Position on Safety of Office-Based Surgery

Support

- Medical office regulations that are fair, reasonable, appropriate and based on factual medical evidence

Oppose

- Arbitrary, mandatory regulations that are not supported by medical evidence

Medical Office Accreditation. ASDSA members who provide surgical and procedural services utilizing anesthesia that significantly impairs the patient's life protective reflexes should have demonstrated competencies in moderate and deep sedation and airway management or have another staff member, such as an anesthesiologist or CRNA, available who does. Any medical staff involved in patient care in facilities performing procedures involving sedation or the use of tumescent anesthesia should receive Advanced Cardiac Life Support and/or Basic Life Support certification on a regular basis, as appropriate to their responsibilities.

Achieving accreditation by an appropriate agency is one method to demonstrate facility preparedness and staff competency.

The use of minimal to moderate sedation, as defined by the American Society of Anesthesiologists, with local, dilute local (also called tumescent anesthesia), oral or IM analgesia is specifically omitted from such requirements.

Adverse Patient Incident Data. ASDSA supports the passage of state legislation and/or the implementation of state regulations calling for the mandatory reporting of adverse patient incidents. Such reporting should be based on the well-regarded Florida Board of Medicine reporting requirements.

ASDSA supports state legislation and/or state regulation to ensure that adequate privacy protections are adopted along with reporting regulations so that members and other office-based physicians are not made vulnerable to malpractice challenges.

Office-Based Anesthesia. Regulations pertaining to the use of anesthesia services in medical offices must be evidenced-based. ASDSA recognizes that the majority of deaths and injuries associated with surgery in the office setting have occurred during the performance of multiple procedures in one sitting under general anesthesia. ASDSA supports regulations of these techniques in the office setting.

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References:

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Related AMA Policy:

H-475-984 Office-Based Surgery Regulation

Our AMA supports the following Core Principles on Office-Based Surgery:

Core Principle #1: Guidelines or regulations for office-based surgery should be developed by states according to levels of anesthesia defined by the American Society of Anesthesiologists (ASA) excluding local anesthesia or minimal sedation. (American Society of Anesthesiologists. Continuum of depth of sedation. Available at: http://www.asahq.org/for-members/standards-guidelines-and-statement.aspx. Accessed July 2, 2013).

Core Principle #2: Physicians should select patients for office-based surgery using moderate sedation/analgesia, deep sedation/analgesia or general anesthesia by criteria including the ASA Physical Status Classification System and so document. (American Society of Anesthesiologists. ASA physical status classification system. Available at: http://www.asahq.org/for-members/clinical-informaion/asa-physical-status-classification-system.aspx. Accessed July 2, 2013).

Core Principle #3: Physicians who perform office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia should have their facilities accredited by The Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), American Osteopathic Association (AOA), or by a state recognized entity, such as the Institute for Medical Quality (IMQ), or be state licensed and/or Medicare certified.

Core Principle #4: Physicians performing office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia must have admitting privileges at a nearby hospital, or a transfer agreement with another physician who has admitting privileges at a nearby hospital, or maintain an emergency transfer agreement with a nearby hospital.

Core Principle #5: States should follow the guidelines outlined by the Federation of State Medical Boards (FSMB) regarding informed consent. (Report of the Special Committee on Outpatient [Office-Based] Surgery. (Med. Licensure Discipline. 2002; 88:-160-174).

Core Principle #6: For office surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia, states should consider legally privileged adverse incident reporting requirements as recommended by the FSMB and accompanied by periodic peer review and a program of Continuous Quality Improvement. (Report of the Special Committee on Outpatient (Office-Based) Surgery. Journal Medical Licensure and Discipline. 2002; 88:160-174).

Core Principle #7: Physicians performing office-based surgery using moderate sedation/analgesia, deep sedation/analgesia or general anesthesia must obtain and maintain board certification by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board within five years of completing an approved residency training program. The procedure must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.

Core Principle #8: Physicians performing office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia may show competency by maintaining core privileges at an accredited or licensed hospital or ambulatory surgical center, for the procedures they perform in the office

setting. Alternatively, the governing body of the office facility is responsible for a peer review process for privileging physicians based on nationally recognized credentialing standards.

Core Principle #9: For office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia, at least one physician who is credentialed or currently recognized as having successfully completed a course in advanced resuscitative techniques (e.g., ATLS, ACLS, or PALS), must be present or immediately available with age- and size-appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility. In addition, other medical personnel with direct patient contact should at a minimum be trained in Basic Life Support (BLS). Core Principle #10: Physicians administering or supervising moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia should have appropriate education and training.