

MANAGEMENT & STAFFING

1. Recommend adopting the Medicare Conditions of Participation and Conditions for Coverage (42 CFR §416 and State Operations Manual Appendix L) as the minimum standards for Governance (Governing Body and Management), Medical Staff (MD, DO, DDS, DMD, DPM, OD, DC), other practitioners practicing in accordance with State licensure, and Nursing/non-nursing staff.
2. Recommend adopting an ASF which has received accreditation from a deemed organization (e.g. Joint Commission, AAAHC, or AAAASF) would substantially satisfy the minimum requirements for licensing in Washington.
3. It is our belief, the majority of ASC facilities operating in Washington currently meets or exceed the proposed minimum requirements and adopting them would not pose an undue burden on the remaining minority facilities. Moreover, we believe adopting these minimum management and staffing standards would be in the best interest of any patient and the collective good for all patients receiving care or treatment in Washington licensed Ambulatory Surgery Centers.

SURVEY

1. Deemed Surveys, Accreditation & Medicare Certification
Recommendation: Licensure should be approved for ASF's with Medicare certification, Medicare deemed status (from 1 of the 4 national organizations), or accreditation from AAAHC, AAAASF, Joint Commission, or American Osteopathic Association, the current four Medicare approved national accreditation organizations.
Licensure should be approved if ASF's have satisfied one of the following:
 - Medicare Certification
 - Medicare Deemed Status [as surveyed by 1 of the 4 national organizations]
 - Accreditation from 1 of the 4 national organizationsMedicare conditions for coverage and standards specify the minimum standards for an ASF to meet health, safety, and other requirements. ASF's meet and/or exceed Medicare standards if they are certified by 1 of the 4 aforementioned national accreditation organizations whose standards meet or exceed Medicare's CFR.
2. Announced or Unannounced Surveys
Recommendation: Surveys should be announced. Because not all ASF's are open every day of the week, survey notification would ensure ASF's are open to accommodate the survey the team. Survey notification should fall within a timeframe such as, "Your ASF will be surveyed the week of December 10 – 14, 2007."
3. Survey Frequency
Recommendation: On-site survey team inspection every 3 years with ASF self-survey at the intervening 18 months. Related recommendations include the following:
 - Initial Licensure without an on-site survey should be granted to an ASF with a Medicare certification/re-certification, deemed status, or accreditation from AAHC, AAAASF, Joint Commission, or AOA date within 3 years. The 18 month self-survey should begin commensurate to the initial license date.
 - If the Medicare certification/re-certification, or deemed status was received more than 3 years previously, then the ASF would require an on-site survey. While the ASF awaits the DOH's on-site survey, the ASF should be able to continue its operation without penalty or perception of "operating without a license."
4. Coordination of State Agencies

Recommendation: The DOH is currently working on a re-organization plan for coordination of activities. Inspections and surveys among the agencies should be reviewed for consolidation and coordination.

5. Survey Teams

Recommendation: Survey team members should be comprised of professionals whose inspection activities are respective to their area of expertise. For example, doctors and nurses should inspect patient care and medical and surgical services. The life safety and environment expert should focus on life safety and environment issues.

6. Plan for Correction(s)

Recommendation: Adopt the current Medicare model.

7. Conditions for Coverage and Standards (changes)

Recommendation: The DOH should adopt a notification system to apprise ASF's of changes to Medicare CFR and standards and/or other licensing requirements.

The intent of the survey for licensure should not be a "gotcha" goal. Rather, surveys aim to ensure ASF's meet minimum standards of health, safety and other requirements. Changes to licensing requirements should be provided to ASF's when changes occur.

8. The FEES sub-work group would like DOH to consider the following regarding ASF surveys.

- Since the new legislation requires a survey every 18 months, that DOH require a physical survey every 36 months, and a self-evaluation survey in the off period.
- DOH should accept a physical survey in place of a DOH survey by accrediting agencies of AAAHC, Joint Commission and AAAASF as deemed status, with the accredited facilities paying no additional DOH survey fees

FEES

1. Recommend the DOH Licensing Fee for Ambulatory Surgery Facilities in Washington does not exceed \$500 per site every 3 years.
2. Recommend the DOH assess ASFs an additional charge for actual ASF on-site survey visits. That charge should be on a sliding scale from \$500 to a maximum of \$1,500 for each on-site survey.
 - under 1000 procedures - charge of \$500.00
 - between 1000 and 5000 procedures - charge of \$1,000
 - over 5000 procedures - charge of \$1,500
3. Recommend the DOH recognize the licensing fee to include any cost for self-evaluation surveys.

FACILITY/LIFE SAFETY

1. Recommend the State of Washington adopt the Medicare requirements as the minimum standard for Ambulatory Surgery Center licensure Based on review of the Medicare, AAAHC, Joint Commission, AIA and AAAASF standards regarding facilities and life safety requirements for Ambulatory Surgery Centers, and the 2006 AIA Health Facility Guidelines.

2. Recommend Ambulatory Surgery Facilities that meet the certification requirements of AAAHC, AAAASF, or Joint Commission be deemed as meeting the minimum requirements for Ambulatory Surgery Facility licensure.

3. Recommend that the 2006 AIA Guidelines not be used as a standard for Ambulatory Surgery Facility licensure. After reviewing the 2006 AIA Guidelines, it is our opinion that portions of the 2006 AIA Guidelines exceed what is necessary to provide quality patient care. One example is the specific requirement that [Class C] Operating Rooms using general anesthesia have a minimum clear area of 400 square feet. This is a blanket requirement not based on the type of surgical procedure. This requirement exceeds what is needed for most procedures performed in an Ambulatory Surgery Facility. This and other specific requirements would result in excessive facility costs not mandated by safety or patient care considerations.