovery period until all patients are alert or discharged.

Interpretive Guideline

This means either an anesthesiologist, or a certified registered nurse anesthetist under the on-site direction of a licensed physician must be present during this time.

ST - M0020 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

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Regulation Definition

59A-5.0085(2)(d), F.A.C.

At least one registered professional nurse shall be in the recovery area during the patient's recovery period.

Interpretive Guideline

Registered Professional Nurse (R.N.) means a person currently licensed as a R.N. pursuant to Chapter 464, F.S.

ST - M0021 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(e), F.A.C.

Prior to the administration of anesthesia, patients shall have a history and physical examination including laboratory analysis when indicated.

Interpretive Guideline

ST - M0022 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(f), F.A.C.

Written policies and procedures relative to the administration of

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anesthesia shall be developed by the anesthesia service, approved by the medical staff and the governing body, and be reviewed annually, dated at time of each review, revised as necessary, and enforced.

ST - M0023 - ANESTHESIA SERVICES

Title ANESTHESIA SERVICES

59A-5.0085(2)FAC

Type Rule

Regulation Definition

59A-5.0085(2)(g), F.A.C.

Anesthetic safety regulations shall be developed, posted and enforced. Such regulations shall include at least the following requirements:

1. All operating room electrical and anesthesia equipment shall be inspected on no less than a semi-annual basis, and a written record of the results and corrective actions be maintained;
2. Flammable anesthetic agents shall not be employed in ambulatory surgical centers;
3. Electrical equipment in anesthetizing areas shall be on an audiovisual line isolation monitor, with the exception of radiologic equipment and fixed lighting more than 5 feet above the floor;
4. Each anesthetic gas machine shall have pin-index system or equivalent

Interpretive Guideline

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safety system and a minimum oxygen flow safety device;

5. All reusable anesthesia equipment in direct contact with the patient shall be cleaned or sterilized as appropriate after each use;

6. At a minimum the following monitors shall be applied to all patients receiving conduction or general anesthesia:

1. Blood pressure cuff;

2. A continuous temperature device, readily available to measure the patient's temperature;

3. Pulse Oximeter; and

4. Electrocardiogram.

g. An Inspired Oxygen Concentration Monitor and a Capnograph shall be applied to all patients receiving general anesthesia.

ST - M0024 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

59A-5.0085(3), F.A.C., NURSING SERVICE.

Interpretive Guideline

Qualified Professional Nurse means an individual qualified by virtue of education, experience and competence.

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The Nursing Service shall be organized under written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services.

Advanced Registered Nurse Practitioner (ARNP) means a person currently licensed and certified pursuant to Chapter 459, FS.

ST - M0025 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(3)(a), F.A.C.

A qualified registered professional nurse designated by the administrator shall be responsible for coordinating and supervising all nursing services.

ST - M0026 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(3)(b), F.A.C.

There shall be a sufficient staffing pattern of registered professional nurses to provide quality nursing care to each surgical patient from admission through discharge. Such

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additional trained nursing service personnel shall be on duty as may be needed commensurate with the service of the facility.

ST - M0027 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

59A-5.0085(3)(c), F. A.C.

A registered professional nurse shall be the operating room circulating nurse.

Interpretive Guideline

Registered Professional Nurse (R.N.) means a person currently licensed as a R.N. pursuant to Chapter 464, F.S.

ST - M0028 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

59A-5.0085(3)(d), F.A.C.

A registered professional nurse shall be present in the recovery area at all times when a patient is present.

Interpretive Guideline

Self Explanatory.

ST - M0029 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

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Type Rule

Regulation Definition

59A-5.0085(3)(e), F.A.C.

A record shall be currently maintained of all nursing personnel and include regular and relief as well as full-time and part-time staff. The record shall include the current license number of each licensed person.

Interpretive Guideline

ST - M0030 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

59A-5.0085(3)(f), F.A.C.

A current job description delineating duties and responsibilities shall be maintained for each nursing service position.

Interpretive Guideline

ST - M0031 - NURSING SERVICE

Title NURSING SERVICE

59A-5.0085(3)FAC

Type Rule

Regulation Definition

59A-5.0085(3)(g), F.A.C.

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Written procedures in implementation of policies and to assure quality nursing care shall relate specifically to the functional activities of nursing service and include but not be limited to the following:

- (a) Patient admission;
- (b) Pre- and Post-Operative Care;
- (c) Physician's and Medical Orders;
- (d) Standing Orders with required signatures;
- (e) Medications; storage and administration;
- (f) Treatments;
- (g) Surgical Asepsis;
- (h) Medical Asepsis;
- (i) Sterilization and Disinfection;
- (j) Documentation: Medical Records and Facility Records;
- (k) Patient Discharge;
- (l) Patient Transfer;
- (m) Emergency Measures;
- (n) Isolation Measures;
- (o) Incident Reports;
- (p) Personnel Orientation;
- (q) Inservice Education Record;
- (r) Equipment and Supplies: availability and maintenance;
- (s) Visitors.

ST - M0032 - LABORATORIES

Title LABORATORIES

59A-5.0085(4)FAC

Type Rule

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Regulation Definition

59A-5.0085(4), F.A.C. LABORATORIES

Clinical Laboratory -- The ambulatory surgical center shall provide on the premises or by written agreement with a laboratory licensed under Chapter 483, F.S., and Chapter 59A-7, F.A.C., a clinical laboratory to provide those services commensurate with the ambulatory surgical center's needs and which conform to the provisions of Chapter 483, F.S., and Chapter 59A-7, F.A.C.

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ST - M0033 - RADIOLOGICAL SERVICES

Title RADIOLOGICAL SERVICES

59A-5.0085(5)FAC

Type Rule

Regulation Definition

59A-5.0085(5), F.A.C. RADIOLOGICAL SERVICES.

The ambulatory surgical center shall provide within the institution, or through arrangement, diagnostic radiological services commensurate with needs of the ambulatory surgical center.

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ST - M0034 - RADIOLOGICAL SERVICES

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59A-5.0085(5)FAC

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Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(5)(a), F.A.C.

If radiological services are provided by facility staff, the service shall be maintained free of hazards for patients and personnel.

ST - M0035 - RADIOLOGICAL SERVICES

Title RADIOLOGICAL SERVICES

59A-5.0085(5)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.0085(5)(c)1., F.A.C.

Personnel -The ambulatory surgical center shall have a radiologist either full-time or part-time on a consulting basis, both to supervise the service and to discharge professional radiological services.

ST - M0036 - RADIOLOGICAL SERVICES

Title RADIOLOGICAL SERVICES

59A-5.0085(5)FAC

Type Rule

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59A-5.0085(5)(c)1., F.A.C.

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Personnel -The ambulatory surgical center shall have a radiologist either full-time or part-time on a consulting basis, both to supervise the service and to discharge professional radiological services.

ST - M0037 - RADIOLOGICAL SERVICES

Title RADIOLOGICAL SERVICES

59A-5.0085(5)FAC

Type Rule

Regulation Definition

59A-5.0085(5)(c)2., F.A.C.

A technologist shall be on duty or on call at all times when there are patients within the facility.

Interpretive Guideline

ST - M0038 - RADIOLOGICAL SERVICES

Title RADIOLOGICAL SERVICES

59A-5.0085(5)FAC

Type Rule

Regulation Definition

59A-5.0085(5)(c)3., F.A.C.

The use of all radiological apparatus shall be limited to personnel designated as qualified by the radiologist; and use of fluoroscopes shall be limited to physicians.

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59A-5.0085(5)FAC

Type Rule

Regulation Definition

59A-5.59A-5.0085(5)(d), F.A.C.

If provided under arrangement with an outside provider, the radiological services must be directed by a qualified radiologist and meet the standards as specified in Chapter 10D-91, F.A.C.

Interpretive Guideline

ST - M0040 - HOUSEKEEPING SERVICE

Title HOUSEKEEPING SERVICE

59A-5.0085(6)FAC

Type Rule

Regulation Definition

59A-5.59A-5.0085(6), F.A.C.
HOUSEKEEPING SERVICE.

The Housekeeping Service shall be organized under effective written policies and procedures relating to personnel, equipment, materials, maintenance, and cleaning of all areas of the ambulatory surgical center. A qualified person designated by the administrator shall be responsible for all procedures. Policies and

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procedures shall include but not be limited to the following areas:

- (a) Operating room suite;
- (b) Recovery and pre-operative;
- (c) Clean and soiled utilities;
- (d) Operating room clean-up;
- (e) Operating room materials preparation;
- (f) Storage and dispensing;
- (g) Laboratory, X-ray and Physical examination;
- (h) Isolation units, linen and equipment;
- (i) Staff lounges;
- (j) Admitting and Business areas;
- (k) Separation, handling, and storage of clean and soiled linen.
- (l) Identification, separation, handling, and storage of biomedical waste.

ST - M0041 - SURVEIL,PREVENT & CONTROL OF INFECTION

Title SURVEIL,PREVENT & CONTROL OF INFECTION

59A-5.011(1)FAC

Type Rule

Regulation Definition

59A-5.011(1), F.A.C.

SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION.

Each ambulatory surgical center shall establish an Infection Control Program involving members of the medical staff, nursing staff, other

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professional and administrative staff as appropriate. The program shall provide for:

- (a) The surveillance, prevention, and control of infection among patients and personnel;
- (b) The establishment of a system for identification, reporting, evaluating and maintaining records of infections;
- (c) Ongoing review and evaluation of aseptic, isolation and sanitation techniques employed by the center; and
- (d) Development and coordination of training programs in infection control for all center personnel.

ST - M0042 - SURVEIL,PREVENT & CONTROL OF INFECTION

Title SURVEIL,PREVENT & CONTROL OF INFECTION

59A-5.011(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.011(2), F.A.C.

Each center shall have written policies and procedures reflecting the scope of the infection control program outlined in subsection (1). The written policies and procedures shall be reviewed at least every two years by the infection control program members, dated at the time of each review, revised as necessary, and enforced.

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ST - M0043 - SURVEIL, PREVENT & CONTROL OF INFECTION

Title SURVEIL, PREVENT & CONTROL OF INFECTION

59A-5.011(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.011(3), F.A.C.

The policies and procedures devised by the infection control program shall be approved by the governing body, and shall contain at least the following:

- (a) Specific policies for the shelf life of all stored sterile items.
- (b) Specific policies and procedures related to occupational exposure to blood and body fluids,
- (c) Specific policies related to the handling and disposal of biomedical waste in accordance with Chapter 10D-104, F.A.C., June 1995, OSHA 29 CFR Part 1910.1030 Occupational Exposure to Blood Borne Pathogens Final Rule, and the Department of Environmental Protection Code Chapter 62-712, F.A.C., on Biomedical Waste, June 1995.
- (d) Specific policies related to the selection, storage, handling, use and disposition of disposable items.
- (e) Specific policies related to decontamination and sterilization activities performed at the center, including but not limited to a

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requirement that steam, gas (ETO) and hot air sterilizers be tested with live bacterial spores at least weekly.

(f) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of infectious diseases.

(g) A requirement that soiled linen be collected in such a manner as to minimize microbial dissemination into the environment.

(h) A requirement that all cases of communicable diseases as set forth in Chapter 10D-3, F.A.C., June 1995, be promptly and properly reported in accordance with the provisions of that rule;

ST - M0044 - SURVEIL,PREVENT & CONTROL OF INFECTION

Title SURVEIL,PREVENT & CONTROL OF INFECTION

59A-5.011(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.011(4), F.A.C.

The individuals involved in the infection control program shall meet at least quarterly, shall maintain written minutes of all meetings, and shall make a report at least annually to the quality assurance committee and the governing body.

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ST - M0045 - SURVEIL,PREVENT & CONTROL OF INFECTION

Title SURVEIL,PREVENT & CONTROL OF INFECTION

59A-5.011(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.011(5), F.A.C.

Each ambulatory surgical center shall establish an employee health policy to minimize the likelihood of transmission of communicable disease by both employees and patients. Such policies shall include, but not be limited to, work restrictions for an employee whenever it is likely that communicable disease may be transmitted, until such time as a medical practitioner certifies that the employee may return to work.

ST - M0046 - MEDICAL RECORDS

Title MEDICAL RECORDS

59A-5.012(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.012(1), F.A.C.

MEDICAL RECORDS. Each ambulatory surgical center shall establish

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processes to obtain, manage, and utilize information to enhance and improve individual and organizational performance in patient care, management, and support processes. Such processes shall:

- (a) Be planned and designed to meet the center's internal and external information needs;
- (b) Provide for confidentiality, integrity and security;
- (c) Provide education and training in information management principles to decision-makers and other center personnel who generate, collect, and analyze information; and
- (d) Provide for information in a timely and accurate manner.

ST - M0047 - MEDICAL RECORDS

Title MEDICAL RECORDS

59A-5.012(2)FAC

Type Rule

Regulation Definition

59A-5.012(2), F.A.C.

Each center shall have a medical records service, patient information system or similarly titled unit with administrative responsibility for medical records.

Interpretive Guideline

Self explanatory.

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ST - M0048 - MEDICAL RECORDS

Title MEDICAL RECORDS

59A-5.012(3)FAC

Type Rule

Regulation Definition

59A-5.012(3), F.A.C.

The administrator shall appoint in writing a qualified person responsible for the Medical Records Service. This person shall meet the qualifications established for this position, in writing, by the governing body.

Interpretive Guideline

Qualified person means a person who meets the qualifications deemed necessary by the governing body.

ST - M0049 - MEDICAL RECORDS

Title MEDICAL RECORDS

59A-5.012(4)FAC

Type Rule

Regulation Definition

59A-5.012(4), F.A.C.

A current job description delineating duties and responsibilities shall be maintained for each medical records service position.

Interpretive Guideline

ST - M0050 - MEDICAL RECORDS

Title MEDICAL RECORDS

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59A-5.012(5)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.012(5), F.A.C.

The medical records service shall:

(a) Maintain a system of identification and filing to ensure the prompt location of a patient's medical record. Patient records may be stored on electronic medium such as computer, microfilm or optical imaging;

(b) Maintain a current and complete medical record for every patient admitted to the ambulatory surgical center.

(c) All clinical information pertaining to the patient's medical treatment shall be centralized in the patient's medical record.

(d) Ensure that each medical record shall contain the original of the following as appropriate to the service provided:

1. Identification data;
2. Chief complaint;
3. Present illness;

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4. Past personal history;
5. Family medical history;
6. Physical examination report;
7. Provisional and pre-operative diagnosis;
8. Clinical laboratory reports;
9. Radiology, diagnostic imaging, and ancillary testing reports;
10. Consultation reports;
11. Medical and surgical treatment notes and reports;
12. The appropriate informed consent signed by the patient;
13. Record of medication and dosage administrated;
14. Tissue reports;
15. Physician orders;
16. Physician and nurse progress notes;
17. Final diagnosis;
18. Discharge summary; and
19. Autopsy report, if appropriate.

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(e) Ensure that:

1. Operative reports signed by the surgeon shall be recorded in the health record immediately following surgery or that an operative progress note is entered in the patient record to provide pertinent information; and

2. Postoperative information shall include vital signs, level of consciousness, medications, blood or blood components, complications and management of those events, identification of direct providers of care, discharge information from post-anesthesia care area.

(f) records according to surgical procedure and physician Index, and maintain on a current basis, all medical.

ST - M0051 - PHYSICAL PLANT MAINTENANCE

Title PHYSICAL PLANT MAINTENANCE

59A-5.016(1)FAC

Type Rule

Regulation Definition

59A-5.016(1), F.A.C.
PHYSICAL PLANT MAINTENANCE. Each ambulatory surgical center shall establish written policies and procedures designed to maintain the physical plant and overall ambulatory

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surgical center environment in such a manner that the safety and well-being of patients is assured. The building and mechanical maintenance program shall be under the supervision of a qualified person.

ST - M0052 - PHYSICAL PLANT MAINTENANCE

Title PHYSICAL PLANT MAINTENANCE

59A-5.016(2)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.016(2), F.A.C.

All mechanical and electrical equipment shall be maintained in working order, and shall be accessible for cleaning and inspection.

ST - M0053 - FIRE CONTROL

Title FIRE CONTROL

59A-5.017(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.017(1), F.A.C.

FIRE CONTROL. Each ambulatory surgical center shall provide fire protection through the elimination of fire hazards; the installation of

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necessary safeguards such as extinguishers, sprinkling devices, and fire and smoke barriers as described in 59A-5.020, F.A.C., to insure rapid and effective fire control; and the adoption of written fire control plans rehearsed four (4) times a year by all personnel. To safeguard patients, the ambulatory surgical center shall have:

- (a) Written evidence of regular inspection by local fire control agencies.
- (b) Stairwells kept closed by fire doors equipped with self-closing devices.
- (c) Annual check of fire extinguishers for type, replacement, and renewal dates.
- (d) "No Smoking" signs prominently displayed in those areas where smoking is not permitted.
- (e) Fire regulations and evacuation route prominently posted for each floor and department.

ST - M0054 - FIRE CONTROL

Title FIRE CONTROL

59A-5.017(2)FAC

Type Rule

Regulation Definition

59A-5.017(2), F.A.C.

Written fire control plan approved by the appropriate local fire authority

Interpretive Guideline

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shall contain provisions for prompt reporting of all fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

ST - M0055 - FIRE CONTROL

Title FIRE CONTROL

59A-5.017(3)FAC

Type Rule

Regulation Definition

59A-5.017(3), F.A.C.

There shall be rigidly enforced written rules and regulations governing proper routine methods of handling and storing oxidizing, combustible, and flammable explosive agents.

Interpretive Guideline

ST - M0056 - COMP EMEGENCY MGMT PLAN

Title COMP EMEGENCY MGMT PLAN

59A-5.018(1)FAC

Type Rule

Regulation Definition

59A-5.018(1), F.A.C.

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. The ASC has a written comprehensive emergency management

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plan for emergency care during an internal or external disaster, or emergencies which is reviewed and updated annually and approved by the county emergency management agency.

ST - M0057 - COMP EMEGENCY MGMT PLAN

Title COMP EMEGENCY MGMT PLAN

59A-5.018(4)FAC

Type Rule

Regulation Definition

59A-5.018(4), F.A.C.

The ambulatory surgical center shall test the implementation of the emergency management plan semiannually, either in response to an emergency or in a planned drill, and shall evaluate and document the facility's performance. This documentation must be on file at the center and available for inspection by the county emergency management agency and the Agency for Health Care Administration.

Interpretive Guideline

ST - M0058 - COMP EMEGENCY MGMT PLAN

Title COMP EMEGENCY MGMT PLAN

59A-5.018(5)FAC

Type Rule

Regulation Definition

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59A-5.018(5), F.A.C.

The emergency management plan shall be available for immediate access by the staff.

ST - M0059 - QUALITY ASSESSMENT & IMPROVERMENT

Title QUALITY ASSESSMENT & IMPROVERMENT

59A-5.019(1)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.019(1), F.A.C.

QUALITY ASSESSMENT AND IMPROVEMENT.

Each ambulatory surgical center shall have an ongoing quality assessment and improvement system designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and

opportunities to improve its performance to enhance and improve the quality of care provided to the public.

(a) Such a system shall be based on the mission and plans of the organization, the needs and expectations of the patients and staff, up-to-date sources of information, and the performance of the processes and their outcomes.

(b) Each system for quality assessment and improvement, which

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shall include utilization review, must be defined in writing, approved by the governing body, and enforced, and shall include:

1. A written delineation of responsibilities for key staff;
2. A policy for all members of the organized medical staff, whereby staff members do not initially review their own cases for quality assessment and improvement program purposes;
3. A confidentiality policy;
4. Written, measurable criteria and norms;
5. A description of the methods used for identifying problems;
6. A description of the methods used for assessing problems, determining priorities for investigation, and resolving problems;
7. A description of the methods for monitoring activities to assure that the desired results are achieved and sustained; and
8. Documentation of the activities and results of the program.

ST - M0060 - QUALITY ASSESSMENT & IMPROVERMENT

Title QUALITY ASSESSMENT & IMPROVERMENT

59A-5.019(2)FAC

Type Rule

Regulation Definition

59A-5.019(2), F.A.C.

Interpretive Guideline

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Each center shall have in place a systematic process to collect data on process outcomes, priority issues chosen for improvement, and the satisfaction of the patient.

Processes measured shall include:

- (a) Appropriate surgical procedures;
- (b) Preparation of patient for the procedure;
- (c) Performance of the procedure and monitoring of the patient;
- (d) Provision of post-operative care;
- (e) Use of medications including administration and monitoring of effects;
- (f) Risk management activities;
- (g) Quality assessment and improvement activities including at least clinical laboratory services and radiology services;
- (h) Results of autopsies if needed.

ST - M0061 - QUALITY ASSESSMENT & IMPROVERMENT

Title QUALITY ASSESSMENT & IMPROVERMENT

59A-5.019(3)FAC

Type Rule

Regulation Definition

Interpretive Guideline

59A-5.019(3), F.A.C.

Each center shall have a process to assess data collected to determine:

- (a) The level and performance of

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- existing activities and procedures,
- (b) Priorities for improvement, and
- (c) Actions to improve performance.

ST - M9999 - FINAL OBSERVATIONS

Title FINAL OBSERVATIONS

Type Memo Tag

Regulation Definition

Interpretive Guideline