The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) outline the organizational guidance and oversight responsibilities of ambulatory surgical facility (“ASF”) resources and staff to support safe patient care.1

An ASF must have a governing authority that is responsible for determining, implementing, monitoring and revising policies and procedures covering the operation of the facility. The Licensing Regulations set forth the subjects that an ASF’s policies and procedures must cover. These include the following:

- Selecting and periodically evaluating a chief executive officer or an administrator of the ASF;
- Appointing and periodically reviewing the ASF’s medical staff;
- Approving the ASF’s medical staff bylaws;
- Reporting practitioners in accordance with state law2;
- Informing patients of unanticipated outcomes in accordance with state law3;
- Establishing and approving a coordinated quality performance improvement plan in accordance with state law4;
- Establishing and approving a facility safety and emergency training program in accordance with state law5;
- Reporting adverse events and conducting root cause analyses in accordance with state law6;
- Providing a patient and family grievance process, including a time frame for resolving each grievance, in accordance with state law7;

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1 See WAC 246-330-115.

2 State law sets forth requirements for an ASF to report practitioners to the Washington State Department of Health (the “Department”), See RCW 70.230.120. The chief executive officer or administrator of an ASF is required to report to the Department when the practice of a health care provider licensed by a disciplining authority under RCW 18.130.040 is restricted, suspended, limited, or terminated based upon a conviction, determination, or finding by the ASF that the provider has committed an action defined as unprofessional conduct. Id. The chief executive officer or administrator is also required to report any voluntary restriction or termination of the provider’s practice while the provider is under investigation or is the subject of a proceeding regarding unprofessional conduct. Id.

3 State law requires an ASF to have in place policies to assure that, when appropriate, information about unanticipated outcomes is provided to patients or their families or any surrogate decision makers identified pursuant to RCW 7.70.065. See RCW 70.230.150.

4 State law requires and sets forth specific requirements for an ASF to maintain a coordinated quality improvement program for the improvement of the quality of health care services rendered to patients and the identification and prevention of medical malpractice. See RCW 70.230.080.

5 State law requires an ASF to have a facility safety and emergency training program, and it sets forth specific requirements for the program. See RCW 70.230.060.

6 Recently adopted regulations implement the Adverse Health Events and Incident Reporting System and contain specific reporting requirements for ASFs. See WAC 246-330-130; chapter 246-302 WAC.
Defining who can give and receive patient care orders that are consistent with professional licensing laws; and
Defining who can authenticate written or electronic orders for all drugs, intravenous solutions, blood, and medical treatments that are consistent with professional licensing laws.

7 State law requires an ASF’s coordinated quality improvement program to include a procedure for the prompt resolution of grievances by patients or their representatives related to accidents, injuries, treatment, and other events that may result in claims of medical malpractice. See RCW 70.230.080(1)(d).
AMBULATORY SURGICAL FACILITY
STATE LICENSURE CHECKLIST

LEADERSHIP

The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) describe the ambulatory surgical facility (“ASF”) leadership’s role in assuring care is provided consistently throughout the facility according to patient needs.1 The ASF leaders must:

- Identify patient care responsibilities for all nursing personnel;
- Assure nursing services are provided in accordance with state nurse licensing law and recognized standards of practice;
- Assure a registered nurse is available for emergency treatment at all times a patient is present in the facility;
- Establish and implement a facility-wide procedure for double-checking drugs, biologicals, and agents as designated by the facility;
- Ensure immediate staff access to and appropriate dosages for emergency drugs;
- Require individuals conducting business in the ASF comply with facility policies and procedures;
- Post the complaint hotline notice in accordance with state law2; and
- Adopt and implement policies and procedures to report suspected abuse within 48 hours to local police or appropriate law enforcement agency in accordance with state law3.

1 See WAC 246-330-120.
2 State law requires that an ASF post in conspicuous locations a notice of the Department’s ASF complaint toll-free telephone number. See RCW 70.230.160.
3 See RCW 26.44.030.

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The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to improve patient care and outcomes by requiring an ambulatory surgical facility (“ASF”) to respect every patient and to maintain ethical relationships with the public. An ASF must:

- Adopt and implement policies and procedures that define each patient’s right to:
  - Be treated and cared for with dignity and respect;
  - Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family;
  - Be protected from abuse and neglect;
  - Access protective services;
  - Complain about their care and treatment without fear of retribution or denial of care;
  - Timely complaint resolution;
  - Be involved in all aspects of their care including refusing care and treatment resolving problems with care decisions;
  - Be informed of unanticipated outcomes in accordance with state law;
  - Be informed and agree to their care; and
  - Family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders;

- Provide each patient a written statement of patient rights;

- Adopt and implement policies and procedures to address research, investigation, and clinical trials, including:
  - How to authorize research;
  - Requiring staff to follow informed consent laws; and
  - Not hindering a patient’s access to care if a patient refuses to participate.

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1 See WAC 246-330-125.
2 See RCW 70.230.150.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) require an ambulatory surgical facility (“ASF”) to report adverse events in accordance with state law. The National Quality Forum identifies and defines twenty-nine serious reportable events (or, adverse health events) as updated and adopted in 2011. The adverse health events are listed in chapter 246-302 WAC.

1 See WAC 246-330-130.
AMBULATORY SURGICAL FACILITY
STATE LICENSURE CHECKLIST

MANAGEMENT OF HUMAN RESOURCES

The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to ensure an ambulatory surgical facility (“ASF”) provides competent staff consistent with its scope of services. An ASF must:

- Create and periodically review job descriptions for all staff;
- Supervise staff performance to assure competency;
- Verify and document licensure, certification, or registration of staff;
- Provide infection control information to staff upon hire and annually which includes:
  - Education on general infection control according to chapter 296-823 WAC blood borne pathogens exposure control; and
  - General and specific infection control measures related to patient care;
- Establish and implement an education plan that verifies staff training on prevention, transmission, and treatment of human immunodeficiency virus and acquired immunodeficiency syndrome consistent with state law.

1 See WAC 246-330-140.
2 See RCW 70.24.310.

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AMBULATORY SURGICAL FACILITY
STATE LICENSURE CHECKLIST

MEDICAL STAFF

The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) require development of a medical staff structure, consistent with clinical competence, to ensure a safe patient care environment.¹ An ambulatory surgical facility (“ASF”) medical staff must:

☐ Be accountable to the governing body;
☐ Adopt bylaws, rules, regulations, and organizational structure including an appointment and reappointment process;
☐ Be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges in accordance with recommendations from qualified medical personnel;
☐ Periodically review and reappraise medical staff privileges using peer review data;
☐ Periodically review and amend the scope of procedures performed in the ASF;
☐ If the ASF assigns patient care responsibilities to practitioners other than physicians, have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities; and
☐ Report practitioners for discipline of unprofessional conduct in accordance with state law².

¹ See WAC 246-330-145.
² See RCW 70.230.120.

Emily R. Studebaker
Garvey Schubert Barer
1191 Second Avenue, Suite 1800
Seattle, WA 98101
estudebaker@gsblaw.com

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The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to improve patient outcomes and ambulatory surgical facility (“ASF”) performance through obtaining, managing, and using of information.1 An ASF must:

- Provide medical staff, employees and other authorized persons with access to patient information systems, resources, and services;
- Maintain confidentiality, security, and integrity of information;
- Initiate and maintain a medical record for every patient assessed or treated, including a process to review records for completeness, accuracy, and timeliness;
- Create medical records that:
  - Identify the patient;
  - Have clinical data to support the diagnosis, course and results of treatment for the patient;
  - Have signed consent documents;
  - Promote continuity of care;
  - Have accurately written, signed, dated, and timed entries;
  - Indicate authentication after the record is transcribed;
  - Are promptly filed, accessible, and retained according to facility policy; and
  - Include verbal orders that are accepted and transcribed by qualified personnel;
- Establish a systematic method for identifying each medical record, identification of service area, filing, and retrieval of all patient’s records; and
- Adopt and implement policies and procedures that address:
  - Who has access to and release of confidential medical records in accordance with state law;
  - Retention and preservation of medical records;
  - Transmittal of medical data to ensure continuity of care; and
  - Exclusion of clinical evidence from the medical record.

1 WAC 246-330-150.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to ensure the establishment and on-going maintenance of a coordinated quality improvement program. The intent of the program is to improve the quality of health care services provided to patients and to identify and to prevent medical malpractice. An ambulatory surgical facility (“ASF”) must:

- Have a facility-wide approach to process design and performance measurement, assessment, and improving patient care services according to RCW 70.230.080 including, but not limited to:
  - A written performance improvement plan that is periodically evaluated;
  - Performance improvement activities that are interdisciplinary and include at least one member of the governing authority;
  - Prioritizing performance improvement activities;
  - Implementing and monitoring actions taken to improve performance;
  - Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and
  - Reviewing serious or unanticipated patient outcomes in a timely manner;

- Systematically collect, measure and assess data on processes and outcomes related to patient care and organization functions;
- Collect, measure and assess data including, but not limited to:
  - Operative, other invasive, and noninvasive procedures that place patients at risk;
  - Infection rates, pathogen distributions and antimicrobial susceptibility profiles;
  - Death;
  - Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;
  - Injuries, falls, restraint use, negative health outcomes and incidents injurious to patients in the ASF;
  - Adverse events;
  - Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;
  - Adverse drug reactions;
  - Confirmed transfusion reactions;
  - Patient grievances, needs, expectations, and satisfaction; and
  - Quality control and risk management activities.

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1 See WAC 246-330-155.
2 See chapter 246-302 WAC.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to identify and reduce the risk of acquiring and transmitting infections and communicable diseases between patients, staff, medical staff, and visitors. An ambulatory surgical facility (“ASF”) must:

- Develop, implement and maintain a written infection control and surveillance program;
- Designate staff to:
  - Manage the activities of the infection control program;
  - Assure the infection control program conforms with patient care and safety policies and procedures; and
  - Provide consultation on the infection control program, policies and procedures throughout the entire facility;
- Ensure staff managing the infection control program have:
  - A minimum of two years experience in a health related field; and
  - Training in the principles and practices of infection control;
- Develop and implement infection control policies and procedures consistent with the guidelines of the centers for disease control and prevention (“CDC”); and
- Assure the infection control policies and procedures address, but are not limited to the following:
  - Routine surveillance, outbreak investigations and interventions including pathogen distributions and antimicrobial susceptibility profiles consistent with the 2006 CDC health care infection control practices advisory committee guideline, Management of Multidrug-Resistant Organisms in Healthcare Settings;
  - Patient care practices in all clinical care areas;
  - Receipt, use, disposal, sterilizing, processing, or reuse of equipment to prevent disease transmission;
  - Preventing cross contamination of soiled and clean items during sorting, processing, transporting, and storage;
  - Environmental management and housekeeping functions;
  - Approving and properly using disinfectants, equipment, and sanitation procedures;
  - Cleaning areas used for surgical procedures before, between, and after use;
  - Facility-wide daily and periodic cleaning;
  - Occupational health consistent with current practice;
  - Clothing;
  - Traffic patterns;
  - Antisepsis;

See WAC 246-330-176.
☐ Hand-washing;
☐ Scrub technique and surgical preparation;
☐ Biohazardous waste management according to applicable federal, state, and local regulations;
☐ Barrier, transmission and isolation precautions; and
☐ Pharmacy and therapeutics;

☐ Establish and implement a plan for:

☐ Reporting communicable diseases including cluster or outbreaks of postoperative infections in accordance with state law; and
☐ Surveying and investigating communicable disease occurrences in the ASF consistent with in accordance with state law; and
☐ Collecting, measuring and assessing data on infection rates, pathogen distributions and antimicrobial susceptibility profiles.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to assure patient pharmaceutical needs are met in a planned and organized manner. It is consistent with the requirements for a health care entity license under state law. An ambulatory surgical facility (“ASF”) must:

- Only administer, dispense or deliver legend drugs and controlled substances to patients receiving care in the facility;
- Assure drugs dispensed to patients are dispensed and labeled consistent with the requirements of RCW 18.64.246, and chapters 69.41 and 69.50 RCW;
- Establish a process for selecting medications based on evaluating their relative therapeutic merits, safety, and cost; and
- Designate a pharmacist consultant who is licensed in Washington state. The pharmacist consultant can be either employed or contracted by the facility. The pharmacist consultant is responsible for:

  - Establishing policy and procedures related to:
    - Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;
    - Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;
    - Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;
    - Maintaining any other records required by state and federal regulations;
    - Security of legend drugs and controlled substances; and
    - Controlling access to controlled substances and legend drugs;

- Establishing a process for completing all forms for the purchase and order of legend drugs and controlled substances; and
- Establishing a method for verifying receipt of all legend drugs and controlled substances purchased and ordered by the ASF.

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1 See WAC 246-330-200.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) guide the development of a plan for patient care. An ambulatory surgical facility (“ASF”) develops a plan for patient care by supervising staff and establishing, monitoring and enforcing policies and procedures that define and outline the use of materials and resources and promote the delivery of care. An ASF must:

- Provide personnel, space, equipment, reference materials, training, and supplies for the appropriate care and treatment of patients;
- Have a registered nurse available for consultation in the ASF at all times patients are present;
- Adopt, implement, review and revise patient care policies and procedures designed to guide staff that address:
  - Criteria for patient admission;
  - Reliable methods for personal identification of each patient;
  - Conditions that require patient transfer to outside facilities;
  - Patient safety measures;
  - Staff access to patient care areas;
  - Use of physical and chemical restraints or seclusion consistent with applicable law;
  - Use of pre-established patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner or advanced registered nurse practitioner;
  - Care and handling of patients whose conditions require special medical consideration;
  - Preparation and administration of blood and blood products; and
  - Discharge planning;
- Have a system to plan and document care in an interdisciplinary manner, including:
  - Development of an individualized patient plan of care, based on an initial assessment;
  - Assessment for risk of falls, skin condition, pressure ulcers, pain, medication use, therapeutic effects and side or adverse effects;
- Complete and document an initial assessment of each patient’s physical condition, emotional, and social needs in the medical record. Initial assessment includes:
  - Dependent upon the procedure and the risk of harm or injury, a patient history and physical assessment including but not limited to falls, mental status and skin condition;
  - Current needs;

1 See WAC 246-330-205.
- Need for discharge planning;
- When treating pediatric patients, the immunization status;
- Physical examination, if within thirty days prior to admission, and updated as needed if patient status has changed; and
- Discharge plans when appropriate, coordinated with:
  - Patient, family or caregiver; and
  - Receiving agency, when necessary.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to guide the development and management of surgical services. An ambulatory surgical facility (“ASF”) must:

- Adopt and implement policies and procedures that:
  - Identify areas where surgery and invasive procedures may be performed;
  - Define staff access to areas where surgery and invasive procedures are performed;
  - Identify practitioners’ and advanced registered nurse practitioners’ privileges for operating room staff; and
  - Define staff qualifications and oversight;

- Use facility policies and procedures which define standards of care;
- Implement a system to identify and indicate the correct surgical site prior to beginning a surgical procedure;
- Provide emergency equipment, supplies, and services to surgical and invasive areas;
- Provide separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department; and
- Assure a registered nurse qualified by training and experience functions as the circulating nurse in every operating room whenever deep sedation or general anesthesia are used during surgical procedures.

1 See WAC 246-330-210.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to guide the management and care of patients receiving anesthesia and sedation.\(^1\) Under the Licensing Regulations, an ambulatory surgical facility (“ASF”) must:

- Adopt and implement policies and procedures that:
  - Identify the types of anesthesia and sedation that may be used;
  - Identify areas where each type of anesthesia and sedation may be used; and
  - Define the staff qualifications and oversight for administering each type of anesthesia and sedation used in the facility;

- Use facility policies and procedures which define standards of care; and
- Assure emergency equipment, supplies and services are immediately available in all areas where anesthesia is used.

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\(^1\) See WAC 246-330-215.
The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to guide the management of patients recovering from anesthesia and sedation. Under the Licensing Regulations, an ambulatory surgical facility (“ASF”) must:

- Adopt and implement policies and procedures that define the qualifications and oversight of staff delivering recovery services;
- Assure a physician or advanced registered nurse practitioner capable of managing complications and providing cardiopulmonary resuscitation is immediately available for patients recovering from anesthesia; and
- Assure a registered nurse trained and current in advanced cardiac life support measures is immediately available for patients recovering from anesthesia.

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1 See WAC 246-330-220.

Emily R. Studebaker
Garvey Schubert Barer
1191 Second Avenue, Suite 1800
Seattle, WA 98101
estudebaker@gsblaw.com

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The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) are intended to guide the management and care of patients receiving emergency services.1 Under the Licensing Regulations, an ambulatory surgical facility (“ASF”) must:

☐ Develop, implement and maintain a facility safety and emergency training program that includes:

☐ On-site equipment, medication and trained personnel to manage any medical emergency that may arise from the services provided or sought;
☐ A written and signed transfer agreement with one or more local hospitals that has been approved by the ASF’s medical staff;
☐ Policies and a procedural plan for handling medical emergencies; and
☐ Defining the qualifications and oversight of staff delivering emergency care services;

☐ At all times a patient is present, assure at least one registered nurse skilled and trained in emergency care services is on duty and in the ASF, who is:

☐ Immediately available to provide care; and
☐ Trained and current in advanced cardiac life support;

☐ Assure communication with agencies and health care providers as indicated by patient condition; and
☐ Assure emergency equipment, supplies and services necessary to meet the needs of patients are immediately available.

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1 See WAC 246-330-225.

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